

TEACHING AND EVALUATION OF LEARNING

SUMMARY

Patient education is a critical component of home health care to ensure patient safety and support maximum independence.

ALERT

Patients education needs to start with basic information about the disease, self-management skills and what to expect from the care team.

OVERVIEW

Successful patient education requires effective communication. The teacher must assess learning needs and readiness. When teaching patients:

- Ensure readiness to learn: Pain, fatigue and other patient/environmental barriers interfere with learning. Eliminate learning barriers before teaching.
- Begin by asking if the patient has questions or concerns. Ask about and act on the patient's learning priorities.
- Use easy-to-understand teaching tools matching to the patient condition.
- Adjust teaching to patient's health literacy level. Target 3rd-5th grade reading for all material.
- If English is not the patient's primary language, obtain an interpreter and translate resources to assure effective learning.
- Adjust amount of teaching/visit to patient's cognitive abilities. Target 3-5 pieces of information at a time.

Evaluation of learning is a crucial element of patient education. Effective evaluation methods include having the patient:

- Teach-back:
 - Evaluates knowledge and confirms that the patient has learned the information that you taught. Understanding is confirmed when the patient can explain back what you taught.

- Actively engages the patient in the teaching-learning process.
- Asks the patient to teach back what they learned in their own words.
- Is not a test of the patient, but of how well you explained the concept in a way that met the patient's learning needs.
- Helps the clinician identify the need for more teaching.
- Return demonstration:
 - Evaluates skills and is a variation of teach-back, in which the patient performs a skill that the clinician taught, enabling the clinician to evaluate how well the patient follows the correct steps.
 - Any teaching that can be demonstrated should be evaluated with a return demonstration.
 - Performing an action reinforces learning even better than using words to "teach back" what was taught.
- Diaries and charts of lifestyle changes and outcomes:
 - Evaluates self-management abilities.
 - Asking patients to keep diaries and charts of measurements and outcomes helps patients connect concepts to behaviors and their outcomes. They are a highly effective way to evaluate and reinforce teaching aimed at self-management of chronic illnesses. Using these ongoing measures is an advanced kind of return demonstration.
 - Examples include daily weight charts, blood pressure records, blood glucose records, pain diaries, food intake diaries, etc.
 - Keeping diaries and charts of daily activities and their results can

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- become a self-rewarding learning process.
- By reviewing diaries and charts, and successful and unsuccessful results, clinicians can encourage patients to self-evaluate their learning and to discover their additional learning needs.

Most teaching should be reinforced to ensure it has become "fixed" in the patient's knowledge and practices. Evaluate learning several times; immediately after teaching, on the next visit and before discharge. If evaluation of learning indicates learning has not occurred, the topic must be retaught, using additional strategies to help promote learning.

PROCEDURE

1. Teaching information and teach-back method:
 - a. Teach a "chunk" of a topic, containing only 3 to 5 major points.
 - b. Ask patient to "teach back" the important points by saying something like:
 - i. I want to see how well I explained.... Pretend I am the patient and you are the clinician. What do I need to know about...?
 - ii. How would you explain what I just told you to your wife (or other family member/friend)?
 - iii. What do you think are the most important points you should remember of what we just talked about?
 - c. Reinforce accurate responses and clarify misinterpretations or gaps.
 - d. Repeat teaching and teach-back until patient can respond accurately.
- e. If patient continues to have problems, reassess patient's learning needs and better individualize teaching for this learner.
2. Skill teaching and return demonstration:
 - a. Teach patient desired task or skill. If skill is complex, break into parts.
 - b. Ask patient to show you how task or skill will be incorporated into daily practices.
 - c. Encourage patient to show you all the steps the patient will take to perform the task or skill.
 - d. Affirm all positive steps and provide additional instruction to increase accuracy of task or skill.
 - e. Repeat request for return demonstration until patient can demonstrate the skill competently and confidently.
 - f. If the patient continues to have problems, reassess patient's learning needs and better individualize teaching for this learner.
3. Self-management skills and diaries/charts:
 - a. Provide patient with a form for recording anything the patient can monitor that contributes to self-management or changing behaviors.
 - b. Teach patient how to measure and record data.
 - c. Review records at each visit.
 - d. If patient is following desired practice or achieving desired outcome, provide affirmation and enthusiastically reinforce patient's success.
 - e. If patient is not performing desired practice or achieving desired outcome:
 - i. Explore barriers to adherence by asking questions like:

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- a) How have you accomplished things that were hard to do in the past?
 - b) Can you think of any ways to make doing/achieving _____ easier?
 - c) What do you think keeps you from doing/achieving _____?
 - d) "How can I help you succeed?"
4. Document in the patient's record:
- a. Topic taught.
 - b. Evaluation method used.
 - c. Learning achieved.
 - d. Areas still needing re-teaching and reinforcement.
 - e. Teaching plan for next visit.
5. Adjust plan of care as appropriate and communicate changes per agency policy.

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ADDITIONAL READINGS

None