

BACKGROUND

Patient education in the Quick Care setting typically occurs during the discharge phase of the patient visit. A time associated with heightened stress, cognitive fatigue and the eagerness to leave promptly to end the visit. This project will evaluate the efficacy of shifting the educational delivery to upstream waiting room lobby, by using television infotainment to deliver health promotion, disease prevention, and variety of health education to improve patient knowledge.

PURPOSE

This project aims to evaluate the effectiveness of television infotainment in the patient waiting-room lobby as a potential patient education method in the Quick Care setting. Findings from the reviewed literature may inform future approaches to health education delivery and support the development of a clinical project aimed at improving patient education in Quick Care.

METHODS

Peer-reviewed journals was reviewed to evaluate advantages of television-based patient education compared with face-to-face teaching.

- **The Idle time-** Patients are captured in a low-stress environment with few immediate cognitive demands.
- **High-Frequency Repetition** - high-frequency visual repetition is the primary catalyst for transferring information from short-term memory into long-term literacy
- **The Dual Coding Principle** (Visuals vs. Audio)- Infotainment screens combine short text captions with high-contrast graphic animations ."dual coding" effect vastly enhances deep information encoding and future recall.
- **Bypassing "Medical Jargon" Barriers-** infotainment programs are pre-designed and engineered to fall at or below a [6th-grade reading level using simplified, actionable medical animations](#) to ensure universal understanding across diverse groups.
- **Reduces Patient frustration-** Explicitly explaining clinical processes (like triage or wait structures) via lobby television loops [significantly decreases patient anxiety and decreases perceived wait times](#).
- **Increased Screening Rate**



RESULTS

The reviewed literature suggests that television-based education can enhance knowledge retention and patient engagement while providing accessible health information during waiting periods. These findings support television infotainment as a complementary strategy to traditional face-to-face education in Quick Care.

CONCLUSIONS

The reviewed evidence suggests that television-based infotainment may effectively supplement patient education in the Quick Care setting by enhancing knowledge and reinforcing key health messages. However, face-to-face education remains the gold standard for individualized teaching and should remain the primary method of patient education. Television infotainment may serve as a valuable complementary strategy to reinforce education during the patient's visit .

REFERENCES

See Poster Author for References