

Patient Education

One Size does NOT fit All

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Joint Commission

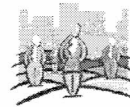
- All patients must receive education
- All education must be patient specific, interactive and multidisciplinary.
- All education must be evidence-based
- Education **Hot Spots**
 - Medical equipment
 - Medications/food-drug interaction
 - Nutrition
 - Pain management
 - Community resources
 - Discharge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

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

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

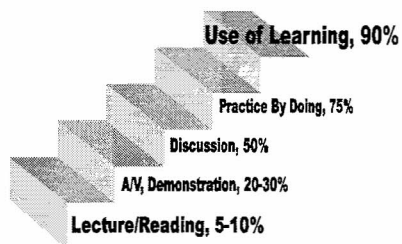
Learning Principles

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 inherent need to be successful
- Application oriented

Adapted from Knowles

Learning and Retention



Learning Principles

Learning Domains

- | | |
|-------------|--|
| Cognitive | Intellectual learning and problem solving. |
| Psychomotor | Demonstration of specific skills. |
| Affective | Attitudes, appreciations, value system. |

Teaching Principles

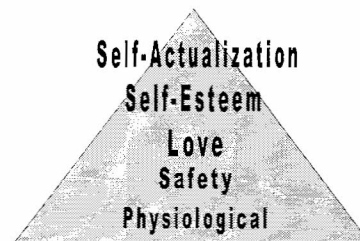
- Teaching should progress from known to unknown
 - Active participation
 - Immediate feedback
 - Reinforcement
 - Application/hands on
-

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
-

Teaching Strategies

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 thing...fo...for...form...

Excerpt from Doak, Doak & Root, 1985

Watch the WEB!

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

Teaching Methods/Resources

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

“I 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
- ✓ Adventurousome
- ✓ 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

Flirtation with small changes

- **Patient:** I'm not smoking as much as I was, I only smoke after meals and at nighttime, so far, I'm hanging in there.
- **Nurse:** Great! You're taking the plunge, what's your next step?

Special Considerations

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.
-

Can't speak = can't read, Can't read = can't think

Low Literacy: Facts

- One half of US affected
 - Different types
 - Reading levels
 - 6th driver's license
 - 8th follow instructions on how to heat frozen dinner
 - 10th follow instructions on a bottle of aspirin
- Deak, Deak & Root, 1985
-

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
-

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 fancy prints. 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/glare
- 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"
-

Questions

Feedback/Evaluation

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

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