Revisiting Patient Education in Changing Health Care Times

Effective patient education, although essential with any health care interaction, is especially important at hospital discharge, a time of transition back to home or a new setting. With either brief or extended hospital stays for acute problems, older adults with common sensory impairments and complex acute and chronic care plans are often at special risk for problems.

The current editorial serves to remind nurses to recall best patient education practices, including easily accessible resources, as tools for supporting quality patient care for older adults.

**TODAY’S CLIMATE AND THE NEED FOR QUALITY PATIENT EDUCATION**

Although learning patient education strategies is part of early nursing education, today’s health care system and an increasing aging population suggest now is an important time to revisit this topic. Especially for older adults, transitions from hospital to home or other settings can be complex situations, fraught with potential for safety issues and errors. As patients transfer, new problems and changing care plans often emerge with accompanying functional decline. Patients are often asked to make complex decisions or choices, with care changes often including ethical and safety issues. During transition, patient education needs to be more than just a discharge checklist. Being proactive with patient education that meets unique individuals’ needs is one way to minimize potential transition problems.

An important patient education need includes attending to common older adult communication challenges. In addition to the stressors of illness, common sensory changes, such as decreased hearing ability, can impact educational opportunities. Literature indicates that hearing loss is often overlooked by health care providers, as they focus on more acute, urgent problems (Institute of Medicine, 2014). With decreased hearing, patients may not even know they have missed critical information. The importance of sensory assessment prior to education and multimodal education that enhances all senses becomes evident. The same assessment and multimodal teaching/learning strategies hold true with any patient experiencing visual problems or information processing deficits.

Taking a prospective view of patient education also includes paying attention to the potential pitfalls and challenges that face patients and families at discharge as they deal with new problems. Including caregivers in patient education is often indicated to help them gain adequate knowledge and skills to assist loved ones coping with health care changes. Good printed materials serve in helping with education at this transition time, assuring that patients, caregivers, and family members receive the same clear in-
Ongoing research related to designing efficient and effective patient education plans to best engage patients and families as team members is needed.

Promote the clear communication component of patient education. Examples include the Gerontological Society of America’s (GSA; 2012) resource on communicating with older adults; the Hartford Institute for Geriatric Nursing resources, such as promoting optimal sensory status (Cacchione, 2005); and the Agency for Healthcare Research and Quality (AHRQ; 2010) “Ask Me 3” and “Teach Back” resources. The GSA and Hartford resources, both containing practical information (e.g., environmental and functional approaches to improve communication) can support improved multimodal patient education. The AHRQ resources provide ideas for active learning, such as patient questioning and feedback, to engage patients and families in the education process.

To promote positive patient outcomes in changing health care times, nurses can assess their patient education approaches against these best practice resources. They can determine whether the following best practices (adapted from AHRQ, 2010; Cacchione, 2005; GSA, 2012) are included in all patient education encounters.

- Scanning the environment for settings that provide quiet backgrounds and privacy, especially in busy health care settings.
- Assessing the need for adaptive devices and optimizing physical senses for communicating, such as hearing aids and glasses.
- Addressing language and cultural issues, including review of patient education materials, assuring they are easy to understand in appropriate formats that address health literacy issues.
- Engaging patients and families in person-centered care that focuses on the individual as a person, including learning the older adults’ stories (i.e., their history, preferences, and values), so that new information can be integrated into common routines.
- Making patient education experiential by engaging older adults with opportunities such as “Teach Back.” Also incorporating reminders for questions, such as “Ask Me 3.”
- Thinking beyond the standard educational plan to address perspectives, issues, and challenges that are unique to each patient/family.
- Creating clear opportunities for patient follow-up questions over time, including follow-up appointments and clearly identified phone contacts.

**CONCLUSION**

Assessing current patient education best practices is consistent with quality assurance goals to promote safe, excellent patient care. It is time to assess use of best teaching practices to promote good patient education, especially for older adults at times of transitions. As nurses address the noted best education practices, they can support older adults and their families in dealing with the complexities of changing health care times.

**REFERENCES**


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