

# PATIENT EDUCATION PROJECT (PEP)

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## 1.Executive summary

Medical blogging on the evidence based knowledge widens the effectiveness of a doctor work. Four months ago in order to support Ukrainian GPs and GP trainees in their online training EURACT has launched a new Project “**EUSIT**”. The medical experts from different countries were to offer their 30 minutes presentations on the selected subjects with the voice over translation of them into Ukrainian. Unfortunately, due to some technical problems with voice over translation, the realization of the Project runs rather slowly. Anyway, The EURACT Ukraine Support in Training (EUSIT)-project is moving on. 16 topics ( 4 related topics in one month) have already been identified . EURACN believes that : 1) the topics should be focused on a 20-minute case-based presentation; 2) it is very important that the authors should follow the recording instructions that were sent them last time;3) a reasonable deadline would preferably be 2 weeks. We believe that the suggested by us “Patient Education” Project may become an integral part of “EUSIT”.

## 2. Background

The international financial assistance gave us a unique opportunity to launch the **International Family Medicine Clinic Project** in Uzhhorod during the war. The Clinic is aimed to provide medical service to the refugees living and immigrating to Uzhhorod which is still the safest place in Ukraine during the Russian invasion. Besides, the Clinic will function as a training Centre for educating residents and senior students. The intensity of the fighting does not give reason to hope for a quick completion of the war, accordingly, a number of our potential patients will surely increase.

Due to the influx of refugees and migration of displaced citizens from different regions of Ukraine the population of Uzhhorod has increased from 100 000 to 150 000. The more casualties brings this war the more important becomes this Project because neither of numerous Uzhhorod clinics is ready to provide medical services to this category of the population free of charge. According to the plan we are regarding two stages of the new

Clinic development: non-profitable constructing and refurbishing stage when we will need financial assistance from our donors most of all, and profitable when the Clinic becomes sustainable and economically independent. Like any new enterprise, to be successful the Clinic will need a certain number of assigned and non-assigned patients. A new temporary Medical Volunteer Centre for refugees and displaced citizens, which we regard as a predecessor of International Family Medicine Clinic, proved to be a good start up with its nearly 1000 visitors during the first 5 months. Still we are not so naïve as to assume that all potential patients from refugees will definitely choose our Clinic and do our best to take some measures to ensure the required workload of the Clinic. Besides training the trainees and medical caregivers we understand that **online patient education** is a well proven by evidence method too.

### **3. Plans for the future**

We believe that patient education does not only “bind” a patient to a certain physician and the clinic as a whole but will help him with learning and understanding of his/her diagnosis and treatment, gaining active self-care attitude, and getting rid of feeling “weakness” due to illness. The experience of our first days of the war proved that the patients need to be guided by an experienced physician even outside the medical clinic in order to prevent them from some medical errors (self prescriptions most often). Our experience teaches us that the partnership between a physician and patient requires dual responsibility. Physicians have a duty to inform patients how to achieve health and wellness, and patients have a responsibility to act on the information provided in their best health interest. Moreover, by introducing online patient education we may establish a trustful patient-physician relationship that may lead to the exchange of ideas and will surely increase the time the physician spends with his patients. The team of doctors, residents and displaced specialists created by us during these months of the war has all necessary qualities for this type of work: they are enthusiastic, motivated, and responsive.

### **4. Products and services.**

Most often not all the patients have enough time to visit his physician, so “time” becomes a crucial feature for them: The online patient education becomes the best solution:

- 1) To facilitate the evaluation of the effectiveness in the patient’s treatment.
- 2) To deliver medical intervention by mail in order to carry on different assessment questionnaires or randomized controlled trials.
- 3) To present information to target refugees on particular health topics, including the health benefits or threats the patients might face.
- 4) To use a snowball method when what was fit for one person may become effective in reaching hidden population.

The Russian-Ukrainian war will definitely make its own adjustments to the demographic and psychological condition of the population. Our category of patients, especially women and children, is the most susceptible to psychological trauma. And we, family doctors and residents, are responsible in what physical and psychological state those who lost their

loved ones and home will emerge out of the war, how they will be able to rebuild Ukraine. Health online education activities both for trainers and patients may include lectures, webinars, classes and workshops. All these activities can be introduced through **blogs** which are gaining popularity in medicine recently and may be either a separate site or a part of the site. First of all, as it was suggested by our international colleagues, we plan to use a trusted website from the UK for children's health <https://what0-18.nhs.uk>, and other sources: 1. [www.nhs.uk](http://www.nhs.uk) 2. [who.int](http://who.int) 3. [mayoclinic.org](http://mayoclinic.org) 4. [medlineplus.gov](http://medlineplus.gov) 5. [cdc.gov](http://cdc.gov) 6. [hopkinsmedicine.org](http://hopkinsmedicine.org). Those sources contain some good tips specifically for patients. The texts should be limited preferably to no more than 2200 characters. Besides we plan to suggest to the physicians and nurses of our team to prepare their blogs giving them the opportunity to report personal experiences and clinical interactions. Blogs, by their nature, address current topics and their key feature. Thus, we should be ready to update the blog with new, relevant information systematically. As we know the specific requirements of our patients, we plan to divide the blog into certain topics, among them:

- 1) Frequent questions and answers from and to pregnant women
- 2) Chronic illnesses and how to avoid mistakes
- 3) Psychological problems in children with psychosomatic disorders
- 4) Respiratory diseases
- 5) Cardiovascular diseases
- 6) Bones and skeleton diseases
- 7) Neurological diseases
- 8) Endocrinological diseases
- 9) Skin diseases

## 5. Financial Projections

The main motivation to educate online is that it creates a win-win for all involved: both the patient (reader) and the teacher (doctor). Our main aim is *a full practice and a practice full of patients who are invested in improving their health*. It is well known that customers buy from and seek advice from people who are not nameless or faceless. This same principle applies to medical advice, diagnosis, and treatment. The patients assigned to our medical center and a future Interfamily Clinic will surely want to feel connected to the doctors known for their empathy and high experience. They are more likely to follow medical recommendations the more they trust and rely on their expertise.

The best-case scenario for the family doctor is to author the blog posts and most of our young doctors and residents are ready for this job, especially if it is in an infographic form. However, we are regarding the possibility of hiring a ghostwriter to write its blog posts that will need additional financing. The reason for this may be that blogging must be done twice a week, and no less than once per month. But not all the doctors or nurses have time for that. While hiring a ghostwriter we may strike a balance and have different voices writing for our blog. The experts advise to have one post from the family doctor per month and the remaining posts to be written by nurses, specialist doctors or a ghost writer.

The frequently discussed in our team problem is “How do I come up with content?” In fact the content is the easiest part. The only thing to do is to start with one’s ideal patient in mind, to make a list of its biggest concerns and complaints, and to talk to him/her about the solutions. By this it is possible to advise your patients every day instead of giving the same speech with a dozen of patients daily. That is an automatic blog post. With only one important proviso: the writing should be conversational rather than academic. Over time the patients will begin to look forward to blogging and will start writing the notes to them and correspondence to the physician about the topics they would like to cover soon. The process is rather rewarding!

Summing up the patient online education we understand that the idea will need some financial investment:

1. To create the site about \$1000.00 once
2. To pay the hosting about \$300.00 per year.
3. To pay a copywriter, ghost writer and PR manager( about \$300.00 per month )
4. Internet and computer service (about \$300.00 per month)
5. Laptops for the staff of the clinic \$3000

## 6. Conclusion

Provided that we have necessary support and high quality assistance from the international experts, the successful blogging might become a site in the nearest future that can be aimed not only for internal usage but also as a promotion of the Clinic within the town and throughout Ukraine. Everybody who wants to join or finance is welcome!

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