Structural Empowerment: Teaching and Role Development

SE6 The organization provides opportunities to improve nurses’ expertise in effectively teaching a patient or family.

SE6: Provide one example, with supporting evidence, of an educational activity provided by the organization focused on improving nurses’ expertise in teaching a patient or family.

Introduction

The American Nurses Association (2010, p. 41) lists “Health Teaching and Health Promotion” as one of six Standards of Practice that “describe a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process.” Specifically, the registered nurse:

- “Provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care.
- “Uses health promotion and health teaching methods appropriate to the situation and the healthcare consumer’s values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.”
- “Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.”

The Massachusetts Board of Registration in Nursing (BORN) is legally authorized at Massachusetts General Laws (M.G.L.), chapter 13, section 14A to promulgate regulations governing the practice of nursing in the Commonwealth, and pursuant to M.G.L. chapter 112, section 80B authorizing the practice of nursing (OOD 9). The BORN’s regulations found at 244 Code of Massachusetts Regulations (CMR) 3.00 - 9.00. 244 CMR 3.02 lists the provision and coordination of “health teaching required by individuals, families, and groups so as to maintain the optimal possible level of health” as one of the responsibilities and functions of the Registered Nurse.

These documents outline the registered nurses’ role and responsibilities related to patient/family teaching including the need to assess the success of his/her teaching abilities. Massachusetts General Hospital (MGH) recognizes the critical role that clinical nurses have in facilitating the teaching learning process for patients and families. As such, MGH has many structures, processes and resources in place to ensure that clinical nurses are prepared to assess and meet the learning needs of patients and families. Examples of these structures, processes, and resources include:

- **Registered Nurse Onboarding:** RN Onboarding is coordinated by the Norman Knight Nursing Center for Clinical & Professional Development (Knight Center). This comprehensive program provides newly-hired clinical nurses an overview of critical information related to the delivery of quality patient care. Patient education is included in this curriculum. A 1 ½ hour, blended learning session,
facilitated by a Patient Education Specialist from the Maxwell & Eleanor Blum Patient and Family Learning Center, includes an overview of patient education tools, techniques and resources at MGH. The nursing process is used to facilitate presentation of the content from assessment through documentation. Specific content includes the domains of learning, assessment of learning needs, planning care related to learning needs, teaching techniques, and MGH teaching materials and other educational resources.

- The **Excellence Every Day (EED) Portal** page is accessible at all times and houses materials and resources that represent the MGH commitment to providing the highest quality and safest care that meets or exceeds all standards set by the hospital or external organizations. The Patient Education/Health Literacy EED page is a repository of links to resources, educational materials, patient education-related policies and procedures, and links to the Joint Commission and Magnet Recognition program. Screen shots of the EED Portal page for Patient Education/Health Literacy are included below.
ADDITIONAL CLINICAL NARRATIVE: Occupational Therapist Katie Russo, OTR/L, CHT, provides a poignant example of using the teach-back/show-back methodology to empower Patricia to rehabilitate her arm after her radial fracture.

### DATA

**National Health Literacy Data**

**MGH Data**

HCAHPS Survey Introduction

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a patient satisfaction survey that CMS (the Centers for Medicare and Medicaid Services) requires for all US hospitals.

![HCAHPS data](image)

HCAHPS data for MGH: (related to Patient Education)

**Discharge Information**

**Medication Communication**

**IMPROVEMENT INITIATIVES**

**New MGH Patient and Family Education Materials & Resources Website**

Staff have long felt that patient education materials are hard to find on the intranet as well as having too many 'clicks' to find the site. In response to this feedback, the Blum Patient and Family Learning Center in collaboration with the Collaborative Governance Patient Education and Informatics Committees, developed a new intranet website that is easier to find. The redesigned site highlights MGH-produced patient education materials as well as preferred search engines and databases to find materials.

The intranet site can be accessed through Partners Handbook as in the past but is much easier to access by going to:

- > Partners Applications
- > PCS Clinical Resources
- > MGH Patient and Family Education Materials & Resources.

In addition, the site is directly accessible from the menu in the yellow bar along the left hand side of the discharge screen in CAS. If you would like to view the site, click here.

**Plain Language Consultations and Material Development/Review**

Health Literacy is a patient's ability to understand health information and to use that information to make appropriate health care decisions.

### FYIs

**Policies, Procedures & Guidelines:**

- Internal access only
- Patient and Family Education

**Nursing Practice Guideline on Patient/Family Education**

**Patient Education Committee**

The Collaborative Governance Patient Education Committee (PEC) is a multidisciplinary team that supports clinical staff in developing their role in patient education activities that reflect the diverse patient population served by MGH. This is achieved through stimulating, facilitating and generating knowledge of patient education materials, programs, and resources in order to improve patient care and enhance the environment in which clinicians shape their practice.

The committee consists of 3 smaller subgroups that focuses on Patient Education/Health Literacy, Communication, Events & Outreach, and Projects. Through these subgroups, the PEC has successfully created and distributed flyers and articles around effective patient education, presented seminars on health literacy, and coordinated activities for Health Literacy Awareness Month.

### TOOLKITS

**Patient Education & Health Literacy**

- MGH Patient Education Documents: (internal access only)
  - Library of post-discharge documents created by subject matter expert, clinicians (updated at least annually)
- Health Literacy/Plain Language Overview
  - Overview of health literacy, importance of plain language
- Medical Interpretation Tips
- Sample of Plain Language
  - Example of plain language editing
- Knowledge Deficit Documentation
  - Overview of components to include in knowledge deficit diagnosis for progress note and two samples of related progress note documentation
- Teachable Moments-Teach Back
  - Explanation of teach-back/show-back teaching method for patient education

**Shared Decision Making**

Health Decision Sciences Center and Shared Decision Making

- The Health Decision Sciences Center is a multidisciplinary research group that is committed to improving the quality of decisions made by patients and health care providers about medical testing and treatment.

- The mission of the Health Decision Sciences Center is to promote conversations and systems of care that value the expertise of patients, families, clinicians and the best available clinical evidence in medical decisions.
• **Collaborative Governance Patient Education Committee** is an interdisciplinary team that supports clinical staff in developing their role in patient education activities that reflect the diverse patient population served by MGH. This is achieved through stimulating, facilitating and generating knowledge of patient education materials, programs, and resources in order to improve patient care and enhance the environment in which clinicians shape their practice.

• **Patient Education Materials:** The MGH intranet houses many links to documents, websites, and databases that can be used to facilitate and support the patient/family teaching efforts of MGH clinical nurses. Clinical nurses can access standardized, evidence-based patient education documents produced by MGH content experts as well as online resources sponsored by the United States National Library of Medicine (i.e. Medline Plus) and other repositories of quality materials such as CareNotes and Micromedex. There are also links to patient education materials produced in other languages to assist with teaching non-English speaking patients and families. A screen shot of the MGH Patient and Family Education Materials and Resources intranet page is included below.

• **The Maxwell & Eleanor Blum Patient and Family Learning Center (Blum Center)** was established in 1998 as a result of a donation to the MGH as a state-of-the-art patient education resource center. Now operationalized through the Institute for Patient Care within Nursing & Patient Care Services, the staff of the Blum Center provides direct service to patients, families and staff on behalf of the
MGH. The Blum Center team assists patients, families and staff with comprehensive literature searches and provides educational programs on a variety of health topics. The staff also works with MGH content experts to evaluate and revise written materials or produce new materials using plain language guidelines to ensure the content is written in such a way that it is understandable and usable to the reader. A masters-prepared nurse on the Blum Center staff collaborates with the Knight Center staff to deliver patient education content during RN Onboarding. Additional educational programs are presented to assist clinical nurses and other clinicians to acquire the skills necessary to effectively teach patients about health and illness. Programs held within the last year include:

- Clear Communication
- Health Literacy
- Teachback/Showback Method
- Plain Language
- eCare System Patient Education

A description of an educational activity provided by the Blum Center designed to improve clinical nurses’ expertise in teaching a patient or family as well as methods used to evaluate the program are presented below.

**Educational Activity**

Each year, clinical nurses and other health care team members have an opportunity to join a Collaborative Governance Committee (CG). CG is the decision-making process that places the authority, responsibility and accountability for patient care with practicing clinicians. CG takes the form of a number of committees including Quality and Safety, Patient Experience, Diversity and Inclusion, Informatics, Research and Evidence-based Practice, Ethics in Clinical Practice, Advisory Committees, Clinical Practice, and Patient Education (PEC). In anticipation of a significant number of new champions (i.e. members) joining the PEC in January 2017, the PEC leadership team, Julie McCarthy, RN, BSN, CPAN, clinical nurse, Post Anesthesia Care Units (Ellison 3, Lunder, 2,3,4), Amber Blough, RD, dietician, Nutrition and Food Services, Gail Alexander, RN, MSN, CCRN-K, CHSE, patient education specialist, Blum Center and Brian French, RN-BC, PhD(c), director, Blum Center planned to provide an educational program designed to improve the patient/family expertise of the new champions.

Alexander presented the program, “Improving your patient teaching skills using the teach-back technique” on January 11, 2017. Eight clinical nurses new to the committee as well as the PEC leadership team, two members of the Blum Center and a librarian (attachment SE 6.a) attended the program. Content included an overview of health literacy, clear communication strategies, and the teach-back/show-back technique (attachment SE 6.b). The teach-back/show-back techniques require the patient/family member to verbally review content or demonstrate the skill that was taught so that the clinical nurse can assess the effectiveness of his/her teaching and provide remediation as necessary to facilitate understanding of the material. The program included a
didactic presentation, small group exercise, and use of video-clips to facilitate group discussion. Clinical nurses received 1.0 contact hours for continuing nursing education to be used for re-licensure purposes as required by the State of Massachusetts Board of Registration in Nursing.

Evaluation Strategies

A number of methods were used to evaluate the program’s effectiveness at improving clinical nurses’ expertise in teaching a patient or family member including:

Pre/Post-Assessment of Knowledge and Program Evaluation:

The Knight Center is an approved provider of continuing education (CE) in nursing by the Ohio Nurses Association, an accredited approver of the American Nurses Association’s Commission on Accreditation. As required of approved providers, all nursing continuing education programs are evaluated by participants including attainment of learning objectives and instructor skill. In addition, Knight Center Professional Development Specialists have recommended that CE programs include a pre- and post-assessment of knowledge to enhance program evaluation.

Pre/Post-Assessment: A 4-question pre-assessment was administered to the participants prior to the start of the program to assess baseline knowledge of the content. The same assessment was administered at the end of the program as a test of immediate recall of content. Two of the questions were related to health literacy and two were specific to the teach-back teaching technique. Twelve participants completed both the pre- and post-assessments.

The results of the pre-assessment demonstrate that program participants had a good understanding of the concepts in three of the four questions. All participants answered one question correctly on both the pre- and post-assessment. The number of correct responses improved for the other 3 questions in the post-assessment demonstrating that participants were able to immediately recall content presented in the program.

Program Evaluation: Twelve participants completed evaluations and they reported that the majority of learning objectives were met, program content was related to the objectives, teaching methods enhanced the program, and were satisfied overall with the program. Alexander was rated “excellent” by 11 of the 12 participants and “satisfactory” by one participant. A number of narrative comments were provided that spoke to specific aspects of the content and method of content delivery. The program evaluation with collated participant responses and a copy of the pre-/post-assessment with collated data is included in attachment SE 6.c.

Teach-back Self-Evaluation and Teaching Log: Participants were provided with a Teach-back Self-Evaluation and Teaching Log to capture information related to patient/family teaching sessions. The log would allow the clinical nurses to record the topic and/or goal of the teaching session, the method(s) used to teach the content, and
their assessment of their teaching skill including what they would do to improve their teaching. Seven participants completed the log and captured between 1 and 4 teaching sessions on a variety of topics including performing a specific skill (e.g. emptying a urine drainage bag), medications, diet instructions, and communicating with their provider regarding their health. The participants provided a number of thoughtful and reflective comments that demonstrated their ability to evaluate their teaching skills and to use each teaching session as a learning experience in order to improve their skill in the future. The logs were discussed at a meeting of the PEC on April 12, 2017 in order to discuss their experiences applying the program content, share best practices and brainstorm opportunities for ongoing improvement. Peer review dialogues such as this are encouraged by the PEC leadership in order to promote a safe environment to share patient narratives and group learning. A copy of three teach-backlogs completed by clinical nurses is included in attachment SE 6.d.

Clinical Nurse Documentation: An additional way that the program was evaluated was through a review of a clinical nurse’s documentation in a patient’s record. The presence of documentation of a patient/family teaching session that related to program content would demonstrate an application of knowledge into practice. French approached Palmie Riposa, RN, BSN, CACP, clinical nurse, Anticoagulation Management Services (Professional Office Building 1) on February 8, 2017 and asked for her permission to review a note that described a family meeting she had facilitated with one of her patients. During the meeting, Riposa completed a comprehensive assessment of the patient’s knowledge of her health related to treatment of her atrial fibrillation with warfarin. The patient was able to recognize her medications, fill her pill box correctly, and describe the correct number of pills to take each day when given several different dosing instructions. However, Riposa did determine that the patient needed teaching and reinforcement in a number of areas including the communication that will occur with the clinic, drug interactions, and the importance of dietary influences of vitamin K on anticoagulation. Riposa documented (attachment SE 6.e) that she used the teach-back method in her teaching session and that the patient and family members (three children) were able to successfully demonstrate their understanding of the content thus demonstrating application of content presented in the educational program.

MGH is committed to the ongoing professional development of nurses at all levels. Patient education is a critical nursing skill and there are many resources available to improve the patient/family teaching skill of clinical nurses including ongoing educational activities. Program evaluation is required to ensure the program is effective in meeting learning objectives and goals. This narrative demonstrates the ongoing commitment of MGH to improving the patient teaching skill of clinical nurses and ensuring the program’s effectiveness through a comprehensive plan for evaluation.