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Patient Education: Telling Is Not Teaching and Listening Is Not Learning

### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

### Dr. Johnson:

This is CME on ReachMD, and I'm Dr. David Johnson. Here with me today is Dr. Aasma Shaukat.

Aasma, what are some best practices for patient education regarding bowel preps?

### Dr. Shaukat:

Thank you so much for having me, Dave, and what an important question. There's been a lot written on this, and we recently wrote about best practices in this area. So there's several things to consider. The first and foremost is your navigation strategies for establishing best communication and the education provided to the patients. So one is having instructions in the patient's native language. It's extremely important. And second, having 2 modalities of communicating the information is extremely important. So we can give the patient written instructions, and then it either needs to be followed up by a telephone phone call, text messaging, or sending them to a video link to look at the instructions again. Because, other than the agent we pick, it's the instructions around it that really set them up for success.

So the best practice for patient adherence is educating the patient and then reinforcing that education so that the patient is confident and we're confident that the instructions will be followed. And this is a great business model. We never want to miss a patient, and we never want to miss an opportunity to educate our patients. Many practices use group classes. A lot of them do individual classes. Some have these robocalls that provide education with options for patients to speak to a nurse, and some have, actually, navigators that help with this. So again, finding the best fit for your practice and making it patient-centric, tailored to your patient population, is the most important aspect of it.

### Dr. Johnson:

So, Aasma, thank you so much for those wonderful guidance as it relates to bowel prep. So I think it's important to recognize the navigation strategies are critical, and certainly that enhance the outcomes as relates to patients' ability to navigate through their individual preps and strategies, but outcomes for success. The best practices are relative to who you're dealing with, so it relates to cultural, maybe, and certain areas that may require certain navigation strategies, relative to the education strategy or the practice of who you deal with. It's very frequent that I'll involve the patient's family in some of these adherence recommendations because that's certainly helpful more in the communication and culturally different practices.

It's really a business plan for success. We want them to succeed when they come in to get their prep, but again, don't want to lose the opportunity. If we miss that opportunity and the patients now have to cancel because they didn't tolerate the prep or they have to come back because they had an inadequate prep, we've really sent a negative message, and we've got both direct and indirect costs – not

only the patient, but to our own practices. So it's a patient care partner investment, so the more we can do that, the better we can optimize, the better we can achieve success.

Aasma, thanks for great comments.

**Dr. Shukat:**

Thanks so much.

**Announcer:**

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