POLICY STATEMENT:

Patient education is a multidisciplinary process and an integral component of health care services in TTUHSC ambulatory clinics. The goal of patient education is to improve health outcomes by promoting healthy behavior and involving patients in their care. Education will be specific to patients' relevant health and educational needs, in ways understandable to the patient or his/her legal representative. A systematic approach to patient education should be used throughout the organization.

SCOPE:

This policy applies to all TTUHSC ambulatory clinics conducted through its Schools.

PROCEDURE:

1. Patient Education Process
   a. Assessment
      1) Patients and/or their legal representatives and/or families will be assessed for the need for patient education and are involved in the planning of their education. Assessment may be conducted formally through the inclusion of specific questions on the initial patient assessment/history form as follows:
         a) Highest level of education completed.
         b) Preferred method of learning (verbal, written, demonstration, video, etc.)
         c) Preferred language; ability to read preferred language.
      2) If formal assessment information is not available, informal assessment to determine educational needs should be done by healthcare provider based on communication feedback obtained from the patient or his/her legal representative. (See SOM Policy 6.05 for process related to hearing impairment and other communication difficulties).
   b. Planning – Based on assessed needs the patient may be educated about the following:
      1) How to safely and effectively use medications.
      2) Nutrition intervention, modified diets.
      3) Oral health.
      4) Safe and effective use of medical equipment or supplies.
      5) Managing pain.
      6) Rehabilitation techniques to improve functionality.
      7) Resources to obtain further care/follow up visit.
8) Basic health practices and safety.

c. Provision

1) Providers provide the initial information regarding diagnosis, prognosis, and medical treatment plan to the patient.

2) The Nurse may coordinate additional education activities with other professional disciplines (PT, OT, Dietician).

3) Patient/family education is augmented and/or reinforced by nursing personnel as appropriate to include additional information about the health care system, treatment, procedures, diagnostic tests and other activities pertaining to patients’ care; preventive health care information; and information needed by patients to adequately care for themselves after discharge.

d. Documentation

1) Disciplines are to document patient education in the medical record.

2) Patient education materials (e.g. pamphlets, videos) used in the educational process or given to the patient to take home are documented in the chart.

e. Departmental Customization – Each clinical department involved in patient education should define the program of education specific to the patient population in that clinical setting.

2. Review Criteria for Patient Education Materials. Education materials developed for patients and families should meet review criteria. Review criteria for new or revised patient education material includes reading level, quality of content and technical quality. These criteria are elaborated below to assist departmental staff in evaluating/developing education materials to be implemented.

a. Reading level – Reading level should be 5th grade or less to be approved.

b. Content and Technical Quality – The content area examines the material accuracy, congruency, and relevancy. The information should address issues of concern for most patients with the condition. The technical quality assesses how the material is presented in its total form. The total presentation should be attractive. The material should flow from simple concepts to complex ideas with appropriate headings or spacing as indicated below.

1) Title describes content

2) Purpose is clear

3) Achieves purpose

4) Information if accurate

5) Information is current

6) Information is organized logically

7) Clearly defines and explains new words and concepts

8) Avoid jargon/slang

9) Free of stereotypes (racial, ethnic, sexual)

10) Steps of procedure are clear, single action, observable

11) Provides rationale for content/steps of procedure

12) Covers topic adequately

13) Print is large enough
14) Key areas are emphasized
15) Lengthy instructions are subdivided with appropriate titles
16) Spacing of script is attractive, easy to read
17) Illustrations represent a single concept
18) Illustrations aid learning and retention
19) Illustrations are clearly labeled, uncluttered
20) Color enhances message and does not distract; color is accurate.

CERTIFICATION:
This policy was approved by the Council of Deans on March 10, 2011.