PATIENT EDUCATION

SCENARIO

Taylor DeSolve is a medical assistant in a busy family practice office. He currently is working with one of the patients, Sam Ignatio, who is 62 years old and has been married for 30 years. Mr. Ignatio has just been diagnosed with type 2 diabetes mellitus. Mr. Ignatio knows nothing about his disease or how to manage it; he has never seen a glaucometer and never handled needles. In addition, his diet is high in fats and carbohydrates, and he does not exercise regularly. Mr. Ignatio is 50 pounds overweight; has functional deafness in his left ear; and decreased sound quality in his right ear, and shows early signs of diabetes-related vision loss. Taylor is responsible for assisting with Mr. Ignatio's patient teaching plan.

Mr. Ignatio is faced with a serious illness, and his future health depends on compliance with a wide range of lifestyle changes. The methods Taylor chooses to teach this patient about his disease can have a significant impact on his eventual health outcome.

While studying this chapter, think about the following questions:

- How should Taylor begin Mr. Ignatio’s patient education?
- What are some of Mr. Ignatio’s individual characteristics that may affect his ability to learn all the information required to manage his disease?
- How can Taylor make sure Mr. Ignatio understands the importance of following treatment and disease-monitoring guidelines?
- What teaching approaches and materials would best meet the needs of this patient?
- Are any community resources available that could help Mr. Ignatio learn how to manage his disease?

LEARNING OBJECTIVES

1. Recognize the implications of health and illness models for patient education.
2. Apply critical thinking skills in performing the patient assessment and patient care.
3. Instruct patients according to their needs to promote health maintenance and disease prevention.
4. List at least five guidelines for patient education that can affect the patient’s overall wellness.
5. Define six patient factors that have an impact on learning.
6. Display respect for individual diversity.
7. Demonstrate empathy in communicating with patients, family members, and staff.
8. Summarize educational approaches for patients with language barriers.
9. Develop and maintain a current list of community resources related to patients’ healthcare needs.
10. Demonstrate recognition of the patient’s level of understanding in communications.
11. Determine potential barriers to patient learning.
12. Implement a variety of teaching methods and strategies responsive to the individual patient’s needs.
13. Demonstrate the ability to develop an appropriate and effective patient teaching plan.
15. Describe the role of the medical assistant in patient education.
16. Integrate the legal and ethical elements of patient teaching into the ambulatory care setting.
This chapter focuses on helping students recognize the individual learning needs of patients, and it also provides guidelines for developing effective teaching approaches. The key to patient compliance with prescribed treatments is empowerment; that is, providing the patient with information and support that enable the person to take charge of his or her health problem. The concepts in this chapter are basic to all patient education interventions, and a medical assistant who follows them can positively affect a patient's understanding of the disease process, as well as the person's willingness to comply with the disease management steps recommended by the physician.

**Patent Education and Models of Health and Illness**

Patient education should begin with the first contact between the patient and the healthcare team (Figure 29-1). A well-informed patient is more likely to comply with treatment and adopt a healthy lifestyle. However, informing a patient about his or her disease is only part of the health teaching process. The key to successful health teaching is to empower the patient to accept the responsibility for his or her disease process and to become willing to implement teaching guidelines.

As a result of reductions in hospital admissions and shorter hospital stays, patients and families have had to assume responsibility for care that once was provided by the hospital staff. This means that those who work in ambulatory care settings have an even greater responsibility to meet the educational needs of their patients. To develop an effective teaching approach, we must implement a holistic model that considers not only the patient's physical state, but also his or her psychological, social, and spiritual needs (Figure 29-2). The holistic model suggests that we look at patients and determine their needs based on a complete view of their lives rather than just as an analysis of their specific disease. It is our responsibility not only to teach patients about disease processes, but also to help them implement related skills and changes in lifestyle to promote recovery and improve function. In the case of Mr. Ignatio, diabetes mellitus is a complicated disease that requires an in-depth understanding of the disease process, as well as significant lifestyle changes. When considering the impact of this diagnosis on the patient (in this case, Mr. Ignatio), the medical assistant should keep in mind the following factors, because they will affect the patient's response:

- **Emotional effect of the disease**: Is Mr. Ignatio in shock and denial? Is he angry or depressed? How will his emotional reaction to the diagnosis affect his response to patient education efforts?
- **Social impact**: How will his family and employer respond to the demands of the diagnosis? Does he have a support system that will assist him in making healthy lifestyle choices?
- **Intellectual impact**: Is Mr. Ignatio able to understand the complexities of the disease and treatment recommendations?
- **Economic impact**: Can he afford the treatment for diabetes? Does he have health insurance to cover the cost or will he need assistance in paying for ongoing diagnostic and treatment recommendations?
- **Spiritual impact**: What is Mr. Ignatio's spiritual response to his diagnosis?

The health belief model may help the medical assistant understand why some people do not follow recommended guidelines to maintain their health and prevent the development of disease. This model focuses on individuals' attitudes and beliefs toward themselves and their health. The model suggests that we first consider how the patient perceives his or her risk of developing a disease, as well as the potential severity of the condition. For example, even though Mr. Ignatio's mother and sister developed type 2 diabetes in their stories, he may believe he is not going to have the same problem. Therefore, even though wellness information encouraged him to lose weight, exercise, and eat a healthy diet, he didn't believe he was in danger of developing diabetes, so he didn't think he needed to follow these disease prevention recommendations. He may also believe that even if he does develop diabetes, the consequences of the disease are not that serious, so why bother altering his lifestyle to prevent it?

Another factor considered in the health belief model is the patient's perceived benefits of action; that is, whether the patient believes altering health behaviors will prevent him from developing the disease. In this case, because Mr. Ignatio has a strong family history of the disease, he may have decided he was going to get diabetes anyway, so why should he bother exercising and watching his diet? He may have believed he was going to develop diabetes too soon after the first contact with a patient.

**Figure 29-1** First contact with a patient.

**Figure 29-2** The holistic approach. (Modified from Sarvento M, Greck B: Mosby's essentials for nursing assistants, ed 3, St Louis, 2008, Mosby.)
no matter what he did, as why bother trying to prevent it? Until the patient believes that teaching and health promotion guidelines affect him and are worth pursuing, he will not follow suggested health promotion tips or comply with treatment protocols.

Table 29-1 outlines the health belief model and presents suggested methods for applying the model in patient teaching efforts in the ambulatory care setting.

The five stages of grief, as defined by Dr. Elisabeth Kübler-Ross, are another model that may be helpful for understanding the way patients respond to health threats. When a patient faces a serious health threat, the grief process may delay adjusting to the disease and starting to take control of one’s health. For example, Mr. Ignatio may respond to the news of his diagnosis with what is commonly the first stage of the grief process—denial. Perhaps both he and his mother and sister suffered serious complications from diabetes, including blindness and leg amputation, and he may be using denial to deal psychologically with the burden of the diagnosis. Each individual goes through the stages of grief in his or her own way and at his or her own pace. This process can take weeks to months; however, until the patient reaches the point of accepting the diagnosis and the possible ramifications of the disease, compliance with patient education will be very difficult to achieve.

The five stages of grief are:

- Denial and isolation. The patient denies the existence of the disease, may be unwilling to accept the reality of the situation, and refuses to discuss the health problem or remember health teaching interventions. For example, Mr. Ignatio refuses to meet with the dietitian because he says his diet is fine and there is no need to change it.
- Anger. The patient may be very angry and hostile when forced to discuss the condition. Mr. Ignatio may say, “Why did this happen to me? I am a good person, why did I get diabetes?”
- Bargaining. The patient tries to bargain for privileges or time. Mr. Ignatio may say, “Look, I know I am supposed to start this new diet, but Christmas is coming, and I’ll meet with the dietitian after the holidays.”

- Acceptance. The patient finally gets to the point where he or she accepts the diagnosis and is ready to make the best of it. At this point, Mr. Ignatio may be willing to use community resources for education and support.

SUGGESTIONS FOR THERAPEUTIC INTERACTIONS FOR PATIENTS IN GRIEF

- Denial and isolation: Reinforce each education intervention with handouts that explain the disease and treatment. Encourage the patient’s family to attend visits to the physician’s office and to become involved in the patient’s care.
- Anger: Use therapeutic communication techniques, especially reflection, to acknowledge the patient’s feelings about the diagnosis. Recognize the patient’s need to use defense mechanisms as protection from the reality of the disease. Remember, the patient is not angry at you or the physician; he or she is angry about the diagnosis and its accompanying challenges.
- Bargaining: Rely on the physician’s recommendations regarding postponing certain treatments. Discuss the patient’s bargaining requests with the physician and other staff members to work out a solution that promotes patient compliance with healthcare recommendations.
- Depression: Use available community resources to provide support for the patient and family. The physician may recommend that the patient attend a support group, meet with a dietitian, or use professional counseling services to deal with depression.
- Acceptance: Take advantage of the time to renew education efforts by providing multiple methods for learning about the disease, such as CDs, DVDs, professional Web sites, and community support services.
Patient Factors That Affect Learning

Many factors or characteristics may affect the patient’s ability to learn. Medical assistants must be aware of these factors to develop a patient education approach that best meets the needs of each patient.

Perception of Disease Versus Actual State of Disease

Patients respond to a particular diagnosis in many different ways. One predictor of how a patient will respond, and therefore how he or she will react to health education, is the patient’s perception of the disease. Previous life experiences may greatly influence the patient’s knowledge base and/or desire to learn about the disease. Does the patient recognize and accept the seriousness of the diagnosis? Or, perhaps, does the patient overreact to potential disease risks? Both of these responses affect the patient’s willingness to learn about the disease, as well as his or her compliance with treatment recommendations.

How do you think Taylor’s patient education efforts will be affected if Mr. Ignatio does not consider diabetes a serious disease?

GUIDELINES FOR PATIENT EDUCATION

- Provide knowledge and skills to promote recovery and health.
- Encourage patient ownership and participation in the teaching process.
- Include the family and significant others in education interventions, with the patient’s approval.
- Promote safe, appropriate use of medications and treatments.
- Encourage patient adoption to healthy behaviors.
- Provide information about accessing community resources.

Patient’s Need for Information

The patient’s perception of the impact of the disease on his or her general health also determines the need for information about the disease. Does the patient express a desire to learn all he or she can about the disease, or does the patient resist or act indifferent to teaching efforts? A vital part of patient education is encouraging patient ownership of the learning process. To accomplish this, you first may have to persuade the patient that he or she needs to understand the disease before an improvement in overall wellness can be achieved.

Mr. Ignatio tells Taylor that his father was a diabetic and had to have both legs amputated because of the disease. Mr. Ignatio says that it doesn’t matter whether he controls his blood sugar; he will still have major health complications. What is the appropriate response?

Patient’s Age and Developmental Level

Depending on the patient’s age and ability to understand information about the disease, you may have to adapt the teaching plan to meet specific learning needs. For example, educating a 9-year-old patient with type 1 diabetes about disease management requires a different approach than the one used for Mr. Ignatio. The medical assistant should be flexible and creative in providing learning opportunities that support the physician’s attempt to educate the patient about disease prevention and health maintenance. Often the key to patient understanding and compliance is the involvement of family members.

During your assessment of Mr. Ignatio’s diet, Taylor learns that his wife cooks all his meals and packs his lunch daily. What should Taylor do to make sure Mr. Ignatio’s diet complies with diabetic recommendations?

Patient’s Mental and Emotional State

Even a well-planned teaching intervention can be ineffective if the patient is unable to pay attention because of anxiety, stress, anger, or denial (Figure 29-3). Frequently patients use defense mechanisms to protect themselves from the reality of a serious illness. It is important that the medical assistant be sensitive to the patient’s mental state and adapt teaching interventions as needed.

Mr. Ignatio has just been told about his disease. He already heard that his father died of diabetes. Do you think he is able to pay attention to patient teaching about how to give his insulin injections? What should Taylor do to manage this problem?

Influence of Multicultural and Diversity Factors on Patient Education

Culture, family background, and religious beliefs influence patient actions. Working with patients from diverse backgrounds is an exciting challenge; however, for patient education to be successful, it is essential that the medical assistant be aware of and sensitive to the impact of these factors on patient learning (Figure 29-4). Some questions you should consider when teaching a patient from a diverse background include:

- Is language an issue with your patient? (Figure 29-5) If the patient is unable to understand spoken English or to read it correctly, do you have an alternative method for getting the information across?
- Do the patient’s culture, ethnic background, or religious beliefs influence the way he or she perceives disease, as well as the role of healthcare workers?
Chapter 29  Patient Education

Patient Learning Style
Chapter 3 presented information on individual learning styles that affect you as a student. These same factors have an impact on your patient’s learning preference. Some patients learn best from discussion or lecture, whereas others must think or reflect about the material before understanding it. Some patients can learn from observing; others must act or do something with the material to learn it. Start your teaching intervention by asking your patient how he or she prefers to learn new material and pattern your teaching interventions along those lines.

Mrs. Ignatius tells Taylor that she could never learn things by listening to someone tell him what to do. What approach to learning might best meet his needs?

Impact of Physical Disabilities
The patient first must be assessed to determine whether he or she can adequately hear instructions, see written material, and manipulate any required treatment equipment. All teaching efforts are lost if disabilities interfere with a patient’s capacity to understand information or to handle equipment properly. A hearing or speech impairment may require the use of sign language with supplemental written instructions. If the patient is unable to manipulate equipment because of a physical disability or vision problem, family or community resources may be necessary for the patient to manage his or her care.

Mrs. Ignatius’ physical assessment revealed hearing and vision problems. Is it able to understand verbal instructions clearly? Will he be able to draw up the correct amount of insulin? What can be done to adapt the teaching intervention to meet his needs?

Patient Education

Therapeutic Communication with Patients with Special Needs

Patients with Vision Loss
- Alert the patient that you are in the room and identify yourself; do not touch the patient without warning.
- The patient is unable to pick up your body language; use clear, concise language and a normal tone of voice.
- Provide all written material in a large font or print size; large-print educational materials often can be ordered.

Patients with Hearing Loss
- Stand in front of the patient or within the person’s field of vision before you begin speaking; the patient may be able to lip-read.
- You may need to touch the patient lightly to get her or his attention.
- Use expanded speech; lower the tone of your voice and pronounce each syllable.
- Carefully observe the patient’s body language for understanding or confusion.
- Use gestures or demonstration as needed to get the message across.
- Clearly print any information needed to clarify the patient teaching.
- If a patient is wearing a hearing aid, ask the person whether it is on and working before starting the conversation; the patient may turn the hearing aid off to prevent annoying background noise.

Therapeutic Communication with Patients with Special Needs

Approaches for Language Barriers
- Address the patient by his or her last name (e.g., Mrs. Martinez, Mr. Nguyen).
- Be courteous and use a formal approach to communication.
- Use gestures, tone of voice, facial expressions, and eye contact to emphasize appropriate parts of the discussion.
- Integrate pictures, handouts, models, and other aids that visually depict the material.
- Monitor the patient’s body language, especially facial expression, for understanding or confusion.
- Use simple, everyday words as much as possible.
- Demonstrate all procedures and have the patient return the demonstration to check for understanding.
- Implement the teaching plan in small, manageable steps.
- Give the patient written instructions for all procedures and treatments.
- Use an interpreter when appropriate, if available.
Before developing a specific approach to patient education, the medical assistant must consider potential barriers to learning other than those already presented, such as the presence of pain. A patient in acute distress is unable to concentrate on the information. In this case, the amount of material must be adjusted to meet the patient's immediate needs, and time should be planned in the future for a more in-depth teaching session.

**Do Mr. Ignatio exhibit any potential barriers to learning about his disease?**

**Potential Barriers to Patient Learning**
- Individual learning style
- Age and developmental level
- Use of defense mechanisms
- Language
- Motivation to learn
- Physical limitations or disabilities
- Emotional or mental state
- Cultural or ethnic background
- Pain
- Time limitations

**Determine the Teaching Priorities**
Once you have done an adequate assessment of your patient as a learner and you understand your patient's learning needs, the next question is, "Where do I start?" A patient such as Mr. Ignatio has a significant amount of information to learn before he can manage his disease completely. The volume of information might seem overwhelming unless priorities are established. How do you figure out what material should be first? The first question to ask is, "What are the patient's immediate versus long-term needs?" What must this patient learn today to be able to take care of himself, and what does he need to know overall about his illness to promote healthy behavior?

Because the patient learning assessment told you what your patient knows about his or her disease, that is a good place to start. Confirm what the patient knows about the problem and attempt to correct any potential misconceptions. If you start with something the patient knows and understands, he or she will feel more competent and capable of managing new material. You then should go on to the new material that is causing the patient the most anxiety. If the patient is nervous or afraid about a particular aspect, be or she will be unable to pay attention to any other new material until that anxiety has been addressed. For example, if Mr. Ignatio is most concerned about giving himself injections, that is the first skill he should learn. Once he is confident about that particular part of treatment, he will be able to pay attention to diet and exercise recommendations. You should always begin with the basic details about the disease and add more information during each patient visit.

Every interaction with the patient is an opportunity for health education. A major problem with delivering high-quality patient education in an ambulatory healthcare setting is the lack of time.

**The Teaching Plan**

What is it that patients need to know to manage a disease effectively? What is it about an individual patient that needs to be addressed for a teaching intervention to work? What are the immediate and long-term goals of patient education? What teaching materials or strategies should be used to meet the patient's learning needs and also effectively relay the information? How can the teaching plan be implemented successfully? How does the medical assistant manage the limited time available for patient teaching? How do you know the patient is learning and actually implementing this knowledge into disease management?

A vital aspect of patient teaching is to be flexible and to provide information about what patients want to know when patients want to know it. These and other guidelines for developing an appropriate and effective teaching plan follow.

**Assess the Patient's Learning Needs**

Developing a teaching plan that works for a particular individual first requires an assessment of the patient as a learner and consideration of any characteristics that might affect the learning process. Many of these factors already have been addressed, such as the patient's learning preferences, perception of the illness, age, background, multicultural influences, language barriers, and disabilities. The medical assistant also must consider what the patient already knows about the diagnosis and whether that knowledge includes misconceptions about the disease.

The goal of the assessment process is to create a teaching plan that meets the patient's needs for understanding and managing their or her illness. Therefore, in the learning assessment, the medical assistant should consider what the patient needs to know, what the patient wants to know, and what can be done in the time available for learning.

- Provide written material that reviews the material being taught.
- Request family assistance in verifying that the patient received and understood the material.

**Patients with Language Barriers**
- Determine whether the patient can read and understand English.
- If possible, have an interpreter present; if no interpreter is available, a family member may be able to help with communication.
- If available, use a dictionary that translates as many words as possible for the patient.
- Use pictures or demonstration to get the message across.
- Carefully observe the patient's body language to determine the level of understanding.
- If available, order educational materials in the patient's native language; send materials home in English if a family member can interpret the material for the patient.
Therefore, medical assistants must take advantage of every "teaching moment"; that is, every time you interact with a patient, use it as an opportunity to enhance the patient’s current education needs and provide as much information or guidance about that specific learning need as possible during the time available.

Use the waiting room as a place for learning by providing up-to-date educational materials on a wide variety of health issues. Many offices have DVD equipment in the waiting room for patient education while the patient is waiting to be seen. These can be specific to the type of physician practice or can provide general health information.

### Decide on the Appropriate Teaching Materials

What teaching materials would best meet the needs of your patient? A wide variety of patient education materials is available, and deciding which materials best meet your patient’s needs depends on the patient’s learning preferences, individual characteristics, and lifestyle factors. Individualized instruction is the key to understanding and patient compliance; however, additional materials can help reinforce the information.

When possible, all patient instruction should include a handout or some type of printed material that reinforces information and that the patient can use as a resource. Patient factors such as the use of defense mechanisms, emotional state, and language barriers can limit the patient’s ability to comprehend and remember information. Printed information is needed to help the patient and the patient’s family understand what is happening and what needs to be done to improve the patient’s health (Figure 29-6). Informational flyers can be ordered from medical office suppliers, pharmaceutical company representatives, and health education companies. Many hospitals also offer free educational materials about diagnostic procedures, immunizations, and other disease-related topics. The ambulatory care setting where you are employed may develop its own educational materials. Some guidelines to follow if you are responsible for developing or ordering educational supplies include the following:

- The material should be written in lay language at a sixth to eighth-grade level to promote general patient understanding.
- Information should be well organized and clearly described.
- All material should be checked for accuracy.
- Handouts should be attractive and professional.
- Copies should be available in other languages when possible and in large print for visually impaired clients.

### IDENTIFYING COMMUNITY RESOURCES

One of the roles of the medical assistant in the ambulatory care setting is to assist patients and their families in finding and using community education and support services. The healthcare facility should keep an up-to-date file of area resources that identifies the name of the group, the services provided, the contact person, a telephone number and address, meeting times and location if applicable, and a website if available. This information can be found in a variety of places, such as the blue pages of the local telephone book, through the community outreach or speakers bureau of area hospitals, or online by searching for area educational institutions or civic sites or local chapters of national organizations at www.cancer.gov. For example, the American Cancer Society operates local branches throughout the United States, and information at local services can be found on the national home page at www.cancer.gov.

An excellent comprehensive Internet site operated by the U.S. National Library of Medicine and the National Institutes of Health is MedlinePlus. Both health professionals and consumers can depend on it for accurate information that is updated frequently. The site provides a variety of information about health issues, an extensive list of diseases and conditions, a medical encyclopedia and dictionary, health information in Spanish, extensive details on prescription and nonprescription drugs, health information from the media, and links to thousands of clinical trials. It can be bookmarked at medlineplus.gov.

Other teaching materials include CDs, DVDs, and professional Internet sites to reinforce or expand knowledge. These learning aids promote self-directed and self-paced learning. They also permit the patient to access material in a nonstressful environment, which improves patient learning potential. Depending on the patient’s age or access to the appropriate technology, using media resources or referring the patient to physician-approved healthcare sites on the Internet can help develop patient ownership of the learning process and provide excellent resources for patient referral. However, using the Internet as a resource for patient education information has its drawbacks. It is important that the patient understand that there is no overnight or on-demand information posted on the Web; therefore, sites may offer information that is erroneous, out of date, or misleading. Provide patients with accurate, well-researched sites and/or keep informed about what sites patients are accessing to make sure online recommendations support the physician’s treatment protocol.

### Decide on the Appropriate Teaching Methods

A variety of methods can be used to get the message across to your patients. One of the best ways to manage a large amount of information within a short time is to use community resources to reinforce the message. Your local area provides a wide range...
of education services for your patients to help them better understand and manage their health problems, to promote wellness, and to provide support for treatment compliance. Hospitals and many community agencies and organizations provide patient education opportunities, support groups for specific problems or diseases, and learning materials. These same groups may help the patient by providing professional consultation for many topics, including diet, exercise, and emotional support. It is important that the medical assistant be aware of the various resources available in the community for patient education and referral.

Based on your evaluation of Mr. Ignatio’s learning needs, what community resources would help him and his family better understand and manage his disease?

Teaching patients specific skills also is an important component of health education. The best way to teach a patient how to manipulate and operate medical equipment accurately is to use demonstration and return demonstration of the skill (Figure 29-7). Using the exact piece of equipment the patient will be using at home, the medical assistant first should demonstrate to the patient how to perform the skill, ask for questions and explain further as needed, and then have the patient return the demonstration before leaving the office. This gives the medical assistant the opportunity to observe the patient performing the task and correct any mistakes or clarify any misconceptions before the patient has to use the equipment at home alone.

For some patients, an effective method of monitoring health education is to have the patient keep a journal of his or her activities and response to treatment. For example, a patient trying to adapt to a new diet could record the daily intake to get a better idea of whether he or she is following through with dietary recommendations. In the case of Mr. Ignatio, recording blood glucose levels from routine glucometer readings would reinforce the results of compliance with medication and diet therapies.

Another vital link to the success of patient education is family involvement. If the patient is being treated holistically, the family plays an integral role in patient wellness. Involving family members in patient education efforts provides support and understanding for the patient while managing family concerns about the patient’s welfare. An educated family member can be an excellent resource for patient concerns, as well as a vigilant reinforcer of healthy behaviors (Figure 29-8).

Implement the Teaching Plan

After you have completed the patient assessment, decided on teaching materials and methods that match your patient’s characteristics and learning needs, and adopted the material and your approach for any potential barriers to learning, it is time to implement the plan. Conduct the lesson in a quiet area away from distractions. Assemble the equipment the patient will need to follow through with treatment. The patient should learn to handle and practice on the same type of equipment that will be used at home so that no problem occurs in transferring the skill. Time is always an issue in the ambulatory care setting, so it is important to present only the material or skill it is possible for the patient to master before the end of the appointment. Throughout the lesson, remember to maintain an adequate pace for learning—not too fast and not too slow—to optimize the patient’s understanding.

A crucial aspect of successful patient teaching is to consistently ask for feedback about the process (Figure 29-9). It also helps to restate, rephrase, or reiterate the material to make sure the patient understands the process. As patients provide correct feedback about what they are learning or demonstrate skills correctly, it is important to be positive about their progress. It also helps to summarize the material learned or the skills mastered at the end of each teaching intervention as a way of reviewing the material and clarifying important concepts.

The medical assistant should continue to evaluate the teaching plan throughout the process to make sure the time was adequate for learning and that the patient understood the information needed to follow through with care at home. In addition, plans should be made for the education intervention during the patient’s next visit. All of this information needs to be included in the progress note about the lesson. In addition, the medical
Assistant must document details about the material covered, the patient's competency or level of skill, learning, treatment techniques, and any referrals made for community and hospital experts or education groups.

**SUMMARY OF THE PATIENT TEACHING PLAN**

1. Perform an assessment.
   - Consider pertinent patient factors.
   - Identify barriers to learning.
   - Prioritize patient information.
2. Determine the patient's immediate and long-term needs.
   - Decide on the appropriate teaching materials and methods; prepare the teaching area and assemble the necessary equipment and materials.
   - Demonstrate techniques and procedures using the supplies the patient will use at home.
   - Provide positive feedback when the patient displays skills correctly.
3. Maintain an adequate pace while teaching (not too fast).
4. Repeatedly ask for patient feedback to confirm understanding.
5. Barriers to learning are eliminated.
6. Immediate learning needs can be addressed.
7. Repetition and rephrasing promote understanding.
8. Summarize the material learned or skill mastered at the end of each teaching interaction.
9. Outline a plan for the next meeting.
10. Evaluate the teaching plan.
    - Was there enough time to complete the lesson?
    - Was the patient physically and psychologically ready for the information?
    - Were the goals for the session reached?
11. Document the teaching intervention.
    - Material covered
    - Patient response or level of skill performance
    - Plans for next session
    - Community referrals

**ROLE OF THE MEDICAL ASSISTANT AS PATIENT EDUCATOR**

- Reinforce physician instructions and information
- Encourage patients to take an active role in their health
- Use each patient interaction as an opportunity for health teaching
- Keep information relevant to the patient's needs
- Establish and maintain rapport with the patient
- Communicate clearly
- Be sensitive to the patient's learning factors
- Modify the teaching plan as needed to best meet the patient's needs

**CRITICAL THINKING APPLICATION 29-3**

Taylor has just completed the initial patient education session with Mr. Ignatius and his wife. He used demonstration-return demonstration to teach Mr. Ignatius how to check his blood glucose levels properly with the glucometer he will be using at home. He also demonstrated how to draw up and administer an insulin injection. Taylor answered Mrs. Ignatius's questions about the diabetic diet, but he referred the couple to the dietitian at the hospital for further information on that topic. Taylor plans to review the skills practiced today at Mr. Ignatius's next appointment and to continue the teaching intervention, emphasizing the importance of checking the feet daily for open areas or any signs of infection. Accurately and completely document Taylor's initial education intervention.

**CLOSING COMMENTS**

**Legal and Ethical Issues**

Providing accurate, correct, understandable information to patients is integral to the informed consent mandate in the Patients' Bill of Rights. All patients have the right to information before they agree to receive care. An exception to this concept is the right of patients to understand their disease process and to manage their health. Another consideration arising from the Patients' Bill of Rights is the issue of patient confidentiality as it relates to patient education. When developing and implementing the teaching plan, designing teaching interventions and strategies, and referring patients for community assistance, the medical assistant must protect the patient's confidentiality. Essential factors in risk management for the ambulatory care setting include conducting adequate patient education and follow-up. Also integral to risk management is the importance of documenting each patient education intervention completely and accurately. The patient's chart should clearly describe the education intervention, methods and materials used, the patient's response to the intervention, the date of each session, and the individual who conducted each intervention. Each documentation entry should completely describe the material covered and the patient's feedback about the information so that no doubt exists that the patient understood the information and was able to perform any related skills properly and adequately.
Teaching interventions should demonstrate sensitivity to multicultural factors and diverse populations. Meeting the needs of all patients without evidence of prejudice is a key risk management step.

**HIPAA Applications**

The following applications relate to provisions of the Health Insurance Portability and Accountability Act (HIPAA):

- The patient has the right to receive personal health information (PHI). At first office visit, the patient should complete a release of information form that identifies the individual who can receive personal health information (PHI). At the first office visit, the patient should complete a release of information form that identifies the individual who can receive personal health information (PHI). At the first office visit, the patient should complete a release of information form that identifies the individual who can receive personal health information (PHI).

- Only the person or persons identified on the HIPAA release form completed by the patient have the right to the patient's personal information. Therefore, if an individual requests information about the patient, the medical assistant must check the release form to determine whether the individual was approved by the patient before discussing the patient's condition. This holds true regardless of the individual's relationship to the patient.

- If the physician believes that it is in the patient's best interest that family members be involved in patient health education, the medical assistant can contact the family, only if the patient has given approval. This permission should be included in the patient’s HIPAA information and should be documented in the medical record so that all employees can read evidence of the patient's approval.

**SUMMARY OF SCENARIO**

After working with Mr. Ignacio, Taylor realizes the significance and complexity of educating patients in the ambulatory care setting. Despite the time constraints typical in this particular healthcare setting, patients still must learn how to manage their disease and follow treatment guidelines. Approaching each patient as an individual learner with particular needs and characteristics is crucial to the ultimate success of the teaching plan. By using a holistic approach and taking into account the health belief model, Taylor has considered the ramifications of diabetes mellitus for Mr. Ignacio’s life and has made efforts to include family and community resources in the management of his disease.

**SUMMARY OF LEARNING OBJECTIVES**

1. Recognize the implications of health and illness models for patient education.
   - The holistic model suggests that patient education should consider all aspects of patient life, including physical, emotional, social, intellectual, economic, and spiritual needs. The Health Belief Model analyzes what people believe to be true about themselves and their health. The model suggests we consider how the patient perceives the risk of developing the disease and whether he/she believes that altering health behaviors will prevent the disease from occurring. Kübler-Ross’s stages of grief may also help explain the patient's reaction to a particular diagnosis, especially if the disease requires a drastic change in lifestyle. Grief is an ongoing process, with patients moving through denial, anger, bargaining, depression, and finally resolution of their own pace and in their own way.

2. Apply critical thinking skills in performing patient assessment and care.
   - Completing the Critical Thinking Application exercises throughout the chapter will help the student medical assistant become more adept at critical analysis of real-life situations.

3. Instruct patients according to their needs to promote health maintenance and disease prevention.
   - Many factors or patient characteristics may affect the patient's ability to learn. Medical assistants must be aware of these factors to develop a patient education approach that best meets the needs of each patient.

4. List at least five guidelines for patient education that can affect the patient's overall wellness.
   - The guidelines for patient education include providing knowledge and skills that promote recovery and health; including family in education interventions; encouraging patient ownership of the education process; promoting safe use of medications and treatments; encouraging healthy behaviors; and providing information on how to access community resources.

5. Define six patient factors that have an impact on learning.
   - Patient factors that have an impact on learning include the patient's perception of disease versus the actual state of disease; the need for information; age and developmental level; mental and emotional state; the influence of multicultural and diversity factors; individual learning style; and the impact of physical disabilities on the education process.

6. Display respect for individual diversity.
   - Culture, family background, and religious beliefs influence patient actions. For patient education to be successful it is essential that the medical assistant be aware of and sensitive to the impact of these factors on patient learning. Consider the patient's language, ability to understand English verbally or read it correctly, cultural relationships to healthcare workers, and techniques minimize patient education problems.

7. Demonstrate empathy in communicating with patients, family members, and staff.
   - The medical assistant should encourage patient ownership and participation in the teaching process while including family and significant others in education interventions, with patient approval.

8. Summarize educational approaches for patients with language barriers.
Education approaches for patients with language barriers include addressing the patient formally and courteously; using nonverbal language to promote understanding; integrating pictures or models that illustrate the material; observing the patient for understanding or confusion; using simple lay language; demonstrating procedures; implementing teaching in small, manageable steps; providing written instructions; and using an interpreter when available.

9. Develop and maintain a current list of community resources related to patients’ healthcare needs.

The medical assistant should assist patients and their families in finding and using community education and support services when needed. The healthcare facility should maintain a current file of area resources that identifies the name of the group and the services provided; the contact person; a telephone number and address; meeting times and location if applicable; and a related website if available. Provide patients with accurate, well-researched sites and/or be informed about what sites patients are accessing to make certain that online recommendations support the physician’s treatment protocol.

10. Demonstrate recognition of the patient’s level of understanding in communications.

Some of the communication techniques that the medical assistant can use to assess patient understanding include repeatedly asking for patient feedback to confirm understanding, using repetition and rephrasing to promote understanding and summarizing the material learned or skill mastered at the end of each teaching interaction.

11. Determine potential barriers to patient learning.

Potential barriers to patient education include patient learning style; physical limitations; age and developmental level; emotional or mental state that interferes with learning; use of defense mechanisms; cultural or ethnic factors; language; the presence of pain; patient motivation to learn; and limited time for teaching.

12. Implement a variety of teaching methods and strategies responsive to the individual patient’s needs.

Teaching materials and methods that are effective include the use of printed materials, DVDs, CDs, and approved Internet sites to gather information; referral to community resources and experts; demonstration and return demonstration of medical skills; patient journals of events; and involvement of family members in the education process.

13. Demonstrate the ability to develop an appropriate and effective patient teaching plan.

The parts of the teaching plan include assessing learning needs, eliminating learning barriers; determining teaching priorities; using appropriate teaching materials and methods; gathering feedback repeatedly to ensure patient understanding; summarizing the material at the end of each education session; planning for the next meeting; evaluating the effectiveness of the session; and completely and accurately documenting the details of the teaching intervention.


The medical assistant must document details regarding the material covered, the patient’s competency or level of skill in learning treatment techniques, and any referral made for community and hospital experts or education groups.

15. Describe the role of the medical assistant in patient education.

The role of the medical assistant in patient education is to reinforce physician instructions and information by encouraging patients to take an active part in their health; using teaching moments effectively; keeping information relevant to the patient; establishing and maintaining patient rapport; communicating clearly; remaining aware of learning factors; being flexible with the teaching plan; and using community resources for learning and support.

16. Integrate the legal and ethical elements of patient teaching into the ambulatory care setting.

Appropriate patient education reflects the Patient’s Bill of Rights emphasizing patient confidentiality as well as informed consent. Risk management practices related to patient education include accuracy and complete documentation of patient education sessions, sensitivity to the diverse needs of the patient, and application of HIPAA practices.