CE

Rheumatoid Arthritis Educational Series

A Nurse-Led Project

Joyce Lemon ▼ Blanca Marichal-Williams ▼ Eileen Blum ▼ Maria Bracero

Nurses in the rheumatology clinic at New York University Hospital for Joint Diseases realized a need to provide patients with rheumatoid arthritis with more healthcare information than was routinely given during clinic visits. This project goal was to support patient involvement in decision making and encourage participation in treatment planning. To address these concerns, a team of staff registered nurses developed an educational program based on various arthritis-related topics. This article shares the experiences of these nurses as they developed and led a patient education project. Various elements of the project are discussed, including institutional history, program needs, project start-up, challenges, outcomes, and the lessons learned.

Institutional History

The Hospital for Joint Diseases (HJD) was chartered in 1905 to treat bone trauma and deformities (Bulletin Hospital for Joint Disease, 2005). It is one of fewer than five hospitals worldwide dedicated solely to the treatment of orthopaedic, autoimmune, neuromuscular, and neurological diseases and rehabilitative medicine (Bulletin Hospital for Joint Disease, 2005).

In 1982, the rheumatology clinic was added to complement the services available at HJD under the newly formed Department of Rheumatology. In 1986, the Department of Rheumatology at HJD and New York University Medical Center merged to establish the Center for Arthritis and Autoimmune Diseases. The rheumatology clinic initially served 10–15 patients who were followed by a specific physician and registered nurse to provide continuity of care. The Adult Ambulatory Care Services has grown and serves more than 13,700 patients per year in 18 specialized clinics (L. Both, personal communication, February 2, 2010). On January 1, 2006, NYU Langone Medical Center and HJD merged, with HJD becoming the NYU Hospital for Joint Diseases (NYUHJD).

Early on, most patients referred to the rheumatology clinic were being treated by their family practitioner, usually not a rheumatologist. There was no organized teaching program in place. Patient teaching was done at each clinic visit by the physician and/or the primary nurse. In 1983, the patients formed a support group and called themselves the "Ol' Artie Club." The club was organized by the Department of Social Work and the Department of Nursing, which facilitated meetings where patients actively discussed their problems with others who were experiencing many of the same issues (B. Babb, personal communication, Feburary 11, 2010). The Ol' Artie Club ended after 5 years.

The NYUHJD Rheumatology Clinic is currently staffed by 19 medical providers, including physicians, rotating fellows, and nurse practitioners. Providers are divided into four groups; each is led by a registered nurse delivering care under the primary nursing model. The registered nurse collaborates with the providers in coordinating patient care, teaching, and encouraging wellness and principles of preventive care.

Over the last 27 years, the rheumatology clinic has grown. Disease treatments are now more complex than ever. The nursing staff noted that time constraints during clinic visits did not allow for the in-depth teaching necessary to enable patients to participate in their treatment plans and make informed decisions. Patients expressed difficulty following treatment/medication regimens. Ellard et al. (2008) concluded that patients who participated in an informative 2-day program on rheumatoid arthritis expressed various positive outcomes, such as sharing experiences with others in similar situations, increased involvement in healthcare decision making, and instigating treatment changes.

The primary nurses for the NYUHJD Rheumatology Clinic had a vision to enhance the educational experience of the patients. This prompted the development of a structured patient education program, the Rheumatoid Arthritis Educational Series (RAES). The program was designed to support patient involvement in decision making and encourage participation in treatment planning.

Joyce Lemon, MSN, MPA, RN, Staff Nurse, NYU Langone Hospital for Joint Diseases, Ambulatory Care Services, New York, NY.

Blanca Marichal-Williams, BS, RN, ONC, Staff Nurse, NYU Langone Hospital for Joint, Diseases, Ambulatory Care Services, New York, NY.

Eileen Blum, RN, BC, ONC, Staff Nurse, NYU Langone Hospital for Joint Diseases, Ambulatory Care Services, New York, NY.

Maria Bracero, RN, Staff Nurse, NYU Langone Hospital for Joint Diseases, Ambulatory Care Services, New York, NY.

The authors and planners have disclosed that they have no financial interests to any commercial company related to this educational activity.

DOI: 10.1097/NOR.0b013e31825dfcb6

The Rheumatoid Arthritis Educational Series

A major objective of this educational project is to provide the participants with useful information that will encourage involvement in healthcare decision making. A structured educational program can assist patients in identifying effective coping strategies. When patients develop a better understanding of their condition and suggested treatments, they are better prepared to make informed decisions (Herber, Schnepp, & Rieger, 2008).

After establishing the need for a more formalized education program, the nurses and the nurse practitioner met with nursing administration to discuss their ideas. The team met once a month and developed a needs assessment tool by selecting topics that they thought the patients would be interested in. This list was based on discussions that the nurses had with patients and their families during clinic visits and follow-up phone calls. These discussions touched on common topics such as medication use, pain management, physical therapy, and psychosocial issues.

This opinion survey was used to determine topic selection for the educational series. The survey was not submitted to the organization's institutional review board (IRB) for review because the educational series did not meet research criteria requiring IRB review (Public Welfare). The list of suggested topics was then given to patients in the waiting room. They were asked to write in any additional topics of interest. Because this was designed to be a patient-centered program, it was vital that the educational sessions reflected patients' needs and desires. The program calendar was created on the basis of their subject-matter preferences. The nurses were able to obtain presenters for the topics selected. After these were finalized, a calendar was created for the year (see Table 1).

The time between the conceptualization of the RAES and its launch was approximately 12–16 months. Activities included in the planning phase were identifying objectives, creating the calendar, contacting presenters, securing the venue, creating and printing project materials, coordinating refreshments, and contacting patients. Planning sessions were held during work hours and had to be arranged around the clinic schedule, which likely extended the time needed for program setup.

Table 1. 2009 Rheumatoid Arthritis Educational Series

Dates	Topics
April	Overview of the Educational Program
May	Nutrition
June	Initiative for Women with Disabilities Overview
July	Stress Management
August	Exercise/Physical Therapy
September	Pain Management
October	Sexual Health
November	Homecare/Social Services
December	No program scheduled

Although there was no separate operating budget for the educational series, nurses were able to contain costs by relying on resources found within their organization to implement and sustain the program. Nursing administration supported the program by securing meeting space and obtaining audiovisual equipment as well as subsidizing and printing the 2010 RAES calendar brochure and covering the cost of lunch vouchers. The educational sessions were held in available conference rooms; speakers were drawn from hospital faculty or staff or from agencies to which patients were frequently referred for support.

Table 2 represents the RAES calendar for 2010. The topics were selected on the basis of previous year's topic evaluations and the interest surveys disturbed to patients attending the rheumatology clinic. During patient visits to the NYUHJD Rheumatology Clinic, the nurses presented information about the upcoming program to spark patient interest and participation. The response was positive, and patients eagerly signed up to attend. In addition to setting up the educational sessions, the nurses were also responsible for taking attendance, distributing learning materials, and collecting evaluation tools. Prior to each session, a nurse mailed reminder letters and made phone calls to confirm attendance.

Sessions were scheduled once a month for 1 hour and were held before the start of rheumatology clinic hours. Initially, speakers were recruited only from within the hospital; subsequent presentations included speakers from outside organizations. The calendar was set 1 year in advance, with notification of upcoming lectures posted throughout the hospital and on an LCD information screen in the hospital lobby. Presenters brought in audiovisual materials and gave participants educational reading materials in English and Spanish.

Most sessions were attended by 10–15 participants, with two nurses present to answer questions that might come up. Some patients attending the education sessions spoke only Spanish, and nurses fluent in that language would attend the sessions to provide translation.

Table 2. 2010 Rheumatoid Arthritis Educational Series

Dates	Topics
January	Managing Rheumatoid Arthritis Flare Ups Overview of Rheumatoid Arthritis
February	Physical Activity and Arthritis
March	Temporomandibular Joint Problems
April	Intimacy and Rheumatoid Arthritis (Sexuality)
May	Mental Health Depression
June	Stress Management
July	Osteoporosis
August	Medication
September	NYUHJD and Home Care Services
October	Nutrition
November	Joint Replacement and Physical Therapy
December	No program scheduled

Note. NYUHJD = New York University Hospital for Joint Diseases.

Each session was concluded with a 10-minute question-and-answer session after which participants were asked to complete a program evaluation. At the end of each session, participants were presented with a lunch voucher provided by nursing administration, which could be used on the day of the presentation if desired. Many of the participants had appointments scheduled after the sessions. The nurses helped to ensure that they were seen by their providers in a timely manner.

Challenges to Implementation of the RAES

The primary challenge encountered by the nurses was finding sufficient time to design and implement the RAES due to competing nursing responsibilities while clinics were in session. The nurses were accountable for providing daily patient care as well as implementing the preparation for the scheduled educational event of the day. Strategies that helped overcome some of these challenges included having two of the staff nurses attend the educational session whereas the other two remained on the unit addressing the needs of the patients being seen in the clinic that day. Nursing administration facilitated the hiring of a per diem nurse. This nurse was assigned to provide hands-on patient care and was not involved in the RAES. Cost for this coverage was nominal because this was only a small part of the assignment for this nurse, who was used to provide coverage for a variety of organizational activities.

In addition to this challenge, other obstacles encountered included the need for securing credible speakers. Each nurse chose two or three of the selected topics that they would be responsible for. They then looked at what resources were currently available in the hospital. They approached individuals from among the staff who were considered experts in their fields. Most of the individuals they approached were eager to participate. Participants were asked to submit a copy of their presentation along with their learning objectives. Presentations were limited to 45 minutes to allow for a 10-minute question-and-answer session at the end of the presentation. In compliance with patient education standards, all patient education materials were kept at a fifth-grade reading level and submitted to the patient education committee.

Two months after the start of the program, the venue was lost. This posed an exceptional challenge because space is at a premium in most hospitals but particularly in New York City. Fortunately, the loss was temporary and the team was able to secure another space for the needed time. A permanent venue continues to be a challenge.

Another challenge was the late arrival time of some of our participants. Because many of our patients rely on ambulette services to transport them to and from the hospital, we experienced delays and interruptions during some of the sessions. However, this had very little impact on the sessions themselves and those in attendance were always quick to accommodate the late arrivals. On one occasion, one of our presenters had a change in schedule that necessitated shuffling speakers. An alternate speaker was able to fill in without any interruption.

Finances offered an additional challenge. To date, lunch vouchers for the participants have been funded by the nursing department. It is not known whether this funding can be continued in the future. A less costly alternative such as offering coffee and pastries is being considered.

Outcome Evaluation

The major objective of this educational project was to provide the participants with information necessary for them to participate in decision making and become involved in their treatment plans. A program evaluation tool template was provided by nursing administration and was used to assess participants' satisfaction and usefulness of the program contents. This evaluation tool was completed by the participants at the conclusion of each session. The evaluation tool assessed two major areas: program and speaker. Tables 3 and 4 show samples of the program and speaker evaluations currently being used to assess participants' satisfaction with the series. Table 5 summarizes the evaluations from January 2010 to June 2010.

Qualitative results noted in the comments sections illustrated that participants appreciated the program for various reasons. A common theme was that the participants valued the opportunity to receive information in a setting with people of shared experiences. Patient comments included the following: "I felt everyone has the same feelings"; "I have found this and all presentations to be right on target of my needs and expectations"; "I found this group to be very informative and supportive. It addressed many questions"; "This was an excellent presentation and I am learning much more information." Some participants were critical of the lack of working audiovisual equipment during one presentation and a last minute change of venue at another. These sentiments could have affected evaluation scores.

Table 3. Rheumatoid Arthritis Education Series Program Evaluation

Program Evaluation	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Not Applicable
The presentation met my needs					
Content covered topic adequately					
Overall quality of this program					
Quality of the program facility					
I can use what I learn to care for myself and or my family					
Comments					

Table 4. Rheumatoid Arthritis Education Series Speaker Evaluation

Program Evaluation	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Not Applicable
Speaker met program objectives					
Audiovisual materials contributed to presentation					
Speaker was interesting					
Speaker was organized and effective					
Overall quality of speaker					
Comments					

Presentations are conducted year-round, and fluctuations in attendance may be related to topics offered, weather, and or length of prior notice. Attendance totals are given in Table 5. The spike in attendance at the February session reflects a collaborative presentation with the Arthritis Foundation (AF).

To better assess the program's impact on decision making and treatment planning, the evaluation tool needs to be revised to address these parameters. There should also be follow-up surveys or interviews to assess changes in decision making and treatment planning that the participants attribute to information presented at the RAES. Health outcome data for this patient population would be valuable but were beyond the scope of this project. Evaluative measures are vital to gain support for program continuation and growth.

An unexpected outcome of the RAES was the number of patient-generated referrals following the series offerings. The nurses and physicians noted more questions and inquiries about treatment options from patients who had attended the RAES. Most of the inquiries were about various hospital services that were discussed during the educational sessions. These services included social service, physical/occupational therapies, medical, and general orthopaedic clinics.

Another unexpected outcome was the personal bonding that resulted between series participants and the nurses. Patients expressed pleasure in seeing their primary nurses in attendance at the RAES sessions and subsequently asked these nurses to advocate on their behalf regarding topics discussed in the presentations. Bergsten et al. (2009) noted that patients with rheumatic diseases have a significant need for emotional support. Patients may find it easier to speak to their nurses, and some express feeling a sense of security because they are more familiar with their nurse (Arvidsson et al., 2006).

Lessons Learned

When the staff reflected on the development and implementation of the project, it became clear that the initial planning phase lacked structure. The inexperience of the staff was reflected in the lack of preprogram planning. There was not sufficient preparation to address various project elements that would have saved time and resources and increased the chance for success. Proper preparation should include planning for the following: program evaluation/data analysis, cost–benefit analysis, the amount of labor required to plan/sustain the program, and provisions for interdisciplinary department inclusion.

Preprogram planning can identify stakeholders and allow for preparatory networking, thereby introducing staff to valuable resources. These stakeholders may possess expertise that can assist with program development. An example would be an organization's finance department. Nursing leadership, with input from the nurses designing the program, can work with the finance department to conduct a cost–benefit analysis and identify the important elements for program sustainability. Early assessment of financial impact and budgetary requirements would benefit any program.

Nurses interested in developing a "nurse-led" project can look to colleagues and their institution's educational services to teach them the nonnursing/nonclinical skills that are helpful when planning a project. Many resources, including topical experts and electronic resources, exist within healthcare organizations and their related academic institutions.

A skillful coach is very important for a project's success; this individual must possess organizational skills and provide ongoing guidance, support, objective critiquing, and access to resources. Without the support and resources of key nursing administrators that were

Table 5. Rheumatoid Arthritis Education Series Mean Evaluation Scores, January–June 2010

Month	Participants	Topic	Speaker Mean Score	Program Mean Score
January	21	Managing Rheumatoid Arthritis	3.6	3.6
February	42	Physical Activity and Arthritis	3.6	3.4
March	14	Temporomandibular Joint Problems	3.7	3.7
April	21	Intimacy and Rheumatoid Arthritis (Sexuality)	3.4	3.7
May	10	Mental Health-Depression	3.4	4.0
June	10	Stress Management	3.6	3.8

able to provide direction and coaching the RAES would not have materialized. A good coach will assist in overcoming challenges and motivate the team to remain committed to the project.

A major lesson learned by the RAES staff was to ask for help as early as possible. Sharing responsibilities will not only decrease the work of implementation but also expose the project to different ideas and personnel. Team members of the RAES realized that additional manpower was needed if the program was to continue and grow. They contacted the hospital's volunteer department and were able to receive the services of an individual to assist with clerical duties. Initially, this function was the responsibility of a team member who added it to her routine nursing duties. Getting help can extend programs, improve outcomes, and rejuvenate the team.

Program Growth

The RAES has continued to be popular with patients. Staff members of the RAES have shared their experiences at evidence-based nursing conferences and at professional committee meetings. As a result of this dissemination, the program captured the attention of the New York Chapter of the AF. This organization has requested to collaborate with the RAES team on presentations and has provided speakers for the 2010 topics calendar. An RAES team member was offered and accepted membership on the AF Patient Services Committee. On the basis of this expansion to a more diverse audience, the RAES was recently renamed the Ambulatory Care Educational Series to include wider topic offerings. The program continues to receive support and assistance from the nursing department at NYUHJD. Most important, the program continues to be led by the dedicated team of registered nurses of the Ambulatory Care Services.

Acknowledgments

The authors thank the nursing leadership and administration at NYU Langone Hospital for Joint Diseases for the support and assistance in the development and implementation of the Rheumatoid Arthritis Educational Series. They also thank Dr. Ellen Rich for her support and direction in writing this article.

References

Arvidsson, S. B., Petersson, A., Nilsson, I., Andersson, B., Arvidsson, B. I., Petersson, I. F., & Fridlund, B. (2006). A nurse-led rheumatology clinic's impact on empowering patients with rheumatoid arthritis: A qualitative study. *Nursing and Health Sciences, 8*(3), 133–139.

Bergsten, U., Bergman, S., Fridlund, B., Alfredsson, L. B., Anita, P., Ingemar, A., Barbro, A.; EIRA Study Group. (2009). Patients' conceptions of the cause of their rheumatoid arthritis: A qualitative study. *Musculoskeletal Care, 7*(4), 243–255.

Bulletin Hospital for Joint Disease. (2005). *Hospital for Joint Disease, 1905–2005: One hundred years of excellence*. Retrieved October 30, 2009, from http://www.med.nyu/orthosurgery/assets/hjd.history.pdf

Ellard, D. R., Barlow, J. H., Paskins, Z., Stapley, J., Wild, A., & Rowe, I. F. (2008). Piloting education days for patients with early rheumatoid arthritis and their partners: A multidisciplinary approach. *Musculoskeletal Care, 7*(1), 17–30.

Herber, O. R., Schnepp, W., & Rieger, M. A. (2008). Developing a nurse-led education program to enhance self-care agency in leg ulcer patients. *Nursing Science Quarterly, 21*(2), 150–155.

Public Welfare, 45 C.F.R. § 46.102.