

JOINT EVENT

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ENDOCRINOLOGY AND METABOLIC SYNDROME
&
12th International Conference on
ABDOMINAL IMAGING AND ENDOSCOPY

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Endoscopy procedure requires patient information or education?**Michaelene Holder-March**

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The term “Endoscopy” literally means a procedure where the inside of your body is examined using an instrument called an endoscope (NHS UK). In the United Kingdom, the National Health Service has several nation-wide endoscopy units which delivers service and care to mostly elective adult patients who are more than likely to be seen on an outpatients’ basis; the UK endoscopic procedures are offered usually occur within normal working hours. Following the review of twenty different NHS hospital endoscopy policies, it became evident that there was a clear difference between Patient Education and Patient Information; most information provided was cloaked under the term Patient Information which mostly refers to the frequency of being reviewed and how the information is given to the patient (post, website or brochure) and provided information on the preparatory requirements prior to undergoing the procedure.

As healthcare personnel, we must recognize that patient information is simplistic enough to include transport, parking and address of the endoscopy unit. However, the difference between patient information and patient education maybe the key to the prevention of clinical errors, uphold patient safety and quality of clinical procedures. The education of patients commences with the Right to be completely informed, Right to make an informed choice and Right about the place to have the procedure. This can only occur if the patient is educated about the patient journey, process, duration, risks and benefits of the procedure including treatment pre and post-operation. The higher-risk patients with complex morbidities require more in-depth education though in emergency circumstances this cannot be afforded preoperatively. There is no doubt that educators spend the time to grow their skills in communication and teaching which can be a major challenge for some healthcare workers. Most of us have not been given any formal training as educators and yet we are being asked to select, design and promote programs to provide our patient with increased education hoping for a desired outcome of improved patient adherence and better health (Bryan, 1976). Most Endoscopy Units can visually be cold, technical and unfriendly due to the design which can impact on patients resulting in increased levels of anxiety. The aim of this article is to promote patient education using innovative communication tools in various languages and equipped to reflect societal culture and diversity whilst complaints, claims, reducing never events, serious incidents and compromising patient safety.

Biography

Michaelene Gail Holder-March is a qualified teacher, nurse & midwife with registrations both in the UK & USA; she also holds a LLB and MBA in Management. She is a strong advocate of hands-on, inquiry-based learning, she actively involves herself in a variety of charitable community service, mentoring /coaching others to follow her lead. Today she is an executive director of Operations, System Resilience and Nursing at one the UK biggest NHS providers. Additionally, she has 3 established UK companies MHM Health Consultancy Ltd. She is a goal driven healthcare executive with over 31 years of leadership and training experience.

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