

# Patient and Family Teaching

## Key Terms

affective domain  
cognitive domain  
learning

motivation  
psychomotor domain  
teaching

## Chapter Objectives

On completion of this chapter, the student will:

- Identify important aspects of the teaching/learning process.
- Discuss the three domains of learning.
- Discuss important aspects of adult learning.
- Explain how the nursing process can be used to develop a teaching plan.
- Identify basic information to consider when developing a teaching plan.
- Discuss suggestions the nurse can make to the patient to modify drug administration in the home.

Patient teaching is an integral part of nursing. When a drug is prescribed, the patient and the family must be made aware of all information concerning the drug. The nurse is responsible for supplying the patient with accurate and up-to-date information about the drugs prescribed. The teaching/learning process is the means through which the patient is made aware of the drug regimen.

## THE TEACHING/LEARNING PROCESS

**Teaching** is defined as an interactive process that promotes learning. Both the patient and the nurse must be actively involved if teaching is to be effective. **Learning** is acquiring new knowledge or skills. When learning occurs there is a change in the patient's behavior, thinking, or both.

A patient must have **motivation** (having the desire or seeing the need) to learn. Motivation depends on the patient's perception of the need to learn. Education concerning the disease process may be necessary for the patient to become motivated to learn. Encouraging patient participation in planning realistic and attainable goals also promotes motivation. If the patient has no motivation, he or she is likely to be noncompliant.

Creating an accepting and positive atmosphere also enhances learning. Physical discomfort negatively

affects the patient's concentration and, thus, the ability to learn. Making sure the patient is not in pain is vital to the teaching/learning process.

## THE THREE DOMAINS OF LEARNING

Learning occurs in three domains: cognitive, affective, and psychomotor. When developing a teaching plan for the patient, the nurse must consider each domain.

### Cognitive Domain

The **cognitive domain** refers to intellectual activities such as thought, recall, decision making, and drawing conclusions. In this domain the patient uses previous experiences, prior knowledge, and perceptions to give meaning to new information or to modify previous thinking. The nurse makes use of the patient's cognitive abilities when information is given to the patient or caregivers about the disease process, medication regimen, and adverse reactions. The patient uses the cognitive domain to process the information, ask questions, and make decisions.

### Affective Domain

The **affective domain** includes the patient/caregiver's attitudes, feelings, beliefs, and opinions. Health care providers often ignore these aspects of patient teaching.

It is easy to pull a preprinted teaching outline off of the computer or obtain preprinted material. This type of material is often used as a checklist to teach the patient about a drug and the therapeutic regimen. Such checklists are useful in helping the nurse remember important aspects of the drug that should be covered when teaching the patients about the drug and to give to the patient for future reference. However, the use of such checklists fails to take into account the affective domain.

Perhaps the most important prerequisite to learning about the patient's affective behavior is to develop a therapeutic relationship with the patient (one that is based on trust and caring). When the nurse takes the time to develop a therapeutic relationship, the patient/family has confidence in the nurse and more confidence in the information to be taught. The nurse approaches the patient with respect and encourages the expression of thoughts and feelings. Exploring the patient's beliefs about health and illness enhances the nurse's understanding of the patient's affective behavior.

## Psychomotor Domain

The **psychomotor domain** involves learning physical skills (such as injection of insulin) or tasks (such as performing a dressing change). The nurse teaches a task or skill using a step-by-step method. The patient is allowed hands-on practice under the supervision of the nurse. The nurse assesses the patient mastery of the skill by having the patient or caregiver perform a return demonstration under the watchful eye of the nurse.

## ADULT LEARNING

Generally adults learn only what they feel they need to learn. Adults learn best when they have a strong inner motivation to learn a new skill or acquire new knowledge. They will learn less if they are passive recipients of "canned" educational content. Adults have a vast array of experiences and knowledge to bring to a new learning experience. Teachers who use this experience will bring about the greatest behavior change. While 83% of adults are visual learners, only 11% learn by listening. Most adults retain the information taught if they are able to "do" something with that new knowledge immediately. For example, in teaching a patient how to administer his/her own insulin, the nurse would demonstrate the technique, allow time for supervised practice, and as soon as the patient appears ready, allow the patient to prepare and inject the insulin. Most adults prefer an informal learning environment where there is mutual exchange and freedom of expression.

## THE NURSING PROCESS AS A FRAMEWORK FOR PATIENT TEACHING

The nursing process is a systematic method of identifying patient health needs, devising a plan of care to meet the identified needs, initiating the plan, and evaluating its effectiveness. This process provides the necessary framework to develop an effective teaching plan. However, the teaching plan differs from the nursing process in that the nursing process encompasses all of the patient's health care needs, whereas the teaching plan focuses primarily on the patient's learning needs. Nurses must be actively involved in teaching if they are to educate their patients about the proper way to take their drugs, the possibility of adverse reactions, and the signs and symptoms of toxicity (if applicable).

### Assessment

Assessment is the data-gathering phase of the nursing process. Assessment assists the nurse in choosing the best teaching methods and individualizing the teaching plan. To develop an effective teaching plan, the nurse must first determine the patient's needs. Needs stem from three areas: (1) information the patient or family needs to know about a particular drug; (2) the patient's or family member's ability to learn, accept, and use information; and (3) any barriers or obstacles to learning.

Some drugs have simple uses and, therefore, relatively little patient teaching is needed. For example, applying a nonprescription ointment to the skin requires only minimal teaching. Other drugs, such as insulin, require detailed information that may need to be given over several days.

Assessing an individual's ability to learn may be difficult. Not all adults have the same literacy level. The information to be taught should be geared to the patient's educational and reading level. When assessing language and literacy skills, it is important to remember that some patients do not have the ability to read well. The nurse must carefully assess the patient's ability to communicate. Without accurate communication, learning will not occur. If the patient has a learning impairment, a family member or friend should be included in the teaching process. Most people readily understand what is being taught, but some cannot. For example, a visually impaired patient may be unable to read a label or printed directions supplied by the primary health care provider, pharmacist, or nurse. Another means of teaching will have to be used.

Through assessment, the nurse determines what barriers or obstacles (if any) may prevent the patient or family member from fully understanding the material being presented. Taking into consideration the patient's

### Nursing Diagnosis Checklist

- ✓ **Effective Therapeutic Regimen Management**
- ✓ **Risk for Ineffective Therapeutic Regimen Management** related to lack of knowledge, indifference, other factors
- ✓ **Noncompliance** with drug regimen related to indifference, lack of knowledge, other factors
- ✓ **Deficient Knowledge** related to the drug regimen, possible adverse reactions, disease process, other factors

cultural background is helpful when planning a teaching session. For example, for some patients an interpreter is needed. In other cultures a certain individual (for example, the mother or the grandmother) is the decision maker in the family. It is important for the nurse to include the decision maker and the patient in the teaching session.

### Nursing Diagnoses

The nursing diagnosis is formulated after analyzing the information obtained during the assessment phase. Most often, nursing diagnoses related to the administration of drugs are associated with a risk for ineffective management, deficit knowledge, or noncompliance. Examples of nursing diagnoses related to the administration of drugs are listed in the Nursing Diagnosis Checklist.

### Planning

Planning is the actual development of strategies to be used in the teaching plan and the selection of information to be taught. Planning begins with an expected outcome statement. The nurse develops a teaching plan based on the expected outcome using the information gained during the assessment. Display 5-1 identifies important information that the nurse should include in the teaching plan.

#### DISPLAY 5-1 • Important Information to Include in the Teaching Plan

1. Therapeutic response expected from the drug
2. Adverse reactions to expect when taking the drug
3. Adverse reactions to report to the nurse or primary health care provider
4. Dosage and route
5. Any special considerations or precautions associated with the particular drug prescribed
6. Additional education regarding special considerations of certain drugs, such as techniques for giving injections, applying topical patches, or instilling eye drops

### Developing an Individualized Teaching Plan

Teaching plans are individualized because patients' needs are not identical. Areas covered in an individualized teaching plan vary depending on the drug prescribed, the primary health care provider's preference for including or excluding specific facts about the drug, and what the patient needs to know to take the drug correctly. Teaching strategies must reflect individual learning needs and ability. For example, a patient who speaks and reads only Spanish will not benefit from discharge instructions given in English or from instructions written in English. Different strategies must be implemented, such as providing instructions written in Spanish or communicating through another nurse who is fluent in the Spanish language.

When developing an individualized teaching plan for patients and their families, the nurse must select information relevant to a specific drug, adapt teaching to the individual's level of understanding, and avoid medical terminology unless terms are explained or defined. Figure 5-1 is a sample form to use when developing a teaching plan. It is important to remember that repetition enhances learning. Several teaching sessions help the nurse to better assess what the patient is actually learning and provides time for clarification. The patient should be encouraged to ask questions and express feelings.

### Basic Information to Consider When Developing a Teaching Plan

General material to consider when developing a teaching plan includes information on the dosage regimen, adverse reactions, family members, and basic information about drugs, drug containers, and drug storage.

**DOSAGE REGIMEN.** The dosage regimen is an important aspect of the teaching plan. The nurse must consider the following general points when teaching about the dosage regimen:

- Capsules or tablets should be taken with water unless the primary health care provider or pharmacist directs otherwise (eg, take with food, milk, or an antacid). Some liquids, such as coffee, tea, fruit juice, and carbonated beverages, may interfere with the action of certain drugs.
- A full glass of water is used when taking an oral drug. In some instances, it may be necessary to drink extra fluids during the day while taking certain drugs.
- It is important not to chew capsules before swallowing; they must be swallowed whole. The patient also should not chew tablets unless labeled as "chewable." Some tablets have special coatings that are required for specific purposes, such as

Patient: _____ Medical Diagnosis: _____			
Nursing Diagnosis: _____			
_____ Effective Therapeutic Regimen Management _____			
_____ Ineffective Therapeutic Regimen Management related to _____			
_____ Deficient Knowledge related to _____			
Expected Outcome: Patient will _____			
_____			
Identified obstacles to learning: _____			
_____			
_____			
Primary Language: _____			
Cultural Considerations: _____			
_____			
_____			
<b>Information to include in teaching session:</b>			
Expected therapeutic drug response:			
Dosage and route:			
Possible adverse reactions:			
Adverse reactions to report:			
Special considerations:			
<b>Teaching session (s)</b>			
Date(s)	Present	Evaluation*	Comments
1.			
2.			
3.			
*return demonstration, verbalizes understanding of information, questioned by nurse, other (specify) _____.			

FIGURE 5-1. Patient and family teaching.

proper absorption of the drug or prevention of irritation of the lining of the stomach.

- The dose of a drug or the time interval between doses is never increased or decreased unless directed by the primary health care provider.
- A prescription drug or nonprescription drug recommended by a primary health care provider is not stopped or omitted except on the advice of the primary health care provider.
- If the symptoms for which a drug was prescribed do not improve, or become worse, the primary health care provider must be contacted as soon as possible because a change in dosage or a different drug may be necessary.
- If a dose of a drug is omitted or forgotten, the next dose must not be doubled or the drug taken at more frequent intervals unless advised to do so by the primary health care provider.
- All health care workers, including physicians, dentists, nurses, and health personnel must always be informed of all drugs (prescription and nonprescription) currently being taken on a regular or occasional basis.
- The exact names of all prescription and nonprescription drugs currently being taken should be kept in a wallet or purse for instant reference when seeing a physician, dentist, or other health care provider.
- Check prescriptions carefully when obtaining refills from the pharmacy and report any changes in the prescription (eg, changes in color, size, shape) to the pharmacist or primary health care provider before taking the drug because an error may have occurred.
- Wear a Medic-Alert bracelet or other type of identification when taking a drug for a long time. This is especially important for drugs such as anticoagulants, steroids, oral hypoglycemic agents, insulin, or digitalis. In case of an emergency, the bracelet ensures that medical personnel are aware of health problems and current drug therapy.

**ADVERSE DRUG EFFECTS.** Information about adverse drug effects of the prescribed drug must be included when the nurse develops a teaching plan for the patient. The nurse should teach the patient the following general points about adverse drug effects:

- All drugs cause adverse reactions (side effects). Examples of some of the more common adverse reactions are nausea, vomiting, diarrhea, constipation, skin rash, dizziness, drowsiness, and dry mouth. Some may be mild and disappear with time or when the primary health care provider adjusts the dosage. In some instances, mild reactions, such as dry mouth, may have to be tolerated. Some

adverse reactions are potentially serious and even life threatening.

- Adverse effects are always reported to the primary health care provider as soon as possible.
- Medical personnel must be informed of all drug allergies before any treatment or drug is given.

**FAMILY MEMBERS.** The nurse considers the following points concerning family members when developing a teaching plan:

- A drug prescribed for one family member is never given to another family member, relative, or friend unless directed to do so by the primary health care provider.
- The nurse makes sure that all family members or relatives are aware of all drugs, prescription and nonprescription, that are currently being taken by the patient.

**DRUGS, DRUG CONTAINERS, AND DRUG STORAGE.** The following are important facts about drugs, drug containers, and the storage of drugs that the nurse must consider when developing a teaching plan:

- The term *drug* applies to both nonprescription and prescription drugs.
- A drug must be kept in the container in which it was dispensed or purchased. Some drugs require special containers, such as light-resistant (brown) bottles to prevent deterioration that may occur on exposure to light.
- If any drug changes color or develops a new odor, a pharmacist must be consulted immediately about continued use of the drug.
- The original label on the drug container must not be removed while it is used to hold the drug.
- Two or more different drugs must never be mixed in one container, even for a brief time, because one drug may chemically affect another. Mixing drugs can also lead to mistaking one drug for another, especially when the size and color are similar.
- The lid or cap of the container must be replaced immediately after removing the drug from the container. The lid or cap must be firmly snapped or screwed in place because exposure to air or moisture shortens the life of most drugs.
- Drugs requiring refrigeration are so labeled. The container must be returned to the refrigerator immediately after removing the drug.
- All drugs must be kept out of the reach of children.
- Unless otherwise directed, drugs must be stored in a cool, dry place.
- Do not expose a drug to excessive sunlight, heat, cold, or moisture because deterioration may occur.



## Home Care Checklist

### MODIFYING DRUG ADMINISTRATION IN THE HOME

Once the patient is at home, some modifications may be necessary to ensure safe drug administration. The nurse provides written instructions, using large print (if necessary), nonglare paper, and words that the patient and caregiver can understand. In addition, it is important to modify your teaching by using the following suggestions:

- ✓ For patients taking more than one drug, develop a clear, easy-to-read drug schedule or a chart resembling a clock for the patient or caregiver to consult.
- ✓ Try using a daily calendar as an inexpensive, yet effective, means for scheduling.
- ✓ If the patient or caregiver has a problem with drug names, refer to the drug by shape or color. Another idea is to number bottles and use this number on the drug chart.
- ✓ If financially feasible, suggest the use of commercially available drug organizers. If the patient cannot afford drug organizers, egg cartons or a muffin tin can be labeled and used as drug organizers.
- ✓ If your patient finds it helpful to keep all drugs together, suggest using a bowl, tray, or small box to hold all the containers.
- ✓ If temporary refrigeration is necessary, suggest the use of a small cooler or insulated bag.
- ✓ If equipment items such as needles and syringes are used, suggest keeping all the supplies in one area.
- ✓ If the supplies came in a delivery box, suggest that the patient use it for storage. Other suggestions include using plastic storage containers with snap-on lids or clean, dry glass jars with screw tops.
- ✓ Advise the patient to use an impervious container with a properly fitting lid, such as a coffee can, for safe disposal. A plastic milk jug with a lid or a heavy-duty, clean, cardboard milk or juice carton may be used if necessary.
- ✓ Explain the importance of taking precautions to make sure discarded needles do not puncture the container.

- The entire label of the prescription or nonprescription drug container must be read, including the recommended dosage and warnings.
- All directions printed on the label (eg, “shake well before using,” “keep refrigerated,” “take before meals”) must be followed to ensure drug effectiveness.
- In some instances, especially when an ointment or liquid drug is prescribed, some drug may remain after it is used or taken for the prescribed time. Some drugs have a short life (a few weeks to a few months) and may deteriorate or change chemically after a time. A prescription must never be saved for later use unless the primary health care provider so advises.

patient teaching is not done when there are visitors (unless they are to be involved in the administration of the patient’s drugs), immediately before discharge from the hospital, or if the patient has been sedated or is in pain.

Teaching is begun a day or more before discharge, at a time when the patient is alone and alert, and continued each day until dismissal. The nurse gears teaching to the patient’s level of understanding and, when necessary, provides written as well as oral instructions. If much information is given, it is often best to present the material in two or more sessions. Drug administration modifications may be necessary once the patient is at home. The nurse keeps these modifications in mind when teaching the patient (see Home Care Checklist: Modifying Drug Administration in the Home).

### Implementation

Implementation is the actual performance of the interventions identified in the teaching plan. Teaching at an appropriate time for each patient fosters learning. For example,

### Evaluation

To determine the effectiveness of patient teaching, the nurse evaluates the patient’s knowledge of the material presented. Evaluation can be done in several ways, depending on the nature of the information.



For example, if the patient is being taught to administer insulin, several demonstrations can be scheduled, followed by a return demonstration by the patient with the nurse observing to evaluate the patient's technique.

Questions such as "Do you understand?" or "Is there anything you don't understand?" should be avoided because the patient may feel uncomfortable admitting a lack of understanding. When factual material is being evaluated, the nurse should periodically ask the patient to list or repeat some of the information presented.

### ● Critical Thinking Exercises

1. *Locate the clinical educator in any health care agency in your community whose job it is to do patient education. Discuss with that person his or her thoughts and feelings on patient education, as well as any problems or pitfalls he or she has identified.*
2. *Interview friends or relatives about their knowledge of the drug(s) prescribed by their primary health care provider. Discuss with them the teaching they received from nurses or other health care providers before they began taking the drugs. Determine what areas could have been included that were not discussed. Analyze how the teaching/learning process was evaluated. Identify any areas that could be improved.*
3. *Using the form in Figure 5-1, develop a teaching plan for a patient.*

### ● Review Questions

1. An interactive process that promotes learning is defined as \_\_\_\_\_.
  - A. motivation
  - B. cognitive ability
  - C. the psychomotor domain
  - D. teaching
2. When developing a teaching plan the nurse assesses the affective learning domain, which means that the nurse considers the patient's \_\_\_\_\_.
  - A. attitudes, feelings, beliefs, and opinions
  - B. ability to perform a return demonstration
  - C. intellectual ability
  - D. home environment
3. Actual development of the strategies to be used in the teaching plan and selections of the information to be taught occur in the \_\_\_\_\_ phase of the nursing process.
  - A. assessment
  - B. planning
  - C. implementation
  - D. evaluation
4. Unless the primary health care provider or pharmacist directs otherwise, the nurse informs patient to take oral medications with \_\_\_\_\_.
  - A. fruit juice
  - B. milk
  - C. water
  - D. food