

# Tips for Patient Education

## Step 1. Engage

| How to  | Rationale  |
|---|--|
| <p>Greet, introduce, build personal bond</p> <ul style="list-style-type: none"> <li>• <i>“Hello Mrs. Smith! I’m _____, the nurse who’s going to with you on your care here. How are you feeling?”</i></li> </ul>  | <p>Establish relationship of caring and respect.</p> |
| <p>Explain purpose and relevance of encounter, what will be covered</p> <ul style="list-style-type: none"> <li>• <i>“Today we’re going to talk about your IJ catheter and why it’s so important to replace it as soon as possible, so we can start working on a plan.”</i></li> </ul> | <p>Explain plan and purpose.</p>                     |

## Step 2. Assess

| How to  | Rationale  |
|---|--|
| <p>Elicit patient’s knowledge of topic with open-ended questions.</p> <ul style="list-style-type: none"> <li>• <i>“So what’s the doctor told you about getting a fistula. . . .?”</i></li> </ul>  | <p>Discover gaps, misinformation, patient’s concerns, so that they can be addressed.</p> |
| <p>Identify barriers to learning by reading chart, observation and tactful questions; be alert for signs of illiteracy, substance abuse, hearing, vision, and cognitive deficits, etc.; determine if patient should be primary learner.</p> <ul style="list-style-type: none"> <li>• <i>“I see you might be having some trouble with paperwork; is all this paperwork kind of hard for you? . . .”</i></li> </ul> | <p>Education can be tailored to patient’s limitations.</p>                               |
| <p>If patient can’t be educated because of barriers, is there another learner; family members, caregivers, nursing home staff, that could be educated instead?</p>  | <p>Find the right person to teach for education to be effective.</p>                     |

## Step 3. Educate

| How to   | Rationale   |
|--|---|
| <p>Present information in “chunks”—key points, to include (1) what is the issue; (2) why it’s important; (3) what the patient (and healthcare team) should do about it. Use highlighter pen on handouts to emphasize key points.</p> <ul style="list-style-type: none"> <li>• <i>“This is how your catheter works . . .”</i></li> <li>• <i>“It’s temporary and raises your risk of death and because . . .”</i></li> <li>• <i>“This is what you need to do to get a fistula, and how we’ll help. . .”</i></li> </ul> | <p>Too much at once will not be retained, and too much detail can be confusing (need to know vs. nice to know).</p> |
| <p>Use appropriate real-life examples, stories.</p> <ul style="list-style-type: none"> <li>• <i>“I had a patient who had a catheter and he missed a kidney transplant because he got an really bad infection from his catheter . . .”</i></li> </ul>   | <p>Real-life stories and examples are often remembered better than facts.</p>                                       |
| <p>Use appropriate pictures, demonstration.</p> <ul style="list-style-type: none"> <li>• <i>“Here’s a picture of how the tube goes into your heart . . .”</i></li> </ul>   | <p>Pictures and demonstrations are worth a thousand words.</p>  |
| <p>With PowerPoint, do not read slides, but rather explain them; use as talking points.</p> <ul style="list-style-type: none"> <li>• <i>“The point here is that. . .”</i></li> </ul>   | <p>Nothing is more boring than reading slides!</p>  |
| <p>Use plain language, no jargon, no unexplained medical terms.</p> <ul style="list-style-type: none"> <li>• <i>“Access just means a way of getting enough blood flow to do dialysis . . .”</i></li> <li>• <i>“Adequacy just means getting enough waste out of your blood to keep you healthy, and that’s harder with a catheter. . .”</i></li> </ul>  | <p>Health literacy is a significant barrier to learning and is present even in highly educated patients.</p>        |
| <p>Ask open-ended questions to elicit patient’s concerns.</p> <ul style="list-style-type: none"> <li>• <i>“How do you feel about getting a fistula?”</i></li> </ul>  | <p>Questions that have yes or no answers do not get to patient’s real concerns.</p>                                 |

## Step 4. Evaluate

| How to   | Rationale  |
|--|--|
| <p>Use teach-back to confirm learning of key points. (Never ask “do you understand” as the answer will always be “yes”.)</p> <ul style="list-style-type: none"> <li>• <i>“This is so important that I want to make sure I did a good job of explaining it. So tell me in your own words why it’s better to have a fistula.”</i></li> </ul> | <p>Teach-back is a simple, highly effective evaluation of learning. Never ask “do you understand?” as the answer will always be “yes”.</p> |
| <p>If applicable, ask patient to demonstrate skill.</p> <ul style="list-style-type: none"> <li>• <i>“OK, now show me how you’re going to check that fistula every day.”</i></li> </ul>   | <p>Confirms learning.</p>  |

## Step 5. Plan

| How to   | Rationale   |
|--|---|
| <p>Ask patient what the next step will be.</p> <ul style="list-style-type: none"> <li>• <i>“Now that you know about how risky that catheter is, what’s your next step in getting a fistula in and getting that catheter out?”</i></li> </ul>   | <p>If patients can tell you what they are going to do, it is much more powerful than you telling them what to do.</p> |
| <p>Refer to other disciplines as appropriate.</p> <ul style="list-style-type: none"> <li>• <i>“Sounds like you’re a little worried about how your arm looks with a fistula. I think the social worker has some information on how people deal with that . . .”</i></li> </ul>                  | <p>Coordinate education with IDT.</p>   |
| <p>Plan for next education encounter.</p> <ul style="list-style-type: none"> <li>• <i>“Next time, we’ll talk about how to take care of a new fistula.”</i></li> <li>• <i>“Because you’re concerned about needles, let’s talk about PD next time—it’s dialysis with no needles.”</i></li> </ul> | <p>Engages patient in education plan.</p>   |

## Step 6. Document

| How to  | Rationale   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Select <b>Patient Education</b> checklist in EMR.</li> <li>2. Locate topic of education within the checklist and check boxes as appropriate.</li> <li>3. In free text <b>Notes</b> section include anything of note from your time with patient/family—assessment of understanding, plan, referrals to other disciplines. You don't need to document the content of the education—if questioned, Educators should refer to KNet for Ed handouts and teaching guides for detailed topic info to be covered and suggested patient teach back questions.</li> <li>4. If patient is not able to fully participate in education, note this, along with whom you did educate or your plan for identifying family, nursing home staff, others for education if available. <ul style="list-style-type: none"> <li>• <i>Example: "Patient educated about catheter risk. Confirmed learning with teach-back; pt able to identify infection as primary risk. Pt says he now understands why important to see surgeon next week and will keep appointment. Per MD clinic note, pt has mild dementia; will contact daughter (who is caregiver) with information about catheter risk and importance of following up with surgeon."</i></li> </ul> </li> </ol> | <p>Record is easily available for all staff; enhances team collaboration.</p> |

"If you can't explain it simply, you don't understand it well enough."

*Albert Einstein*

"The greatest problem with communication is the illusion that it has taken place."

*George Bernard Shaw*