

Teaching in caregiving

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*"Education costs money, but then so does ignorance."
Sir Claus Moser*

Client education is a process shared by the nurse and her patient. It may even extend to his family. Pedagogical education is employed to increase, enhance, and evaluate the knowledge that the patient has regarding his health and treatment.

**CLIENT
EDUCATION**

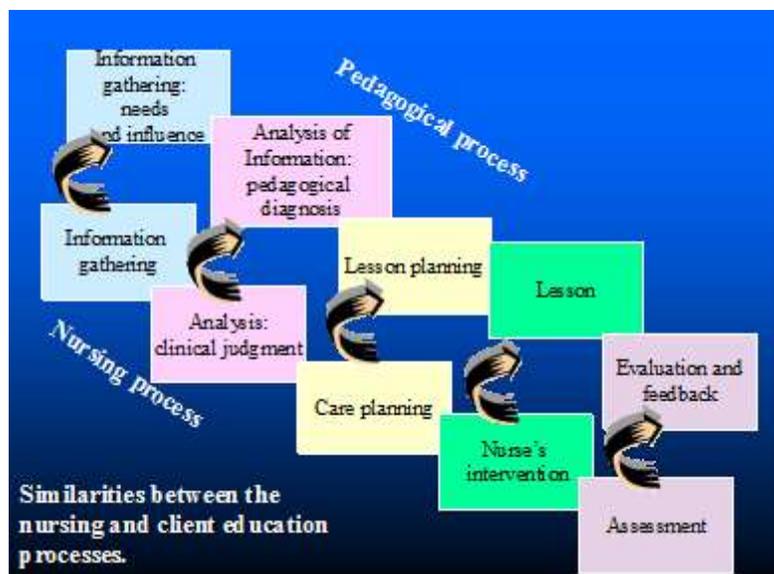
Definition
Professional intervention through which a nurse develops a pedagogical process to inform a patient, his family or a group about certain aspects of a disease or condition so that they may become aware of their level of autonomy and take action to achieve well-being.

Not only does pedagogical communication educate the patient, it also empowers him in his understanding of his health condition and atones his fear and anxiety of the evolution of the disease and of the required treatment. Educating the client provides an interesting correlation: It provides him with adequate means to manage the issues related to his treatment, to prevent potential complications; it also allows him to respect his personal limits or

to overcome them, if necessary. Relevant information allows the patient to adapt his lifestyle in the wake of ailments or discomfort.

Client education and the nursing process

There is a close relationship between client education and the nursing process. Both client education and nursing processes are structured. They begin with gathering information about the client and his condition. The client's need for information and the elements which may influence his learning are taken into consideration.



The next step is the information analysis phase, followed by the diagnosis phase, the lesson planning phase, the execution phase, and the evaluation and retroaction phase.

The nursing process is replete with educative elements which are provided during the intervention phase. The client education and nursing processes are both similar and interdependent.

Teaching and the nursing process

- Close relationship between teaching and the nursing process.
- Teaching is structured in the same manner as the nursing process:
 - It begins with the gathering of information about the person and his learning needs;
 - The information is analyzed;
 - A diagnosis is made;
 - Teaching and learning activities are planned;
 - A lesson is taught and evaluated.

Legal and ethical framework of client education

Both here and elsewhere, client education is dictated by professional nursing standards. The nursing code of ethics stipulates that we must provide necessary information to the patients that have been entrusted to our care.¹

Client education is therefore not a choice, but rather a professional obligation closely associated to quality care and professional responsibility. Client education is even more relevant these days as many patients pursue their treatment at home. Client education is essential in light of the fact that nurses are increasingly being given broader responsibilities, namely in prescribing medication and in performing certain medical acts.

PEDAGOGICAL COMMUNICATION

A basic assumption of client education is the proximity between functional communications and helpful. The nurse must gather information about the patient's information needs, his abilities, and his limitations. She must also determine factors which could influence his learning. These require both communication abilities and the ability to maintain a dialogue with the patient.

Pedagogical communication

Avoid:

- Overexplaining aspects of the disease or treatment, thereby confusing the patient
- Hinting at complications or threats which may scare the patient
- Assuming the role belonging to another category of professional
- Providing unnecessary details

¹ SECTION III. Qualité des soins et des services. 1- Information et consentement 40. « L'infirmière ou l'infirmier doit fournir à son client toutes les explications nécessaires à la compréhension des soins et des services qu'il lui prodigue ». D1515-2002, a. 40.

As in helping relationship, client education must be carried out in a climate of respect, acceptance, and empathetic understanding. The nurse's behaviour, her manner of communicating, the clarity of her message, and her interest in the patient are all essential elements. Everything about the nurse influences her manner of educating the client.

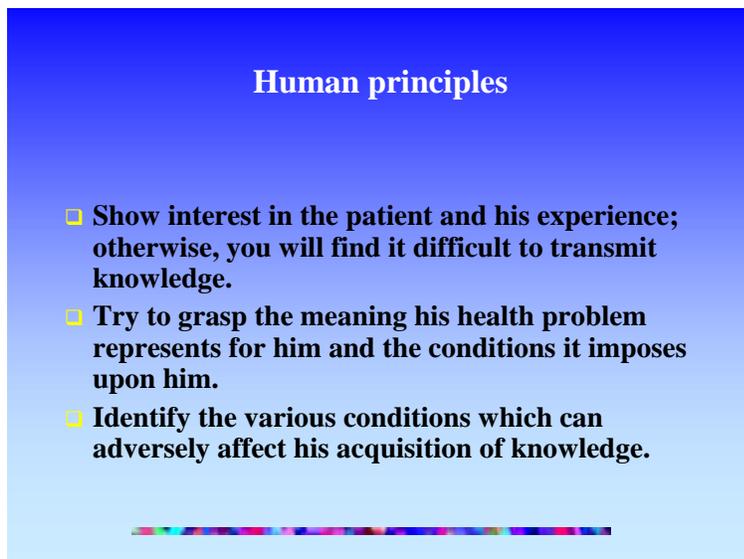
A few pedagogical principles

Client education is guided by pedagogical principles, just as in any other instructive discipline. We will enumerate the most useful ones below.

Principles regarding the client

The nurse's primary concern must always be the patient. Boivert and Truchard aptly stated that we must "listen to the patient's words, pay attention to his attitude, welcome the expression of his feelings, reformulate our questions, ask open-ended questions, help the patient become conscious of his knowledge, and encourage him in speaking out. We must seek the internal and external strengths of his motivation. All these techniques and attitudes must be applied to make an educative diagnosis."²

Here are a few client education principles which can help nurses take the individual into consideration:



Human principles

- ❑ Show interest in the patient and his experience; otherwise, you will find it difficult to transmit knowledge.
- ❑ Try to grasp the meaning his health problem represents for him and the conditions it imposes upon him.
- ❑ Identify the various conditions which can adversely affect his acquisition of knowledge.

✚ Get the patient as involved as possible (e.g. in preparing his goals, planning his schedule, etc.) in order to motivate him and to bring him to the point where he can visualize what he needs to learn. Cognitive representation is an internal, structured means of acquiring and transmitting knowledge. It is built on acquired knowledge and relationships with other concepts (i.e. disinfecting a wound and outside contamination).

✚ Choose the appropriate moment to begin teaching the individual. Avoid educating him when he is suffering, tired, or under the influence of medicine. Make sure that the patient feels comfortable when educating him. Pay attention to fatigue and discomfort (i.e.

² Translated from Cécile Boivert and Suzanne Truchard. *Démarche éducative du patient et de son entourage face à la douleur*. [www. Available from www.infiressources.ca at http://www.infiressources.ca/MyScriptorWeb/scripto.asp?resultat=711006](http://www.infiressources.ca) Accessed Dec. 23, 2007.

nausea, pain, swelling, and so on). Plan for rest periods, depending upon the patient's condition.

- ✚ Take into account factors which can prevent the client from learning: deafness, visual problems, unawareness of language, cultural differences, advanced age, cognitive deficiencies, etc.

A great pedagogical relationship

allows the nurse to:

- Reinforce the learner's motivation
- Generate reflective thinking
- Help the patient identify his physical, intellectual and emotional abilities
- Reinforce the patient's self-confidence
- Help the patient identify his level of autonomy
- Provide support to the patient in his time of turmoil

- ✚ Be on the lookout for physical and psychological pain. Ask the patient how he feels or make him sit or lie down in a comfortable position and so on.

- ✚ Respect the client's knowledge acquisition

pace. Some patients learn more slowly than others, require more time to express themselves or to take unanticipated action.

- ✚ Remember that the person may be under the influence of medication which hinders his comprehension or slows down his speech.

Communication and pedagogical relationship principles

It is essential to focus on the manner in which we develop relationships in education. Establishing a friendly and warm environment helps develop a therapeutic bond with the individual, which can only ease his learning. Giving the individual time and being open to his experiences and feelings are critical elements in the client education process.

- ✚ Develop warm, friendly contacts with the client and show him your determination to help him. Take the necessary time to listen to him and to understand his interpretation and meaning of his treatment and health problem.

Communicating to educate

The teacher must:

- Be open and patient
- Avoid being demanding upon the learner and stressing him out
- Foster the learner's self-esteem
- Use positive reinforcement to encourage the patient to make an effort (i.e. "That's the way to do it. Keep on truckin'!")

- ✚ Motivate the individual to improve his physical or mental health condition; to seek to feel better; and to make use of care-giving, dietary, or other strategies and methods to achieve these goals.
- ✚ Use short, simple sentences when addressing the client. Avoid medical jargon. Always explain specialized terms which are essential to the patient's understanding. Bring your client education strategies to the client's level. Use varied, lively vocabulary to grab the client's attention and stimulate his interest.
- ✚ Ask the patient what he knows about the subject and focus on what he needs to learn from that point on. For example, a long-time diabetic may know about his disease but have forgotten some of its aspects. Bring his knowledge up to date. Constantly be on the lookout for gaps in the client's knowledge.

Pedagogy

When educating the patient, pedagogy:

- Applies just as in any other discipline
- Gives confidence to the teacher
- Helps generate better results
- Gives a professional image of the nurse to the patient

- ✚ Consciously repeat your explanations so that the client can get a thorough grasp of the message you are transmitting.

- ✚ Make the client's learning meaningful by associating it with his experiences. Provide examples that have occurred in his life or which can be applied conditions which are similar to those that he is experiencing.³

- ✚ Provide frequent feedback: the patient may fear making a mistake, feeling awkward or incapable. For example, you may use catch-phrases such as: "That's it, just like that" or "That's not quite it, but we're almost there. If you're up to it, let's give it another shot." One must remain tactful when providing negative feedback.



Whenever humour can be used, it lightens up the mood and makes it easier for the nurse to transmit information to the patient and for the latter to ask questions and be receptive to the nurse's input.

Photo courtesy of the Association for Therapeutic and Applied Humour

- ✚ Positive reinforcement should

³ Julia Balser Riley. Communication in Nursing. (Mosby, Elsevier: Saint-Louis, USA, 2007) p.175.

be used in guiding the patient towards success. Positive reinforcement upholds his motivation and self-esteem (i.e. "That's it. Keep chugging along" or "That's a nice dressing."

- ✚ Make learning an agreeable experience through empathetic understanding and cheerfulness. You should not be afraid to take your time. Time lost in one activity is time gained in another. Julia Balsler Riley, who quotes Bertrand Russell, may be an inspiration when she writes: "Laughter is the best medication"⁴
- ✚ Resort to helpful relations to provide psychological support to an individual who has learning disabilities or who is discouraged in dealing with his health problem or treatment.
- ✚ Do not put stress on the individual by being too demanding. Manage his self-image. Show understanding regarding his slow pace or problem. A positive self-image generates self-confidence and fosters learning.
- ✚ Use humour to make learning an agreeable experience, especially for children. Humour reduces tension and stress in the wake of disease and treatment.

A few pedagogical principles

Resorting to pedagogical strategies to educate patients becomes second nature in a care-giving environment. Such strategies can make the difference between understanding and total confusion. Below are listed a few guiding principles.

- ✚ Make abstract concepts concrete by using concrete examples, comparisons, tables, drawings, metaphors, and so on.
- ✚ Be as specific as possible. Sentence words may take on different meanings to the learner depending on his background, interpretation or cultural experience. Even body language has its own code. For example, a thumb sticking out may mean different things in various societies.⁵
- ✚ Provide the patient with as many practical and concrete examples as possible.
- ✚ Identify the patient's style of learning. For example, if the learner is visual, use acetates, reading material, posters, PowerPoint presentations, and so on.
- ✚ Determine whether the material has been learnt by using open-ended questions or asking the learner to provide explanations.

⁴ Helen Osborne, M.Ed., OTR/L (2003). In Other Words... Adding a Dose of Humor to Your Patient

Teaching. Available from <http://www.healthliteracy.com/article.asp?PageID=3797>. Accessed Dec. 23, 2007

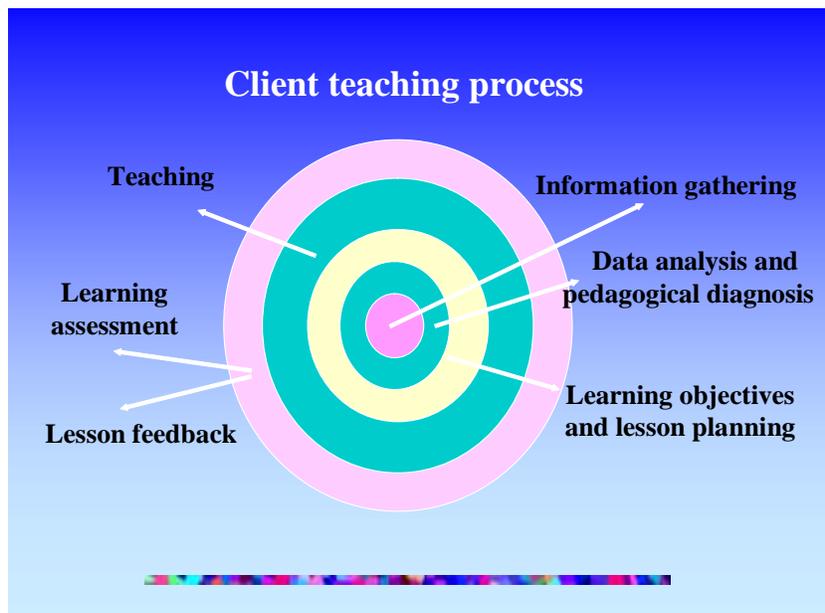
⁵ Wikipedia (2007). Thumbs up. Available from http://en.wikipedia.org/wiki/Thumbs_up. Accessed Dec. 23, 2007

- ✦ Divide in-depth learning into a few sessions to avoid tiring or over-saturating the patient. This will also foster his learning. B. Sharo highlights this point by stating that education should be "managed" in small doses at a level that is tolerable to the patient (Hohler).⁶
- ✦ Once explanations have been provided, summarize them to facilitate their memorization.
- ✦ Have the client apply the learned material as soon as it has been explained. The saying goes that thought cannot be separated from action. *Learning by doing* is just as practical in nursing as in any other discipline.

Teaching subjects

Nurses can teach patients just about any number of subjects. These may include nutrition, prevention, disease complications, exercising, relaxation, or mental imagery. The topics covered may be more complex (i.e. irrigations, cleansing wounds, changing bandages, and so on). Any aspect of the patient's physical or psychological health may be a subject of learning.

The nurse must nonetheless conform to the code of conduct of her professional body and avoid appropriating the role of another professional. Nurses should take special care to avoid revealing unnecessary details which might frighten the patient.



Teaching as a structured process

Although informal and spontaneous learning have merit, patients are often better served with structured, planned education. Whether planned or informal, teaching must cover the steps described below.

Step one

Information and data gathering

⁶ Sharon E. Hohler (2004) Tips for Better Patient Teaching. Available from http://findarticles.com/p/articles/mi_qa3689/is_200407/ai_n9442024. Accessed Dec. 23, 2007

The nurse must first determine the patient's knowledge of the subject in order to identify his learning needs and the teaching methods that best suit his abilities. This is especially true among patients who have been ill for prolonged periods of time or who have already experienced the situation they are in.

Pedagogical diagnosis requirements

- **Identify the client's learning needs.**
- **Determine his level of motivation and interest in learning.**
- **Determine the client's level of education, his culture, his language skills, his learning potential, and his external learning resources (tools, people).**
- **Identify what the patient already knows and factor into the teaching plan his wishes and expectations.**
- **Understand the patient's values and the significance of his health problem to him.**
- **Identify the constraints which his disease and treatment impose upon him.**
- **Identify factors which can adversely affect the patient's learning (blindness, deafness, physical or intellectual disabilities, anxiety, fear, pain, medication, etc.)**

For example, a woman who has had multiple births may have already received or found information about breastfeeding. The nurse tactfully asks her about her previous experiences and the knowledge that she has acquired about her health problem, the stage of her condition (pregnancy, breastfeeding, menopause, and so on) or of her treatment. The nurse then determines which strategy is most suitable to adopt for the given situation.

In order to do so, she must determine how the patient can best learn the subject. Every person learns in a different manner. The nurse must factor in the person's condition and problems that may arise. A number of elements will globally affect a person's learning abilities, either in a positive or in a restrictive manner. The main factors that need to be identified are:

- The patient's understanding of the nurse's terminology.
- The patient's state of readiness or receptivity to acquiring new information, changing diet, or adopting certain behaviours, as well as his motivation to learn and his past adherence to treatments. Motivation is an essential emotional component in education. It consists of an individual's desire and willingness to accomplish certain acts or to make practical decisions.
- The patient's intellectual abilities encompass his state of awareness, his memory, and his understanding. The consumption of medication may alter those abilities. The

Planning and teaching Develop an approach which includes the patient's family.

This will:

- **Maintain the patient's motivation**
- **Increase his level of self-confidence**
- **Increase the likelihood that he will adhere to the treatment**
- **Lighten up the psychological aspects of the treatment**
- **Provide comfort in his darkest moments**

It is essential to develop a family-type approach!

patient's physical abilities are expressed by fatigue, pain, drowsiness, and the ease with which he accomplishes certain gestures.

- The patient's psychological condition is expressed by: anxiety, uneasiness, sorrow, adaptation to the disease, and confidence in the healthcare system and in care-giving staff.
- The patient's values regarding health, disease, and physical and psychological well-being should also be examined.
- The patient's level of education, cultural influence, religious influence, socio-economic status, and profession affect the patient's perception of his health, of his disease, and of his treatment.
- The patient's support network (relatives and friends) who can help and encourage him throughout his treatment.

Step two

Analyze the gathered information

As in the nursing process, this step of the analysis results in a clinical judgment; however, it is pedagogical and related to the educational needs of the patient in accordance with his learning abilities. This step allows the nurse to identify the content of the patient's lesson, the attitudes to adopt with him and the learning strategies that need to be implemented to help him understand his treatment and diet.

Step three

Teaching plan

Planning a formal training session requires the nurse to minutely anticipate all elements required to carry it through. These elements must be structured in a comprehensive, progressive, and structured manner; they must also encompass all matter which needs to be covered.

Planning consists of:

- a) Setting goals and objectives. They must be simple and to the point. These goals are similar to the ones undertaken by caregivers; however, they focus on the patient's understanding, his ability to identify, enumerate, and explain the acquired knowledge or to execute certain gestures. Setting learning objectives is a pedagogical goal. It establishes what the patient must know and what he should be able to accomplish at the end of the session.

For example, the patient will be able to:

- explain how he must work with a humid bandage;
- inject his own insulin and follow the prescribed dosage and procedures to obtain asepsis;
- wash the baby while respecting hygiene.

Defining terms can make the enunciation of cognitive, emotional, and psychomotor goals more comprehensive.

Adopt a behaviour or attitude; apply a principle or rule; calculate dosage; select diet; enumerate; explain; differentiate; make a list; bandage a wound; identify; measure; sterilize; disinfect; inject; prepare; recognize; become aware of something; accept to do something; use a device; and so on.

b) Specifying and organizing the content of the lesson. After deciding the contents of the lesson, organize them in a comprehensive, sequential manner. It should cover the matter and be adapted to the needs of the patient and time constraints.

c) Selecting a pedagogical method. Many strategies can be used simultaneously to educate the patient. The nurse may:

- Provide **formal explanations** herself. The underlying assumption is little interaction between the educator and the learner.
- Resort to **informal talks** in a relaxed setting with the patient (similar to conversations). This strategy should be privileged with the patients.
- Provide the patient with **written material (leaflets, photocopies, pictures)** beforehand; the nurse then completes the training session.
- Use **programmed instructions** on computers. The information is progressively provided and the patient's understanding is immediately validated through questions and answers.
- **Demonstrate** the techniques that need to be applied (i.e. bandaging a wound by getting the patient to repeat the necessary gestures).
- Make use of less conventional teaching strategies such as **simulations** and **games** with children.
- Use **visual** (drawings, posters) **or audiovisual methods** (acetates, films, videos, slides, PowerPoint presentations) whenever possible.
- Identify which resources are limited in the teaching environment so that you can use whichever materials are available and foresee potential bottlenecks. These resources may be machines, documents, books, illustrations, documentaries, drawings, time, etc.).

Step four

Execute the teaching plan

The nurse communicates with the patient in a manner that is best adapted to his learning needs. She uses her personality and knowledge to transmit information to the client. The nurse must be flexible and adaptable in executing her teaching plan. The patient's condition or the nursing environment may change and disrupt the normal execution of the plan.

Step five

Evaluate what the patient has learned

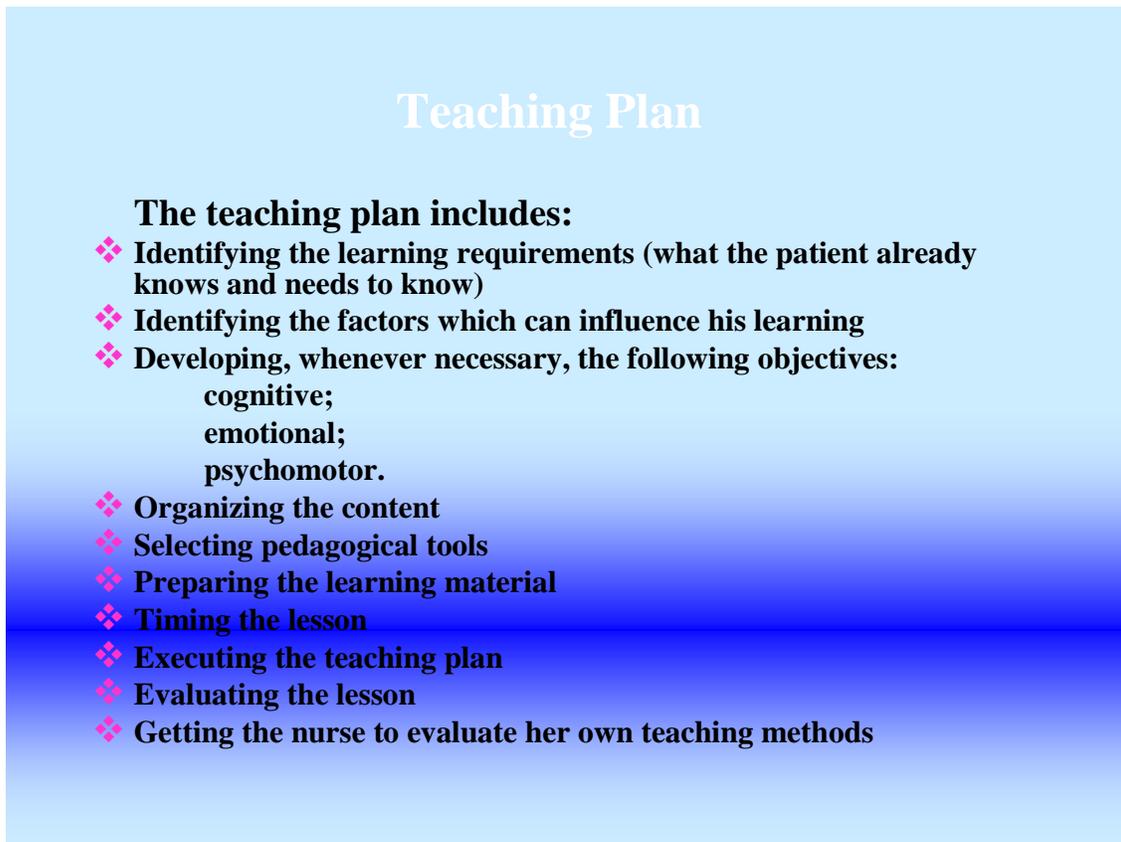
The nurse evaluates what the patient has learned and what he is capable of accomplishing by the end of the session. This step allows the nurse to determine whether the teaching objectives have been reached, and to validate the effectiveness of the teaching plan. The nurse then determines whether it is worth providing further explanations or reformulating her objectives.

The evaluation can be made both verbally and in writing (less common). The patient may also be asked to repeat the exercise that he has been shown (i.e. injecting himself or bandaging his wound in the nurse's presence).

Retroaction

It is important that the nurse obtains the patient's feedback about her lesson in order to validate its effectiveness. Although not essential, this additional step allows the nurse to perfect her methods.

Feedback may be obtained in writing or by asking the patient questions. For example, the nurse may ask: "What did you like or dislike about this lesson?" or "Were the instructions clear" or "How would you have taught this lesson?"

A graphic with a light blue background and a blue gradient at the bottom. The title "Teaching Plan" is centered at the top in white. Below it, the text "The teaching plan includes:" is followed by a list of ten items, each preceded by a purple diamond symbol. The items are: Identifying the learning requirements (what the patient already knows and needs to know), Identifying the factors which can influence his learning, Developing, whenever necessary, the following objectives: cognitive; emotional; psychomotor., Organizing the content, Selecting pedagogical tools, Preparing the learning material, Timing the lesson, Executing the teaching plan, Evaluating the lesson, and Getting the nurse to evaluate her own teaching methods.

Teaching Plan

The teaching plan includes:

- ❖ **Identifying the learning requirements (what the patient already knows and needs to know)**
- ❖ **Identifying the factors which can influence his learning**
- ❖ **Developing, whenever necessary, the following objectives:**
 - cognitive;**
 - emotional;**
 - psychomotor.**
- ❖ **Organizing the content**
- ❖ **Selecting pedagogical tools**
- ❖ **Preparing the learning material**
- ❖ **Timing the lesson**
- ❖ **Executing the teaching plan**
- ❖ **Evaluating the lesson**
- ❖ **Getting the nurse to evaluate her own teaching methods**

EXAMPLE OF A TEACHING PLAN

Background

Mr. D., 50, is admitted to the emergency room with a tracheobronchial lesion which requires the insertion of an endotracheal tube. The patient is conscious, anxious and extremely worried. He is hard hearing. You must prepare him by providing explanations. What must you take into account?

TEACHING PLAN

Patient's name: Mr. D.

Nursing diagnosis: Lacks knowledge of the insertion of an endotracheal tube.

Factors which influence his learning/measures to be implemented: Anxious and hard hearing. The patient needs to be reassured, with the nurse facing him and addressing him in an articulate manner.

Objectives	Lesson content	Strategies and tools	Execution Date	Evaluation Date
<p>Outline the goal of the bronchoscopy</p> <p>Explain the preparation for the bronchoscopy</p> <p>Describe the position during the examination</p> <p>Describe the type of anaesthesia to be undergone</p> <p>Describe the bronchoscopial procedure</p> <p>Enumerate post-exam care</p>	<p>Makes it possible to directly see the respiratory tract and to make a diagnosis.</p> <p>Describe the premedication: injection (Atropine) to reduce secretions and anxiolytic to remain calm during the examination.</p> <p>Dorsal decubitus and neck hypertension. The patient will be asked to breathe by the nose.</p> <p>Topical anesthetic vaporized in the pharynx, on the epiglottis, on the vocal cords and in the nostrils to limit reflexes and discomfort. Its flavour is disagreeable.</p> <p>The lubricated bronchoscope is introduced into the throat. Sensation of the throat being filled, but there is still room to breathe. The bronchoscope will administer oxygen.</p> <p>Vital signs: Positioned sideways or in the semi-Fowler position until deglutition returns.</p>	<p>Informal presentation, pictures, and diagram of bronchi.</p>	<p>03/3/12 P.H. Nurse</p>	<p>03/3/12 P.H Nurse</p>

Shared teaching

The teaching plan can be prepared for individual teaching or teaching by a group. It is possible to divide the lessons among the nurses' shifts in order to transmit the information to the patient. Getting the team to teach a subject compensates for the nurse's time constraints. With shorter patient stays and more complex cases to deal with, nurses must continue to provide the same quality of care in a more limited timeframe. Shared teaching has advantages.

For example, the nurse may develop a teaching plan with specific objectives and instructions for the team. Each caregiver then transmits a portion of the matter to the patient and signs the section of the plan which she has taught. With clearly defined objectives and a comprehensive plan in hand, many nurses can share the teaching experience with the same patient.

Types of teaching plans

There are many ways in which a nurse may teach her client. Teaching can be **spontaneous**, meaning that it is carried out according to the person's needs and current events. Teaching is usually **structured** and **planned in advance**. It can address both groups and individuals. Depending on the set goals, it aims to improve cognitive, emotional, or psychomotor skills.

Self-instruction is also a possibility. The patient may use leaflets, computerized lessons or DVDs. The material is given to the patient or his family. They read or watch the material at their own rhythm, depending on their needs or those expressed by the nurse.

The teaching plan may also encompass different formats. It may be broad and cover every single one of the patient's problems. This type of plan is known as a **teaching program** and it is subdivided into many sections. The program includes teaching plans which cover various aspects of the patient's problem. For example, the program for a person suffering from respiratory problems may include :

- Infection prevention
- Knowledge of allergens
- Dyspnea prevention methods
- Adequate diet and hydration
- Medication and other treatments

Scope of the teaching plan

The nurse must be practical and efficient when transmitting knowledge to her client. Her teaching plan must be effective. A teaching plan that is too elaborate and which takes too much time to prepare is not always practical. The plan must indicate a clear path to follow and must be written as briefly as possible.

Self-instruction

An autonomous learner is an individual who learns a subject on his own. Self-instruction can be an effective tool for helping patient gain knowledge. Another means to educate the patient is to provide him with literature regarding common health problems. The documents are a summary of simplified explanations that the patient may refer to with little aid from the nurse. Considering that nurses must treat many patients and work in an environment in which time is always a constraint, such documents are an invaluable tool. They are generally small educational units filled with brief explanations. If the nurses in a department each prepare a teaching plan which corresponds to the needs of their clients, they can eventually accumulate a genuine database of information which they can refer to when necessary.

Self-learners should never be left on their own. The nurse should provide further explanations and validate the person's understanding, just as in any other form of education.

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