



# Nursing students' perceptions of preparation to engage in patient education



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## ABSTRACT

Patient teaching is a key component of graduate nursing practice. Nurses sometimes believe that their undergraduate teaching does not prepare them to engage in effective patient teaching. In addition, nursing students often do not use teaching resources when engaging in patient teaching. The aim of this focused ethnographic study was to determine if students in a CBL/PBL based learning undergraduate nursing program engage in patient teaching when they are in the clinical area. Focus groups and shorter individual interviews were used to ensure in-depth data collection. Data saturation was reached with a sample of 28 undergraduate students. Emerging themes included: Whose responsibility? When patient teaching does happen, when patient teaching does not happen and improving the culture of patient teaching in the teaching setting. It was clear that students in this context-based learning nursing teaching program valued and were engaged in patient teaching. However, they did not necessarily feel that they had been taught the skills necessary for engaging in effective patient teaching. They also expressed concern that workplace conditions for nurses were not always conducive to patient teaching.

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findings is limited to similar contexts.

## 6. Conclusion

Students in this particular CBL/PBL based undergraduate nursing program believe that patient teaching is a collaborative effort, felt prepared to teach, and were engaged in patient teaching in both acute care and community settings. Teaching in acute care settings was considered more challenging than in community settings and students described how critical it was for faculty to increasingly emphasize the importance of patient teaching in their acute care clinical experiences. Faculty could also promote patient teaching more through using standardized patients in lab settings and incorporating patient teaching as an expectation into every student lab and clinical practice experience.

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## Research Article

# Taiwanese nurses' experiences of difficulties in providing patient education in hospital settings

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### Abstract

Taiwanese nurses face increasingly demanding working conditions along with a distinctive culture where family members participate in medical decisionmaking. This research explores Taiwanese nurses' perceptions of patient education, with a focus on the difficulties. Data were collected by in-depth focus group discussions with nursing staff ( $n=53$ ) from the medical and surgical wards of two teaching hospitals. Transcripts were analyzed and revealed six themes: source of fulfillment and pressure; excessive workload; alternating between patients; not knowing who to teach; difficulty in communication; and disrupted confidence and work rhythm. Research findings could help



place stress, instigate discussion, and gather a wide range of interviewee opinions, emotions, and experiences offset this limitation. Furthermore, nurses were recruited from only two hospitals. Future studies should include more hospitals with a pedagogic theoretical framework. Finally, study reliability and validity would have been enhanced by patients' views on health education.

## CONCLUSION AND RECOMMENDATIONS

Nurses in this study perceived patient education as their greatest accomplishment in nursing work. However, nurses were hindered from providing patient education by their heavy workload, alternating between patients, not knowing who to teach, difficulties in communication, and disrupted confidence and work rhythm.

We recommend that nurse leaders hold the healthcare system accountable and convince those in power that optimizing the nurse-patient ratio benefits both nurses and patients. We also recommend developing innovative nursing roles for well-educated senior nurses and providing flexible work schedules.

# Experience of nursing students about the barriers to patient education: a qualitative study in Iran

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**Purpose:** Patient education is a dynamic and continuous process that should be implemented during the entire time of hospital stay and even afterward. Studies have shown the typically poor quality of patient education in Iran and its failure to convey the required knowledge and skills to patients. The purpose of this study was to survey the experience of nursing students in regard to the challenges of patient education in hospitals.

**Methods:** This qualitative study was conducted using the conventional qualitative content analysis approach on a sample of 21 undergraduate nursing students (4th semester and beyond), which was drawn from the Qom Nursing and Midwifery School through purposive sampling with maximum variation. Data were collected through semi-structured interviews conducted over a period of 45 to 75 minutes, and were analyzed using the conventional qualitative content analysis.

**Results:** Results were derived from the experiences of 21 nursing students (nine males, 12 females) about the research subject. The primary themes identified in the study were the student-related, patient-related, instructor-related, education environment-related, and curriculum-related barriers to patient educations.

**Conclusion:** Participants believed that patient education in Iranian hospitals is faced with many challenges. Nursing instructors and curriculum planners should ensure more emphasis on patient education at the initial semesters of nursing education curriculum and make sure that it is included in the evaluation of students. Hospital officials should provide a dedicated education environment with suitable facilities, tools, and atmosphere for patient education. Also, special education programs need to be developed for less educated patients.

**Key Words:** Patient education as topic, Nursing students, Qualitative research, Iran

# Virtual Nursing: The New Reality in Quality Care

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[Metrics](#)

## Abstract

The purpose of this article is to report on an innovative new model of care and the effects this model pilot program had on patient satisfaction, staff satisfaction, physician satisfaction, patient quality metrics, and financial metrics. The **Virtually Integrated Care team is a model of care that leverages technology to bring an experienced expert nurse into the patients' room virtually.** The advanced technology allows the virtual nurse to direct and monitor patient care, interacting with the patient through 6 **core roles:** **patient education,** staff mentoring/education, real-time quality/patient safety surveillance, physician rounding, admission activities, and discharge activities.

# Use and Effectiveness of the Teach-Back Method in Patient Education and Health Outcomes

Peggy H. Yen, FNP-BC, DNP; and A. Renee Leasure, PhD, RN, CCRN, CNS

A review of the literature on the teach-back method of education suggests that the technique may be beneficial in reinforcing patient education.

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**A. Renee Leasure** is an Associate Professor in the Fran and Earl Ziegler College of Nursing at the University of Oklahoma.

Studies have shown that a majority of patients remain confused about their health care plans after being discharged from the hospital.<sup>1,2</sup> Furthermore, most patients do not recognize their lack of comprehension.<sup>2</sup> A substantial propor-

(AHRQ) and the Institute for Healthcare Improvement (IHI) as a strategy for taking universal precautions for health literacy. Patients are asked to repeat the instructions they receive from their health care professionals (HCPs). HCPs should use caring and plain



back group (115.03).<sup>14</sup>

## DISCUSSION

This review examined the use and effectiveness of the teach-back method in health education and its influence in patients' disease self-management and health outcomes. Results showed positive effects of teach-back on patient satisfaction, patient perceptions and acknowledgments, postdischarge readmissions, disease self-management and knowledge, and HR-QOL.

The teach-back method has been widely used in inpatient, outpatient, ED, and community settings as part of health education programs and interventions. It has been paired with educational interventions ranging from short instructions to 20-hour programs. These differences reflect the broad application of the method in patient education. Many studies have found that teach-back improves disease knowledge and self-management, though their results are not always statistically significant. In an RCT

# Effective Patient Education: Evidence and Common Sense

The value of patient education cannot be overemphasized. A nurse's ability to teach effectively can optimize patients' knowledge, skills, capabilities for self-care, and ability to make informed choices (Falvo, 2011; London, 2016). Teaching is not a task; it is a practice that requires nurses to engage patients actively to meet individual learning needs. Although challenging in fast-paced healthcare environments, implementing effective and efficient teaching practices is achievable. Practical, evidence-based methods and commonsense teaching tactics for medical-surgical nurses are described.

## Background

inadequate privacy, poor interprofessional collaboration, and heavy workloads (Bergh, Karlsson, Per Febe, 2012; Ghorbani, Soleimani, Zeinali, & 2014). Teaching patients effectively requires knowledge and skill. Nurses can improve their teaching with practice, education, and mentoring (London, 2016; Sherman, 2016; Svavarsdóttir, Siguroardóttir, Steinbekk, 2015).

## The Practice and Process of Patient Education

The patient education process includes several linear steps (London, 2016). Each step serves a purpose.

# Help, I'm losing patient-centredness! Experiences of medical students and their teachers

Katrien Bombeke,<sup>1</sup> Linda Symons,<sup>1</sup> Luc Debaene,<sup>1</sup> Benedicte De Winter,<sup>1</sup> Sandrina Schol<sup>2</sup> & Paul Van Royen<sup>1</sup>

**OBJECTIVES** Despite all educational efforts, the literature shows an ongoing decline in patient-centredness during medical education. This study explores the experiences of medical students and their teachers and supervisors in relation to patient-centredness in order to gain a better understanding of the factors that determine its

experiences, they lose their patient-centred focus. The study suggests that communication skills training protects students from negative social influences. Moreover, personal development, including developing the ability to deal with emotions and personal suffering, self-awareness and self-care are important qualities of the central



# The relation between patient education, patient empowerment and patient satisfaction: A cross-sectional-comparison study

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## ABSTRACT

**Purpose:** Patient empowerment is a paradigm of clinical practice. The goal of patient empowerment is to lead patients' health and wellbeing. The aim of this study is to evaluate the relation between patient education, patient empowerment and patient satisfaction based on multi-hospital cross-sectional study design in Taiwan.

**Methods:** In this cross-sectional survey, 609 inpatients in four teaching hospitals in northern Taiwan from August 2009 to July 2010 were recruited. Data were collected using Chinese version of the Patient Perceptions of Empowerment Scale (PPES), Sufficiency of Patient Education Questionnaire (SPEQ) and Patient Satisfaction Questionnaire (PSQ). The multiple linear regression model was used to assess the independent effects of relevant factors on patient empowerment after controlling for the covariates.

**Results:** The overall mean empowerment scores was  $44.80 \pm 5.94$ . There was a significant difference between the total scores and four dimensions of patient empowerment at different hospitals ( $t = 5.44$ ,  $p \leq 0.01$ ). Sufficient patient education ( $\beta = 0.568$ , 95%CI: 0.486–0.649) and patient satisfaction ( $\beta = 0.317$ , 95%CI: 0.259–0.375) could significantly predict patient empowerment based on the multiple linear regression analysis, with a total variance was 54.4%.

**Conclusions:** In conclusion, both sufficient patient education and patient satisfaction were positively related to patient empowerment. Hospitals in Taiwan should try to improve their patients' active involvement toward empowerment.





# Health Literacy Concepts in Nursing Education

Deborah K. Kennard

## Abstract

The impact of low health literacy on the health care system is astronomical. The ability to learn, retain, and apply health information is greatly affected by health literacy and thus greatly affects patient outcomes. The responsibility of patient education is mostly shouldered by nurses and yet nursing is the discipline that is most lacking in knowledge and awareness about health literacy. Providing nursing students with the necessary tools to **assess patient health literacy** and to assess their own patient teaching is a vital component of patient education. Nursing curricula is the place to start.

**KEY WORDS** Health Literacy – Nursing Education – Patient Education

# Enhancing informal patient education in nursing practice: A review of literature

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## ABSTRACT

**Objective:** Informal patient education is a common practice used by nurses in the healthcare setting. Informal methods use quick delivery instruction, and often promote self-directed learning and focus on specific tasks, based on the needs of the patient. While there are effective models for more structured patient education programs, they are not typically applicable to informal instructional situations, such as at a patient's bedside, or upon discharge. The purpose of this paper is to: a) define how informal patient education manifests itself in healthcare settings, b) identify, through a review of literature, potential issues arising from informal patient education practices, and c) suggest ways nurses can further support and enhance informal patient education to help overcome these issues.

**Methods:** This review of literature explores research and findings relevant to informal patient education in healthcare settings, including an examination of potential issues related to this often spontaneous, less-structured approach. Also, this review reveals findings that inform practitioners and researchers in this field with further ways to improve informal patient education practices.

**Results:** While informal patient education holds a valuable place in healthcare settings, it also presents issues related to areas such as quality control, assessment, and curriculum. Without addressing these issues, research shows that healthcare providers, including nurses, risk a myriad of negative outcomes affecting both the patient and the organization. An analysis of the literature informed recommendations of strategies to support and enhance informal patient education, guided by four areas: desire to learn

**TABLE 1**  
**Recommendations for improved patient education**

Recommendation	The clinician could, for example...
1. When possible, bypass the limits of working memory	...rely less on patient memory for spoken instructions and on enduring materials such as printed, tailored instructions
2. Let the patient control the information flow rate	...check frequently with the patient for understanding; let the patient to consider materials at their own pace
3. Decrease extraneous cognitive load	...eliminate the decorations or excessive details on patient education materials
4. Present information using words AND graphics for maximal uptake	...in addition to spoken words, use pictures of relevant structures or schematics to convey clinical information
5. Present the words and graphics at the same time	...attempt to use graphics, visualizations or even gestures that can be synchronized with the spoken message
6. Use visual methods to present visual concepts	...use video or animations for dynamic processes instead of spoken words to describe visual phenomena such as dyspnea or rashes
7. For maximal effectiveness, it matters how graphics are combined with text	...ensure that all parts of the message are coherent, specifically avoiding redundant or extraneous material (less is more)

# چالشها

- عدم ارایه خدمات آموزشی مناسب ( بر اساس سواد، فرهنگ و نیاز بیمار)
- اهمیت ندادن به آموزش به بیمار توسط پرستاران و اعتقاد به عدم تأثیر آموزش به بیمار (عدم آشنایی با شیوه های صحیح آموزش به بیمار)
- خلأ تجارب عملی آموزش بیمار طی آموزش بالینی برای دانشجویان



## A Guide to Educating Patients



# Patient Education - Introduction

## What is Patient Education?

• ارتقای مهارت و ایجاد مسئولیت

- **Skill Building and Responsibility**  
– Patients need to know **when**, **how**, and **why** they need to **make a lifestyle change**

• کار تیمی

- **Group Effort** – Each member of the patient's **health care team** needs to be involved



# Patient Education - Introduction

## The Effective Educator

- **Effective Patient Educator** skills include:

+ توجه به نگرانی های بیمار

+ اجتناب از حدس و گمان

+ ارائه توضیحات واضح



# Patient Education - Introduction

## Maximizing Teaching Moments

- زمان محدود است
- تا حد ممکن آموزش موثر و کارآمد باشد
- هر لحظه تماس با بیمار یک لحظه آموزشی است





# Patient Education - Steps

- **Assess** - بررسی نیازها، نگرانی ها و سطح آمادگی بیمار و خانواده.



- **Plan** - تنظیم اهداف با بیمار.



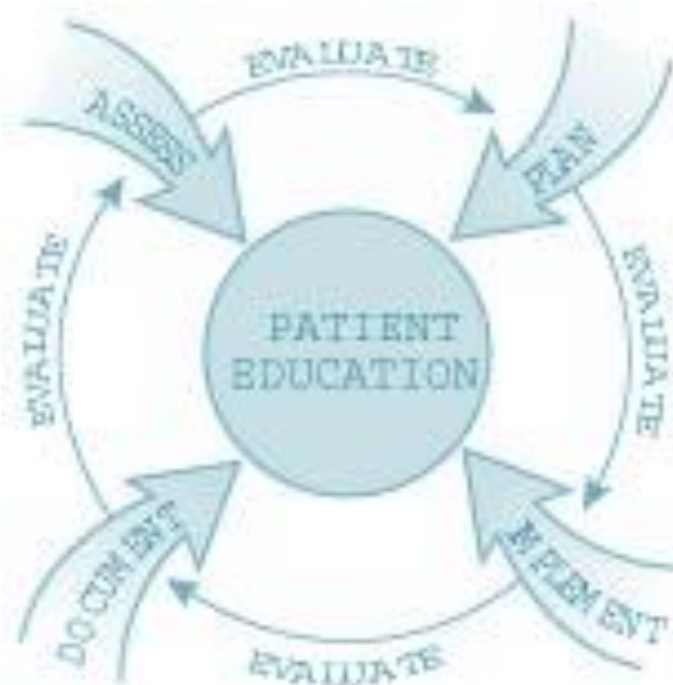
- **Implement** - مشارکت دادن بیمار در دستیابی به اهداف



- **Document** - ثبت گزارش



- **Evaluation**



**Evaluate** - Evaluation is critical and should be continuous **through all four steps!** This will help you stay on track and spot problems quickly.

# Patient Education – Step 1 - Assessment



## Assessment

- دستیابی به اطلاعات ضروری
- موفقیت برنامه آموزشی بستگی به ارزیابی صورت گرفته از نیازها، نگرانی ها و خواسته های بیمار دارد
- ارزیابی باید مداوم و در هر بار تماس با بیمار صورت گیرد



## for a Presentation

# Communication



گوش دادن فعال



گوش دادن

فعالیتی انتخابی است

شامل دریافت و تفسیر محرک های شنیداری است

شنیدن

غیر ارادی است

عمل درک اصوات

# Patient Education – Step 1 - Assessment

## Grasping Patient Concerns

### Avoiding Assumptions – •

- + هیچگاه حدس نزنید، حدس اشتباه شما را از هدف دور می کند
- + تا حد امکان اطلاعات بیشتری بدست آورید



### Getting to Know Your Patient – •

- + در ابتدا پرونده بیمار را بخوانید
- + خود و نقش خود را به بیمار بیان کنید
- + سوالات ساده برای شناخت بیمار

— Support – آیا خانواده ات در مراقبت از شما مشارکت دارد؟

— Limitations – مشخص کردن مشکلات فیزیکی یا شناختی در ابتدای کار

— Cultural History – توجه به محدودیت‌های فرهنگی و زبانی

# Patient Education – Step 1 - Assessment

## Recognizing Diversity

### Understanding Cultural Issues •

- + بدون قضاوت کردن با بیمار رفتار کنید
- + احترام بگذارید
- + اعتماد بیمار را جلب کنید
- + زمانیکه شک دارید سوال بپرسید!



## Patient Education – Step 1 - Assessment

### درک نگرانی های بیمار



+ بیمار باید با شما احساس راحتی کند

+ وقتی با بیمار ملاقات می کنید

— همدلی کنید

— نگاه تون به چارتتون نباشه

— تماس چشمی برقرار کنید



## Patient Education – Step 1 - Assessment

سوالات صحیح بپرسید

- سوالات باز پاسخ بپرسید (اطلاعات دریافتی شما را بیشتر کرده و سوالات موردنیازتان را کم می کند) –

Closed	Open
Are you upset? Are you in pain? Are you taking your medicine every day?	What's bothering you? How would you describe your pain? How and when do you take your medicine?

## Patient Education – Step 1 - Assessment

### Grasping Patient Concerns

• آمادگی بیمار برای یادگیری را ارزیابی کنید

+ – Motivation تکیه بر مزایای آموزش.

+ – Attitude انکار، اضطراب، ترس و ... مانع یادگیری اند

• – **Assessing Patient Skills** پرسید چی بلده و چی

قبلا برایش آموزش داده شده

## Patient Education – Step 1 - Assessment

- **Redefining the Family**

- + Patient support is a cultural issue. “Family” could be anybody the patient designates.

- **Assessing Your Patient’s Support**

- + حمایتگر بیمار باید فردی قابل اطمینان و توانا باشد

Does the patient . . .	Does the support person . . .
<b>Seem pleased</b> with this person’s input? <b>Look forward</b> to <b>visits</b> with this person? <b>Interact favorably</b> with this person?	<b>Appear with the patient</b> frequently? <b>Show concern</b> for the patient? Encourage following <b>medical advice</b> ?

# Patient Education – Step 1 - Assessment

ارزیابی خود را مورد بررسی قرار دهید

**Look back** on the info you have gathered and determine if you are ready to move on to the next phase

## Needs and Concerns:

What are the patient's **needs**?

What are his or her **concerns**?

What does the patient already **know**?

## Beliefs and Attitudes:

What does your patient **believe**?

## Skills:

What health-promoting **skills** does the patient **possess**?

What skills will the patient need to **develop**?

## Behavior and Patient's Support :

**What barriers** to change is the **patient** showing?

**What barriers** do the patient's **support people** have?

## Patient Education – Step 2 - Planning



### Planning

- با دانستن نیازهای بیمار این مرحله آغاز می شود.
- اهداف باید مورد قبول طرفین باشد.
- اولویتها مشخص شوند!



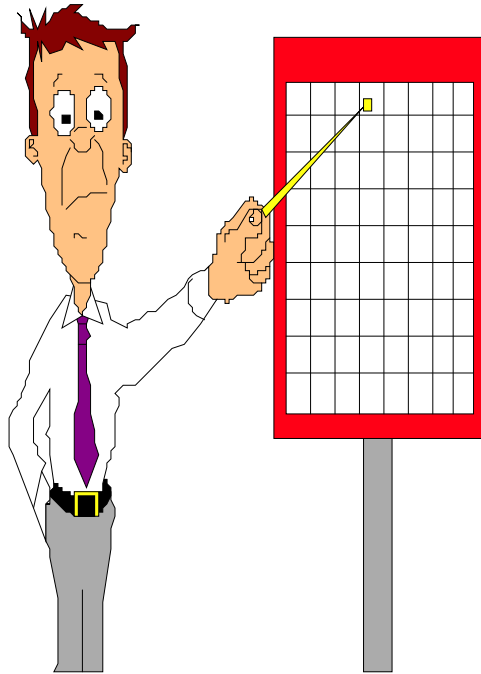


## Patient Education – Step 2 - Planning

### Setting Goals

- واقع بین باشید
  - + در ابتدا اهداف باید بر **ضروریات و موارد حیاتی** متمرکز شود
  - + به **نگرانی های** بیمار توجه شود
- کمک به بیمار برای تغییر سبک زندگی
  - + برای تغییر سبک زندگی بیمار بایستی:
    - این نیاز را درک کند
    - اعتماد به نفس برای قبول تغییر را داشته باشد

## آمده کردن محتوای آموزشی



- محتوای آموزشی، اصول و مفاهیمی هستند که به فراگیران ارائه می شود تا رسیدن آنان را به اهداف رفتاری امکان پذیر سازد.

- محتوای یک برنامه آموزشی بر اساس اهداف آموزشی تهیه می شود

## اولویت بندی انتخاب محتوا

- محتوایی که فراگیر باید بداند (Must to know) : مانند دانش، نگرش و مهارت هایی که برای ایجاد رفتار در فراگیر لازم و ضروری است.
- محتوایی که فراگیر بهتر است بداند (Better to know) : مانند دانش، نگرش و مهارت هایی که با ایجاد رفتار در فراگیر مرتبط است و دانستن آنها برای انجام رفتار مفید است اما ضرورت فوری ندارد.
- محتوایی که فراگیر خوب است بداند (Nice to know) : مانند دانش، نگرش و مهارت هایی که با موضوع مورد بحث مرتبط است اما یادگیری آنها به طور مستقیم برای انجام رفتار ضروری نیست

## Patient Education – Step 2 - Planning

### Setting Goals

### Finding Resources •

+ کتابچه، پمفلت، CD, DVD, و منابع الکترونیک

+ منابع به روز باشند

## Patient Education – Step 3 – Implementing

- اگاه کردن بیمار از روند کار
  - + زمانهای جلسات آموزشی
  - + شماره تماس برای مواقع لزوم
  - + تاکید بر ارتقای کیفیت زندگی به جای درمان در بیماریهای مزمن

### Thinking Small •

- + گامهای کوتاه بهتر از انجام ندادن است
- + از دادن اطلاعات بیش از حد اجتناب کنید



## Patient Education – Step 3 – Implementing

پیامتان را منتقل کنید

• اولویتها را تنظیم کنید و در نظر داشته باشید

+ اجازه بدید بیمارتان آگاه شود از اینکه

— چی و چرا باید بدانند

— چه موقع منتظر نتیجه باشد

— منتظر چه علامتی باید باشد

— در صورت بروز مشکل چگونه رفتار کند

— برای دریافت کمک با چه کسی در

تماس باشد



## Patient Education – Step 3 – Implementing

### پیامتان را برسانید

- محتوا را ساده انتخاب کنید

- + زبان ساده

- + در هر بار ویزیت فقط بر یک هدف یا رفتار تاکید کنید

- + مفاهیم کلیدی نیاز به تاکید بیشتر (مثل پمفلت) دارند

- + با بیمار در تعامل باشید (چه چیزی آموخته)

- از علائم دیداری استفاده کنید

- + نقاشی ها و تصاویر

- + بعضی از افراد دیداری می آموزند

- + تصورات، درک از مطلب را افزایش می دهند



## Patient Education – Step 3 - Implementing



### Implementing

- اجرای برنامه نیاز به ارزیابی مجدد دارد
- ارزیابی مداوما انجام می شود



## Patient Education – Step 3 – Implementing

پیامتان را برسانید

- از رسانه های آموزشی استفاده کنید
- + منابع دیداری یا شنیداری در اختیار بیمارتان قرار دهید
- + افراد به شیوه های مختلف می آموزند
- هرچه تنوع منابع بیشتر، بهتر



## Patient Education – Step 3 – Implementing

پیام را تقویت کنید

- تاکید کنید :

+ مفاهیم را برای افراد کم سواد و پر مشغله تکرار کنید

+ گام به گام پیش بروید

+ نکات کلیدی را مجددا عنوان کنید

+ درک بیمار را ارزیابی کنید

+ خانواده بیمار را در نظر داشته باشید

## Patient Education – Step 3 – Implementing

چالش ها را رفع کنید

- نگرانی های بیمار را مجددا ارزیابی کنید
  - + بیمار ممکن است به تغییر مقاومت نشان دهد
  - + استرس روحی و جسمی داشته باشد
- به بیمار کمک کنید بر موانع غلبه کند
  - + بر مزایای آموزش تاکید کنید نه اینکه نق بزنید

## Patient Education – Step 3 – Implementing

### Overcoming Challenges

Breaking Through Barriers – Here are some examples of barriers you may encounter, along with some ways to work through them

Barrier	Behavior	Implementation
Denial, anger, anxiety, or depression	بیمار پریشان ، دلسرد ، است یا معتقد نیست مشکلی وجود دارد.	Tell your patient that <b>these feelings are normal</b>
Physical Pain	بیمار نمی تواند تمرکز کند	Focus on <b><u>managing your patient's pain</u></b> before implementing the plan.
Acute Illness	تمام انرژی بیمار بر رویارویی با بیماری متمرکز است. یادگیری بیمار دشوار است	<b><u>Address patient's fear, pain or anxiety first</u></b> , and then focus on developing new skills.
Learning disability	بیمار احساس میکند درک مطالب آموزشی ارائه شده دشوار است	Try to give a <b>wide variety of materials</b> . Including demonstrations.



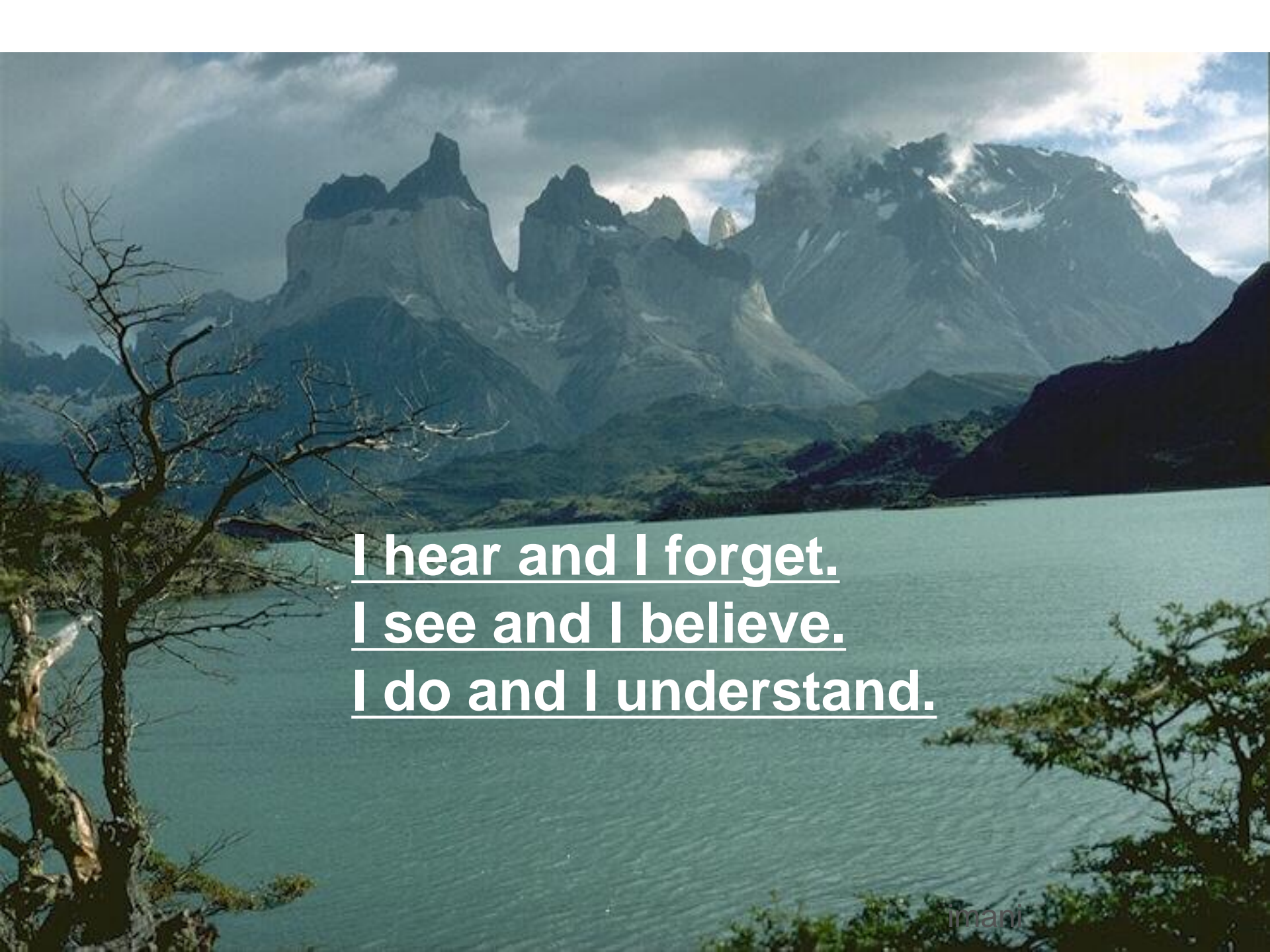
## Patient Education – Step 4 – Documenting



### Documenting

- همکارانتون از عملکرد شما مطلع میشوند.
  - به سایر افراد تیم بهداشتی نقطه شروع آموزشهای بعدی را نشان می دهد
- ثبت با جزئیات باشد
- واکنش بیمار ذکر شود





I hear and I forget.  
I see and I believe.  
I do and I understand.