

**Results of Exercise:
Creating an Environment that Supports Patient and Family Education
PIPE Meeting of September 19, 2006**

Participants were asked to identify the problems in providing patient and family education, and to come up with responses to those problems. What can we do to create an environment that better supports patient and family education? Below are their findings.

Physical Environment

Quiet spaces, seating, minimize distractions

Problems:

- space
- space
- semi-private rooms: privacy during teaching sessions
- no place to teach that's calm and quiet away from the patient's room
- noisy NICU; lack of space for teacher to sit down with family
- HIPAA – privacy for teaching
- don't have enough space in the right place
- family teaching areas – none
 - everything is to remain clean and clear; no boards, quiet rooms gone
- beepers, pagers, phone calls – teaching's very disrupted
- families unavailable (47% Medicare population)
- parents not available @ available time
- families who don't feel comfortable leaving child's bedside
- atmosphere for teaching – many distractions at patient's bedside
- what to do with family members
- pediatric patients – target audience is not always at the bedside

Solutions:

- group teaching of particular skill (i.e., PICC care)
- classroom space on patient care unit
- designate patient room as classroom
- classroom off the patient care unit
- separate classroom without phones, TV, sibling presence, or patient
- share teaching space with teaching aids (i.e. computer access, video player, manikins, equipment)
- in a separate classroom have teaching equipment such as manikins, home pumps, monitors, vents
- need for place to teach/learn with variety of resources
- work through family advisory council
- assertive with needs/desires
- seek funding from 3rd party payers to decrease patient readmissions
- aligning your department within organization's structure to have best chance of getting resources

Teaching Skills: Involve and Individualize

Problems:

- no time to teach
- no time
- time
- not enough time
- no time to do the teaching
- teaching – ability of all staff to teach
- many new grads on the units at the advanced beginner level
- staff don't have confidence, especially new nurses and therapists
- new staff nurses; knowledge levels different
- don't have enough staff
- high census
- what do I teach?
- not starting the teaching on admission
- focus on the pathophysiology rather than the self-care skills
- staff don't concentrate on patient/family learning
- are patients learning vs. checklist of teaching
- resistance and fear by family
- both parents are not in room at same time
- don't know where or who resources are
- lack of knowledge about available handouts and other resources
- teaching sheets inconsistent
- our learning center does the teaching (or is this supposed to be a solution?)
- don't have enough administrative support

Solutions:

- train staff in teach backs
- need to develop staff as teachers (increase skills)
- need to focus on patient learning, not our checklists, etc.
- scripting – tell them how we are teaching

Teaching Tools:

Handouts, booklets, models, videos, posters, notebooks, bulletin boards, magazines, books

Problems:

- low literacy or different language
- lack of communication and consistency among departments in regards to patient education
- not enough time
- staff can't find the teaching tools
- don't know where to get materials
- didn't know what to teach
- lack of money
- lack of money to support patient ed projects and programs
- lack of coordination for developing teaching materials

Solutions:

- resources
- to coordinate the development of teaching materials: developing policy, enforcing policy, approval process, streamline
- need visual cues or pictorial pathways to explain steps/process
- lack of consistency within institution
 1. identify players
 2. set up regular meetings to share information
 3. maintain communication
- Acknowledgement source material
- Look for best available and use it because it's best for patient

Involve all team members in teaching, including learners**Interdisciplinary collaboration, add patient education to rounds and change of shift report****Problems:**

- lack of familial involvement
- parents/guardians not present
- family not ready to learn; overwhelmed
- time: too many other care activities
- not enough staff to teach
- have 3 post-op admissions arriving in 2 hours – no time to teach
- last minute planning at discharge
- not enough experts
- nurses are responsible for most of the teaching and documentation; other disciplines should teach AND document
- I thought some body else would teach that (example: dietician for diabetes)
- noncompliant staff documenting family education
- turf issues
- lack of collaboration between different health team members involving discharge coordination

Solutions:

- train staff in patient ed
- Picker scores drive teaching
- leadership: priority and support
- infrastructure for a productive interdisciplinary patient/family education committee
- use surveys point towards increasing patient education
- involve child life in staff teaching skills
- turf issues: confront head on, value and validate contributions of interdisciplinary group

Accountability: evaluation system, clinical ladder, time to teach**Problems:**

- staff says I don't have time to teach
- didn't have time
- no clinical ladder supporting teaching
- one person department

- the issue of having time to teach.
- staff do not always perceive teaching to be a vital part of care provided.

Solutions:

- increase orientation with teaching skills
- increase precepting and mentoring opportunities
- staff rotation to learning center/PFE educators
- develop a curriculum for professional schools on "how to teach"
- inservices for staff with demonstrations, active learning
- integrate patient education throughout entire patient stay (start on admission, not discharge)

Language: Right language at right level

Problems:

- low literacy
- not enough translators
- only one nurse speaks Spanish

Solutions:

- need specific materials in correct language and literacy level

Resource Lists, Community resources

Problems:

- complicated family situations making it harder to plan a safe discharge

Solutions:

- prepare and maintain lists of community resources discharge planners can refer to

Communicate over time through documentation

Communicate across the continuum of care

Problems:

- technology impaired staff members (old school)

Solutions:

- communication around discharge
- documentation that communicates outcomes
- just in time teaching plan for safe discharge
- all use the same form: interdisciplinary
- involve families in identifying the "need to know"
- "forcing" accountability through audits
- kudos to staff who document well

Our example:
Airway Unit at Phoenix Children's Hospital

Problems:

- staff wait until day of discharge to document teaching
- specialty group with lots of errors
- poor outcomes
- scary group of patients

Solutions:

- specialized education
- special recognition to specialized team
- ask families what we needed to do
- more chance to practice by cohorting
- involved the whole team of specialist, RT, doctors, social work, child life, case management, and school transition
- let nurses and staff think out of the box to create solutions
- made teaching tools more available
- communication/documentation that reflects the active teaching
- lower patient ratio

This conversation was facilitated by Penny Overgaard and Fran London,
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