



# Patient-education tips for new nurses

By Jackie A. Smith, PhD, and Helen Zsohar, PhD, RN

NEW NURSES know that teaching patients is important. They also know that their shifts are usually so hectic that patient teaching comes after more immediate responsibilities, such as medication administration and dressing changes. New nurses need to get in the habit of thinking about patient education as a way of providing nursing care beyond the here and now. Even more important, new nurses need to maximize the time they spend on patient education to obtain the best outcomes for their patients.

Busy nurses often find it difficult to provide effective patient teaching in the current healthcare climate. As Fran London, a nurse, patient-education expert, and author, noted, "Teaching patients isn't rocket science, but it is a sophisticated skill that takes practice and commitment. Without patient education, there's very little effective healthcare with improved long-term outcomes" (Fran London, MS, RN, e-mail communication, June 12, 2009).

When nurses incorporate patient education into the patient's plan of care, they can improve their teaching effectiveness and increase the likelihood of optimal patient outcomes.<sup>1</sup> Many excellent resources describe tools and techniques nurses can use in patient education.<sup>2-6</sup> Yet it can be difficult for nurses to sort through the forest of available resources when they're needed at a moment's notice. Nurses are often required to think on their feet when teaching patients under less-than-ideal situations.

This article provides tips from experienced nurses working in a wide variety of specialties to make patient education as effective and efficient as possible. Find out about these creative approaches here.

## Patient-teaching techniques that work

PatEdNet, StaffEdNet, and PIPELine are electronic mailing lists that let healthcare educators share and discuss patient- and staff-education issues. (For more information on how to subscribe and participate on the lists, go to the

Health Care Education Association website at [www.hcea-info.org](http://www.hcea-info.org).) The overall goal of these three noncommercial lists is to improve professional practice as participants learn from each other. To add to the best patient-education practices discussed in this article, the authors asked subscribers to the three lists to share effective patient-education strategies they've used. (In the request, subscribers were informed their ideas would be used in an article to be submitted to a nursing journal on best patient-education techniques.)

Fourteen nurse colleagues with a wide array of teaching experiences in diabetes education, pediatrics, rehabilitation, neurology, general medicine, asthma education for children, pediatric special healthcare needs, and colostomy, urostomy, and ileostomy care voluntarily responded. One nurse has years of experience teaching patients and families with limited English-speaking abilities. Another nurse manages a program that uses computer kiosks at the bedside to facilitate patient education. These nurse colleagues willingly shared their ideas and agreed that certain strategies are keys to effective patient education.

## Assessment for individualized teaching

By far the most effective patient-education strategy mentioned was to assess the patient and adjust teaching to these needs. For patient teaching to be effective, nurses must know their patients and individualize patient education. Busy nurses may think time allows them to give patients only printed materials. But as important as these materials are, they're only a small part of the individualized patient-education process. (See *Asking key assessment questions*.)

Find out what motivates each patient. What's important to him or her? Motivational interviewing can help make your teaching more effective. One idea is to let the



patient choose the topic of most interest, and then address that area first. Another question to ask the patient is, "What's important for you to learn?"

Based on the assessment of patient learning needs and styles, the education provided should use common words, readable materials (written around the sixth grade reading level), and various teaching techniques based on learning styles. For example, does the patient prefer viewing audiovisual materials, watching demonstrations, listening to instructions, or reading printed materials? As one nurse colleague suggested, it boils down to "involve, individualize, assess, and evaluate understanding."

### Learning environment

Several nurse colleagues mentioned the importance of surroundings that are conducive to learning, so turn off the TV and music, and shut the door. Nurses should set up an environment that's calm and supportive. They should introduce themselves and explain why they're there. Create surroundings that support teaching and engage the learner and an environment that makes the patient comfortable. After ensuring a quiet environment, nurses should get "eye-to-eye" with the patient. They should sit down by the patient. This act delivers the message that the nurse will be there long enough to focus on the patient. The nurse should make sure that other nursing responsibilities are being handled while spending time with the patient.

### Effective strategies

Teaching isn't a one-time event that occurs only at discharge. According to one nurse colleague, learning occurs

every time the nurse enters the patient's room. Nurses should think about how they learned nursing skills. It took practice, practice, and more practice. Let your patients do the same.

Demonstration, return demonstration, and "teach back, tell back" were noted to be good teaching strategies to improve learning. For example, the patient can perform a recently learned procedure during the rest of the hospitalization. One nurse colleague teaches patients with a new colostomy how to change the pouching system at home and then has them do the procedure in the hospital under her guidance. Be sure to use the same kind of equipment the patient will be using at home.

Another idea is to have the patient explain a recently learned procedure to a family member. Or, the nurse can have the patient verbalize what's been learned. This activity helps the nurse understand the learning that's taken place. Praise can go a long way in reinforcing learning. The goal of effective teaching is to go beyond asking, "Do you understand?" to saying, "Tell and show me what you understand."

Engage the learner! The learner needs to be involved in the education process. Involving family members or friends the patient has chosen can significantly improve learning.<sup>2</sup> One nurse colleague suggested using visuals, models, dolls, and realistic medical equipment in teaching.

Kiosks at the bedside have been successfully used by one institution as an innovative and interactive way to involve patients in the teaching process. The kiosk, which is available 24/7, lets nurses monitor the learning process and evaluate the patient's grasp of key points. The interactive kiosk contains patient-education modules and assessment learning tools. The nurse brings the kiosk into the patient's room and starts the program. Each patient goes through all of the modules at his or her own pace and answers questions. The kiosk provides a summary handout for the patient to take home and generates a completion certificate that's placed in the medical record.

Other organizations create a video of patient-education sessions in the hospital. The video (often in DVD form) can be replayed in the hospital and provided to the patient to take home to review. Or, how about creating a personalized podcast and making it available to the patient?

Another teaching strategy is to involve every possible resource. These include family members who can help, clinical experts at the facility who can teach the patient, and appropriate home-care referrals. Out-patient services may be available, such as support groups, outpatient diabetes education programs, a

#### Asking key assessment questions

Nurse colleagues mentioned some key assessment questions, including these:

- What's the patient's educational level?
- How well does the patient read?
- Does the patient have the ability to read and comprehend instructions for medications, diet, procedures, and other regimens?
- What's the patient's learning style? For example, does the patient prefer reading printed materials, viewing audiovisual materials, or watching demonstrations?
- What are the patient's English language skills? Is the patient's first language something other than English?
- Would the patient like to know everything possible about the health concern or just the basics?
- Does the patient see and hear well?
- Does the patient wear glasses to read or use a hearing aid?
- Would the patient like a significant other to be involved in the patient-education process?



wound management center, or a wound, ostomy, and continence nurse.

One thing that *doesn't* work is to ask the question, "Do you understand?" This question requires a simple "yes" or "no" response and tells the nurse nothing about the patient's level of understanding. Some patients may be reluctant to admit that they don't really understand what's been taught to them. How can you tell? According to one colleague, "One way is to have the patient demonstrate the skill or verbalize the information. Also, does the patient ask pertinent questions? Is the patient engaged? If not, this could be a caution sign."

### Is your teaching reaching?

Nurses should confirm that their teaching was understood and will be put into practice by patients. Ask yourself these questions: "Is my teaching reaching?" and "Can patients demonstrate or teach back what they've learned?"

Several nurse colleagues noted the importance of looking at outcomes associated with patient-education efforts. More research on outcomes is needed to increase administrative support and financial reimbursement of patient-education efforts at the organizational level.

By using this advice from experienced nurses, new nurses can help their patients by providing effective patient teaching. ■

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