

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

A participant in this lesson will be able to:

- Understand adult education principles
- State the three pillars of patient safety
- Recognize three core concepts of patient-centered care
- Identify how a patient's culture might affect care
- Implement strategies to correct potentially unsafe practices in a culturally sensitive way

Activity

After reviewing the lesson, have participants read “Figure 29.2: How Would You Change These Patient Education Scenarios?” worksheet out loud and then discuss whether they think the patient actually learned in a way that will improve their care and understanding. If they don't think so, have them brainstorm why and discuss education strategies that would prevent the patient's confusion and lack of compliance. A summary of how education could have gone better is included at the end of the lesson plan.

The lesson

Review the material in the lesson with participants. Allow for discussion.

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Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.

Test answers

1. a
2. (1) health literacy, (2) patient-centered care, (3) culture
3. d
4. b
5. True
6. b
7. b
8. d
9. b
10. True

Patient Education

Contents:

- Adult education principles
- Three patient education pillars
- Choosing the right time
- Assessing the education

Education Leads to Better Care

Patient education is important to ensure proper care of your home health patient. The more your patients can understand about their care, the better they can take care of themselves in between your visits. It increases safety in care and is likely to increase satisfaction in your patients and also in you!

Adult Education Principles

General adult education principles suggest that adults learn best when you address the following:

- Make them feel like they have control of their learning and the method for acquiring new knowledge
- Make them feel respected for their life experiences and other knowledge they bring to the “classroom”
- Provide educational experiences that build on previous experiences and have relevance to staff members’ daily work and/or life

Three Pillars of Patient Education

1. Health literacy: the ability to read, understand, and act on health information.

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Giving a patient a handout or even verbal instruction and simply asking “Do you understand?” is not effective in terms of evaluating patient understanding. This is the critical difference between providing patient education and receiving patient education.

It’s important to remember that even educated patients are often confronted with unfamiliar health terms. The patient may not be feeling well, may be quite sick, and/or may be worried about his or her health status, and in such cases even very literate patients benefit from and appreciate simple communication.

It’s helpful, especially on an initial assessment, to evaluate health literacy. Unfortunately, this becomes trickier for those who have difficulty reading (and who often have low health literacy as a result) because they usually have spent their lives actively hiding their affliction from just about everyone they come into contact with. Not being able to read, particularly as an adult, can create very embarrassing situations, and such patients will not tell anyone, let alone their provider, that they cannot read. These patients have learned how to cope with not being able to read and have become skilled in hiding their problem. However, certain “red flag” behaviors indicate that a person may have difficulty reading and thus is prone to low health literacy. These are:

- Opening pill bottles to identify medication, as opposed to reading the label
- Eyes wandering over the page
- Taking a long time to complete forms
- Wanting friends/family members in the room during patient education interactions

Although it can be useful to try to gain an understanding of patient literacy level, a good practice is to use the same effective education strategies for everyone, similar to the use of universal precautions for all patients. For example, we do not actively screen all patients for infections before putting on gloves when providing direct patient care, yet we assume that all patients are potentially infectious, and to stop the spread of infection we don gloves. Even educated patients can have a difficult time comprehending their own health and care.

2. Patient-centered care: care that is collaborated with patients and their families, in which providers treat them holistically (i.e., viewing the patient as a whole and complete person, with specific fears, worries, issues, needs, and wants, instead of as a generic patient). Providers must also actively involve patients and their families in all aspects of care.

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Figure
29.1**Examples of Clear Communication Techniques**

Principle	Explanation	Example
Use a personal, conversational writing style.	Use second person as opposed to third person.	Use “you” or “your doctor” as opposed to “the doctor.”
Use <i>active voice</i> . Passive voice is harder to comprehend.	Writing in active voice means the agent or doer of the action is the subject. Active sentences follow the agent-verb-receiver format.	Active: “Wash your hands before each meal.” Passive: “Hands should be washed before each meal.”
Be consistent in the terminology used.	Avoid confusing the reader by using several different terms for the same thing. Pick one and use it throughout.	Pick one term—for example, pills, medicine, or medication—rather than using all three in the same document.
Use common, one- and two-syllable words; define all medical terms.	Using one- and two-syllable words helps bring down the reading level.	Use “doctor” instead of “physician” and “pills” instead of “medication.”
Engage the reader.	Documents that engage the reader are more likely to be read entirely and remembered.	Use a question-and-answer format or leave spaces for patients to fill in their responses on what they need to do.

In addition, the Institute of Medicine has defined the core concepts of patient/family-centered care to be as follows:

- **Dignity and respect:** Providers listen to and honor the patient’s and his or her family’s perspectives and choices. The knowledge, values, beliefs, and cultural backgrounds of the patient and his or her family are incorporated into the planning and delivery of care.
- **Information sharing:** Providers communicate and share complete and unbiased information with patients and their families in ways that are affirming and useful. Patients and their families receive timely, complete, and accurate information to effectively participate in care and decision-making.
- **Participation:** Patients and their families are encouraged and supported in participating in care and decision-making at the level they choose.

Not only is patient education woven into all of the core concepts, but providing patient education in a collaborative partnership is paramount to ensuring that patients and their families understand their

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care and what they need to do and know to stay healthy. Communicating in a way in which patients and their families can understand what is being discussed is the essence of utilizing patient-centered communication techniques. When we speak in medical terms, use jargon or complex approaches, or provide information that we feel the patient should know, we are taking a medical-centered (or practitioner-centered) approach.

3. Culture: the specific customs and beliefs given in a collective group of people.

Everyone is influenced by his or her culture. Whether this influence is related to how holidays are celebrated, how foods are prepared, or what world view is held, culture impacts the daily life of every person. Not to be forgotten in the circle of influence are medical care and health belief systems. All cultures and different ethnic groups have beliefs related to healthcare, such as conceptualizations of health and illness, the nature of the disease, and the nature of the cause and effect. As a result, healthcare—in particular, patient education—has an obligation to provide information that is culturally sensitive and relevant.

There can be a distinction between illness and disease. Illness can be seen as the personal experience, unique to each individual, of what is currently happening to him or her and his or her body. Disease, in contrast, is the providers' interpretation of what is happening in the same context. This explains why patients perceive the same diagnosis in very different ways.

At times, the answers to these questions may uncover a potentially unsafe practice, such as usage of herbs or alternative therapies that may prove harmful. It's important to address this issue in a sensitive way, by:

- Listening to the patient, attempting to find out why the harmful practice is important to the patient.
- Explaining why the practice is harmful in a biological and medical way and why the provider is concerned about the patient's health and well-being if the practice continues. It's important to not make any disparaging remarks or otherwise offend the patient's preferred practice, but to approach the subject as objectively as possible.
- Acknowledging the differences but understand the shared purpose of reaching a state of health and well-being for the patient. This should be emphasized, while respectfully acknowledging each other's differences.
- Recommending a plan that is as mutually acceptable as possible. By starting with the patient's cultural norm, the nurse respects the patient's cultural needs and still alters the practice that is

Example: “Mr. Smith, I understand that you like to use nightshade as a way to combat your asthma and that you find it helps. I am concerned about your use of nightshade because it can interfere with your heart rate and potentially cause you to have a heart attack. Nightshade often overexcites your heart.”

harmful.

- Negotiating the plan with the patient in a mutual relationship of partnership and involvement.

The answers to the earlier list of questions provide insight into how the patient views his or her condition and primary modes of treating it in his or her culture and may reveal complementary therapies that the patient utilizes for healthcare. This may also provide the patient educator with an opportunity to use and offer complementary/alternative healing practices.

Choose the Right Time

If a patient is worried about her chapped lips or scab on her arm, and you are providing education about nutrition, it might not quite get through to her. It's important to realize that patients' needs need to be addressed before they are likely to listen and comprehend care education. If it's not possible to meet their need at that specific time, let the patient know that you heard them and understand the importance of the problem and ask if you can change the subject for just a short while.

Ensure you listen to the patient before and during education. If the patient has asked about whether he or she can still eat spicy food as you are discussing nutrition, answer him first before moving on.

Assessing the Education

Any provider can offer stellar education strategies to teach a patient, but if the patient did not learn despite these strategies, the education has failed. It's important to take time to ensure that the patient understands what has just been taught.

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To assess whether patients understand what you have said, or given them to read, a golden rule is to ask them to repeat the education in their own words, and ask them to give some examples.

For example, if you have given some pamphlets with pictures of breathing exercises, ask for the patient to try an exercise with you. Or, if you have a patient with diabetes and have reviewed good nutrition, ask him or her to think of a day's worth of meals and snacks that would be beneficial to him or her. Or, if you're discussing monitoring, ask them, "At what number is your glucose too low?"

Simply asking "Do you understand?" is not the best way to ensure someone understands. Asking them to repeat you in their own words, give you examples of what has been taught, or mimic you are better ways to ensure they are learning.

Figure
29.2A

How Would You Change These Patient Education Scenarios?

Scenario 1: A 64-year old man who was recently told by his physician that he needed to begin taking insulin for his diabetes is afraid of needles. He has had diabetes for 20 years and doesn't think this new plan is necessary. He is very concerned about administering his own injections. The provider responds by instructing the patient on the physiology, because she believes the foundation for diabetes education is to understand how the illness works.

Scenario 2: Mary is a 76-year-old former English literature professor with chronic obstructive pulmonary disease (COPD) and is underweight and malnourished. At one of her first homecare visits, her provider gives her an educational pamphlet on breathing exercises that includes text and pictures. The provider also emphasizes the importance of eating more and gives her another pamphlet on nutrition. Mary barely glances over the pamphlets and puts them aside.

Scenario 3: The provider visits an 80-year-old patient and asks if anything new has been bothering her. She says she has been having pain from her upper stomach and esophagus every night and gets slightly nauseous. She is Chinese and has been using her specially made peppermint tea to calm her stomach after dinner and before bed. Peppermint herbal tea has been used in her family as long as she can remember to calm the stomach. The provider recognizes that this might be heartburn and acid reflux pain and tells her that peppermint will make it worse and to never drink peppermint or any other kind of tea before bedtime.

Figure
29.2B**Suggestion for Improvement**

Scenario 1: Although the provider offers education, she does not address the patient's fear of needles nor assessed his understanding. It's likely he didn't listen to anything she said. Instead, she could have explained to him why insulin is important, why it needs to be injected, assured him that needles don't hurt that much and that anyone can learn to inject themselves, and that he will get used to it. The provider could possibly go over injection techniques and have him mimic them and have him explain in his own words what has changed with his diabetes and why he now must take insulin.

Scenario 2: The provider here has likely taken the patient's background and former career as a sign of immediate comprehension, but the patient has not read the pamphlets and the provider did not assess her comprehension of them. Instead, it would have been useful to ask the patient to practice some of the breathing exercises with the provider and also to perhaps give some examples of what she might eat in a day that would help her gain nourishment.

Scenario 3: Although the provider may likely be correct that the peppermint tea is causing heartburn and acid reflux, he did not take the patient's culture into account. Instead of bewildering the patient by telling her to go against this decades-old family cure, he should explain that peppermint is known to help with nausea, but he thinks that her specific nausea might be caused by heartburn/acid reflux and might be caused by what she's eating, and that, unfortunately, the peppermint in the tea often makes heartburn/acid reflux much worse, especially right before lying down for the night. If she is adamant about drinking tea, discuss other herbal teas she might have earlier in the day.

TEST**Patient Education**

Name _____ Date _____ Score _____

Directions: Fill in the blank with the correct answer, or circle the correct answer.**1. Which of the following is an adult education principle?**

- a. Make them feel like they have control of their learning and the method for acquiring new knowledge
- b. Always use technical and medical terminology, as they are adults
- c. Unless told otherwise, assume adult patients comprehend your education
- d. Only give them literature to read so they can learn on their own time

2. The three pillars of patient education are:

- 1) _____
- 2) _____
- 3) _____

3. What is a sign that the patient cannot read or see well?

- a. Looking at pills, instead of the label on the pill bottle, to determine what they are
- b. Eyes wandering over the page
- c. Wanting friends/family members in the room during patient education interactions
- d. All of the above

4. Which of the following is a core concept of patient/family-centered care?

- a. Pamphlets
- b. Participation
- c. Exclusion
- d. Only seeing the patient as a disease to treat

5. Culture is defined as the specific customs and beliefs given in a collective group of people.

True or False

TEST

Patient Education (cont.)

6. The best way to handle a patient who might be performing an unsafe practice is to _____.
 - a. yell at them
 - b. listen to the patient explain why the practice is being performed and then explain why the practice is harmful, and then discuss together a new practice that can be a substitute
 - c. assume the person is illiterate or deaf
 - d. let the patient continue his or her harmful practice without saying anything, as you don't want to upset or offend him or her

7. You are providing nutritional guidance and your patient interrupts you to ask whether he can eat popcorn.
You _____.
 - a. ignore him because you don't want to interrupt the education
 - b. answer him and then continue on with the education
 - c. give him popcorn
 - d. stop the education completely, as he is not paying attention

8. After you provide education, you _____.
 - a. are done
 - b. should ask whether the patient understand what you've reviewed
 - c. should repeat it
 - d. should ask the patient to tell you what you just said in his or her own words, or ask a specific question about the education to see whether he or she understands

9. Educating the patient:
 - a. Is not important
 - b. Can help ensure the patient receives better care and performs better self-care
 - c. Is the patient's job
 - d. All of the above

10. Dignity and respect are a core principle of patient-centered care.
True or False