Health Systems Concepts 1
Communication Concept
(Patient Education)
Definition

- For Communication Concept
  - Distinct interpersonal interaction that is a process for the creation of shared meaning

- For Patient Education Concept
  - A process of assisting people to learn health related behaviors so that they can incorporate these behaviors into everyday life
  - The type of education offered will require that the nurse match the approach, method and evaluation to the desired outcome for the patient
The Teaching Learning Process

- Goal of patient teaching is the prevention of illness, promotion of wellness and restoration of health
  - Healthy People 2020 objective is to “attain high quality, longer lives free of preventable disease, disability, injury and premature death”

- Teaching—interactive process of gaining information
  - The process is not a one way interaction

- Learning—Acquisition of knowledge & skill
  - reinforced through practice and experience

- Responsibility
  - Create a learning environment, to facilitate questions and evaluate knowledge gained

- Patient teaching begins on admission not at discharge
Domains of Learning

- Cognitive (Thinking)
  - Material is presented to increase a patient’s knowledge of a subject; Builds on previous experiences and perceptions
    - Methods include: written material, lecture, discussion, computer work

- Affective (Feeling)
  - Intended to change or appeal to a patient’s attitudes, feelings, values, beliefs, opinions; use of nonverbals, listening, trust
    - Methods includes: views of lifestyle changes

- Psychomotor (Doing)
  - Patients have to have the opportunity to touch and manipulate equipment and practice skills
    - Methods include: actually do something with their hands
Modes of Learning

- **Visual (Observers)**
  - Reading, writing, charts, videos, demonstrations, pictures
  - Focus on facial expressions, body language, take notes, highlight, rewrite notes, writes in margin of book, index cards, graphs, arrows in notes

- **Auditory (Listeners)**
  - Talk to self, hear sounds, reads by moving lips, read out loud
  - Tape record, don’t take notes (listen), discussion groups, “study buddies”, rhymes/songs about key points

- **Tactile/Kinesthetic (Doers)**
  - “Can’t sit still”, Moving while reading, touching, doing
  - Handling equipment, frequent breaks, changes in study positions, flash cards, computer games, highlighting, doodling, group activities

SLO # 2 and # 3
Other Learning Styles

- Learners may have a combination of different styles but the major ones are on the previous slide

- Others...
  - Linguistic—readers, note-takers
  - Logical/mathematical—organized method of study
  - Spatial—studies diagrams, boxes, lists
  - Interpersonal—learns best in a group with others
  - Intrapersonal/Individual—self learner; prepares ahead

- The 2 sides of the brain are meant to complement each other
  - Left Brain: Linear Thinker, logical, step by step
  - Right Brain: Global Thinker, thinks in images, emotional, holistic

- Group
  - Like to work with others to develop projects

- Individual
  - Work or learn best if do it first themselves
Risk Factors

- **Age (Developmental Capabilities)**
  - Refer to handout on developmental teaching methods

- **Learning Environment**
  - Must be conducive to learning or it actually becomes a distraction
    - Quiet, well lighted, proper temperature, ventilation, comfort of furniture, free from disruptions, privacy provided

- **Family Support/Availability**
  - Is there a caring relationship or arguments among family, concerns about care after discharge, if family is present, direct questions to patient (depends on age)

- **Literacy Level**
  - Vocabulary, reading ability, learning disability, use layman’s terms no medical terms, use variety of methods, Refer to handout on Health Literacy Needs

- **Culture**
  - what does illness mean to patient, need for interpreter, cultural practices related to health/illness
  - Allow the person to perform at their own speed
Risk Factors

- Sensory Deficits (Seeing, Hearing, Touch)
  - Magnifying glass, large print, contrasting colors in handouts, tape recorder, sign language, braille

- Health and Emotional Distractions
  - Physical Impairments, Energy level, size, strength, coordination
  - Anything that interferes with their concentration on the task or information being taught such as stress at home, financial problems, caregiver at home, fear of pain, outcome etc.

- Generational Differences
  - Patients born before 1946 are self motivated and do not seek feedback for their performance whereas Generation Y in general are dependent on technology and required immediate feedback

- Impaired Cognition
  - Orientation to time, place and person; lack of ability to remember or understand instructions, may need to have family to listen in on instructions or may have to talk with patient or family about discharge location
Risk Factors

- **Personal Expectations**
  - Most patients want to see benefit and meaning in what they are learning, what are their goals and what can they expect?

- **Confidence and Ability**
  - Fear of not succeeding or being unable to perform a skill or care for themselves (deWit, pp. 117 interaction with patient who lacks confidence)

- **Motivation**
  - Patient as the right to make own choices; there is no way to ensure compliance if patient sees no value in what they are learning
  - Compliance is dependent on a number of variables

- **Readiness to Learn**
  - What is their perception of their health needs?
  - What is their **attentional set** (mental and physical status)?
Barriers to Personal Learning

- Active versus Passive Learning
- Follow rules and policies
- Motivation/Attitude
- Communication of needs and expectations
- Seek out learning experiences
- Evaluate their own learning

The Tree does not grow unless you cultivate it!!
The Learning Process

**Perceiving**
- Input (often called cues)
- Learner perceives or develops and idea of what has to be done

**Feedback**
- External or internal
- Coach important here
- Asked to practice further, cycle starts again.

**Acting**
- Output
- Move or movement

**Deciding**
- Processing in the brain
- How do we put the info into a response
Self Assessment Learning Inventory

- Now it’s time to share!
- Critical Thinking
  - Open-minded, reflective, intuitive, rational, inquisitive, flexible
- Professional Characteristics
  - Communication skills, Integrity, Stress and Coping, Understanding of Nursing Profession
- Learning Styles
  - Visual, Auditory, Tactile, Group Learner, Individual Learner
- Work Values
  - Initiative, Problem Solving Skills, Time Management Skills, Leadership Qualities, Self-Esteem, Motivation
The Cone of Learning

I see and I forget.
I hear and I remember.
I do and I understand.
— Confucius

After 2 weeks, we tend to remember ...

- 10% of what we READ
- 20% of what we HEAR
- 30% of what we SEE
- 50% of what we SEE & HEAR
- 70% of what we SAY
- 90% of what we SAY & DO

Source: Edgar Dale (1969)
Learning Needs Assessment

- Done in a patient interview
  - Education level, literacy level, social support, financial resources
- Development of a teaching plan by the RN
- What does the learner know already?
  - Have them show you or tell you what they know already
    - This assesses their health literacy
- What do they need to know?
  - Disease/condition, diet, activity, medications, wound care, treatments, self-care at home, restrictions, complications, prognosis, pain management
- When do they need to know it?
  - Immediate, before they go home, go to surgery, have the baby
  - Need to prioritize when?
- Where can you help them learn?
  - Physician’s office, clinic, hospital room, group session, at home, rehab facility, nursing home

deWit, pp. 116 focused Assessment

deWit, pp. Box 9–2 Nursing Diagnosis (Patient Problems)
Models/Theories of Teaching and Learning

- **Health Belief Model by Rosenstock**
  - The primary motivation of patient perception of their illness as serious allows the patient to be open to cues to act which leads to patient education opportunities
    - Patient must belief that he illness can be avoided and that they are capable of making the change

- **Health Promotion Model by Pender**
  - To achieve optimal wellness, the nurse must consider the patient’s past experience and motivation to change a behavior to guide the nurse in creating an educational plan for the patient
The RN formulates the patient’s teaching plan
  ◦ It can be a separate plan or part of the care plan
Nurses empower patients by providing information to enhance wellness and reduce the risk for illness and encourage autonomy by enhancing self-care skills while maintaining a patient-centered approach

Specifically the LPN role is to...
  ◦ Teaches from **already formulated** plan
  ◦ Assess patient need
  ◦ Assess motivation and ability
  ◦ Assist the RN and patient in forming goals for learning
  ◦ Assist the RN in planning interventions to achieve goals
  ◦ Assist the RN in evaluating outcomes toward goal attainment
LPN Preparing for a Patient Teaching Session

- **Plan in advance**
  - Decide what method would work best for the patient by determining how they learn best

- **Learn about the subject first**
  - Know what you are talking about; study the topic

- **Content Organization**
  - Space the content out if possible
    - Simple to complex; They remember what is learned first

- **Teaching Priorities (you can’t teach it all)**
  - Must, Should, Could (what is essential for them to know)
  - Patients don’t have to be experts; Completion of the task is important
LPN Planning in Patient Teaching

- Establish a time with the patient without interruptions
- Medicate the patient before teaching if pain control is needed
- Proper temperature and lighting in the room
- Comfortable position (chair, lying down etc.)
- Make sure they can hear you
- Keep the session short; better retention with 20–30 minutes
- Call the patient by name and stop periodically to ask if they have questions
- If a procedure, talk about steps, demonstrate procedure and then talk the patient through each procedure as they perform it
- Make sure to give the patient a written guide or printed information about what has been taught
Teaching Approaches

- **Telling**
  - nurse gives limited information; no time for feedback

- **Participating**
  - nurse and patient decide what content to learn together; opportunity for discussion

- **Entrusting**
  - patient manages self care with nurse observing progress and there is assistance is needed

- **Reinforcing**
  - nurse uses to increase probability of a positive patient response

- **Incorporating**
  - nurse educates the patient while giving patient care
Principles of Learning

- Stress important of learning information
  - patient is responsible for prescribed regimen after discharge

- Repetition enhances learning
  - If teaching is done over several sessions, make sure to review after each session what was covered the session before

- Teaching begins on admission
  - ask yourself what will the patient need to go home
  - Teach as you are doing cares, treatments and medications

- Cooperative goal setting
  - Make sure patient knows goals

- Reinforcement for Learning
  - What is the value for learning the information?

- Active/Attentive participation increases learning
  - What is learned first is remembered best
  - Get them involved by doing something rather than just sitting and listening
Patient Teaching Methods

- **Cognitive**
  - Discussion (1:1, Group)
  - Lecture
  - Question/Answer
  - Analogies
  - Case studies
  - Group Presentations
  - Independent Learning Modules

- **Affective**
  - Role Playing
  - Discussion (1:1, Group)
  - Case studies

- **Psychomotor**
  - Demonstration
  - Discovery
  - Simulation
  - Interactive computer games/modules
Resources for Patient Teaching

Check with patient education personnel if available and if available in English as a second language

- Videos
- Internet websites
  - Governmental agencies such as CDC, NIH
- Outlines
- Brochures
- Pamphlets
- Teaching booklets
- Hands on equipment and supplies
- Support group members
- TV modules
- Computer interactive programs and games
- Public service programs such as alcoholic anonymous, quit smoking
- Nursing specialists, social workers, patient representatives
Documentation

- Every nurse is responsible for providing patient education and for documenting it.
- Nurses need to know what the patient has learned to reinforce the learning and continue the learning sessions.
- What to chart: Specific content taught, Methods used in teaching it.
  - What resources were used, Evidence of evaluation with specific result of teaching.
- Example:
  - Mrs. Jones was given a brochure on management of Diabetes. She was taught to how to select items that were low in carbohydrates and to develop a meal plan. She was told the steps of the insulin injection and the procedure was demonstrated to her. She was able to give herself an insulin injection with guidance from the nurse. Mrs. Jones verbalized understanding of changes she needs to make in her diet and stated, “I feel comfortable about giving myself insulin injections.” I would recommend before she goes home in the next 2 days that she be able to do demonstrate appropriate insulin injection with nurse observation and that the dietician visit with her about her proposed changes in her diet. K. Ruiz MN RN
Evaluation of Patient Teaching

- It involves giving and obtaining feedback from the patient regarding what was taught and then using this feedback to determine if effective learning did take place
  - Can the patient do or demonstrate what they learned that tells you they have applied the knowledge
    - Point out the steps that were done correctly and suggest improvements with the procedure
  - If learning information, asking questions during and at the end of the teaching session determines comprehension and retention of information
    - Give the patient time to think about the answers
    - Praise and give positive reinforcement about information retained

- If your evaluation shows that the patient did not learn the information then you have to repeat using a different method of teaching and reevaluate

- A patient should not go home without knowing or being able to perform a skill or having someone to perform it for them
  - A referral may be needed (ex. home health)
Patient Teaching Topics

- **Promotion of Wellness and Prevention of Illness**
  - hygiene, nutrition, exercise, lifestyle changes, stress reduction, relaxation techniques
  - screening (B/P, vision, hearing, cholesterol, cancer, blood sugar, hearing etc.)
  - prenatal care, immunizations, infant/child care, parenting
  - First aid, safety, disaster readiness

- **Restoration of Health**
  - Learn about their disease/condition (A/P, cause, S/S, prognosis, treatment, medications, diagnostic tests, medical/surgical intervention
  - Coping with health changes (OT, PT, Speech, Cardiac Rehab)
  - Rehabilitation, prevention of complications, home care

Refer to Box 9–1
Topics for Patient Teaching
Interrelated Concepts

- Communication
  - Listening
  - Collaboration
  - Care Coordination
  - Critical Thinking

- Patient Education
  - Culture
  - Development
  - Motivation
  - Adherence
  - Family Dynamics
  - Health Promotion
  - Leadership
  - Collaboration
  - Technology & Informatics
  - Health Care Quality
For your comprehensive final exam grade, you will incorporate the concepts of collaboration and communication and develop a patient teaching session. Specific details for this exam grade will be provided in a separate document.

But you can begin thinking about this (I mean collaborating) in your clinical group.