

Tips for Teaching Patients and Families

“Give a man a fish and you feed him for a day, teach a man to fish and you feed him for a lifetime”
Confucious

Why teach?

- ◆ Helping patients and families learn to manage health problems is one of the nurse’s most important roles.
- ◆ The accountability for patient/family teaching lies within the scope of practice of every nurse.
- ◆ JCAHO has standards specifically addressing patient education.
- ◆ The ANA (American Nurses Association) emphasizes patient education in its published documents

Benefits of teaching:

- ◆ Reduced admissions, office visits and hospitalizations.
- ◆ Symptoms lessen, anxiety decreases, and quality of life increases.
- ◆ Research shows, almost without exception, that patient/family teaching is an effective means of helping patients/families manage health care needs.

Barriers to learning:

- ◆ **Education:** low literacy and/or education level. 20% of Americans cannot read at a 4th or 5th grade level. The *average* reading level of American adults is 8th to 9th grade.
- ◆ **Language/Culture/Religion:** does not speak fluent English, dietary/health care restrictions or customs, only one person makes decisions for the family, etc.
- ◆ **Age and development:** patient very young or developmentally delayed, young parents.
- ◆ **Emotional:** anxiety, fear, feeling overwhelmed, embarrassment, anger, feelings of failure or feelings of being punished.
- ◆ **Family dynamics:** support, relationship with one another, other siblings, divorced parents, CPS involvement, other family members raising child, etc.

The Teaching Process

- ◆ The process of teaching is very similar to the nursing process:
 1. **Assess** learning needs and learning barriers and use this assessment to formulate a teaching plan.
 2. **Plan** and develop realistic learning objectives: *what* will be taught, *when* teaching will occur, *where* teaching will occur, *who* will teach and *who* will learn, *how* teaching will occur.
 3. **Implement** teaching using a variety of methods.
 4. **Evaluate** and document patient/family learning. Documentation must be part of the permanent record.

Remember: the process is just as important as the content.

How we learn:

10% of what we hear

20% of what we see

50% of what we see and hear

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70% of what's discussed w/ each other
80% of what we experience personally
95% of what we teach others

TEACHING tips:

Take time to establish a therapeutic relationship with the patient and family:

- ◆ Build a trusting relationship with the patient and family *first*.
- ◆ A good teacher-learner rapport is important for teaching to be more effective.
- ◆ Help the patient/family understand the relevance of what you need to teach.
- ◆ Be honest, supportive and compassionate.
- ◆ Promote confidence and competence.
- ◆ Correct mistakes in a tactful and sensitive way

Educate as early as possible:

- ◆ Discharge teaching should begin on admission.
- ◆ Take advantage of opportunities to teach: while giving meds, performing a procedure, etc.
- ◆ Teach the basics first, “*need to know info*”. (Like teaching good hand hygiene first before teaching how to change the central line dressing).
- ◆ Teach in response to questions and concerns
- ◆ Repeat, review and reinforce what is being taught.

Assess the patient and family's readiness to learn and potential learning barriers:

- ◆ Assess and address specific concerns that the patient, family or staff has re: the patient's care.
- ◆ Assess for learning barriers and willingness to learn. Teach with that in mind.
- ◆ Assess the patient's home life: family dynamics, financial limitations, religious and cultural beliefs
- ◆ Assess what the patient/family already know. What is the best time and method for them to learn?
- ◆ Respect choices and boundaries. Don't be judgmental.

Communicate effectively and consistently:

- ◆ Good communication is essential to learning.
- ◆ Create a climate of comfort: relaxed environment, turn off TV, limit visitors during teaching times, don't rush pt./family.
- ◆ Maintain privacy and confidentiality.
- ◆ The purpose of what you are teaching must be clear, direct and useful.
- ◆ Use non-threatening language. Avoid medical jargon.
- ◆ Keep teaching sessions short and simple.
- ◆ Be an active listener, encourage questions and be available to answer questions.
- ◆ Ask open-ended questions that require more than a “yes” or “no” answer.
- ◆ Use age/developmental level-specific words and techniques when teaching patients.
- ◆ Give positive feedback.
- ◆ Be consistent.

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Help the patient and family to be problem-solvers:

- ◆ Don't dictate to the patient/family but rather help them to make changes, help them to become a problem-solver and participate in decisions (they need to have some control).

Involve the patient, family and all caregivers in an interactive teaching process:

- ◆ Identify all caretakers (family or not) and involve them as well as the patient.
- ◆ The teaching/learning process should be *interactive*.
- ◆ Involve other disciplines in the teaching process like case management, dietary, infection control, ostomy nurse, etc.
- ◆ Document: what teaching was done and the patient/family's response to what was taught.

Never rush or force learning:

- ◆ Never try to teach everything at one time
- ◆ Teach according to the patient/family's pace and tolerance level, not yours.

Give a variety of teaching materials:

- ◆ *Individualize* objectives and teaching methods.
- ◆ Use a variety of teaching methods: audio, visual, hands-on, written. Highlight areas of importance on pre-printed material. Check out inter-net material before giving to the pt/family.
- ◆ Break down skills into small manageable tasks.
- ◆ Evaluate response to teaching by return demonstration or having them restate what you've taught them in their own words.
- ◆ It's helpful when the learner can relate what is being taught to their own frame of reference.
- ◆ Provide resources: community, hospital, names and who to call to answer questions, support groups, etc.

“The greatest teaching method is to be a good role model!”

Resources:

www.nurseweek.com

- ◆ “*Putting Patient Teaching into Practice*” on-line/home study course
- ◆ “*Getting Your Message Across: Patient Teaching*” on-line/home study course

www.nursingspectrum.com

- ◆ “Improving Patient Education for Poor Readers” on-line course

Tips for Teaching Patients and Families

Take time to establish a *therapeutic* relationship with the patient and family

Educate the patient and family as *early* as possible

Assess the patient and family's readiness to learn and potential learning barriers

Communicate effectively and *consistently*

Help the patient and family learn to be problem-solvers

Involve the pt, family and all caregivers in an *interactive* learning process

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Give a variety of teaching materials: audio, visual, written, hands-on