Patient Education

One Size does NOT fit All

From Past to Present

- Health Education
- Education limited to Physician and Nurses
- 1950: Significance of education recognized
- 1964: First conference of Health Goals
- 1970s: Broadened horizons
  - Patient Bill of Rights
  - ANA position statement on Patient Education
  - Krosnik, 1974 *One of first legal rulings
  - JCAHO Mandate

Joint Commission

- All patients must receive education
- All education must be patient specific, interactive and multidisciplinary.
- All education must be evidence-based
- Education Fact Spots
  - Medical equipment
  - Medications/food-drug interaction
  - Nutrition
  - Pain management
  - Community resources
  - Discharge care
  - Self care

The Healthcare Environment

- Stakeholders
- Public resources
- Increased public awareness
- Patient autonomy
- Participation in healthcare
- Managed care
- Insurance considerations
  - Length of stay
  - Medication/treatment approvals
  - Reimbursements
Patient Education: Today’s Challenges

- Regulatory Mandates
- Insurance constraints
- Literacy skills
- Resources
- Culture

Learning and Retention

Use of Learning, 90%
Practice By Doing, 75%
Discussion, 50%
A/V, Demonstration, 20-30%
Lecture/Reading, 5-10%

Learning Principles

Assumptions of Adult Learning
- Adults have something to contribute
- Want respect for previously learned knowledge and experiences
- Self-directed
- Need to know why
- Have an inherit need to be successful
- Application oriented

Adapted from Knowles

Learning Principles

Learning Domains
- Psychomotor: Demonstration of specific skills.
- Affective: Attitudes, appreciations, value system.
Teaching Principles

- Teaching should progress from known to unknown
- Active participation
- Immediate feedback
- Reinforcement
- Application/hands on

Barriers to Teaching/Learning

- Pain/Discomfort/Illness
  - Must consider patient's reaction to illness
- Time/Timing
- Haphazard teaching
- Inadequate teaching/Interpersonal skills
  - Failure to involve the patient
  - Guilt producing statements
  - Medical jargon
- Lack of motivation
- Environmental/External factors

Maslow's Hierarchy
Determine the Patient's Learning Style

- Auditory
- Visual
- Tactile

Clear Instructions

How to Make a Peanut Butter and Jelly Sandwich

Start from Simple progress to Complex
Break large content down

Example: New Diabetic
Topic 1: Introduction to disease/brief patho
Topic 2: Medications
Topic 3: Dietary
Topic 4: Complications
Topic 5: Symptoms to report to care provider

Medical Jargon or Confusing Terminology

"The results are Positive"
"Call if your water breaks"
Doctor vs Physician
Pill vs Medication
Fluid/water pill vs diuretic
Weigh vs Measure

www.familydocs.org/assets/Multicultural_Health/MedicalJargon.pdf
**Now what about this formula thing??**

- Discharge nurse: The doctor explained the baby’s formula to you, didn’t he?
- New mother: No, ma’am.
- Discharge nurse: What? I’m sure he must’ve told you how to fix the formula!
- New mother: No, ma’am.
- Discharge nurse: Well didn’t the nurse explain the formula to you?
- New mother: No, ma’am...nothing like that...
- Discharge nurse: You mean nobody told you how to fix the baby’s milk?
- New mother: Oh, yeah, they done told me that. But not that other things...for...form...

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**Watch the WEB!**

- Reliability
- Evidence of credibility
- Look for referenced information
- Posting dates
- User-friendly

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**Teaching Methods/Resources**

- Team experts
- Brainstorming
- Audiovisuals
- Group discussion
- Self-learning modules
- Written i.e. booklets, pamphlets, etc.

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“The don’t get it, I’ve been doing exactly what my doctor said.”

Strategies to Increase Patient Compliance
Which of the following characteristics would make change more likely?

- Stubborn
- Assertive
- Reasonable
- Spiritual
- Affectionate
- Adventurous
- Careful
- Trusting

Stages of Change

Compliance: Influencing Factors

- Intrinsic Factors
  - Norms/values
  - Motivation/Personality
  - Knowledge about disease/implications
  - Social/Religious influences
- Extrinsic Factors
  - Schedules
  - Physical/mental limitations
  - Access to healthcare system
  - Resources
  - Medical regimen itself

Pre-Contemplation

Denial

- Nurse: I noticed there was a rise in your blood pressure on your last several visits to the doctor.
- Patient: *not really. I know you’ve heard of white coat syndrome. Besides, I feel great, let’s talk about something else.*
Contemplation

- Nurse: What is your understanding of the complications of high blood sugar?
- Patient: I know it can hurt my kidneys, maybe even cause me to go blind. I know I need to do better, it's just hard...I'm not sure how...well, I guess I just need to do it.

Ambivalence: loss vs gain.

Action

Patient: I gave myself two insulin injections today.
Nurse: Congratulations! I know how hard you've worked to get to this point.

Praise, Praise, Praise!!

Preparation

- Nurse: What is your understanding of the complications of high blood sugar?
- Patient: I know it can hurt my kidneys, maybe even cause me to go blind. I know I need to do better, it's just hard...I'm not sure how...well, I guess I just need to do it.

Ambivalence: loss vs gain.

Special Considerations

- Nurse: Great! You're taking the plunge, what's your next step?
Special Considerations

- Culture
  - Customs/beliefs
  - Language
- Literacy
- Special Populations
  - Elderly
  - Geriatric

Low Literacy

Myths/Misconceptions

- Illiteracy is an indication of intelligence
- Low socioeconomic status and/or employment status is an indicator of illiteracy.
- Most patients will admit to illiteracy rather than risk not learning or knowing.
- Appearance is sometimes indicative of illiteracy.

Low Literacy: Facts

- One half of US affected
- Different types
- Reading levels
  - 6th grade driver's license
  - 8th grade follow instructions on how to heat frozen dinner
  - 10th grade follow instructions on a bottle of aspirin

Strategies for Teaching Patients with Low Literacy

- Allow more time
  - Provide need to know vs nice to know
- Assess written info for readability
- Limit use of "do's and don'ts" in same phrase
- Specifics i.e. 8a-2p-8p vs "three times a day"
- Group content via use of headings

Doak, Doak & Root, 1985
Strategies for Teaching Patients with Low Literacy

- Words: 1-2 syllables
- Sentences: 10-15 words
- Wide margins, space between sections
- Size 14 font *AVOID ALL CAPS, watch colors and bolding, italics or ~ underline to emphasize
- Pictures should convey message even without an explanation.

Considerations for the Elderly

- Normal tone of voice
- Respect
- Avoid being too close to patient
- Assess potential barriers to compliance
  - Economics
  - Environmental
  - Physical/mental/psychosocial

Considerations for the Elderly

- Age Related physiological changes
- Invite third person
- Larger print, watch color contrast
- Adjust lighting to decrease shadows/glares
- Position yourself
  - Face the patient
  - Position self in light
  - Teach at eye level

Strategies for Dealing with Challenging Personalities

- Impulsive or unpredictable
  - Set limits
- Rigid, preoccupied with trivial details
  - Reassure
- Flamboyant/exaggerated emotions
  - Re-direction
- Suspicious/mistrustful
  - Supportive, consistent, maintain personal space
- Passive
  - Circular questions/conversation, *psychomotor domain
Medication Instruction

- Empower patient on pain management
  - Clarify myths about pain management
  - Guidelines on when to treat pain
- Specific times vs. twice/day
- Side effects
  - Clearly defined parameters
    - "call if you notice bleeding on the dressing vs
call if the bleeding starts picking up"

Feedback/Evaluation

- Should be Immediate
- Avoid being condescending
  - "Let me make sure I have been clear in my explanation..."
- Ask for return demonstration
REFERENCES


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