

THE HEALTH SCIENCE Educator

Tips, ideas and opinions for Health Science Education



March 2020

WE'RE BACK!



A free publication for professionals who choose to make a difference in the classroom.

You inspire the future of healthcare!

I'm not telling you it's going to be easy -

I'm telling you it's going to be worth it.

Art Williams

★ EDUCATION NEWS: PANDEMIC LEARNING

You knew the moment you stepped into a health science classroom that your efforts would make a difference – not just for the students you were teaching, but for the hundreds of patients who would benefit from the skills and actions of your former students.

And then came COVID-19, and on the front line of fighting this deadline epidemic are healthcare team members. Your former students.

How many of today's medical heroes were in your classroom yesterday?

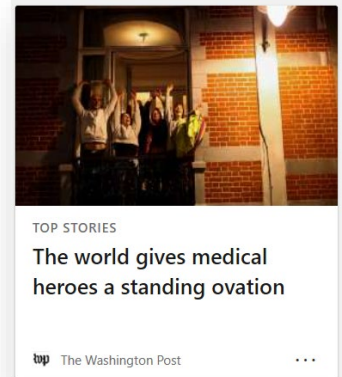
As each day passes, America's healthcare workers, first responders and the countless individuals working in "essential services" are making the heroic decision to go to work and care for their patients. This decision is made harder by ongoing shortages of necessary personal protective equipment.

What's a Health Science Teacher to do?

Two things. Recognize your value and keep doing what you do.

You didn't start preparing for this crisis when the first infected patient died. You started preparing on the first day you walked into a health science classroom. What you do to inspire and encourage future health professionals has always mattered, but now you can see it a little more clearly. Recognize your role in as an important first step in the pipeline. How many medical heroes are on the frontline today, saving lives, because of you? Think about the difference you have made and recognize the value of being a health science educator.

There will be challenges ahead. Suddenly the implementation of distance learning is here and now. How does that affect the rest of this school year? How will it impact the future? The questions are many and there is a lot we don't know, but we do know this. No COVID-19 or natural disaster will change what matters most - the value of what you do every day to inspire and prepare your students to make a difference in the healthcare professions.



★ HEALTHCARE NEWS: VALUE-BASED CARE

Everyone on the healthcare team has a role to play in providing value-based care.

Fee-for-service reimbursement used to drive most care decisions. Not today. With the healthcare industry now emphasizing **quality** over quantity of care, models are changing. All healthcare team members are being held accountable for maintaining collaborative, seamless care coordination throughout the patient experience.



The healthcare journey for many patients begins in a medical office or clinic. The first person who greets the patient is usually the medical receptionist. The receptionist sets the tone for the patient's entire visit. A welcoming smile and careful instructions are a good start.

The next encounter is usually with a medical assistant or nurse who brings the patient back to the exam room, creating another opportunity to meet the needs of the patient. It is not uncommon for a patient to interact with three or more team members before seeing a physician or advanced care provider, and additional team members before the visit is complete. Patient satisfaction data is an important measure of a successful office visit.

IT'S A TEAM SCORE

Patient care in medical offices is evaluated using the CAHPS from the Agency for Healthcare Research and Policy (AHRQ). The purpose of the survey is to better understand, assess, and improve upon patients' experiences with healthcare providers and staff in medical offices. Every person who interacts with a patient has an impact on patient satisfaction.

Everyone, from the front line to the back office, has a role in providing effective value-based care.

For more information on value-based care or to print a copy of the survey, go to <https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>

In next month's newsletter, we'll take a closer look at the impact of patient satisfaction in healthcare.

Legal/Ethical Scenario

Janie Moginsky had a positive pregnancy test and today is her first visit to the obstetrician. Her husband is the principal of the county high school.

Janie's last pregnancy resulted in a miscarriage and she is not planning to tell her husband about this pregnancy until the start of her second trimester. In addition, her sister's wedding is next month, and she doesn't want to take the attention away from her sister.

Suddenly Janie hears her name shouted from the clinic door.

JANIE
MOGINSKY!!



Janie cringes, then gets up and walks to meet the person wearing scrubs who called her name. (That person didn't introduce herself, so Janie doesn't know if she's a medical assistant, a nurse, or who she is.)

Meanwhile, a student from the high school (who is also in the waiting room) assumes that the Janie Moginsky seeing the obstetrician is related to her principal. She sends a text to a few friends, the news goes viral around the school, and within hours, someone congratulates Mr. Moginsky on his impending fatherhood!

Is this a legal problem, an ethical problem, or not a problem?

Does Janie have a right to privacy when visiting her obstetrician?

Was Janie's privacy protected?

Was this a HIPAA violation?

HAND HYGIENE MATH

In 2010, after gathering data on the proper implementation of hand hygiene guidelines, a hospital conducted an intensive information and training campaign to encourage compliance with hand hygiene protocols. In 2015, the process was repeated.

Use the information in the box on the right to do the math and fill in the information in the chart below.

Hand Hygiene Compliance %				
	2010 Campaign		2015 Campaign	
	Before	After	Before	After
Type of Hospital Unit				
Intensive Care Unit	58.8		66.9	74.5
Surgery	51.4	65.7	61.4	70.7
Internal Medicine	53.9	70.6	61.3	
Pediatrics	65.8	76.9	71.2	80.4
Geriatrics	55.3		60.5	71.0
Rehabilitation	53.8	69.4	58.2	
Type of Healthcare Worker				
Nurse	57.3	73.2	66.2	76.9
Nursing Assistant	51.1		62.5	71.8
Physician	42.2		53.0	
Physical Therapist	52.8	67.4	61.8	69.0
Other	40.2	56.5	52.6	63.8
Indication for Hand Hygiene				
Before patient contact	39.0	57.0	50.2	62.7
After patient contact		76.4	71.3	
Before aseptic task	42.2	60.6	50.7	62.8
After body fluid exposure risk	65.0	79.5	72.8	
After contact with surroundings of patient	49.6	66.6		69.3

- The % compliance in 2010 after the campaign was the same for the geriatrics unit as the intensive care unit.
- After the 2010 campaign, compliance by nursing assistants increased by 30.1%.
- Compliance after the 2015 campaign in the internal medicine department was only 0.1 less than after the 2010 campaign for the geriatric department.
- In 2015, the average compliance for physicians after the campaign was 19.8 percentage points lower than the nurses.
- In 2015, the post-campaign compliance rate for hand hygiene after contact with surroundings of patients increased by 12 percentage points.
- Internal medicine and rehabilitation both saw decreases in 2015 post-campaign compliance compared to 2010. One dropped to 67.3 and the other to 70.3.
- Hand hygiene after patient contact improved by 21.5% in 2010 and by 11.5% in 2015.
- From the end of the 2010 campaign until the beginning of the 2015 campaign, physician compliance only dropped 4.3 percentage points.

9. The highest number on the completed chart is 82.9. Why do you think that number is so high?

10. What impact do you think the COVID-19 pandemic will have on hand hygiene compliance? Why?

LEARNING SCIENCE

Multitasking Myth

Question: Can young people manage multiple tasks (like studying for a test and watching TV) at the same time with no decrease in performance?

They say they can. Is that true?

Answer: Conscious processing is serial in nature, which means our brains can only think about one thing at a time.

To multitask, we need to switch our conscious attention between the two tasks, which means we need to stop what we're doing, save it, switch to the other task, and figure out where we are in that task so we can pick up where we left off.

Even if your students are good at doing their homework, watching TV, and texting a friend, all at the same time, what they are really doing is switching between tasks - and that takes more time.

Research tells us that when we attempt to multitask, our performance deteriorates beyond just the time it takes to change tasks. Multitasking cuts efficiency and raises risks.

For more information:

American Psychological Association. 2006.
"Multitasking: Switching Costs"
www.apa.org/research/action/multitask.aspx

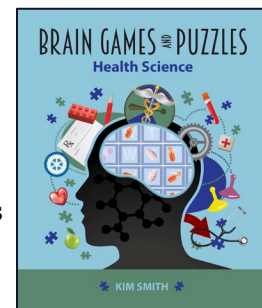
HAND HYGIENE MATH – ANSWER KEY

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Source: *Brain Games and Puzzles: Health Science*

Tools for at home learning!

Brain Games and Puzzles: Health Science and *Brain Games and Puzzles: Anatomy & Physiology* are sold in PDF and Word formats on a flash drive, making it easy for the teacher to select specific learning activities and attach them in Teams or other online learning platforms.



Go to Amazon.com and search CreativEd Services.

The Health Science Educator, published by CreativEd Services in collaboration with NCHSE, is a free monthly newsletter for health science professionals at the middle school, high school and collegiate levels.



Kim Smith, the author of *The Health Science Educator*, is an instructional designer and Certified Professional in Learning and Performance. She is a retired Registered Nurse and former Health Science Teacher, Health Science State Supervisor, and Assistant Director of National HOSA.

We'd love to hear from you! Send us an email and share your experience with using the ideas in this newsletter or let us know what you would like to see in future issues.