



Topic Brief: Patient Education Methods

Date: 12/22/2021

Nomination Number: 0962

Purpose: This document summarizes the information addressing a nomination submitted on November 22, 2021 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominator for this topic would like to implement patient education processes in their health system. To aid in this pursuit, they would like to know what approaches exist to determine how patients best learn, what modes of delivering patient education exist, and what approaches exist for evaluating if learning was successful.

Findings:

The EPC Program will not develop a new systematic review because the impact of a new systematic review on practice change will likely be limited. Rather, a recent existing guideline and in-process VA Evidence Synthesis Program evidence inventory may together assist the nominator in make decisions regarding patient education for their health system.

Background

Medical culture in the United States has shifted from one in which providers were the authority on all aspects of a patient's care to one in which the patient plays a more active role in their own health. In the mid-1990s, patients were recognized as medical decision makers with additional health information provided to contextualize their decisions. In this new climate, patient education developed as a collaborative effort between patients and providers.¹

Patient education involves the increasing of health literacy, particularly in the face of increasingly prevalent chronic conditions. The first level of health literacy is basic/functional literacy, in which the patient is able to read and write health-related materials; the next level is communicative/interactive literacy, in which the patient can gather information from other sources and discuss with their provider; and the third level is critical literacy, in which the patient can engage in self-management, ask for help, and make informed decisions.²

Patient education has been shown to positively affect health outcomes³ and decrease hospitalizations, visits to emergency departments or primary care providers, and lost productivity.⁴

Nomination Summary

The nominators for this topic originally requested a systematic review of patient education for implementing medical care for oneself or others (e.g., children) outside of the clinical setting (e.g., at home), and specifically wanted to know 1) what approaches exist to determine how patients best learn; 2) what modes of delivering patient education exist; and 3) which methods of evaluating learning exist.

We identified two resources that address the nominators' concerns. We found a 2021 guideline from the Health Care Education Association (HCEA) entitled "Patient Education Practice Guidelines for Health Care Professionals,"⁵ which provides a general and evidence based approach for the assessment and implementation of patient education processes. We also spoke with the authors of that guideline, who advised that a systematic review on the issue of patient education broadly would be too unwieldy to be helpful to those seeking guidance on patient education implementation.

The HCEA authors developed their guideline based on evidence obtained from a search of nine databases (date range: 2008 to 2018), which was evaluated by a team of 27 patient-education specialists. Evidence was selected from the literature to answer the following pre-specified questions:

- 1) Which techniques are best for assessing patients' learning needs (including patients' health literacy or literacy level), preferences, and/or priorities, before teaching?
- 2) What are the elements of a teaching plan which incorporates patients' family-centered goals, individualization, and measurable outcomes?
- 3) How do healthcare providers individualize patient teaching strategies to improve patient engagement and health outcomes?
- 4) How do clinicians determine that learning has occurred?

In addition to the guideline, we identified an in-process evidence inventory product created by the VA Evidence Synthesis Program, which maps out how effectiveness of patient education interventions has been addressed (i.e., outcome measure categories), organized by condition category.

The nominators communicated that these products, together with information about how the guideline was developed, would be useful to improve patient education in their health system.

References

1. Hoving C, Visser A, Mullen PD, et al. A history of patient education by health professionals in Europe and North America: from authority to shared decision making education. *Patient Educ Couns*. 2010 Mar;78(3):275-81. doi: <https://doi.org/10.1016/j.pec.2010.01.015>. PMID: 20189746.
2. Wittink H, Oosterhaven J. Patient education and health literacy. *Musculoskelet Sci Pract*. 2018 Dec;38:120-7. doi: <https://doi.org/10.1016/j.msksp.2018.06.004>. PMID: 30017902.
3. Simonsmeier BA, Flaig M, Simacek T, et al. What sixty years of research says about the effectiveness of patient education on health: a second order meta-analysis. *Health Psychology Review*. 2021 Aug 24:1-25. doi: <https://dx.doi.org/10.1080/17437199.2021.1967184>. PMID: 34384337.

4. Stenberg U, Vagan A, Flink M, et al. Health economic evaluations of patient education interventions a scoping review of the literature. *Patient Education & Counseling*. 2018 06;101(6):1006-35. doi: <https://dx.doi.org/10.1016/j.pec.2018.01.006>. PMID: 29402571.
 5. Patient Education Practice Guidelines for Health Care Professionals. Health Care Education Association. 2021. doi: <https://www.hcea-info.org/patient-education-practice-guidelines-for-health-care-professionals>.
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