

Kinn's chapter 29 – patient education



**ASSIGN
BUSTER**

The Holistic Approach sociocultural

spiritual

social

physical

psychological

Factors Affecting Patient's Response

1. 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 YOU FOR ONLY \$13.90/PAGE Order Now

Five Stages of

Grief

1. Denial and isolation

2. Anger

3. Bargaining

4. Depression

5. Acceptance

Therapeutic interactions for patients in Grief'

1. Denial and isolation

2. Anger

3. Bargaining

4. Depression

5. Acceptance

1. 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.

<https://assignbuster.com/kinns-chapter-29-patient-education/>

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 susceptibility Patient'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 history Perceived severity Patient's opinion on the SERIOUSNESS of the condition and its health risks

Patient education use: Outline the potential complications of the disease Perceived benefits Patient'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 recommendations Perceived barriers Patient'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 resources Cues to action Methods 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 resources Self-efficacy Patient has the CONFIDENCE to take action towards a healthier state

Patient education use: Ongoing education and support *Patient factor that affect learning 1. 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 education

1. 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 process

Perception of Disease vs. Actual State of Disease
Previous 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 Information
Perception of impact of disease on his or her

general health also determines need for information about disease

Encourage patient ownership of the learning process
Patient's Age and

Developmental Level
Adapt 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 patient
Patient's Mental and Emotional

Stage
Patients frequently use defense mechanisms to protect themselves

Be sensitive and adapt teaching interventions as needed
Influence of

Multicultural and Diversity Factors
Be 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 Barriers Address 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 appropriate Patient Learning

Style Individual 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 lines Patients with Vision Loss Alert

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 size Patients with Hearing

Loss Allow patient to see your mouth

May need to touch patient lightly to gain attention

Use expanded speech

<https://assignbuster.com/kinns-chapter-29-patient-education/>

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 understood Patients with

Language Barriers Determine 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 Learning

1. 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 limitations Determine Teaching Priorities Confirm 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

<https://assignbuster.com/kinns-chapter-29-patient-education/>

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 materials
Decide on Appropriate Teaching Materials
Individualized 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

Supplies
Should 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 print
Identifying Community Resources
Assist patients and families in finding and using community education and support services

Keep up-to-date file of area resources
Decide on Appropriate Teaching

Methods
Use 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 education
Implement the Teaching

Plan
Conduct 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