A Care Guide for Successfully Educating Patients

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Abstract:

Frustration over the lack of preparation for the patient at discharge is, unfortunately, all too familiar for nurses today. After the primary care provider has written the discharge order, nurses find themselves the last resource. Often, the patient will have questions about medications, diet, activity guidelines, or follow-up that were not addressed by the physician. The nurse must now provide answers. Most patients have become so overloaded with information throughout their hospital stay that there is little chance they will be able to remember all the instructions to guide their first days at home. Nurses, for the most part, do all they can possibly do to educate patients. Most realize that discharge starts with admission; however, patient education has become so routine that often nurses are doing an insufficient job as patient educators.

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Ninety million Americans, 16 and older, are functionally illiterate, not including the 2 million children turning 16 each year who will be added to this number (Gerber & Finn, 1998). On average, the entire population reads somewhere between the 8th and 9th grade level. Generally, daily newspapers are written at the 9th to 12th grade level; whereas, most patient education materials are on the 10th grade level or higher. Information on the World Wide Web is generally written at the 8th grade level. The challenge of patient education becomes clear as one reviews the statistics. There is only a short time in the nurse's day to attend to patient education; however, primary care providers assume that nurses will provide all the necessary information to guarantee that the patients are capable of caring for themselves immediately after leaving the hospital (D'Alessandro, Kingsley, & Johnson-West, 2001).

There are many publications regarding what to teach patients. Unfortunately, nursing schools as well as continuing education classes spend little time preparing nurses to teach patients. Nurses are well instructed concerning the different diseases and how patients and families should monitor patients, their diet, their activities, and how both should look for signs and symptoms of worsening illness. However, education for nurses regarding instructional methods to deliver healthcare information or how to evaluate if patients and families understand what they have been told is relatively nonexistent. The role of the nurse as teacher is

assumed. Who else is there to perform this task? Physicians are often unavailable or too busy, and unlicensed personnel are not qualified. Thus, patient education ultimately becomes the responsibility of the nurse.

Patient education continues to grow in importance because patients have assumed more responsibility for their own health. The pay-off of effective patient education is tremendous, especially in areas of health promotion and disease prevention. Effective patient education also lessens the chance for recurrence and enhances recovery. When patients are adequately educated, they are better able to act as their own healthcare advocates (Piccinini & Drover, 2000).

So, how do nurses begin to learn how to teach patients effectively? Many educational theories could be applied to patient education. However, when nurses are confronted with explaining discharge instructions to patients, they are often extremely busy and rushed for a variety of reasons. Many times, the patients become so eager to leave the hospital that they do not want to wait for detailed information and choose to leave without sufficient understanding of what to do next. Therefore, nurses are in need of a quick and practical solution.

Use this simple ENTER acronym to help nurses maximize the amount of time available to teach patients:

E—estimate what the patient knows

N— determine what the patient needs to know

T—teach what the patient needs to know

E—explain it again, evaluate what has been overlooked

R— positively reward successful learning

ESTIMATE the Knowledge Base of the Patients

After becoming acquainted with the patient, it is important to determine what the patient knows. To begin the education experience, a few things will help ensure success. As impossible as this may seem in the clinical setting, making the effort to allow time for teaching will have its benefits and rewards. Start by clearing the room of clutter and turning off the television. The amount of time already spent with the patient will determine how much time will need to be spent evaluating the patient's knowledge base. As a starting point, ask a few simple questions. Based on what the patient knows, gather the appropriate teaching material.

Mr. X, an individual with type 2 diabetes, is now on his 2nd day of admission following an abdominal hernia repair. To control Mr. X's type 2 diabetes during hospitalization, he was prescribed insulin to be administered four times a day based on glucometer readings. During the provision of care, the nurse might ask Mr. X how often he was prescribed insulin at home and if he performed home glucose monitoring.

Determine What the Patient NEEDS to Know

After this informal evaluation, the patient educator has a clearer picture of the patient's needs. It is important to remember to keep the teaching concepts simple. This action will allow the patient not to become overwhelmed with the amount of information being shared. Written materials are helpful, especially if the patient is encouraged to use this information for reference after discharge. Make certain that the patient is able to read the information and include specific instructions that apply to the patient. Explain to the patient that this is a specific care guide. For example, write down exactly the medications that the patient is to take at each time of the day. Further, write down the specific warning signs of adverse drug reactions and signs and symptoms of infection, in addition to specific concerns that apply to them such as wound care, diet, and activity level. While distributing generic information to the patient is handy, many patients do not always understand how to relate this general information to their specific case.

Following the nurse's estimation of Mr. X's learning needs through questioning, the nurse might request that

Mr. X demonstrate his ability to perform glucose testing, preparation, and administration. It might also be helpful for the nurse to write down Mr. X's home routine and give it to him in the form of an at-home care guide.

TEACH Patients What They Need to Know

Remember that the adult average reading level is 8th to 9th grade. Speak clearly using terms that are understandable to the patient without being insulting. For example, begin education without using medical jargon or complicated details. It is helpful to disregard perceptions of the patient's level of education or professional status. If patients are not healthcare professionals, they may not want a clinical thesis concerning their illness and discharge and only want a simple explanation of what lies ahead. Even healthcare professionals may be experiencing a problem with which they are not familiar and would feel embarrassed to ask simple questions. Always begin slowly and simply and then allow patients to direct how much detailed and complicated information they wish to receive.

During Mr. X's demonstration of glucose testing, the nurse noted his failure to calibrate the glucometer. In addition, while Mr. X prepared and administered his insulin correctly, it became apparent he had not been rotating injection sites.

Invite family members to join in the learning experience. Often, success depends on the understanding of caregivers and family members. If audiovisual presentations are available, allow patients and family members to view them because they are extremely helpful in the learning process. Allow time for viewing before entering the room for final instructions. Go over procedures with the patient and caregivers. Then, have them demonstrate the procedure. Written material is always a great tool, but be sure that it is ìrightî for the patient and addresses the appropriate health concerns and educational needs that the patient will use as the care guide.

At this time, the nurse might emphasize the rationale for rotation of insulin sites and correct calibration of the glucometer. The nurse might also request a family member to attend a teaching session. Furthermore, it might be helpful for the nurse to give Mr. X a chart that indicates appropriate insulin administration sites as part of his care guide.

EXPLAIN It Again, EVALUATE What Has Been Overlooked

The best teaching is useless if learning has not taken place. Use a few simple questions to verify that the patient understands the material that has been presented. For example, ask patients with type 2 diabetes to look at the care guide and say what times during the day they have been checking their glucose levels at home. Have they been monitoring glucose levels before or after eating?

When teaching, regardless of the composition of the audience, remember to meet the individual needs of the learners, regardless of their learning barriers. For many educators, this is a constant challenge. To meet the needs of all learners, use resources available to for those with language barriers, such as information that has already been printed in the appropriate language. Ask for an interpreter to explain discharge information to persons who do not speak English. For those who are unable to hear, written information and multiple demonstrations may be enough. For those who are blind, determine if there is prepared information and then help the patient and caregivers with demonstrations. For those who have a learning disability, reinforcement with demonstrations and color-coded sheets would be the most helpful. For example, label all morning pills with red dots and all lunch pills with green dots. You may have to draw a small picture beside the times of day and then place a colored sticker. Case managers and social workers are resources especially for patients who are challenged educationally and physically (Osborne, 2000).

Before discharge, the nurse might request Mr. X to locate alternative injection sites and to explain how to calibrate the glucometer. In Mr. X's case, he expresses resistance to administering insulin in an abdominal site

because of his surgery. The nurse might reassure Mr. X and indicate that he may wait until his incision heals before using his abdomen as an injection site.

Positively REWARD Successful Learning

This action works for learners of all ages. The teacher has to believe that the learner can master the skills and information being taught. Positive reinforcement is critical in order to give the patient the confidence to carry out the tasks being taught.

After mastering successful teaching methods, the nurse must constantly remember to practice these goals. Each time a nurse enters the patient's room, education should always be a part of the nurse–patient interaction. Remember that the nurse is the link between patients and physicians and that often a patient's success or failure at maintaining good health depends on the information received from nurses. Use this simple ENTER acronym to help maximize the amount of time available to teach patients. Certainly, all instructions do not have to wait until the day of discharge. Some of the most successful teaching moments can happen during a routine day of nurse–patient encounters.

The nurse orally praises Mr. X upon successful calibration of the glucometer and repeated demonstration of administering insulin. Mr. X is complemented when he can report how to rotate his injection sites. The nurse emphasizes how much Mr. X is protecting his own health and the positive impact that will have in reducing complications from type 2 diabetes. During this encounter, Mr. X has the opportunity to express how he feels about himself and his ability to control his own well-being.

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