

CATCH RURAL Falls

***Coordinated Action Toward
Community Health: RedUce
Risk And Limit Falls***

**Effective Patient Education
Delivery Practices for
Older Adults**

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Introductions and Contact Information

Dawn Venema, PT, PhD

- Physical therapist, with experience primarily in geriatric practice
- Expertise in fall risk management and mobility
- dvenema@unmc.edu



Victoria Kennel, PhD

- Industrial organizational psychologist
- Expertise in quality improvement, teamwork, and organizational science
- victoria.kennel@unmc.edu



McKenzie Behrendt, OTD, OTR/L

- Occupational therapist, with experience primarily in adult rehabilitation
- Expertise in rural based OT care including adults and geriatrics
- mbehrendt@unmc.edu



Nicole Martino, PhD, OTR/L

- Translational Health Scientist and Occupational Therapist
- Expertise in implementation science and geriatric practice
- mnmartino@unmc.edu



Educational Objectives

Understand how older adults learn and how providers can communicate effectively.

- Identify barriers to effective patient education.
- Apply health literacy principles during fall prevention discussions.
- Use evidence-based communication strategies.
- Tailor education to patient goals, readiness, and preferences.



Common Fall Prevention Messages That Often Fail

Common Advice:

- “Exercise more”
- “Be careful”
- “Use your cane”
- “Remove hazards”

Patient Interpretation:

- “I’m not sure what to do”
- “This is vague”
- “Only when I feel unstable”
- “Which hazards??”

Patient leaves remembering only
“I need to exercise more”



Barriers to Effective Patient Education for Older Adults

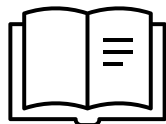


Sensory & Cognitive Changes

Hearing & vision impairment

Memory or cognitive challenges

Information overload during the visit



Health Literacy Challenges

Medical terminology

Complex written materials

Difficulty applying information at home

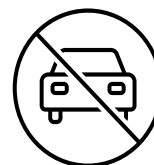


Motivation & Beliefs

"Falls are just part of aging"

Fear of losing independence

Low confidence in ability to change behaviors



Environmental & Social Factors

Limited caregiver support

Transportation & financial barriers

Unsafe home environments



Clinical Communication Barriers

Limited time for discussion

Lack of confirmation of understanding

Recommendations not connected to patient goals



SAFE Approach



Simple



Actionable



Focused on patient goals (Relevant)



Evaluated through teach-back

Health Literacy & Why it Matters

- Ability to find, understand, and use health information
- Use plain language; avoid medical jargon
- Ask a simple question: “How confident are you in filling out medical forms?” (Wallace et al., 2006)

Less Effective

“Reduce your fall risk”

More Effective

"Remove throw rugs from your hallway and complete your chair-rise exercises three times this week."



Tailoring Fall Prevention Education to Older Adults

Before Teaching

- Assess readiness for learning
- Identify goals (consider experiences & goals)
- Preference for learning

During Teaching

- Focus on 1-3 key messages
- Connect recommendations to goals
- Use plain language and demonstrations
- Include care partners when appropriate

After Teaching

- Reinforce & confirm understanding
- Use teach-back
- Highlight key actions on written materials



Practical Tips for Effective Patient Education

Build Trust

- Reduce anxiety
- Focus on strengths
- Create safe space

Keep it Simple

- 2-3 concepts per session
- Use plain language
- Brief teaching sessions

Make it Meaningful

- Recommendations + patient goals
- Tailor to routines
- Link new behaviors to habits

Teach Actively

- Use teach-back
- Encourage questions & discussion
- Verify understanding

Support Retention

- Chunking
- Repeat key points
- Use multiple formats

Provide Lasting Resources

- Highlight key information
- Send home written materials
- Include care partners

Effective patient education is simple, personalized, interactive, and reinforced over time.

(Bastable et al., 2020)



Summary: Review of Objectives

- Recognized common barriers to effective patient education in older adults.
- Explained a SAFE approach
 - Simple
 - Actionable
 - Focused on patient goals
 - Evaluated through teach-back
- Applied health literacy principles when discussing fall risk.
- Tailored education to patient readiness, motivation, and context.



References and Resources

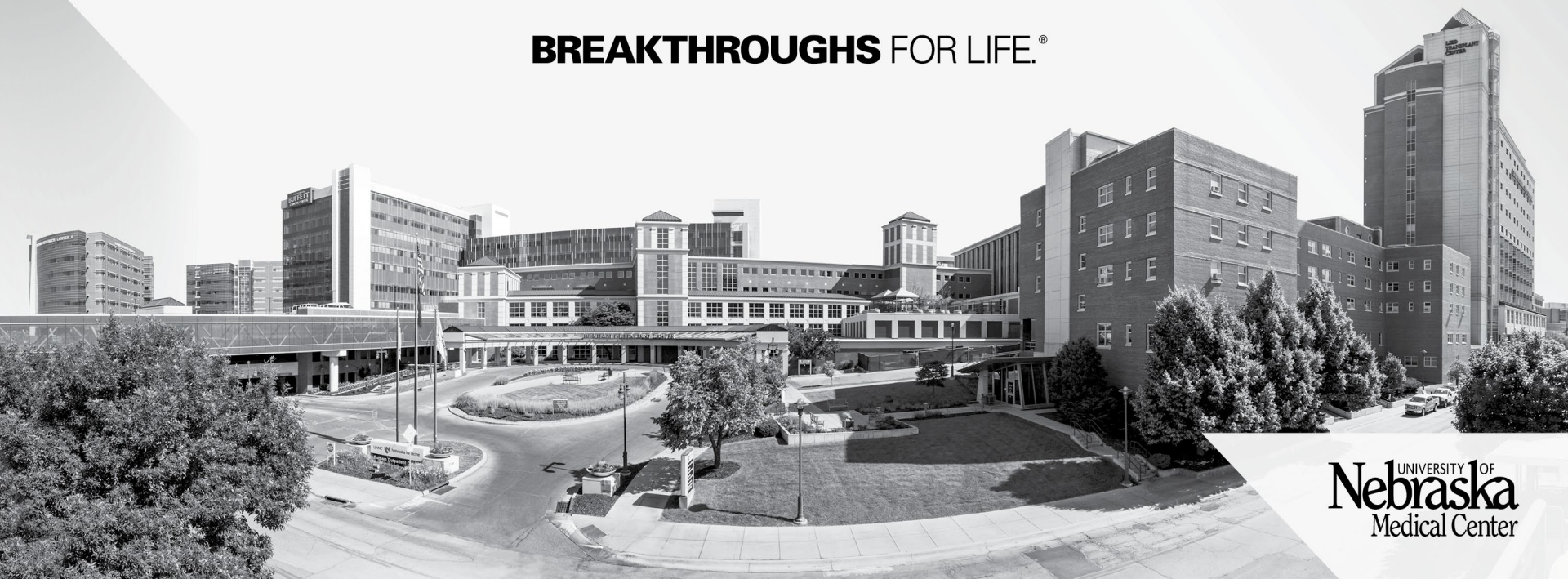
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- [CDC STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention](#)
- [CDC STEADI Coordinated Care Plan to Prevent Older Adult Falls](#)
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- [Free Web-Based Readability Checker](#)





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