

Cultural Diversity Enhancement Grant South East Health, Multicultural Unit

PROJECT PROPOSAL APPLICATION

PART 1: PROJECT DETAILS

Project Title:

Trialing and Evaluating Innovative Strategies for Culturally Responsive Patient Education in the Cardiac Ward, Prince of Wales Hospital.

Project Description:

(maximum of 300 words)

We propose to:

- Build on research undertaken in 2001 that highlighted the poor quality of patient education in the cardiac ward of the Prince of Wales hospital and research undertaken in 2003 about the possibilities of new and alternative approaches to patient education.
- Develop new educational materials and strategies that can be used by health professionals especially when working with Greek patients. Greeks make up the largest ethnic group in the cardiac ward at Prince of Wales Hospital.
- Develop the educational materials using illustrative stories. A writer and illustrator will be engaged to prepare stories about Greek patients learning about their heart condition, treatment, rehabilitation and recommended lifestyle changes. The stories will be co-authored by a sample of patients, nurses and other cardiac ward staff.
- Integrate the stories in an educational package that can be used in professional development workshops and as a self-guided tool for patients and health professionals alike.
- Trial the use of the stories in a workshop with health professionals. The workshop will teach the health professionals about how to use strategic questioning and listening for a culturally responsive patient education practice.
- Develop a 'Guide to Strategic Questioning and Listening' for health professionals working with Greek patients. This Guide will accompany the stories.
- Seek sponsorship from groups in the Greek community to extend the work of the writer and artist. The intention is to strengthen relationships between the Greek community and the Prince of Wales hospital. The illustrations and text might become stand-alone pieces of art that can be exhibited in the hospital.

Priority Health Issue to be addressed:

(Please tick one box)

- Mental health
- Communicable diseases and health screening
- Aged care
- Service development

Project Theme:

(Please tick one box)

- Equity and access
- Communication
- Service delivery models
- Population health

Project Focus:

(Please tick one box)

- Prevention
- Treatment
- Rehabilitation

Summary of current knowledge, including literature review:

(maximum of 500 words)

In 2001 research was undertaken about patient education practice in the cardiac ward of the Prince of Wales Hospital. This research was conducted by Greg Fairbrother (Nursing Research Officer) and Pauline Bergin (former CNC Cardiac Ward) with support from a grant from the Heart Foundation. Rick Flowers (UTS) and Franziska Trede (formerly UNSW) extended their research that same year. Findings confirmed that clinicians predominantly applied knowledge-disseminating approaches by telling patients about risk factors, suggesting risk factor modifications and recommending lifestyle changes that would improve their heart condition. A sample of patients was tested on discharge about knowledge they had gained. Issues on the management of angina at home, physical activity and exercise were poorly answered with a majority getting it wrong or not knowing (55%, 65% and 75% respectively). Health care professionals conceded it was an unfounded assumption that patients would change health behaviors once they receive medical advice. But these health care professionals were at a loss when asked what other than the didactic telling approaches could they think of to help their patients learn.

In 2003, desktop research was undertaken by Celina McEwen (UTS), Rick Flowers (UTS) and Franziska Trede (Diversity Health Co-ordinator at POWH) about alternative approaches to patient education. This research was supported by the Multicultural Health Unit SESAHS. They have prepared a substantial **discussion paper** –

Learner-Centred and Culturally Responsive Patient Education Drawing on traditions of cultural development and popular education

The paper was presented at a roundtable meeting in early June to nursing staff from the Prince of Wales Hospital, medical staff from the Prince Alfred Hospital and the Director of the Multicultural Health Unit, SEASAHS.

The paper describes and discusses the possibilities of learner-centred patient education practice. In particular, the authors reviewed literature that constructs culture as an asset rather than as a barrier in patient education. Drawing on traditions of community cultural development and popular education, the authors discuss the possibilities of using the cultural experiences of patients and health care practitioners to inform patient education materials and practices. Cultural experience directly shapes what and how people learn. Therefore, good education practice should engage with it. To help patient-educators engage with cultural experiences they need highly developed questioning and listening skills. Important aids for the questioning and listening processes are accounts of cultural experiences.

Project Methodology and Ethical Considerations:

The Cardiac Ward Nursing Unit Manager and the Clinical Nurse Consultant have already conveyed their support for the project concept. We will conduct a workshop discussing our project plan with staff on the cardiac ward and invite them to participate. The plan will convey how we intend to develop materials that can be used by staff to enhance culturally responsive patient education practices by engaging in strategic questioning and listening. We will ask staff if we can include in the materials some accounts or stories of their efforts to do patient education, and likewise accounts or stories of patients learning about cardiac rehabilitation. We will explain that our patient education strategy will initially be trialed with the largest ethnic group on the cardiac ward – Greek speaking patients.

The main investigators from the University of Technology, Sydney and a POWH Diversity Health Co-ordinator will undertake some preliminary research to prepare a brief for a professional writer and illustrator. The investigators will interview at least three Greek-speaking patients on the cardiac ward about their knowledge and understanding of the factors that may have contributed to their heart condition and the lifestyle changes they may need to make to reduce the risk of a recurring heart condition. The investigators will also interview at least one nurse, one medical doctor and one allied health practitioner about their perception of the nature of knowledge and understanding patients have about cardiac risk factors and risk-reducing behaviours. In particular, staff will be asked to discuss their perceptions of the way Greek lifestyle and culture shapes heart conditions and behaviours.

A professional writer and illustrator will then be engaged to further develop similar accounts or stories – of both patients and staff. Artists will bring highly developed skills in devising and presenting stories that will make them engaging and readable. It is envisaged that some accounts or stories will trace the experiences of a small sample of Greek-speaking patients shortly before they were admitted, during hospital treatment, and rehabilitation. Other accounts will present the ‘human and cultural’ dimension of staff as they try to educate Greek-speaking patients.

The professional writer and illustrator will be given the brief to act as much as facilitators as artists. They will be expected to devise strategies that enable a sample of patients and staff to have some sort of direct role in authoring and illustrating. This process of collaboration is important because a central feature of a more culturally responsive patient education practice is to place more value on cultural knowledge. A challenge in patient education is to draw on both textbook and cultural knowledge. Collaboration signals an integrated, bottom-up approach to patient education.

Illustrated accounts produced by the artists with patients and staff will be workshopped with a sample of staff. The accounts will be used to help teach staff how to apply strategic questioning when doing patient education. The final accounts will be included in an educational package with teaching material about strategic questioning and culturally responsive patient education. It is also possible that the cardiac ward and Greek community groups may wish to jointly exhibit the illustrated accounts.

Data collected by interviews will require consent of the interviewees. Ethics approval will be sought to assure confidentiality and anonymity. Published accounts will not state the identity of patients or staff, unless desired and approved. Photographic illustrations may possibly not be used because of ethical problems regarding identifying patients and staff. Drawn illustrations are therefore more likely to be used and care will be taken to avoid identification of individuals. Consideration will be given to trialing the materials and strategies only with permission of the patients and staff.

Project Outcomes:

The predominant aims of this project are to enable clinicians to provide culturally responsive and appropriate patient education especially to the Greek speaking community; and second, to further develop the relationship between the POWH and the Greek community. We expect that the project participants will gain some short-term and long-term outcomes. The outcomes are diverse:

- Professional development for clinicians in patient-centered education and care. A stronger commitment and interest in patient-centered education; an improved delivery of appropriate and efficient, learner-centred patient education to their patients especially from CALD backgrounds; an enhanced awareness and improved skills of clinicians regarding the complexities of appropriate and efficient patient-centered care; stronger and energised staff.
- Health learning outcomes for patients. An opportunity to be heard and to express themselves; an increased level of understanding of their health problems, results and treatments and of the importance of their participation in recovery and rehabilitation; strengthened capacity in patients and their families in looking after their health.
- Enhanced patient-clinician relationship and communication. An increased awareness of each others' perspective; an increased understanding of more appropriate, efficient and effective ways of communicating; an opportunity to humanise and strengthen the relationship between patients, family, community and health care professionals towards better understanding, mutual respect and trust.
- Production of quality art with the possibility of it being displayed in the hospital in accordance with the art group of the POWH foundation.
- Development of educational material for ongoing sustainable patient-centered education. The educational material could be used as a template for exemplary culturally responsive patient education for other clinical settings.

Project Evaluation:

Three evaluation activities will be undertaken.

TEST PATIENT KNOWLEDGE

A structured questionnaire will be administered by interview to a sample of Greek-speaking patients immediately upon discharge and then two months after discharge by phone. A control sample of patients who have not used the new educational materials produced by this project will be compared to a primary sample who have used the materials. In 2001 patients were tested upon discharge about what they had learnt to better manage heart risk factors. This provides one set of comparative data.

ASSESS USE OF STRATEGIC QUESTIONING and THE ROLE OF CO-AUTHORED ACCOUNTS

One aim of the project is to train staff to use more learner-centred methods when doing patient education. The centre-piece method for this project is strategic questioning. An assumption that we propose to test is that co-authored stories will enhance the capacity of staff to engage in strategic questioning. We will ask staff to participate in a simulated patient education scenario that will be audio-taped for textual analysis. This method was used successfully in the research about patient education on the cardiac ward in 2001. We will compare a control sample of staff attempting to use strategic questioning without the new educational materials to a primary sample who do have use of the materials.

CONVENE SEMINAR - WHAT IS CULTURAL KNOWLEDGE AND HOW CAN IT BE USED IN PATIENT EDUCATION?

The seminar will provide an opportunity to present the project findings. A key question is whether the approach and methods used are applicable to improve patient education in other clinical settings in SESAHS. A secondary question is: what relevance do traditions of community cultural development and popular education have for clinical practice.

Deliverables and Timeline:

Selecting an artist for this pilot project	September 5, 2003
Seeking ethics approval	September 26, 2003
Planning the implementation with hospital staff	September 26, 2003
Implementing the pilot project	October – December, 2003
Finalising the art products	February, 2004
Developing educational materials	March, 2005
Evaluation of the pilot project	June 2004

PART 2: PROJECT MANAGEMENT

Responsible Officer:

Franziska Trede, Diversity Health Unit, POWH

Main Investigator(s):

Rick Flowers and Celina McEwen, Centre for Popular Education, UTS

Other Investigator(s):

Mr Greg Fairbrother, nursing research officer, POWH

Writer, (to be confirmed)

Illustrator, (to be confirmed)

Mr Roger Huntington, nursing unit manager, cardiac ward, POWH

Ms Sophie Drake, cardiac clinical nurse consultant, POWH

Steering/Advisory Committee:

Professor Joy Higgs, Faculty of Health Sciences, The University of Sydney

Lesley Rosenberg, Arts Co-ordinator at Sydney Children's Hospital

To be confirmed

Dr Kirsty Foster, Postgraduate Educator, RPA Women and Babies, Royal Prince Alfred Hospital

PART 3: ITEMISED BUDGET FOR PROJECT

(Specify salaries, goods and services, RMR and cost centre number)

Items	Cost
Artist fees \$250 per day, 2 days a week over 12 weeks includes art material and production of art product	\$6,000
Consultancy fees Including evaluation and development of education material by the Centre of Popular Education 10-12 days @ \$400 per day	\$4,000
Total	\$10,000

PART 4: INTELLECTUAL PROPERTY AND OWNERSHIP

Copyright for any teaching materials or publications arising from this project will be held by the writers. The writers grant to the Centre for Popular Education, UTS and the Diversity Health Unit the exclusive right to:

- (1) copy edit any papers or publications arising from this project
- (2) reproduce, publish and distribute any materials arising from this project
- (3) recover costs of production, distribution, copy editing, of any materials and publications through sales.

PART 5: EXECUTIVE ENDORSEMENT

Signature of Executive Director

Date

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