

**Patient Safety Advisory Council (PSAC) and Youth
March through May 2016
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During the month of April 2016, Ilene Corina — a patient safety advocate and PULSE Patient Safety Advisory Council representative — visited with youth. These meetings and presentations were directed at young people from 14 to 18 years old to learn how they interact with their healthcare teams, what they know about their medications, and how they are involved in their care for the best possible outcomes.

The Long Island Patient Safety Advisory Council (PSAC) was developed to reach Long Island's diverse populations and educate them in patient safety. Through a series of meetings and conversations PSAC representatives identify some of the obstacles people face in receiving safe, quality care. Then a report is created, leading to the development of tools to help improve their care.

PSAC programs can strengthen ties with health care providers and representatives, while developing tools that patients can use to get the most from their medical care in terms of patient safety, health literacy and patient engagement.

This project was developed to determine where funding might be used to develop educational material for high school students, addressing lifelong issues of patient safety and patient engagement at a young age.

There were seven sessions involving approximately 100 young people from school districts including Oceanside, Brentwood and Westbury, Long Island. An individual small group of youth and a group representing LGBT young adults were also included.

Each presentation consisted of questions about:

- Communication with their medical team:
 - How they choose a clinician / doctor
 - How they communicate with their clinician / doctor
 - Health literacy and communication skills
- Medication
 - Do they understand their medication?
 - Medication mix-ups (such as inhalers, eye drops that look like glue and pills)
 - Health literacy and taking medications properly
- Sharing symptoms / Diagnosis
 - How to explain symptoms without exaggerating (“My leg is killing me”)
 - Telling the history of an injury or illness
 - Being accurate and honest for the best care

Communication

The youth who “liked” their doctor shared with their class why it’s important. They can be honest about their symptoms, their sexual activity and relationships, and are comfortable asking questions. Those who did not “like” their doctor, would not ask questions, would not share information and might not follow a care plan.

The young people who liked their clinician or felt comfortable during an office visit described why:

- The doctor knows their name
- Being “nice”
- Explaining things to the patient directly
- Answering questions

Youth who were not satisfied with their doctor and did not want to visit them cited as reasons:

- The doctor talked to their parents
- The doctor did not know their name
- The youth felt rushed

They all agreed that if they did not like their doctor they might not share important information.

Medication Safety

Many of the young people, or their siblings, were taking some sort of medication regularly. Most did not know about medication mistakes or how they can happen. Some recognized three different inhalers but did not know that they might have different uses. They knew that medication might look similar to each other but never thought they could mix them up. (Photos of medications that looked alike were shown).

Misuse or abuse of medication may be avoided by asking questions early on. An injury on the football field or in gymnastics might lead to pain medications. Corina explained how the young people could not only help themselves but also, as soon as there is an injury or planned hospitalization, educate a parent or sibling about the potential for medication errors, misuse and abuse.

Diagnosis / Symptom Sharing

Some groups discussed the choice of exaggerated words versus actual words to explain symptoms; covering the whole story of how an injury took place; indicating what relieves or provokes pain; and describing symptoms on a scale of 1-10. (See STARS)

Other topics discussed were: how to prepare questions for the visit with a clinician; having private time with their clinician; listening skills; asking questions; keeping notes; and preparing a healthcare proxy by age 18.

Conclusion:

A patient safety curriculum should be taught to high school and middle school classes, covering the above topics in two fun and interactive thirty-minute sessions.

Think *STARS*

for better communication with your clinician

Specifics - Specific location of pain and what you were doing before it started.

Treatment - Are you taking medication, are you on new medication, do you know the names and doses of your medication? Are you treating the pain with heat or cold?

Associated Symptoms - Dizziness, racing heart, bleeding, nausea or vomiting?

Relieve or provoke the symptoms - What makes it feel better, or worse?

Severity - On a scale of 1-10, 10 being the worst, how are you affected?



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