Preventing Students to Prepare Family Members for Caregiving Responsibilities

November is National Family Caregivers Month. To acknowledge the complexities of family caregiving, this Journal of Nursing Education editorial focuses on findings from research that have been translated into policy in support of changes in practice, with implications for nursing education. The Home Alone study, which was funded by AARP, United Hospital Fund, and The John A. Hartford Foundation (Reinhard, Levine, & Samis, 2012), was a nationally representative online survey of 1,677 family caregivers that was designed to learn about the medical and nursing tasks they perform. Key findings (Reinhard et al., 2012, pp. 1-2) from the Home Alone study include:

- Almost half (46%) of family caregivers performed medical–nursing tasks for care recipients with multiple physical and chronic conditions.
- Many family caregivers managed different kinds of medications.
- Most family caregivers learned how to manage at least some of the medications on their own.
- Caregivers found wound care very challenging, and many wanted more training.
- Family caregivers of chronically ill persons frequently served as care coordinators.
- Family caregivers performing medical–nursing tasks reported both positive and negative effects on their quality of life.
- More than half of family caregivers performing medical–nursing tasks said they did not feel they had a choice because there was no one else to do it or insurance would not cover a professional’s help.

Family caregivers report very few home visits by health care professionals.

Most family caregivers who provided help with five or more medical–nursing tasks believed they were helping their family member avoid institutionalization.

In a recent publication from the AARP Public Policy Institute, Reinhard and Ryan (2017) described the progress made to support family caregivers from a policy perspective. The Home Alone findings prompted creation of model legislation for the Caregiver Advise Record and Enable (CARE) Act. The basic requirements of the CARE Act are that hospitals (a) document the name of the family caregiver in the medical record, (b) notify the family caregiver about when the patient is planned to be discharged, and (c) educate the family caregiver concerning the medical–nursing tasks he or she will be providing when the patient returns home (Coleman, 2016). As of August 2017, a total of 39 states and territories had passed CARE Act legislation (Reinhard & Ryan, 2017).

In addition to policy implications, the Home Alone report provided a recommendation pertinent to nurse educators:

Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs. (Cronenwett et al., 2007)

For each competency, specific knowledge, skill, and attitude elements were defined. Key knowledge elements pertinent to the caregiver include an understanding of care coordination, involvement of family and friends, transition and continuity, empowerment strategies, effective communication principles, consensus building and conflict resolution principles, and the nurse’s role in ensuring the continuity of care. Key skill elements are to remove barriers to the presence of families and to engage patients and families in active partnerships to promote self-management. Finally, important attitudes include valuing active partnership, respecting patient


Advancement of competency in patient- and family-centered care was accelerated with the QSEN project. QSEN investigators identified specific knowledge, skill, and attitude elements required for prelicensure nurses to achieve the Institute of Medicine (2003) competencies of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. The definition of competence in patient-centered care is:

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preferences for engagement, and appreciating shared decision making. The QSEN Web site provides a compendium of teaching strategies that facilitate simply dropping an activity into a course (QSEN Institute, 2017).

The second toolkit that may facilitate strengthening curricula regarding family caregiving is the AHRQ Health Literacy Toolkit. The resource provides several strategies to facilitate patient and family understanding of health information. One of the most important tools is use of the teach-back method. Teach back ranks second as a prioritized health literacy practice (eliminating medical jargon ranks first) for health care professionals (Coleman, Hudson, & Pederson, 2017). The AHRQ Web site (https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html) provides links to a teach-back toolkit, videos, and an observation tool.

There are a variety of additional resources for students to explore through professional organizations and advocacy associations:

- The Care Transitions Program provides resources for professionals, patients, and caregivers at http://caretransitions.org.
- The National Transitions of Care Coalition provides resources for patients and family caregivers at http://www.ntocc.org.
- Project BOOST provides a variety of toolkits to facilitate an effective care transition at http://www.hospitalmedicine.org/Web/Quality_Innovation/SHM_Signature_Programs/Mentored_Implementation/Web/Quality_Innovation/Mentored_Implementation/Project_BOOST/Project_BOOST.aspx.
- Project RED also provides a toolkit to facilitate a successful re-engineered discharge process and highlights resources to enhance the role of family caregivers at https://www.bu.edu/fammed/projectred/toolkit.html.

Preparing students to better prepare patients and family caregivers is an essential component of nursing education. It is the role of faculty to create meaningful learning experiences that can be readily transferred to the home care environment.

References