Section 9	Clinical Affairs Policies	07/18/97 -Originated
Subject 9.3	Patient Rights	09/07/12 -Reviewed w/ changes -Reviewed w/o changes
Policy 9.3.4	**Patient/Family Education**	10/03/12 - Effective
		Nursing -Author

Patient/Family Education

Definitions

Patient education is an individualized, systematic, structured process to assess and impart knowledge or develop a skill in order to effect a change in behavior. The goal is to increase comprehension and participation in the self-management of health care needs. The patient/family/significant others play an active part in the process. Patient education is an important component of care in both inpatient and ambulatory settings.

Policy

Patient/family education is an interdisciplinary and collaborative process designed to meet the needs of the individual patient throughout the continuum of care. Educational materials may be provided to patients as a reinforcement or resource for teaching, and should be provided (when possible) in their preferred language, and with the assistance of a interpreter.

The health care team is responsible for:

1. assessing the patient's need for information, understanding, and/or skills inclusive of special communication needs, interpreters, etc.
2. identifying, planning, and coordinating the teaching interventions necessary to meet the ongoing healthcare goals of the patient/family.
3. initiating interventions designed to address specific learning needs.
4. evaluating the learners response and documenting/communicating the outcome and need for follow up teaching.

Needs Assessment Factors

Assessment of patient/family learning needs includes:

1. identification of designated learners to be involved in the educational process
2. preferred language or mode of communication
3. a patient's ability to read written materials
4. prior knowledge of identified topics
5. readiness to learn
6. identified barriers to learning (including physical, cognitive, or emotional limitations)
7. cultural, spiritual or religious factors
8. age/developmental factors

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Patient Education Assessment and Planning

Patient education is individualized according to the identified learning needs of each patient. Topics/teaching interventions may include but are not limited to subjects such as:

1. patient's rights and responsibilities
2. medical condition
3. medications
4. use of specialty equipment
5. rehabilitation
6. treatment plan
7. nutrition (modified diets, supplements, potential food-drug interactions)
8. personal care and hygiene
9. discharge planning
10. pain management
11. coping
12. development issues
13. health maintenance and disease prevention
14. available hospital or community resources

Teaching interventions are planned and communicated as needed in collaboration with other interdisciplinary care providers.

Patient Teaching Interventions, Evaluations, and Resources

Health care providers are responsible for providing educational content to patients by methods that foster understanding of the material. These methods may include oral instruction, provision of written material, audio/video materials, formal classes, demonstration/return demonstration, or others. Each team member is responsible for evaluating the effectiveness of the education provided based upon the patient's learning outcomes.

Specialty services and personnel serve as resources for the development and selection of materials supporting patient education activities. Examples of available resources include printed and audiovisual material, online resources, vendor-supplied patient education materials, and Closed Circuit Television (CCTV). Please see the Patient Health Education Website for a current listing of available FACT sheets for distribution to patients/families.

The health care provider distributing materials to the patient/family is responsible to evaluate and assure that the material provided from any source is accurate and appropriate to reinforce education. Materials provided to one patient may not be appropriate for distribution to another. The abilities and needs of each patient must be independently assessed. Interpretation services are available by phone 24 hours a day.

Required Documentation

The following information should be documented as pertinent:

1. patient's preferred language or mode of communication
2. patient's reading ability
3. person(s) involved in the learning process
4. identified learning needs/topics for teaching
5. person(s) teaching the topic
6. patient's readiness to learn (including barriers to learning)
7. method of instruction
8. learning outcomes
9. supplemental teaching resources utilized (teaching guides, critical pathways, FACT sheets, pamphlets, films, audiotapes) are to be ***documented*** in the Medical Record (MR).
10. reference to related information documented elsewhere in the MR.

Review and Approval of Materials

Routinely distributed patient education materials are periodically submitted to content experts for review, revision, and approval. Content experts may include physicians, nurses, therapists, pharmacists, nutritionists, or other health care professionals with expertise in the content area. The Nursing Education Advancement and Resources (NEAR) is a resource for the internal review and approval process, including evaluation of material for demonstrated need, visual effectiveness, potential duplication or replacement of existing materials, format, graphics, cost, length, readability and translation. In general, materials are written at or below an 8th grade reading level. Departmental processes may also be used to select, review, approve, and purchase appropriate specialty-related educational resources.

References

Institutional Handbook of Operating Procedures policies:

Policy 9.1.14, *Discharge Planning/Continuity of Care*
Policy 9.3.1, *Resources Available for Patients with Disabilities*
Policy 9.3.13, *Patient Rights*
Policy 9.3.14, *Patient Responsibilities*