Connecting the Dots for Success
Teaching Staff How to Teach

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Abstract
As preparation for a career in healthcare, students are usually taught what to teach, but not how to teach patients and families. As a result, clinical staff is often unprepared to assume the role of teacher. This session will present ideas for "connecting the dots" for staff development training and inservicing, including techniques for teaching those patients and families who present special challenges.

Objective
Connecting the dots will enable you to discuss 3 staff development interventions or techniques that can help prepare staff with the necessary knowledge and skills to provide quality patient and family education.

Section I
Staff Development Suggestions for "Teaching Staff How to Teach"

The teacher of a teacher-centered approach asks, "what do I need to do to teach this information?"
The teacher of a learner-centered approach asks, "what do they need to do to learn this topic?"
— Joye Norris

Role of Staff Development related to patient education:

1. Assess staff needs (use focus groups, committees, surveys, customer service scores, available statistics, regulatory standards, home health agencies):

- Find out what your staff:
  - — knows already
  - — misunderstand
  - — want to know
- Identify shortfalls, concerns or problems with:
  - — documentation
  - — admission and readmission statistics (especially high risk, high volume, high cost, chronic, catastrophic diagnoses)
  - — language, literacy, and cultural needs
  - — Joint Commission standards
  - — availability of resources
  - — interdisciplinary collaboration and communication
  - — specific departments or patient populations

2. Plan for staff training:

- Identify a leadership and physician champion
- Formulate written department and system goals
  - — prioritize goals
  - — work with patient education committees, staff education departments, patients, families, and others as needed
  - — plan for types of education (including reinforcement) and tools needed
- Identify and allocate resources
  - — staff
  - — budget
  - — special needs (such as translation or patient-specific resources)

— how information will be shared (such as class, CBT, poster)
- Identify barriers and plan solutions to reduce them
- Plan measurement tools and indicators to evaluate behavior change
- Plan staff reward programs for excellence in patient education

3. Implement your staff education plan

- Build patient education competency, job descriptions, and annual evaluation standards
- Incorporate patient education into preceptor and mentor roles, acuity system, patient safety initiatives, policies, and other system supports.
- Provide inservices, seminars, grand rounds, and workshops
  - — individualize teaching based on your assessment
  - — decide how to best present the information so staff can understand and can use it.
  - — provide learning opportunities that reinforce the importance of patient and family education

4. Evaluate learning based on staff behavior changes and staff satisfaction

- Measure competencies
  - — ability to identify teachable moments
  - — assessment skills
  - — teaching skills
  - — evaluation of learning skills
- Check for evidence of competency in existing systems such as documentation, regulatory standards, staff satisfaction and patient satisfaction
- Check for evidence of interdisciplinary collaboration, including documentation because
  - — the status of patient and family education must be shared with the health care team to make teaching efficient and effective.
  - — there is more time to teach if we collaborate and build on one another's assessments and progress.

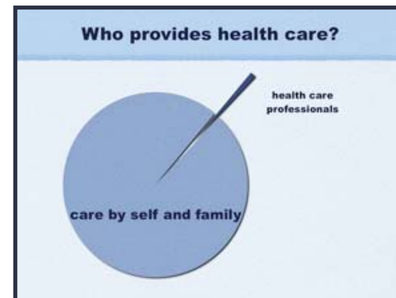
Section II
Suggested Content for Teaching Staff How to Teach

Guiding principles

- Patient care and patient education are inseparable.
  - — Most care is self-care.
  - — After saving lives, the most important service of health care providers is provision of patient and family education.

"There is no prescription more valuable than knowledge."
— C. Everett Koop MD,
Former Surgeon General of the United States

- Patient education allows the patient and family to:
  - — Provide informed consent
  - — Participate in patient care
  - — Provide care at home
  - — Learn how to recognize problems
  - — Know who and when to call
  - — Have questions answered



The patient-centered education process

1. Establish rapport

- Smile, greet, introduce yourself, shake hands if culturally appropriate
- Sit at eye level when possible
- Identify teaching as "teaching" so patient knows it's important

"No one cares how much you know, until they know how much you care."
Don Swartz

2. Assessment

- A full assessment tells you what the learner
  - — knows already
  - — misunderstands
  - — wants to know

and how to best present the information so the learner understands and can use it.

- Possible assessment questions include:
  - — What problems have your illness caused for you?
  - — What concerns you most about this illness?
  - — What bothers you most about this illness?
  - — What do you fear most about your illness?
  - — What do you think caused the problem?
  - — Why do you think it happened when it did?
  - — What do you think this illness does to you? How does it work?
  - — How severe is your illness? How long do you think it will last?
  - — What kind of treatment do you think you should get?
  - — What are the most important results you hope to get from this treatment?
  - — What do you need to know to take care of yourself at home?
  - — The last time you wanted to learn something, how did you go about it? (This identifies the learning style that works best with this learner.)
  - — What do you want to learn more about?

3. Plan and Implement teaching — "build a bridge"

- Individualize teaching
  - — Use the information gathered in the assessment
- Actively listen
- Create a learning environment
  - — Ask permission to turn off TV, radio, video games before teaching
- Use child or adult learning principles as appropriate
- Use at least 2 teaching methods per session (auditory, visual, tactile)
- Collaborate with the learner to set goals, negotiate, and prioritize
- Keep sessions short and focused. Teach survival skills first
- Organize content (I do, we do, you do)
  - — Demonstrate entire skill
  - — Demonstrate step by step
  - — Have patient demonstrate with help
  - — Have patient demonstrate without help
- Repeat vital information often
- Teach learners to Ask Me 3 (from the Partnership for Clear Health Communication)
  - — What's my problem?
  - — What do I need to do?
  - — Why?
- Collaborate with the entire interdisciplinary team

"A patient-centered approach involves
transferring power and authority away from health care professionals and towards patients.
Change the way health care is delivered
towards a focus on patients' lives.
Learning about patients' lives may assist nurses
to offer health information to patients that is more relevant, and therefore, useful."
— Russell, Daly, Hughes, & Hoog, 2003

"If a patient can't learn the way you teach,
then teach the way he learns."
— Anonymous

- Identify teachable moments
  - — Learner asks questions or provides information
  - — Appears interested
  - — Talks about a problem he is having
  - — Appears misinformed on a topic
  - — When care or skill is being performed

"It takes experience and resources to develop the teaching skills of the bedside nurse,
so that those teachable moments are easily recognized and suitably used
to give patients and family members valuable information in small doses."
— Palazzo (2001)

- Enhance functional health literacy
  - — Create a shame-free environment
  - — Use simple and direct language and give examples
  - — Use the "teach-back" or "show me" technique
  - — Invite a family member or friend

4. **Evaluate** the learner's understanding and ability to apply knowledge

- Teaching and learning are not the same; just because we've taught something well, it does not mean the patient has learned anything
- Focus on actual learning, not checklists

Nothing is so simple that it cannot be misunderstood.
— Freeman Teague

- Possible ways to evaluate understanding include:
  - — Tell me what you know about . . .
  - — How would you explain that to . . .
  - — How would you know if . . .
  - — Show me how you would . . .
  - — Can you give me an example of. . .
  - — What would you do if . . .
  - — Who would you call if . . .
  - — How confident are you, on a scale of 1 to 10, that you can . . .
  - — How confident are you, on a scale of 1 to 10, that you will . . .

5. Document - Five reasons to document

- Vehicle to communicate between team members
- Legal record
- Regulatory agencies look for it (such as JCAHO and CMS)
- Reimbursement
- Research and quality data

Readings

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Small Group Exploration

Message, topic, or principle	What elements does this include?	What does staff need to do to learn this?
Example: Learning needs assessment	• active listening • asking appropriate questions • identify how to individualize teaching • identify knowledge deficits • where and how to document findings	1. Break out into small groups 2. One member of each group gets a description of the patient he is role playing. 3. The rest of the group conducts the learning needs assessment and documents findings. 4. Big group discussion of this exercise.