

# Essentials for effective patient training (peritonitis and exit site)

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# Contents

- Patient education process
- Effective patient education materials
- Patient self-management

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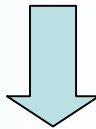
# Preparing a patient for PD

- Goal of patient training programs
  - To achieve long-lasting changes in behaviour.
  - PD patients:
    - To adapt to the new life on dialysis.
- Strategies to achieve the goal
  - To increase knowledge, improve skills, develop coping mechanisms.
  - Patient education process

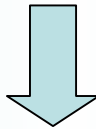
# Patient education process

- Individualized for each patient and event  
(Patient-focused education)

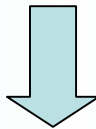
Assessment



Planning



Implementation



Evaluation

# Patient education process

## - Assessment

- To identify the needs and problems of an individual patient and family.
- Any educational topic that is identified is conceptualized in a frame work that highlights the patient's needs rather than the interests of the healthcare team.

(Rankin & Stallings, 2001; Redman, 2004; Wick & Robbins, 1998)

- To obtain data from various sources:
  - patient's history, medical records, and family



identify the educational needs

# Patient education process

## - Assessment

- Findings from the assessment on Mr. A :
  - Mr. A wants to have a normal and independent life.
  - He works as a security guard and he plans to continue the job after starting on CAPD.
  - He lives alone.
  - He has low education level.
  - He has the experience of poor DM control leading to hospitalization because of not adhering to DM medication regimen.

# Patient education process

## - Planning

- The plan should account for individual patient characteristics that may affect the learning process.
- Mr. A :
  - has low education level.
  - is very independent.
  - ? has the habit of non-adherence.

# Patient education process - Planning

- Goals and objectives of educational process
    - Goals are the desired outcomes of learning
    - Objectives are the behaviours that will be performed to achieve the goal
- (Rankin & Duffy, 1996; Redman, 2004)

# Patient education process - Planning

## Example 1:

- Goal: To have a normal life on CAPD by minimizing preventable peritonitis
- Objectives of the education process: the patient
  - Knows the causes of peritonitis
  - Can state the preventive measures of peritonitis
  - Can state the actions to be taken in case of contaminating the CAPD system
  - Can carry out the bag-exchange procedures with appropriate technique
  - Knows the possible consequences of repeated peritonitis

# Patient education process

## - Planning

### Example 2:

- Goal: To minimize hospitalization caused by exit site and catheter complications.
- Objectives of the education process: the patient
  - Knows the causes of exit site and catheter complications
  - Knows the signs and symptoms of exit site complications
  - Knows the possible consequences of exit site complications
  - Can state the preventive measures of exit site complications
  - Can perform exit site care with appropriate technique
  - Can state the measures of protecting the catheter

# Patient education process - implementation

- Keep it simple, make it understandable.
  - Use the simplest method to do CAPD bag exchange.
- Aim to empower patients to advocate for themselves by becoming active participants.
  - Involve the patient in working out the most appropriate time schedule of CAPD bag exchanges according to the living style of patient.

# Patient education process - implementation

- Guidelines to facilitate the teaching-learning process:
  - Choose an appropriate teaching method
  - Set realistic objectives
  - Eliminate medical jargon whenever possible
  - Limit education to short teaching sessions
  - To change health behaviours, focus on behaviours and skills
  - Present context first
  - Partition complex information
  - Make learning interactive
  - Capitalize on educational opportunities when patients are ready to learn

(Wingard, 2005)

# Patient education process - evaluation

- ? Met the learning objectives
- ? Desired behavioural change has occurred

# Continue the education process

- Reinforce with ongoing education reminder
  - Example: praise the patient for proper exit site care during clinic visits.
    - ➡ keeps important information uppermost in patient's mind.
    - ➡ helps foster a trusting relationship between nurse and patient.

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# Effective patient education materials

- Dialysis unit provides reading materials to patients to reinforce verbal instructions.
- Examples of reading materials in dialysis unit: CAPD bag-exchange procedure guidelines, exit-site care instructions, trouble-shooting instructions, dietary regimens.

# Effective patient education materials

- Patients will not use or understand the education materials if patient cannot read them.
- Patients will not adhere to treatment plans if they are unable to read or understand the education materials.

# Effective patient education materials

- According to the statistics from HKSAR government in 2006, the distribution of education level of HK citizens (age  $\geq 15$  years old) is as the following:
  - Illiterate/ kindergarten : 6.5%
  - Primary school : 19.5%
  - Secondary school (F.1 - F.5) : 45.9%
  - Advanced level (F.6 – F.7) : 5.2%
  - Tertiary level: 23%

# Effective patient education materials

- Patients may not tell dialysis unit staff they have problems in reading or understanding the education materials.
- Creating effective patient education materials is one of the important factors in an effective training program.

# Effective patient education materials

- Design strategies to improve readability of patient education materials:
  - Use **bold** or *italics* to emphasize key points.
  - Use black letters on white paper for clarity.
  - Use at least 12-point front size.
    - One study found that patients prefer 14-point Arial type
  - Avoid using many fonts, as it is distracting to the reader.
  - Use picture or drawings to illustrate concepts or procedures.
    - Keep them simple. Pictures from textbooks or journals are too complex.
    - Do not use pictures that demonstrate the wrong behaviour.

(Cont'...)

# Effective patient education materials

- Design strategies to improve readability of patient education materials: (cont')
    - Do not use all caps – IT IS DIFFICULT TO READ.
    - Just the text to the left margin and leave the right side ragged.
    - Use headings and subheadings to divide the text.
    - Leave a lot of white space on the page.
      - The goal is for the handout to look uncluttered.
    - Use interactive elements to encourage patients to use the material.
      - Examples include charts for lab values, blood pressures monitoring, dry weights, medication dosage, and so on.
      - Have patients fill in the blanks as you discuss the materials with them.  
Example: An alternative to eating ice-cream is to eat
    - Bullets help the reader follow the information. \_\_\_\_\_
- (Brownson, 1988; D'Alessandro et al., 2001; Eyles, Skelly, & Schmuck, 2003; Horner et al., 2000; Winslow, 2001 in Aldridge, 2004)

# Effective patient education materials

- PWH patient education materials samples:
  - CAPD procedures (Fresenius Andy Disc system, Gambrosol trio)
  - Exit site care
  - CAPD record sheet

# Effective patient education materials

A CAPD patient is having bag-exchange at home.



Bag-exchange procedures instruction sheet is posted in front of the working table to act as a reminder.

# Effective patient education materials

- To tell patients what they need to know, not what is nice to know.

(Brownson, 1998)

- Written materials serve as a permanent record of instructions, therefore they should be accurate and include only information that are accepted in usual practice.

# Effective patient education materials

- Changing any behaviour is multifactorial. Patients may simply lack the motivation or support to change their behaviour, and a handout alone is unlikely to change the fact.

(Aldridge, 2004)

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# Patient self-management

- The goal of chronic disease management is to simultaneously achieve the highest level of functioning and the lowest level of symptoms given the severity of the disease.

(Clark, 2003)

- In the case of ESRD, this goal is largely unattainable without patients' active and comprehensive self-management of all aspects of life with ESRD.

(Curtin, Johnson, Schatell, 2004; Curtin, Mapes, Petillo, & Oberley, 2002)

# Self-management of health care

- Five interdependent dimensions:
  - Communication
  - Partnership in care
  - Adherence
  - Self-care activities
  - Self-care self-efficacy

(Curtin, Johnson, et al., 2004; Holman & Lorig, 2000; Zrinyi et al., 2003)

# Self-management of health care - Communication

- Information that is irrelevant to patients' personal concerns or that does not affect behaviour is not constructive.

(Noreen Clark, 2003)

- To communicate specific information and messages that patients can translate into actual self-care behaviours.

# Self-management of health care

## - Partnership in care

- Patients are encouraged to manage the self-manageable and to consult with their health care partners for circumstances that need urgent intervention.

(Curtin, Mapes et al., 2005)

# Self-management of health care

## - Adherence

- Patients are the best judges of what is actually possible for them and may be non-adherent if the expectations of their health care professionals are not realistic for their circumstances.

(Kate Lorig, 2002)

# Self-management of health care

## - Self-care activities

- Self-care is the “action” dimension of self-management in health-care.
- Optimal outcomes of health care are achieved when patients become active participants in the health care process.

(Brennan & Safran, 2003)

- Self-care behaviours: perform CAPD bag-exchanges, exit-site dressing, measure fluid intake & blood pressure, interact with health care professionals, symptom reporting, etc.

# Self-management of health care

## - Self-care self-efficacy

- In practice, perceived self-efficacy means that individuals are confident that they can perform certain actions to achieve desired outcomes, and are also secure in the belief that the actions they take will produce the outcomes they seek.

(Bandura, 1997)

# Conclusions

- An effective patient education program:
  - highlights patient's needs,
  - provides patient with effective education materials,
  - reinforces educational topics with ongoing education reminder,
  - achieve long-lasting changes in behaviour,
  - leads to patients' active and comprehensive self-management.

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