

**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.

**LEARNING OBJECTIVES**

Participants 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 35.2: "How Would You Change These Patient Education Scenarios?" out loud and then discuss whether they think the patient actually learned in a way that will improve his or her 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.



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. b
3. d
4. d
5. c
6. b
7. b
8. d
9. b
10. a

PATIENT 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 patient satisfaction—as well as your own.

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.

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. 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:

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- 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, so 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 patient-centered care, providers treat patients holistically (i.e., they view 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.

In addition, the Institute of Medicine has defined the core concepts of patient/family-centered care 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.

FIGURE 35.1 | 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 active voice. 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.

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- **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 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 the individual and his or her body. Disease, in contrast, is the provider's 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 and 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.

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- 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 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.

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."

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 a patient's need at that specific time, let the patient know that you heard what he or she expressed and understand the importance of the problem, then ask whether 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 a patient 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 the patient, "At what number is your glucose too low?"

Simply asking "Do you understand?" is not the best way to ensure someone understands. Asking patients to repeat to 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 35.2 | 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); she 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. The patient says she has been having pain from her upper stomach and esophagus every night and gets slightly nauseated. 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 the patient's symptoms might be heartburn and acid reflux pain and tells her that peppermint may make heartburn worse and to never drink peppermint, spearmint, or any other kind of mint tea before bedtime, as mint teas have been found to aggravate reflux.

FIGURE 35.3 | SUGGESTIONS FOR IMPROVEMENT

Scenario 1: Although the provider offered education, she did not address the patient's fear of needles or assess his understanding. It's likely he didn't listen to anything she said. Instead, she could have explained to the patient why insulin is important and why it needs to be injected, reassured him that needles don't hurt that much and that anyone can learn to inject themselves, and affirmed that he will get used to it. The provider could also go over injection techniques and have the patient mimic them, or have the patient explain in his own words what has changed with his diabetes and why he now must take insulin.

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

Scenario 3: Although the provider might have been correct that the peppermint tea was 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 could have explained that although peppermint is known to help with nausea, he thinks her specific nausea might be caused by heartburn/acid reflux and might be caused by what she's eating—and that, unfortunately, peppermint often makes heartburn/acid reflux much worse, especially right before lying down for the night. If the patient remained adamant about drinking tea, the provider could discuss other herbal teas she might have earlier in the day.