We have talked about transferring learning for years. We have talked about it in terms of actual questions such as, “How does this idea work if the patients were elderly?” We have talked about it in terms of principles and concepts, such as pain management, sleep, and nutrition needs. We have also taught many families and other caregivers those same ideas so they can be more effective in providing care to their loved ones. But, I wondered, what if we taught them to be more proactive as well? Let me explain.

Recently, a friend of mine was hospitalized. During that time, I later learned, he was given a medication he normally takes but at twice the dosage level, his eye medications (he has had eye surgery three or four times) were never given, and his diabetes wasn’t really managed because the focus was on an infected organ. Oh, yes, and he was given potassium over 4 days when he had no issue with potassium. Needless to say his hospitalization was extended! While I would love to believe this was an unusual occurrence (statistics show it is not), or that the hospital was an awful place (which it is not), or that he was a “complex” patient (who isn’t these days?), I know this type of event is occurring across the world every day, multiple times per day. What, then, might we do to help the family be more proactive?

In this case, my friend’s wife was the guardian. She stayed with him (without the comfort of a bed!) for approximately 24 hours daily. She asked what he was being given and which team of physicians was in charge and had the ultimate say. Not every one of our patients is fortunate to have such a proactive spouse or family member. So again I wondered, “What can we do to help the caregivers get to the bottom line in health care?”

What occurred to me was a strategy I think most of us would not appreciate, yet it is something we employ in our work as educators. What if we taught families and caregivers to ask the “Five Whys”? In other words, we could teach them to do a root-cause analysis! They wouldn’t have to employ the strategy for every event (just like we don’t!). But when they do ask something, such as what their loved one is being administered, and it doesn’t fit with what was normal or what they had been told would be the procedure, they can act accordingly. So, when a wife asks, “Why is my husband receiving twice the normal dose of [some medication that is a routine at home]?” the nurse would need to say why that deviation was appropriate. If the answer was, “The doctor ordered it,” which is something that unfortunately we still hear, the caregiver could again ask why—“Why would the physician order double the amount that my husband normally takes at home?” You can see that this could go on for a bit, but hopefully only until the deviation was really questioned or logically explained.

Not every caregiver wants to be so assertive. However, if they want to be the guardians, we can help them be better! Why? Why? Why? Why? Why? Why? To advance the health of the nation, that’s why!

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