

GUEST COMMENTARY**Are You Educating Your Patients as Adult Learners?***Yvonne Body, PT, Dip. MDT*

A common learning objective course participants have is to increase patient compliance with their home exercise program. Where does the break down occur between what you tell the patient to do and what they actually do? You have invested in Web-based 2.0 applications with minimal improvement. Have you considered utilizing a patient education model based on instructional strategies for the adult learner?

First, let's identify some key characteristics of the adult learner. The adult learner is:

- Autonomous and self-directed
- Has life experiences that influence them
- Focused on relevancy
- Problem centered
- Motivated by internal factors

One key factor for the adult learner is to be able to identify the immediate usefulness of the new knowledge or skill to be learned (Falasca, 2011).

John Keller is an instructional designer who has developed the ARCS model, which is based on the current psychological literature on motivation (Dick, Carey, & Carey, 2015). ARCS stands for attention, relevance, confidence, and satisfaction. In order to motivate your patient, you will need to consider these factors when educating them. The ARCS model fits well into the educational model of a MDT clinician.

The first step is to gain the attention of your patient and maintain it during the educational process. Asking questions and including the patient in the assessment process is a good way to maintain their attention. Minimize distractions and interruptions during the patient treatment session.

The next step is relevance. Make the assessment process relevant to a functional impairment that brought the patient to your clinic. This is also a good technique to maintain the patient's attention. In conjunction with your symptomatic and mechanical baselines, identify a patient test, or concordant test, that you will recheck. Ask the patient "Can you show me one thing that you are unable to do without pain or limitations?" Once a patient test has been established, utilize this test throughout the movement testing portion of the physical examination to demonstrate cause and effect. Patients are able to see for themselves that when they move one way they are worse and when they move the opposite way their symptoms are better and now they are able to perform their specific activity more easily. They are able to identify the relevance of their home exercise program.

Step three is confidence. Patients who lack confidence in their ability to perform the exercises correctly may not perform them as directed. Take the time to demonstrate them and have the patient demonstrate their exercises, including posture correction. Have the patient recite to you the exercise prescription. Help them problem solve how they might perform the exercises at work and at home.

The last phase is satisfaction. Patient's motivation will be affected by whether they are satisfied with the outcome. Demonstrating cause and effect with their exercises will create a level of intrinsic satisfaction, which in turn will reinforce their confidence in their ability to effectively self-treat.

When designing a home exercise program for a patient ask yourself three questions: 1) Does the patient see the relevance of the exercise program? 2) Does the patient have the confidence to be successful at home with the self-treatment strategies? 3) Is the patient satisfied with the treatment and outcome? If the answers to these questions are yes, then the patient will be motivated to perform their exercises away from clinic.

Focusing your patient education on the utilization of instructional strategies for the adult learner can improve your patient compliance. Patients who believe in their ability to self-treat and improve their symptoms are more likely to obtain their (and your) goals than patients who have doubt in their ability. The use of the ARCS model may be the tool you are missing to improve your outcomes.

**References:**

Dick W, Carey L, Carey J. (2015). *The Systematic Design of Instruction*. Pearson Education; Boston, Massachusetts.

Falasca M. (2011). Barriers to adult learning: Bridging the gap. *The Australian Journal of Adult Learning*; 51(3): 585-590.