



NMNEC Concept: **Patient Education**

Mega-Concept: Professional Nursing

Category: Professional Attributes

Concept Name: Patient Education

Concept Definition:

A purposeful process of assessing healthcare needs while assisting people to learn and effect change in health related behaviors so they can incorporate these behaviors into everyday life with the goal of increased comprehension and participation in self-management of healthcare needs.

Scope and Categories:

Patient education is a component of providing safe, patient-centered care. It occurs in all healthcare settings across the lifespan. Patient education is a right for all patients (American Hospital Association, 2018) and is a professional nursing practice standard.

Categories:

- **Educational Approaches**
 - Formal: Standardized material taught in a large group setting with a set curriculum throughout. An example of this approach would be patient education classes covering a specific topic such as breastfeeding or diabetes management.
 - Informal: Does not adhere to a specific course of instruction. The largest part of education between nurses and their patients is done with an informal approach. An example of this approach would be discharge instructions.
 - Self-directed: Individual completes learning activity independently. An example of this approach would be the use of internet resources.

- **Learning Domains**
 - Cognitive: Referred to as the thinking domain. Involves educating individuals with the sole purpose of broadening their knowledge on specific content. Verbal, written and visual aids can be used in the cognitive domain as well as computer technology.



NMNEC Concept: **Patient Education**

- **Psychomotor:** Referred to as the skills domain. Involves the teaching and practice of hands on skills. In order to help patients retain the skills there should be adequate demonstration with return demonstration, and plenty of practice opportunities.
- **Affective:** Referred to as the feeling domain. Involves the more elusive aspects of learning such as feelings, beliefs, and attitudes about certain subjects being learned. Group discussions, role playing and role modeling are all great teaching methods to utilize in the affective domain.

Attributes/Criteria:

- **Identify need for learning:** Learning needs are new knowledge and skills that an individual must have to meet a goal (Harding et al., 2020). In order for learning to be effective the patient has to be ready and willing to learn the information that is being presented.
- **Patient readiness:** Patient readiness to learn is based on the perceived need, attitude, and beliefs (Harding et al., 2020). There are four types of readiness to learn, also known as PEEK (Kitchie, 2008):
 1. **P**hysical readiness
 2. **E**motional readiness
 3. **E**xperiential readiness
 4. **K**nowledge readinessThese four types of readiness have to be considered when educating patients, as they can hinder learning as well as improve it.
- **Patient motivation:** Motivation can be defined as “a force that acts on or within a person to cause a person to behave in a particular way” (Hall, 2017) “ In health education the nurse needs to take into account the patients motivational factors for learning. Personal attributes such as age, emotional well-being, gender, and education level, can all affect a patient’s motivation to learn. Environment also plays a role in learning. Type of learning area, available human resources as well as material resources, and types of rewards for behavior, can all have an impact on motivational level. Family, significant others, and even close friends can help motivate patients in wanting to learn more about their health and how to care for themselves.
- **Goal oriented outcomes:** Patient education goals indicate that the patient has a better understanding of the information provided. With any educational plan, there must be a



NMNEC Concept: **Patient Education**

goal. The learner should want to reach the goal, thus being motivated by the outcome that changing behavior and learning new skills will bring.

Theoretical Links:

- **Adult Learning Theory:** The assumption is that the adult learner is self-directed. In patient education, the nurse helps the patient develop the skills necessary to help direct the behavior changes necessary. Individuals learn differently, so a variety of techniques may be used in the patient education process.
- **Piaget's Cognitive developmental Theory:** A useful guide in teaching patients in childhood and through adolescence. Understanding the cognitive development of children assists the nurse in using developmental and age appropriate educational tools for this population.
- **Transtheoretical Model:** Operates on the assumption that changes in behavior occur on a cyclical process. Individuals move through six stages of change:
 1. Precontemplation
 2. Contemplation
 3. Preparation
 4. Action
 5. Maintenance
 6. Termination

Context to Nursing/Healthcare:

The Healthy People 2020 mission is to improve the nation's health. Part of this mission is increasing the public's awareness, to help understand the health, disease, and disability determinants and how we make progress towards a healthier nation. Included in this is the importance of health education. Nurses are in the best position to provide this locally and nationally.

Learner assessment: Can be considered the first step in the nursing process involving patient education. This assessment is comprehensive and necessary to determine the learning needs of the patient. The assessment includes multiple sources for information including those needs stated from the patient directly. As part of the assessment process the psychosocial development, developmental stage of the patient, hierarchy of needs, generational differences, literacy level and barriers must be determined for the educational plan to be successful.



NMNEC Concept: **Patient Education**

Planning: Is the stage of the process that determines which method/style will be applied to the educational need. The planning stage involves the style of learning, the resources needed, as well as the outcome expected. This step will include what needs to be taught, when the teaching should occur, where the teaching will take place (patient's room, private home, community center) and who will do the teaching and who will do the learning.

Implementation: Involves actual teaching methods to meet the educational plan. The nurse uses the methodology previously determined with the information needed to achieve the goal for the educational experience of the patient. Interactive teaching methods involving all learning domains are usually the most successful. After selecting the appropriate learning style the nurse then decides on the teaching methods and actively involves the patient in the learning activities.

Evaluation: Should be able to show some measurable change in the behavior of the patient. Evaluation should be an ongoing process. An evaluation can be designed specifically to measure certain goals. Some evaluation techniques that can be used include: return demonstration (psychomotor), written tests or questionnaires (cognitive), assessing physiological measurements such as weight, blood pressure, blood sugar, review written record of patient's showing self-monitored activities

Documentation: Needs to include the types of teaching used, the information that was taught, and problems encountered with the methods used, and how the patient responded. Documentation helps provide continuity of care and communication among the caregivers. Use action words that can be measured. Documentation must also be done to satisfy regulatory body requirements such as JCAHO. The teaching/learning documentation should be part of the permanent record. Documentation needs to state the patient's learning needs, the learning style, current knowledge the patient may have, the objectives and goals (determined by nurse and patient together), what information and skills have been taught and the response to the teaching. Include the evaluation of what was learned and how this was measured.

Interrelated Concepts:

- **Collaboration:** Collaboration with the patient is required to achieve the desired outcomes of patient education
- **Development:** Patient education/learning cannot be achieved without taking the developmental level of the patient into account



NMNEC Concept: **Patient Education**

- **Health Promotion:** Health promotion includes patient education as a way to enable the patient control over the determinants of health guiding the patient into action.
- **Technology and informatics:** The appropriate and skillful uses of technology and informatics enhance patient education.
- **Communication:** The communication must be effective for a teaching/learning experience to be effective.

New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

- **Health Literacy:** Health Literacy has been defined as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (World Health Organization, 2011). Health literacy is a strong predictor of a person's health status (Wolf et al., 2010) therefore nurse's need to assess the patient's ability to understand and interpret health-related information. Nearly half of all Americans have difficulty understanding and acting upon health information (Institute of Medicine, 2004).
- **Teaching/Learning Principles**
- **Motivation and Readiness to Change**

Optional Exemplars:

- **Formal Patient Education Programming:** Support groups, Disease-specific classes, Group preoperative teaching, Childbirth classes, Smoking cessation programs.
- **Informal Patient-Nurse Encounters:** Discharge teaching, Medication teaching, Health counseling, Immunization teaching
- **Self-Directed Patient Education Activities:** Instructional videos, Internet resources, Common literature (magazines, journals, newspapers).

Model Case

There is an excellent model case by B. Carranti, B. in J.F. Giddens (Ed.), *Concepts for nursing practice* (2017, p. 420).



NMNEC Concept: Patient Education

References:

American Hospital Association. (2018). *Patient care partnership*.

<https://www.aha.org/system/files/2018-01/aha-patient-care-partnership.pdf>

Carranti, B. (2017). Patient Education. In J.F. Giddens (Ed.), *Concepts for nursing practice* (2nd ed., pp.414 - 421). Elsevier.

Hall, A. M. (2017). Patient education. In P. Potter & A. Perry (Ed.), *Fundamentals of Nursing*, (9th ed, pp. 336-355) Elsevier.

Harding, M. M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2020) *Lewis's medical – surgical nursing: Assessment and management of clinical problems* (11th ed.). Elsevier

Healthy People 2020. (2020). *About healthy people*.

<https://www.healthypeople.gov/2020/About-Healthy-People>

Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. Washington, DC: National Academies Press.

Kitchie, S. (2008). Determinants of learning. In S.B. Bastable (Ed.), *Nurse as Educator* (3rd ed., pp. 93-145). Jones and Bartlett.

Wolf, M. S., Feinglass, J., Thompson, J., & Baker, D. W. (2010). In search of 'low health literacy': Threshold vs. gradient effect of literacy on health status and mortality. *Social Science & Medicine*, 70(9), 1335–1341.

Resources:

American Institute for Research. (2011). *Teaching excellence in adult literacy: Adult learning theories*.

https://lincs.ed.gov/sites/default/files/11_%20TEAL_Adult_Learning_Theory.pdf

Behavioral Changes. (2019). *The transtheoretical model (stages of change)*.

<http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html>



NMNEC Concept: **Patient Education**

Current Medical Diagnosis and Treatment in Psychiatry. (2012). *Developmental concepts*.

<http://psychiatry.healthse.com/psy/categories/c8/>

Current Nursing. (2012). *Nursing theories*.

http://currentnursing.com/nursing_theory

Gracie, D. (2011). Nursing informatics competencies and baccalaureate nursing students. CARING newsletter.

http://www.thefreelibrary.com/_/print/printarticle.aspx?id=264922952

Plain Language. (2011). *Popular topics: improving health literacy*.

http://www.plainlanguage.gov/populartopics/health_literacy/index.cfm

World Health Organization. (2011). *Health Promotion: Track 2: Health literacy and health behavior*.

<http://www.who.int/healthpromotion/conferences/7gchp/track2/en/>