

# Patient Preference for Instructional Reinforcement Regarding Prevention of Radiation Dermatitis

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**Background:** Although patient preference is a core value within the context of patient-centered models of care, little attention has been paid to determining patient preference for instructional media. Nurses have traditionally used verbal face-to-face instruction as the mainstay of patient education, with written materials being used extensively as teaching guides to supplement verbal instruction or for instructional reinforcement. However, advances in technology have made possible the adding of video instruction to nurses' repertoire of instructional media.

**Objectives:** The purpose of this study was to determine patients' media preferences (verbal, video, written) when receiving instructional reinforcement about self-care needed to prevent radiation dermatitis.

**Methods:** The current study was conducted as a secondary analysis of data from a process improvement initiative. In the parent study, patients received multimedia education related to skin care to prevent radiation dermatitis. This secondary analysis examined patient preference for verbal, video, or written education reinforcement at treatment weeks 1 and 3.

**Findings:** Results suggest that, when given a choice, verbal and video reinforcement are preferred over written reinforcement.

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Patient preference is a core value within the context of patient-centered models of care (Institute of Medicine [IOM], 2001; Mead & Bower, 2000; Stewart et al., 1995). A model of relationship-based, patient-centered care (Koloroutis, 2004; Maklebust, 2011) was implemented at the Barbara Ann Karmanos Cancer Institute in Detroit, Michigan, a National Cancer Institute (NCI)-designated comprehensive cancer center, in 2006. Relationship-based, patient-centered care is designed to meet the needs of patients with cancer and their caregivers. However, adopting the principles of relationship-based, patient-centered care often requires a shift in nursing philosophies of care, which may take time to initiate and stabilize. Helping nurses understand the value of patient-centered care and the benefit to patients can lead to a positive shift in nursing philosophies of care, as well as to positive clinical outcomes.

In 2013, nurses in the institute's radiation oncology department introduced a patient-centered multimedia educational

program to promote better adherence to skin care protocols among patients undergoing radiation oncology treatment. This program was conceptualized and conducted as a process improvement initiative that was funded, in part, by the ONS Foundation and is referred to in this article as the parent study. Care was taken to ensure adequate training of staff, as well as careful monitoring of processes (e.g., instruction of patients, patient adherence to skin care protocol) and outcomes (e.g., skin toxicities).

The multimedia education program introduced in the parent study was based on recognition of the importance of optimizing patients' participation in their own care, focusing services around patients' needs and preferences, and allowing patients to make choices about their health education based on personal preference—all of which are critical components of relationship-based, patient-centered care (Koloroutis, 2004; Ormandy, 2011). Specifically, participants in the parent study were able to exercise choice about the instructional method used to reinforce