

# [Kinn’s chapter 29 – patient education](https://assignbuster.com/kinns-chapter-29-patient-education/)

The Holistic Approachsociocultural
spiritual
social
physical
psychologicalFactors Affecting Patient's Response1. Emotional effect of the disease
2. Social impact on family and employer
3. Intellectual impact
4. Economic impact
5. Spiritual impact ONKINN’ S CHAPTER 29 – PATIENT EDUCATION SPECIFICALLY FOR YOUFOR ONLY$13. 90/PAGEOrder NowFive Stages of Grief1. Denial and isolation
2. Anger
3. Bargaining
4. Depression
5. AcceptanceTherapeutic interactions for patients in Grief'
1. Denial and isolation
2. Anger
3. Bargaining
4. Depression
5. Acceptance1. reinforce each education intervention with hand-outs that explain the diseases and treatment.
2. use therapeutic communication techniques, especially reflection, to acknowledge the patient's feelings about the diagnosis.
3. rely on the physician's recommendation regarding postponing of certain treatments.
4. use available community resources to provide support for the patient and family.
5. take advantage of this time to renew education efforts by providing multiple methods for learning about the disease, such as CD's, DVD's, professional websites and community support services. Perceived susceptibilityPatient's opinion of the CHANCES of getting the disorder
Patient education use: Supply information on risk level; individual risk based on health habits and family historyPerceived severityPatient's opinion on the SERIOUSNESS of the condition and its health risks
Patient education use: Outline the potential complications of the diseasePerceived benefitsPatient's belief in the VALUE of altering lifestyle factors and complying with treatment
Patient education use: Emphasize the positive results that can occur if the patient is compliant with healthcare recommendationsPerceived barriersPatient's opinion of the financial and psychological COSTS of compliance
Patient education use: Identify patient barriers and work to reduce them through patient education, family outreach, utilization of community resourcesCues to actionMethods developed to ACTIVATE patient compliance
Patient education use: One-on-one education interventions; detailed handouts; family Involvement in education efforts; follow up at subsequent office visits; referral to community resourcesSelf-efficacyPatient has the CONFIDENCE to take action towards a healthier state
Patient education use: Ongoing education and support\*Patient factor that affect learning1. Perception of disease vs actual state of disease
2. Patient's need for information
3. Patient's age and development level
4. Patient's mental and emotional state
5. Influence of multicultural and diversity factors on patient education
6. Patient learning style
7. Impact of physical disabilities\*Guidelines for patient education1. Provide KNOWLEDGE AND SKILLS to promote recovery and health
2. Provide INFORMATION about accessing community resources
3. Include FAMILY and significant others in education interventions, with patient's approval
4. Promote SAFE, APPROPRIATE use of medications and treatments
5. Encourage PATIENT ADAPTATION to healthy behaviors
6. Encourage PATIENT OWNERSHIP AND PARTICIPATION in the teaching processPerception of Disease vs. Actual State of DiseasePrevious life experience can influence patient's perception of diagnosis
Does patient recognize and accept the seriousness of diagnosis?
Does patient overreact to potential disease risks? Patient's Need for InformationPerception of impact of disease on his or her
general health also determines need for information about disease
Encourage patient ownership of the learning processPatient's Age and Developmental LevelAdapt the teaching plan to meet specific learning needs
Be flexible and creative in providing learning opportunities that support the physician's attempt to educate the patientPatient's Mental and Emotional StagePatients frequently use defense mechanisms to protect themselves
Be sensitive and adapt teaching interventions as neededInfluence of Multicultural and Diversity FactorsBe aware of and sensitive to the impact of these factors on patient learning
- Is language an issue with your patient?
- Do patient's culture, ethnic background, or religious beliefs influence the way he or she perceives disease and role of healthcare workers?
- What strategies or techniques might minimize patient education problems?
- Are community resources available that could facilitate patient learning?\*Approaches for Language BarriersAddress patient by last name
Be courteous and formal in communications
Use gestures, tone of voice, facial expressions, and eye contact
Use pictures, handouts, models, and other visual aids
Monitor patient's body language, especially facial expressions
Use simple, everyday words
Demonstrate all procedures
Implement the teaching plan in small, manageable steps
Give patients written instructions for all procedures and treatments
Use an interpreter, if available and appropriatePatient Learning StyleIndividual learning styles affect your patient's understanding
Ask your patient how he or she prefers to learn new material and pattern your teaching interventions along these linesPatients with Vision LossAlert patient that you are in the room and identify yourself
Patient is unable to pick up your body language; use clear, concise language and a normal tone of voice
Provide all written material in a large font or print sizePatients with Hearing LossAllow patient to see your mouth
May need to touch patient lightly to gain attention
Use expanded speech
Observe body language for understanding or confusion
Use gestures or demonstration
Clearly print any information needed to clarify and provide written handouts
Request family assistance to verify patient understoodPatients with Language BarriersDetermine whether patient can read and/or understand English
If possible, have an interpreter or family member present
If available, use a dictionary that translates as many words as possible for patient
Use gestures or demonstration to get message across
Carefully observe patient's body language to determine level of understanding
Order educational materials in patient's native language\*Potential Barriers to Patient Learning1. Individual learning style
2. Age and developmental level
3. Use of defense mechanisms
4. Language
5. Motivation to learn
6. Physical limitations or disabilities
7. Emotional or mental state
8. Cultural or ethnic background
9. Pain
10. Time limitationsDetermine Teaching PrioritiesConfirm what patient knows about the
problem and attempt to correct any potential misconceptions
Go on to new material that is causing patient the most anxiety
Begin with basic details about disease and add more information during each patient visit
Take advantage of every " teaching moment"
Use waiting room as a place for learning by providing up-to-date educational materialsDecide on Appropriate Teaching MaterialsIndividualized instruction is key to understanding and patient compliance
Include a handout or some type of printed material that reinforces information and that patient can use as a resource\*Guidelines for Education SuppliesShould be written in lay language at a 6th to 8th grade level to promote general patient understanding
Information should be well organized and clearly described
All material should be checked for accuracy
Handouts should be attractive and professional
Copies should be available in other languages when possible and in large printIdentifying Community ResourcesAssist patients and families in finding and using community education and support services
Keep up-to-date file of area resourcesDecide on Appropriate Teaching MethodsUse community resources to reinforce the message
Teach patients specific skills
Have patient keep a journal of his or her activities and response to treatment
Involve family members in patient educationImplement the Teaching PlanConduct lesson in a quiet area away from distractions
Assemble equipment the patient will need
Present only material or skill it is possible for patient to master before end of appointment
Restate, repeat, or rephrase the material
Evaluate teaching plan throughout the process\*Role of the Medical Assistant as Patient EducatorReinforce physician instructions and information
Encourage patients to take an active role in their health
Use each patient interaction as an opportunity for health teaching
Keep information relevant to the patient's needs
Establish and maintain rapport with the patient
Communicate clearly
Be sensitive to the patient's learning factors
Modify the teaching plan as needed to best meet the patient's needsLegal and Ethical IssuesAll patients have the right to information before they agree to receive care
Conduct adequate patient education and follow-up
Document each patient education intervention completely and accurately
Meet needs of all patients without evidence of prejudiceHIPAA ApplicationsPatient has the right to restrict who can receive personal health information (PHI)
Only person or persons identified on HIPAA release form completed by patient have the right to patient's personal information
Contact the family only if patient has given approval