CHAPTER 6

Client Education and Discharge Planning

LEARNING OBJECTIVES

Terminology

Theoretical Concepts

Client Education
- Principles of Client Education
- Resistance to Change
- Readiness to Learn
- Methods of Teaching

Discharge Planning
- JCAHO Standards for Client Education
- Discharge Planning; High-Risk Clients
- Federal Requirements for Discharge Planning Process

Nursing Diagnoses

Unit 1: Client Education

Nursing Process Data

PROCEDURES

Collecting Data and Establishing Rapport
Determining Readiness to Learn
Assessing Learning Needs
Determining Appropriate Teaching Strategy
Selecting the Educational Setting
Implementing the Teaching Strategy
Evaluating Teaching/Learning Outcomes
- Documentation
- Critical Thinking Application
  - Expected Outcomes

Critical Thinking Options

Unexpected Outcomes

Unit 2: Discharge Planning

Nursing Process Data

PROCEDURES

Preparing a Client for Discharge
Completing a Discharge Summary
- Documentation
- Critical Thinking Application
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  - Unexpected Outcomes
  - Critical Thinking Options

Chapter Addendum

Gerontologic Considerations

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- Delegation
- Communication Network

Critical Thinking Strategies
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NCLEX® Review Questions
Learning Objectives

1. Define the process of client education.
2. Discuss the meaning of the term learning theory.
3. Outline the process of collecting client data to determine learning needs.
4. Explain the application of the nursing process to client education.
5. List two factors to consider when determining an appropriate teaching strategy.
6. List and describe two specific teaching strategies appropriate for clients and families.
7. Define cultural competence.
8. Identify assessments to determine readiness to learn.
9. Discuss the application of Adult Learning Principles (Knowles) to client education.
10. Identify one strategy to determine readability level of written material.
11. Describe how to develop an evaluation tool.
12. Discuss the meaning of the term discharge planning.
13. List three risk factors that require discharge planning.
14. Identify the steps necessary to complete a discharge summary.

Terminology

Assessment: the first step in identifying client’s knowledge base is to set meaningful learning goals and strategies.
Client education: the process of influencing behavior and teaching the client self-care techniques so that he or she can resume responsibility for certain aspects of health care following discharge from the health facility.
Compliance: follow-through on advice and direction by medical personnel to promote wellness and rehabilitation.
Comprehensive health care: a total system of health care that takes the whole person into account.
Counseling: to give support or to provide guidance.
Culture: a way of living, thinking, and behaving. It is learned within the family and guides the way we solve problems in our daily lives.
Cultural competence: a set of congruent behaviors, attitudes, and policies that enables nurses and other health care workers to work effectively in a cross-cultural situation.
Diagnosis-related groups (DRGs): categorization of disease diagnoses that standardizes the reimbursement of government funds for number of days in the hospital.
Discharge: to let go, as in discharging a client from the hospital; the flowing away of a secretion or excretion of pus, feces, urine.
Discharge planning: systematic process of planning for client care following discharge; includes client needs, goals of care, and strategies for implementation.
Evaluation tool: a test, questionnaire, or direct observation that evaluates the effectiveness of the teaching.

Helping relationship: an interaction of individuals that sets the climate for movement of the participants toward common goals.
Home care assistance: nursing care provided by licensed and unlicensed personnel in the client’s home setting.
Learning: The process of conceptual change, within the framework of the client’s perceptions, that leads to modifications in behavior.
Maladaptive: inability to, or faulty adjustment or adaptation.
Readiness to learn: a component of the learning process; referring to the psychologic state of being open and accepting of new information and the learning process.
Relationship: an interaction of individuals over time.
Resistance: inability to listen and participate in discussion of health behavioral changes.
Support: to lend strength or give assistance to.
Termination: the end of something; a limit or boundary; conclusion or cessation.
Therapeutic: having medicinal or healing properties; a healing agent.
Transfer: to convey or shift from one person or place to another.
Transition: the process or an instance of changing from one form, state, activity, or place to another.
Transitional care: the process of facilitating the transition or move between hospital and home to maintain continuity of health care.
Understanding: to perceive and comprehend the nature and significance of, to know.
Validate: to substantiate or verify.

Client Education

Historically, client education has been one of the most important responsibilities of the professional nurse. With advances in medical science and an increasing number of clients with progressive chronic illness, the role of client education can directly affect the client’s health, adaptation to illness, and recovery. While a segment of health care consumers are more informed and active in making health care decisions, there still remain those who lack “health lit-
Challenges to Providing Client Education

- Various cultures
- Various languages
- Lack of time
- Lack of reimbursement
- Lack of appropriate readable materials
- Lack of literacy appropriate materials
- Lack of training in providing client education and/or the development of materials

The goal of client and family education is to promote optimal client health. To achieve this goal, clients and families must learn in a way that is meaningful and acceptable to their concept of self and in relationship to the illness. Thus, learning is a process of conceptual change within the framework of the client’s perceptions that leads to behavioral change.

To be effective and facilitate the teaching/learning process, the nurse must utilize excellent listening and communication skills to establish rapport. Determining learning needs, preferred learning style, and learning readiness are all requirements included in the JCAHO Standards for Patient & Family Education. Once a client has received a new diagnosis or new information about his/her condition, the nurse must assess three areas: (1) what they already know, (2) what they need to know and, (3) how best to assist with learning. Clients need to be able to identify and understand what the illness is, effects of the treatment, whether it is acute or chronic, and short- and long-term care needs and outcomes. Discussing possible outcomes of the illness will help the client accept the condition, be open for new ideas or teaching, and be motivated to learn and make appropriate health behavior changes. The client must recognize any gaps in knowledge and misconceptions, and then assimilate new information for possible actions. When the client and family assist in goal setting and the information is presented based on their preferences, learning becomes more meaningful.

The client education plan is a component of the total nursing care plan, which is part of the nursing process. Thus, the same principles of the nursing process apply to client education: assess the learning needs, and plan appropriate teaching, implementation, and evaluation. Client education, when viewed as a process rather than the simple action of imparting information, helps the client to actively participate in his or her health plan for wellness. Individualized to the specific client needs and included as part of a total care plan, client education contributes to continuity of care following discharge.

PRINCIPLES OF CLIENT EDUCATION

Malcolm Knowles, author of *The Modern Practice of Adult Education*, discusses strategies for adult learning. He suggests that adult learning and readiness to learn are influenced by developmental tasks. Knowles formulated what he called the “Adult Learning Principles,” including:

- Adults learn best when there is a perceived need. In order for learning to occur, the client must understand why they need to know about a subject. Therefore, the nurse must ensure that the client understands the underlying health issue that is to be prevented or the illness that is to be resolved, prior to teaching.
• Teaching of adults should progress from the known to the unknown. Assess what they already know; don’t reteach the things they already know.
• Teaching of adults should progress from the simpler concepts to more complex topics.
• Adults learn best using active participation. Asking the client to restate what has been discussed will encourage learning and provide for clarification.
• Adults require opportunities to practice new skills. When acquiring new manual skills, such as drawing up or injecting insulin, it is essential that the client be allowed to practice the skill. It is important to observe a return demonstration in order to evaluate the effectiveness of the teaching.
• Adults need behavior reinforced. An example of reinforcing behavior would be to allow the client to draw up and give their insulin each time it is required.
• Immediate feedback and correction of misconceptions increases learning.

Similar to Knowles’s principles of adult learning, simplicity and reinforcement are essential in providing client education. An understanding of these principles is essential for individuals who teach adults in the health care setting.

**RESISTANCE TO CHANGE**

Most nurses recognize that the client may resist learning and cannot be forced to learn; the nurse can only assist the client, encourage him or her, and facilitate learning. To master information, the client must have internalized some form of motivation to learn; for example, the client realizes that to adequately control diabetes and feel better, he or she must understand the relationship of insulin and food to body needs.

Many clients appear to resist change, even when changing would result in a positive outcome. When this occurs, the process of learning is blocked. As a nurse educator, you are functioning as an agent of change and dealing with resistance to change is a necessary task. There are several reasons underlying resistance; one of the most common is that change is frightening, even when a person consciously wishes to alter his or her behavior. If a person perceives change as a possible threat, he or she may resist. Another cause of resistance is inaccurately perceiving the reason for or effect of change. Other sources of resistance include psychologic inflexibility, cultural practices, inability to tolerate change, and not believing that change will have a positive effect.

The nurse is both an educator and an agent of change. If the client resists change (the teaching process) attempting to identify the reason for that resistance and altering the teaching approach accordingly may assist the nurse to accomplish the goals of client education.

**Barriers to Change**

| Perceived threat or fear of change | Identify specific fears or threats and impart accurate information that may reduce fears. Focus on the positive outcome of change. |
| Inaccurate perceptions of effect of change | Clarify client perceptions. Impart accurate information, and discuss results of behavior change. |
| Disagreement that change is positive | Work to agree on mutual goals and demonstrate positive outcomes so client views change as positive rather than negative. |
| Psychologic resistance or perceived loss of freedoms or behaviors | Focus on discussion of client’s perceived loss of freedom and demonstrate willingness to alter plan or adapt to client’s needs. |
| Inability to tolerate change | Recognize that low tolerance is often caused by fear—allaying fear through developing trust, being supportive when client attempts to change, and giving positive feedback decreases fear of change. |

**Tips to Facilitate Client-Focused Education**

- Get to know the client, his/her knowledge level, perception, current practices, and preferences.
- Determine client’s goals and readiness to learn, and individualize ways to achieve goals.
- Take into account client’s goals, learning style, special skills, cultural beliefs, and developmental level.
- Utilize simple language and interact at client’s level with empathy and concern.
- Utilize a variety of materials and methods that encourage active learning and participation.
- Plan for right time and right place to maximize client and family learning.
- Follow up at another time to clarify information and reassess learning.

Client education is more than imparting information to a client; it is the process of influencing behavior. As such, it needs to be directed toward the client’s thinking to facilitate
meaningful behavioral changes. When goals are mutually agreed on and clearly stated, the learner understands what is expected, the nurse understands his or her role and can evaluate it, and the results can more easily be measured.

**READINESS TO LEARN**

Assessing the client’s readiness to learn is an essential component of client education. Readiness to learn can be limited by physical and psychosocial demands caused by illness, such as pain and fatigue. For many clients, the post-acute or recovery phase and desire to return to normalcy act as an incentive to learning.

**METHODS OF TEACHING**

The methods of client teaching may include:

- One-to-one education: most common methodology used in hospitals, clinics and physician offices.
- Group teaching: most often utilizes videotapes or similar technology, such as CDs or DVDs.
- Computer-aided instruction: used in clinics, physician offices or for client to learn at home.
- Internet: can increase client’s understanding of symptoms, conditions, and treatments—key to internet use is choosing appropriate health web sites.

Regardless of the methodology chosen, selection of educational materials and resources should be appropriate for age, developmental level, cognitive level, culture, and language.

**DISCHARGE PLANNING**

Recent changes in health care delivery systems, as an attempt to contain rapidly rising costs, has altered client care. The number of hospital days for clients in acute care hospitals has decreased; frequently, these clients are discharged still requiring care; and this care is frequently delivered in the home setting. Most clients, especially those who are high risk, benefit from the process of discharge planning. Discharge planning is defined as the systematic process of planning for client care after discharge from the hospital. The emphasis and goal of discharge planning is to meet client needs through continuity of care—from an acute care setting to a discharge facility.

When the client is admitted and the care plan formulated, discharge planning should be initiated. The process includes an assessment of the client and family’s anticipated needs; physical, emotional, and psychosocial status; home environment; and family and community resources.

Discharge planning requires a multidisciplinary approach with participation by all members of the health care team including the client and family. Many of the larger hospitals have discharge planners or coordinators, who orchestrate the discharge planning. This is especially important when the client is considered high risk. More often, however, the nursing staff or charge nurse is responsible for discharge planning. With the assistance of social workers or community-based nurses, the nurse identifies

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**JCAHO Standards for Client Education**

- Hospital plans for and supports the provision and coordination of client education activities.
- Hospital identifies and provides the resources necessary for achieving educational objectives.
- Education process is coordinated among appropriate staff or disciplines who are providing care or services.
- Client receives education and training specific to the client's assessed needs, abilities, learning preferences, and readiness to learn as appropriate to the care and services provided by the hospital.
- Client is educated, based on assessed needs, about how to safely and effectively use medications, according to law and regulation, and the hospital's scope of services, as appropriate.
- Client is educated about nutrition interventions, modified diets, or oral health, when applicable.
- Hospital ensures client is educated about how to safely and effectively use medical equipment or supplies, as appropriate.
- Client is educated about pain and managing pain as part of treatment, as appropriate.
- Client is educated about habilitation or rehabilitation techniques to help him or her be more functionally independent, as appropriate.
- Client is educated about other available resources, and when necessary, how to obtain further care, services, or treatment to meet his or her identified needs.
- Education includes information about client's responsibilities in his or her care.
- Education includes self-care activities, as appropriate.
- Discharge instructions are given to client and those responsible for providing continuing care.
- Academic education is provided for a hospitalized child or adolescent, either directly by the hospital or through other arrangements, when appropriate.

Communication between the client, family, and health care agencies is essential for effective discharge planning. The nurse establishes a dialogue between these various people and coordinates the discharge plan before the client leaves the hospital. When referrals to other agencies are necessary, these are initiated before the client is discharged. The nurse, if there is no discharge planner available, is responsible for coordinating such referrals—including signed physician’s orders for specific care, treatments, or medications.

Cultural Competence

The Developmental Disabilities and Bill of Rights Act of 2000 defined culturally competent services as services that are (a) provided in a manner responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals; and (b) provided in a manner that demonstrates respect for individual dignity, personal preference, and cultural differences.

It is essential to remember that all client teaching plans and strategies must consider cultural aspects in the planning phase. Cultural differences affect client’s open-mindedness to client education and their willingness to listen to the teaching and then being compliant with the changes that need to occur. Cultural differences affect client’s attitudes about illness, health care workers and treatment modalities. JCAHO has mandated that there must be greater awareness of diversity, attention to the needs of special populations, and staff training to meet their needs.

When taking cultural competence into account, nurses should consider the following to make client teaching more effective:

- Be aware of own cultural biases and prejudices.
- Become familiar with the core cultural values of client groups.
- Whenever possible, use a translator to convey information.

Discharge Planning: High-Risk Clients

- Elderly
- Multisystem disease process
- Major surgical procedure
- Chronic or terminal illness
- Emotional or mental instability
- Inadequate or inappropriate living arrangement
- Lack of transportation
- Financial insecurity
- Unsafe features in the home

and anticipates client needs and formulates a plan for meeting these needs after discharge from the hospital.

Successful discharge planning includes

1. A transitional plan of care from the acute care setting to home or another health care facility.
3. Knowledge and skills necessary for self-care and emergency procedures.
4. Appropriate agencies involved in transition to the home care setting.

A new approach to discharge planning is transitional care using transition specialists. This category of practitioner was implemented to facilitate the transition from hospital (where discharge planning is initiated) to recovery (in the home). The transition specialist meets with the family and client in the acute setting, begins discharge planning, and usually makes a home visit before the client is discharged. Following discharge to the home, this specialist is available to the client and family. This type of transitional care and coordination has proven to be cost-effective and has improved the quality of client care.

Federal Requirements for Discharge Planning Process

- Hospitals must identify at an early stage of hospitalization all Medicare clients who are likely to suffer adverse health consequences on discharge if there is no planning.
- The hospital must provide a discharge planning evaluation.
- A registered nurse, social worker, or other qualified person must develop or supervise development of the evaluation.
- Discharge planning must include an evaluation of the likelihood of needing posthospital services and of the availability of the services.
- The evaluation must include the client’s capacity for self-care or the possibility of the client being cared for in the environment from which the client entered the hospital.
- The evaluation must be completed on a timely basis so that appropriate arrangements for posthospital care are made before discharge.
- The discharge planning evaluation must be in the client’s medical record.
Cultural Competence (continued)

All cultures have health beliefs about illness: what causes it and what cures it, as well as who they will allow to treat them. It is important for nurses to understand each culture’s differences, as it will impact the client teaching process. Table 6-1 summarizes cultural beliefs that may have an effect on health care and client teaching.

Included in the discharge plan is a discharge summary. This summary includes an overall review of hospitalization activities and the client’s learning needs. There is a statement indicating how well the learning needs have been met, the client teaching completed, short- and long-term goals of care, referrals made, and coordinated care plan to be implemented after discharge.

Since 1988, hospitals have been mandated by federal requirements to provide a discharge planning process for all Medicare clients. These same requirements now apply to all clients within hospitals in the United States.

### Table 6-1  Cultural Beliefs Affecting Client Teaching

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Cultural Beliefs</th>
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<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td>Extended family has large influence on client.</td>
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<tr>
<td></td>
<td>Older family members are honored and respected, and their authority is unquestioned.</td>
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<td></td>
<td>Oldest male is decision maker and spokesman.</td>
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<td></td>
<td>Strong emphasis on avoiding conflict and direct confrontation.</td>
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<td></td>
<td>Respect authority and do not disagree with health care recommendations—but they may not follow recommendations.</td>
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<tr>
<td>Chinese</td>
<td>Chinese clients will not discuss symptoms of mental illness or depression because they believe this behavior reflects on family; therefore, it may produce shame and guilt.</td>
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<td></td>
<td>Use herbalists, spiritual healers, and physicians for care.</td>
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<tr>
<td>Japanese</td>
<td>Believe physical contact with blood, skin diseases, and corpses will cause illness.</td>
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<tr>
<td></td>
<td>Believe improper care of the body, including poor diet and lack of sleep, causes illness.</td>
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<tr>
<td></td>
<td>Believe in healers, herbalists, and physicians for healing, and energy can be restored with acupuncture and acupressure.</td>
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<td></td>
<td>Use group decision making for health concerns.</td>
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<tr>
<td>Hindu and Muslim</td>
<td>Indians and Pakistanis do not acknowledge a diagnosis of severe emotional illness or mental retardation because it reduces the chance of other family members getting married.</td>
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<tr>
<td>Vietnamese</td>
<td>Vietnamese accept mental health counseling and interventions particularly when they have established trust with the health care worker.</td>
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<tr>
<td>Hispanic</td>
<td>Older family members are consulted on issues involving health and illness.</td>
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<td></td>
<td>Patriarchal family—men make decisions for family.</td>
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<td></td>
<td>Illness is viewed as God’s will or divine punishment resulting from sinful behavior.</td>
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<tr>
<td></td>
<td>Prefer to use home remedies and consult folk healers known as curanderos rather than traditional Western health care providers.</td>
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<tr>
<td>African-American</td>
<td>Family and church oriented.</td>
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<td></td>
<td>Extensive extended family bonds.</td>
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<td></td>
<td>Key family member is consulted for important health-related decisions.</td>
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<td></td>
<td>Illness is a punishment from God for wrongdoing, or is due to voodoo, spirits, or demons.</td>
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<tr>
<td></td>
<td>Health prevention is through good diet, herbs, rest, cleanliness, and laxatives to clean the system.</td>
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<tr>
<td></td>
<td>Wear copper and silver bracelets to prevent illness.</td>
</tr>
</tbody>
</table>

*continued*
TABLE 6–1 CULTURAL BELIEFS AFFECTING CLIENT TEACHING (CONTINUED)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Cultural Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>Oriented to the present. Value cooperation.</td>
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<tr>
<td></td>
<td>Value family and spiritual beliefs.</td>
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<td></td>
<td>Strong ties to family and tribe.</td>
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<td></td>
<td>Believe state of health exists when client lives in total harmony with nature.</td>
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<tr>
<td></td>
<td>Illness is viewed as an imbalance between the ill person and natural or supernatural forces.</td>
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<tr>
<td></td>
<td>Use medicine man or woman known as a shaman.</td>
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<td></td>
<td>Illness is prevented through elaborate religious rituals.</td>
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</tbody>
</table>

Nursing Diagnoses

The following nursing diagnoses are appropriate to include in a client care plan when the components are related to establishing and maintaining client teaching and discharge planning.

<table>
<thead>
<tr>
<th>NURSING DIAGNOSIS</th>
<th>RELATED FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication: Verbal, Impaired</td>
<td>Cognitive impairment, auditory impairment, language barrier</td>
</tr>
<tr>
<td>Denial, Ineffective</td>
<td>Attempt to disavow need to alter lifestyle by avoiding client teaching</td>
</tr>
<tr>
<td>Health Maintenance, Ineffective</td>
<td>Cultural and religious beliefs, information misinterpretation, lack of education, lack of motivation, inadequate health care services</td>
</tr>
<tr>
<td>Knowledge Deficit</td>
<td>Inadequate understanding of condition, misinformation, language differences</td>
</tr>
<tr>
<td>Noncompliance</td>
<td>Impaired ability to perform tasks, poor self-esteem, lack of motivation</td>
</tr>
<tr>
<td>Relocation Stress Syndrome</td>
<td>Changes associated with transfer between facilities or facility and home, effects of losses associated with moving, stress in family members</td>
</tr>
<tr>
<td>Role Performance, Ineffective</td>
<td>Change in self-perception of role; change in others' perception of role as a result of an altered health status which leads to denial of learning need</td>
</tr>
</tbody>
</table>

The single most important nursing action to decrease the incidence of hospital-based infections is hand hygiene. Remember to wash your hands or use antibacterial gel before and after each and every client contact.

Before every procedure, check two forms of client identification, not including room number. These actions prevent errors and conform to JCAHO standards.
Nursing Process Data

Assessment • Data Base
Assess high-risk criteria for client education.
Determine the need for client teaching program.
Identify client learning style and preferences.
Assess knowledge and skill level of client.
Assess motivation to learn.
Assess readiness to learn.
Identify health beliefs and practices.
Assess developmental and educational level of client.
Determine appropriate methodology for client teaching sessions.
Identify appropriate adjunctive materials, such as audiovisual aids, to enhance learning process.
Assess appropriate setting for the individual client.

Planning • Objectives
To develop a plan using the nursing process framework and adult learning principles
To determine learning needs and establish learning objectives
To select appropriate teaching strategies
To increase client’s knowledge to promote compliance with health regimen
To encourage client participation in goal selection and implementation program
To encourage client to acknowledge individual responsibility for health behaviors and health status
To improve client’s ability to make informed decisions affecting health status
To facilitate behavioral changes that are conducive to optimum health status
To provide continuity of care when the client is moving from one health care setting to another

Implementation • Procedures
Collecting Data and Establishing Rapport
Determining Readiness to Learn
Assessing Learning Needs
Determining Appropriate Teaching Strategy
Selecting the Educational Setting
Implementing the Teaching Strategy
Evaluating Teaching/Learning Outcomes
EVALUATION • Expected Outcomes

Client’s knowledge regarding his or her health status has increased.
Client’s ability to make informed and effective health-related decisions, based on accurate information and awareness of self, has improved.
Effective use of the health care delivery system has been promoted.

Collecting Data and Establishing Rapport

Equipment
Nursing care plan in the nursing process
Room or suitable setting to complete assessment
Adjunct materials, such as audiovisual equipment, charts, and illustrations
Written materials, such as outlines or other handouts
Equipment for demonstration and return demonstration
Documentation forms: Kardex, client’s chart

Preparation
1. Develop a nursing care plan using the nursing process format.
2. Use of adult (and/or age appropriate) learning principles.
3. Use communication and interpersonal relationship skills. ➤ Rationale: To encourage client’s participation in the plan.
4. Use a nonjudgmental approach. ➤ Rationale: A non-judgmental attitude assists client to be honest with feelings.
   a. Use “how” questions to facilitate communication. ➤ Rationale: “How” is more effective than “why” in a question, as “why” tends to set up a defensive reaction to the question.
   b. Use verbal and nonverbal behavior and congruency of behavior to build relationship with the client.
5. Use assessment (observation) skills. ➤ Rationale: To establish a baseline for client teaching.
6. Request demonstration of a skill previously learned or currently used (e.g., giving self an insulin injection). ➤ Rationale: Client’s ability to demonstrate skill assists you to evaluate ability to perform, as well as mastery of previous teaching principles.

Procedure
1. Identify personal characteristics.
   a. Age, sex, developmental level.
   b. Educational level.
   c. Marital status.
   d. Family composition and living situation.
   e. Ethnic group and cultural practices pertinent to language skill & preference.

Continuity of care and information exchange has occurred between health agencies or between the hospital and client’s home and family.
The nurse has evaluated his or her teaching effectiveness and revised the plan, teaching style, and content as necessary.
Increased compliance to medical regimen as demonstrated by client’s ability to manage condition/disease process.
2. Identify resources available; both personal and community.
3. Identify values and attitudes toward self and others having his or her particular disease or condition.
4. Assess baseline knowledge—anatomy and physiology (normal and disease-related) and the disease process—by asking specific questions.
5. Assess current knowledge and ability to perform specific skills.

6. Assess patterns of coping.
   a. Past experiences of self and others in relation to the disease.
   b. Perception by client of how ill he or she is at this time.
   c. Reactions to stress and ways of managing anxiety.
   d. Current level of self-management.
   e. Willingness of client to change behavior.

Determined Readiness to Learn

**Procedure**

1. Determine client’s physiologic readiness.
   a. Degree of physical comfort of client (level of pain), level of alertness, ability to concentrate, degree of interest.
   b. Acuteness of the illness and its influence on client’s ability to learn.
   c. Environmental factors that may affect client’s degree of readiness.
   d. Safety issues and need for supervision.
2. Evaluate client’s psychologic readiness.
   a. State of client’s feelings and their influence on receptivity to learning. **Rationale:** An angry and hostile client is not going to absorb information until his or her anger is acknowledged or worked through.
   b. Psychologic barriers (for example, the presence of denial) and their influence on the learning process.
   c. Client’s intellectual capacity and level of comprehension.
3. Assess client’s willingness to make changes and be compliant with the teaching plan.
4. Assess family’s ability and willingness to participate in teaching.

Assessing Learning Needs

**Procedure**

1. Assess if client has learning needs related to diagnosis, hospitalization, surgical procedures, or treatments.
   a. Ask specific questions relative to what physician has told client related to specific learning need(s).
   b. Ask client what he/she is most interested in learning about specific learning need(s).
   c. Ask client to tell you in his/her own words what they know about specific learning need(s).
2. Interview client to determine what his/her daily life is like. **Rationale:** The information will assist you in determining impact of changes in client’s lifestyle brought on by illness or condition. This will help you determine how to approach the teaching plan.
   a. Ask client to describe his/her usual daily routine.
   b. Determine if anything has changed with this pattern since illness.
   c. Describe hobbies or sports activities in which client participates.
   d. Describe normal workday and what activities are involved with employment, if still working.
   e. Discuss usual family responsibilities. Will the family be involved with his/her care?
3. Determine client’s age and developmental level. **Rationale:** Knowing client’s developmental level is necessary to provide the most effective teaching strategies.
   a. Determine willingness to participate in actual hospital instruction.
   b. Determine cognitive ability to understand instruction.
   c. Evaluate the extent of time and active participation of the family during instruction.
   d. Assess the interaction of the client and family during client teaching. **Rationale:** This will provide data on potential compliance and noncompliance issues related to the teaching plan.
5. Assess the extent of support and actual care the family members will provide for the client at home. **Rationale:** This will determine the extent of the instruction necessary for the family.

**Clinical Alert**

JCAHO Standards for Patient and Family Education require that client’s learning needs, preferred learning styles, literacy level, educational level, language spoken and understood, and learning readiness are assessed.
4. Determine client’s learning style. **Rationale:** This will assist in matching the most appropriate teaching strategy for client education.
   a. Ask questions related to what time of day he/she learns best.
   b. Determine if he/she learns best by reading, listening, hands-on learning, or a combination of styles.
   c. Use a commercial learning style inventory, if available.

5. Complete a cultural assessment. **Rationale:** To develop a culturally responsive teaching plan based on client’s beliefs.
   a. Determine client’s belief about illness.
   b. Determine how strong the client’s belief system is relative to his/her cultural background.
   c. Determine whether he/she uses folk medicine practices and uses a traditional healer. Clients from Asia, Africa, and South America are more likely to maintain this cultural component of their former culture.
   d. Identify if traditional dietary habits are practiced in the home. If so, these should be included in the teaching plan, particularly nutritional counseling.

6. Determine client’s educational and literacy levels. **Rationale:** Clients may seem disinterested in learning when, in fact, they do not understand what is being said and are embarrassed to ask. This can lead to missed physician appointments, noncompliance with treatment or medication usage, and even disability.
   a. Determine client’s reading level by measuring his/her reading and comprehension skills.
   b. Use a test of reading and comprehension to obtain a client profile before beginning teaching process. **Rationale:** To determine most appropriate written material for client.

7. Assess client’s ability to speak and read English.
   a. Determine if client requires an interpreter during assessment of learning needs and teaching process.
   b. Ensure that words you use in client’s language are correct for the situation.

**Family Assessment** is an integral part of planning an effective teaching plan if family members will be affected by, or part of, the care of the client. Include the following information in the assessment.

- Which family members will be involved with care of client?
- Can family members provide necessary care or will additional support be necessary?
- Does home environment support client’s care needs?
- Are any changes to home necessary to provide a safe environment?
- Do family members speak English and have basic literacy skills?
- Are there any cultural belief conflicts that could inhibit adequate care in home?
- Do family members interact in a supportive manner with the client?
- What do family members know about the client’s condition? Do they need additional teaching?

- Do not use slang that could be misunderstood.
- Use simple words and phrases to allow interpreter to relate the intent of your statement.

8. Use assessment data and assessment instrument to jointly determine client’s learning needs: educational, physical, psychosocial, and financial needs.

9. Formulate needs as goals.

10. Prioritize learning needs or goals.

11. Review with client alternative resources available to accomplish goals.

12. Determine ability of facility, family, staff, or multidisciplinary team to meet goals or learning needs.

13. Identify potential barriers to learning.
   a. Physical: visual or auditory, pain level, literacy level, reading level.
   b. Emotional barriers: stress or anxiety, inability to focus on information.
   c. Language or culture: ability to understand and speak English, beliefs about health, folk practices or communication style differences.

14. Obtain verbal or written contract with client for educational program.

15. Refer client to other resources or agencies when appropriate.

**Clinical Alert**

Agencies contract with telephone language lines to provide interpreter services. These services are available through AT&T Language Line Services and Pacific Interpreters Inc. on a 24-hour basis and in over 140 languages.
Determine which teaching strategy will be most effective for client.

The Rapid Estimation of Adult Literacy in Medicine (REALM) reading test can be easily administered in a few minutes. This test provides the reading grade level for clients who read below ninth-grade level. Words the client reads are all common health terms. The client reads as many words as he/she can correctly pronounce. A chart is used to convert raw scores obtained from word reading into a reading grade estimate.

Determining Appropriate Teaching Strategy

Procedure

1. Consider the following factors when determining appropriate strategy:
   a. Input from client about how he or she learns best.
   b. Specific task or nature of the content to be transmitted and how it is best learned.
   c. Client attention span and retention ability.
   d. Reading level of client.
   e. Teaching materials and resources available.
   f. Time, availability, skills, and abilities of staff; appropriate use of paraprofessional and professional staff.
   g. Participation by members of other health care disciplines as part of a team.
   h. Determination of most appropriate time for teaching.

2. Use appropriate reading material for individual client.
   a. Determine reading level of written material.
   b. Use a readability formula to determine most appropriate written information for client.
   c. Use brochures, handout and written material written at a sixth grade level if client has low literacy skills. ►Rationale: Seventy-five percent of the adults in the United States should be able to read the material.
   d. Use short, common words in written material. ►Rationale: Medical terminology may be misunderstood.
   e. Make sentences 10 words or less and written in active voice.
   f. Make paragraphs short with one focus.
   g. Use large type (fonts) and lowercase letters. ►Rationale: Large font size is easier for clients with visual impairments or elderly clients, and lowercase letters are easier to read.
   h. Use diagrams and photos whenever possible to make a point.
   i. Set realistic goals and only one or two objectives for each teaching session. ►Rationale: Overloading client with information will not allow him/her to master information necessary for compliance.
   j. Ensure client completes a return demonstration, if appropriate. ►Rationale: This assists you to determine the extent to which client understands information presented. The greater the understanding and ability to perform a particular skill, the greater the compliance to treatment.

3. Determine which type of teaching strategy will be effective in a given situation.
   a. Group process: use of principles from group dynamics, mental health, or other related fields to enhance learning or behavior changes in a small group setting.
   b. Lecture–discussion: presentation of content in a didactic fashion with opportunity for questions and interaction during or at the conclusion of the presentation.
   c. Demonstration–return demonstration: demonstration (videotape) by the instructor with practice by the learner and return demonstration of mastery of the skill.
   d. Role playing: assumption of roles by various participants or learners for the purpose of clarifying various aspects of a situation.

Determining Reading Grade Level

Readability Formulas

The Fry Formula assesses three samples of 100 words from different parts of a written handout and is useful to determine client’s reading grade level. The Simplified Measure of Gobbledygook (SMOG) formula is very similar. The Fry Formula plots the average number of syllables and average number of sentences on a graph that then shows grade level. The SMOG formula also measures the number of syllables in a particular sample of written material which is then converted by a chart that determines reading grade level.

Source: REALM, Department of Internal Medicine, Louisiana State University.
Evidence Based Nursing Practice

Silent Clients
A qualitative study in Finland (N = 38 patients, N = 19 nurses) found that 18 clients who were identified as aloof or silent spoke little about themselves and followed the lead of the nurse. The nurse often used communication techniques that did not facilitate communication and were nontherapeutic. The study concluded that client’s quietness or silence in client education settings “was complex, supported by the hospital’s institutional standard, nurses’ lack of expertise, and client’s restrictive and face-saving speech.” This underscores the necessity that client education be client focused, based on client’s knowledge, experience, and preferences, rather than comply to a preset standardized, structured format.


Selecting the Educational Setting

Procedure
1. Choose an appropriate setting based on selected teaching strategy and available facility space.
2. Evaluate types of setting most appropriate to individual client and family learning needs.
3. Consider an informal setting.
   a. Spontaneous teaching interactions between nurse and client can occur at any time in any setting.
   b. Usually no formal plan or evaluation tool is used.
4. Consider a formal setting.
   a. Teaching is carried out in a specified area of the facility such as an in-service classroom.
   b. Teaching can occur independently, such as with audiovisual programmed instruction modules or in a group setting.
   c. Formal plan for the teaching program includes written goals, objectives, teaching strategies, content, and evaluation method.

Implementing the Teaching Strategy

Procedure
1. Gather teaching materials appropriate for client’s learning needs and teaching strategy.
2. Sit with client in designated setting, and establish a warm and accepting relationship. ➤Rationale: This is conducive to teaching and assists client in learning.
3. Specify previously established mutual goals and behavioral objectives of the program. ➤Rationale:
4. Clarify or reclarify contract, agreements, or expected outcomes with individual or group. ➤Rationale: Beginning at the level of understanding of person or group facilitates the process.
5. Assess teaching situation for any modifications needed and adjust plans accordingly.
6. Teach content or components of the plan to client.  
   ➤Rationale: Sticking to the plan and not deviating or going off on a tangent reinforces your commitment to help client master the content.
7. Use appropriate communication skills throughout session. ➤Rationale: Therapeutic communication techniques enhance learning environment.
8. Request feedback (evaluation interchange) during teaching process. ➤Rationale: Feedback lets you know how client is understanding content and allows for modification as indicated.
10. Adhere to agreed-upon starting and ending times; negotiate any changes. ➤Rationale: This encourages client to trust you.
11. Provide closure to teaching situation by summarizing and reiterating agreements made, actions to be taken, or subsequent events to follow.
12. Provide positive reinforcement if not done previously. ➤Rationale: This approach increases self-esteem and encourages learning in client.
13. Terminate teaching session by establishing time for next client contact.
15. Reinforce teaching throughout hospitalization.  
   a. Use return demonstration of skills frequently throughout hospital stay.
   b. Review teaching content through use of videotapes and reading material.
   c. Provide positive reinforcement for changes in behavior.
   d. Discuss teaching content and written information by asking pertinent questions and providing answers to client’s questions.
16. Send teaching plan and written materials home with client and family. Computer-generated written material (medications, tests, diagnosis, etc.) should be discussed verbally, in addition to providing written material.
17. Place copy of written instructions in chart for documentation. Instructions must be signed by client. This stays in chart.
18. Provide copy of teaching plan and written material to home health agency if referral has been made for visiting nurse. ➤Rationale: This promotes consistency in information dissemination and reinforces teaching provided to client while hospitalized.
Evidence Based Nursing Practice

Computer-Generated Client Education

Computer-generated client education has been studied several times. Leaffer and Gonda found that clients taught how to use the internet to retrieve health information were still using it 90 days later, and 66% of them were taking the information they found on the internet to their health care providers when they had a scheduled visit. More than 50% of the clients stated that using the internet made them feel more knowledgeable, and thus they were more satisfied with the treatment they received.


Baker et al., surveyed 4,764 individuals and the results indicated that 40% stated they had used the internet for information or advice about health or health care during the last year. Sixty-seven percent stated that using the internet improved their understanding of symptoms, conditions, or treatments.

Evaluating Teaching/Learning Outcomes

Procedure
1. After demonstrating skill(s), ask client to complete a return demonstration. Evaluate client's ability to perform tasks.
2. Ask client and/or family to explain demonstration using own words.
3. Ask client and/or family specific questions regarding information provided. **Rationale:** To determine necessity of reinforcing or reteaching information.
4. Develop a simple pre and post test to determine client's knowledge base.
5. Develop hypothetical situations for client to problem solve. **Rationale:** This will help determine client's understanding of disease or condition.
6. Use an evaluation tool, if appropriate. **Rationale:** Evaluating with a specific tool focuses the evaluation phase better.
   a. Evaluate forms, format, and types of tools available for evaluation.
      1. Pretest–posttest: measures changes in (e.g., knowledge level, attitudes, values).
      2. Questionnaire: completed by client to report attitudes, certain behaviors, and, most frequently, level of satisfaction with the teaching program.
      3. Physiologic tracers: determined prior to teaching episode to be the criterion of measurement of success (e.g., changes in blood pressure values after teaching program for hypertensive clients).
   b. Choose an evaluative tool based on goals and objectives of the teaching program. **Rationale:** The purpose is to achieve goals, thus evaluative tool should be based on goals.

Multidisciplinary Teaching Record

**COMMUNITY HOSPITAL**

**MULTIDISCIPLINARY TEACHING RECORD**

**INITIAL ASSESSMENT:** Interested in health instruction? Yes No
Language used: Other

**BARRIERS TO LEARNING CODES**

<table>
<thead>
<tr>
<th>N = None</th>
<th>C = Communication Limitations</th>
<th>E = Emotional Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>L = Language</td>
<td>D = Readability/Comprehension Limitations</td>
<td>F = Financial Limitations</td>
</tr>
<tr>
<td>A = Ability</td>
<td>I = Ability to Learn</td>
<td>P = Physical Limitations</td>
</tr>
<tr>
<td>M = Mental</td>
<td>R = Religous/Cultural</td>
<td>S = Social Limitations</td>
</tr>
<tr>
<td>B = Behavioral</td>
<td>H = History of Health</td>
<td>Other</td>
</tr>
</tbody>
</table>

**NEEDS CODES**

<table>
<thead>
<tr>
<th>K = Knowledge</th>
<th>Have</th>
<th>O = Opinion</th>
<th>S = Self Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>I = Information</td>
<td>C = Communication</td>
<td>N = Nutrition</td>
<td>W = Wound Care</td>
</tr>
</tbody>
</table>

**TEACHING METHOD CODES**

<table>
<thead>
<tr>
<th>A = Audiovisual</th>
<th>D = Demonstration</th>
<th>M = Medication Information Sheet</th>
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</thead>
<tbody>
<tr>
<td>P = Printed Materials</td>
<td>B = Booklet</td>
<td>F = Oral</td>
</tr>
<tr>
<td>T = Telephone Call</td>
<td>V = Verbal Instructions</td>
<td>Other</td>
</tr>
</tbody>
</table>

**EVALUATION CODES**

<table>
<thead>
<tr>
<th>E = Excellent</th>
<th>G = Good</th>
<th>P = Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>F = Fail</td>
<td>R = Requires Re-teaching</td>
<td>L = Learnable Long Term</td>
</tr>
</tbody>
</table>

**DATE/INITIALS**

**INSTRUCTION**

**DISEASE PROCESS** (Specify)

<table>
<thead>
<tr>
<th>Barrier Code</th>
<th>Needs Code</th>
<th>Person Taught Person Taught Person Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = None</td>
<td>C = Communication Limitations</td>
<td>E = Emotional Limitations</td>
</tr>
<tr>
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</tr>
<tr>
<td>B = Behavioral</td>
<td>H = History of Health</td>
<td>Other</td>
</tr>
</tbody>
</table>

**ABILITY TO CODE WITH ILLNESS**

<table>
<thead>
<tr>
<th>K = Knowledge</th>
<th>Have</th>
<th>O = Opinion</th>
<th>S = Self Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>I = Information</td>
<td>C = Communication</td>
<td>N = Nutrition</td>
<td>W = Wound Care</td>
</tr>
</tbody>
</table>

**MEDICATIONS**

| T = Treatment | B = Blood Pressure | H = Hypertensive |
|---------------|------------------|-----------------
| O = Oral | I = Injection | N = Needles |

**WOUND CARE**

<table>
<thead>
<tr>
<th>T = Treatment</th>
<th>B = Bandage</th>
<th>H = Hypertensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>O = Oral</td>
<td>I = Injection</td>
<td>N = Needles</td>
</tr>
</tbody>
</table>

**ACTIVITY LEVEL**

<table>
<thead>
<tr>
<th>T = Treatment</th>
<th>B = Blood Pressure</th>
<th>H = Hypertensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>O = Oral</td>
<td>I = Injection</td>
<td>N = Needles</td>
</tr>
</tbody>
</table>

**OTHER EDUCATION**

<table>
<thead>
<tr>
<th>T = Treatment</th>
<th>B = Blood Pressure</th>
<th>H = Hypertensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>O = Oral</td>
<td>I = Injection</td>
<td>N = Needles</td>
</tr>
</tbody>
</table>

**Comments (Include Date/Time and Initials):**

**INITIALS**

**SIGNATURE/TITLE**

**DEPT.**

**INITIALS**

**SIGNATURE/TITLE**

**DEPT.**

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* Multidisciplinary Teaching Record.
Documentation for Client Education

- Client's learning needs
- Client's learning objectives and goals set by client and staff
- Topics or subjects covered as a part of client education process, such as medications, procedures, dietary plan, activity restrictions, or follow-up care
- Teaching strategies used
- Degree of client's participation in the teaching activity
- Client's reading level
- Client's learning style preference
- Progress in meeting the expected outcomes of teaching
- Client's emotional response to the learning process
- Information or equipment sent home with client
- Client's developmental level

Critical Thinking Application

Expected Outcomes

- Client's knowledge regarding his or her health status has increased.
- Client's ability to make informed and effective health-related decisions, based on accurate information and awareness of self, has improved.
- Effective use of the health care delivery system has been promoted.
- Continuity of care and information exchange has occurred between health agencies or between the hospital and client's home and family.
- The nurse has evaluated his or her teaching effectiveness and revised the plan, teaching style, and content as necessary.
- Increased compliance to medical regimen as demonstrated by client's ability to manage condition/disease process.

Unexpected Outcomes

Client's health status or treatment compliance has not improved as a result of the teaching program.

- Reevaluate nursing care plan according to the nursing process.
- Reassess client for barriers to learning.
- Assess client's reading and developmental levels.
- Reevaluate testing tool.
- Review client's learning style preference.
- Determine readability level of written material.
- Problem solve with client as to next step to take.
- Request assistance from in-service consultant for determining which aspects of the teaching program were not successful and why.
- Assist in revising parts of the program and restructure for individual client needs.

Client is hostile to teaching program.

- Attempt to determine underlying reason for hostility.
- Terminate this session of teaching program, but tell client you will return tomorrow or at a later time.
- Bring another nurse along to assist you in teaching as well as to help you evaluate reason for hostility.

Client's ability to make informed and effective health-related decisions, based on accurate information and awareness of self, has not improved.

- Assist client to take realistic responsibility for ineffective decisions without guilt and shame attached.
- Assist client to identify those areas in which he or she is willing to make changes and support development of a plan of action.
- Refer to other resources such as groups with like conditions (e.g., cancer, diabetes).

Client is unable to understand client teaching due to language barrier.

- Identify a volunteer or family member who can be used as an interpreter.
- Use the AT&T Information line.
- Obtain teaching material in client's native language.
- Use photos or models, or make drawings that depict task to be performed.
Nursing Process Data

Assessment • Data Base
- Determine client discharge planning needs.
- Determine if client is in a high-risk category.
- Assess special needs of client for individualized planning.
- Assess need for multidisciplinary health care workers.
- Determine information needed for compiling discharge summary.

Planning • Objectives
- To complete a discharge risk factor assessment when admitting a client
- To determine health care workers needed for discharge planning
- To make appropriate referrals for client discharge
- To complete discharge teaching
- To develop a discharge plan
- To complete a discharge summary

Implementation • Procedures
- Preparing a Client for Discharge
- Completing a Discharge Summary

Evaluation • Expected Outcomes
- Client’s discharge plan is initiated upon admission.
- Client’s discharge teaching is completed before discharge.
- Client’s plan for discharge is based on identified long term goals.
Preparing a Client for Discharge

Procedure
1. Obtain admission history, physical, and hospital progress notes.
2. Determine risk factors for discharge planning at time of admission.
3. Refer high-risk clients to discharge coordinator or social service department, if appropriate.
4. Develop discharge plan (if not already completed) including short- and long-term goals in conjunction with physician and client.
5. Evaluate degree to which client education plan was implemented; reinforce aspects that were incomplete or refer to home agency.
6. Identify need for follow-up care after discharge in conjunction with physician.
7. Make appropriate agency referrals.
8. Complete a discharge referral form, and communicate directly with referral agency about client.
9. Develop written discharge instructions for client and family, including medication administration times, dose, and side effects; treatments to be carried out at home for in a facility; potential side effects or complications from treatments or surgery; when to notify physician regarding symptoms; etc.
10. Update client care plan, and send copy to referral agency.
11. Send client teaching plan and materials to referral agency. **Rationale:** To maintain consistency in client teaching.

(Note: Health care agency may prefer their own discharge form to be completed rather than documentation in the nurses’ notes.)

9. Develop written discharge instructions for client and family, including medication administration times, dose, and side effects; treatments to be carried out at home for in a facility; potential side effects or complications from treatments or surgery; when to notify physician regarding symptoms; etc.

10. Update client care plan, and send copy to referral agency.
11. Send client teaching plan and materials to referral agency. **Rationale:** To maintain consistency in client teaching.
Completing a Discharge Summary

Procedure
1. Document a complete physical and psychosocial assessment at time of discharge.
2. Review vital sign ranges, and state latest vital signs.
3. Identify activity level of client.
4. Describe use of adaptive devices or equipment needs.
5. Review client teaching plan. Provide explanation of areas where teaching was adequate and where additional reinforcement is required.
6. Identify prescribed medications, dosage, and administration times. Provide information on client’s knowledge of medication.
7. Describe goal achievement based on client care plan. Describe action taken if goal not achieved.
8. Identify referral agencies contacted.
9. Provide information regarding instructions on physician office visits, appointments to health care agencies, or support services.
10. Describe client’s condition at time of discharge.
11. Document discharge instructions provided to client and family.
12. Describe method of discharge (e.g., wheelchair) and person accompanying client at discharge.
13. State means of discharge transportation (e.g., private car, ambulance).
14. Specify discharge facility where client is going.

Documentation For Discharge Planning
• Discharge teaching completed
• Discharge plan completed including risk factors, short- and long-term goals, and degree to which plan was implemented
• Need for follow-up after discharge
• Referral agencies contacted
• Discharge summary form completed; discharge instructions including medications, treatments, etc.

Legal Alert

Lawsuit Regarding Follow-Up Discharge Teaching: Roberts v. Sisters of St. Francis Health Services (1990)

A 3-year-old presented to the emergency room with an upper respiratory infection. The child was discharged home in the care of her mother. The nurse gave both verbal and written instructions, including a pretyped instruction, for treating a fever. The child’s condition worsened a few days later and the mother brought the child to another hospital, where the child subsequently died from meningitis.

The mother brought a lawsuit against the first hospital for failure to provide adequate instructions upon discharge. The suit contended the nurse was negligent for not providing written follow-up instructions to see another physician and not warning the mother to observe for symptoms of meningitis. The court found in favor of the nurse stating she was not negligent, and that she provided written instructions for fever treatment and other instructions. The court held that the mother was negligent for not seeking help when the child needed additional care.

Based on this court ruling, remember to give both written instructions and verbal explanations. Written client teaching sheets should be used to reinforce, not replace, discharge teaching. It is recommended that this type of information (teaching sheets) should be written at the 6th-grade reading level. Non-English-speaking clients should have instructions translated into the client’s primary language.
Memory changes occur with the elderly population.

- There is better short-term memory with auditory rather than visual presentation of information.
- Structure should be brief and simple.
- Repetition is important.
- Older clients learn better by doing, using multiple senses, than by reading instructions.
- Memory is better for things considered important.
- Clients remember best what is told first.
- Declining mentation is not inevitable with aging, but some memory loss is usual.

Retention facts that underlie teaching strategies. People remember

- 5–10% of what they read.
- 10–20% of what they hear.
- 30–50% of what they hear and verbalize.
- 70% of what they verbalize and write.
- 90% of what they say as they perform a task.

Interventions for teaching the elderly

- Speak distinctly and sit close to learner.
- Face the learner so that lip reading can supplement hearing.
- Use visual aids and verbal teaching.
- Decrease extraneous noise.
- Use printed materials with large type and high contrast.
- Limit use of blue, green, and violet illustrations. Use red.
- Avoid totally dark room for audiovisual presentations.
- Increase time allowed for psychomotor skills, and allow time for repetition.
- Slow the pace of presentation.
- Give small amounts of information at one time.
- Use analogies and examples to explain information.

EXPECTED OUTCOMES

- Client’s discharge plan is initiated upon admission.
- Client’s discharge teaching is completed before discharge.
- Client’s plan for discharge is based on identified long-term goals.

UNEXPECTED OUTCOME

Client is discharged before discharge plan is completed.

Discharge plan does not contain adequate data.

Goals of discharge plan were not accomplished.

Discharge referral plan is not implemented and client receives no referral notice before discharge.

CRITICAL THINKING OPTIONS

- Continue to complete discharge plan, and send to referral agency.
- Verbally communicate to referral agency and discuss discharge needs of client.
- Reassess parameters of a discharge plan, and revise accordingly.
- Elicit assistance from another nurse or supervisor to revise discharge plan.
- Attempt to assess reason goals were not met.
- Reformulate or revise goals so that they are mutually agreed on and more realistic.
- Request assistance from expert health care workers or in-service consultant.
- Attempt to contact other referral agencies to provide continuity of care for client.
- Notify physician and discharge coordinator (if available) of necessity of providing follow-through care after discharge.

CHAPTER ADDENDUM

GERONTOLOGIC CONSIDERATIONS
Mnemonic devices are helpful to compensate for imperfect memory.

- Establish attainable short-term goals.
- Encourage participation in goal setting and planning.
- Integrate new behaviors with previously learned ones.
- Focus on problem solving, not just delivery of facts.
- Apply teaching to present situation.
- Stress the “why” of what is presented.
- Recognize that the elderly client may prefer to be alone when learning.
- Make follow-up phone calls, if indicated, to check on the client, reinforce teaching, or to clarify any misunderstanding.

**Discharge Planning**

A discharge plan for the elderly contains some of the same components as a plan for a younger adult; at every step in the plan, however, the coordinator must remember that this is an elderly person and he or she must be evaluated for the ability and resources to manage at home. Include family and/or caretaker in discharge planning. This is especially so if the elderly person lives alone or with another elderly person.

Following are several issues that the discharge planner must consider when formulating the plan:

- Was the person functioning independently at home before hospitalization, and is it realistic to expect him/her to do so again?
- Does this person have capable family or friend resources to assist with functioning in the home (in addition to the necessary professional resources)?
- What is the baseline health status of the person (assuming he/she recovers from the current hospitalization), and does this status allow for independent functioning following hospitalization?
- What are the long-term financial resources of the elderly person and do special measures need to be initiated for coverage?
- If the elderly person cannot return to the facility he or she was in prior to hospitalization, what special arrangements need to be made?
- Special considerations the discharge planner must take into account when coordinating a plan for an elderly individual. For example:
  1. Does the person have a hearing or visual impairment that interferes with learning?
  2. Does the teaching need to be done in written form (not just verbal)?
  3. Would a return demonstration of care procedures by the home health nurse be beneficial after the client has returned home?
  4. Will the anxiety level of the client to be discharged interfere with understanding and learning?
  5. Is the health status of the client a way of gaining attention? If so, this need should be separated from the needs of self-care following discharge. It is important to convey this need to the follow-up caregiver.

**Management Guidelines**

Each state legislates a Nurse Practice Act for RNs and LVN/LPNs. Health care facilities are responsible for establishing and implementing policies and procedures that conform to their state’s regulations. Verify the regulations and role parameters for each health care worker in your facility.

**Delegation**

- RNs must develop the teaching and discharge plans based on the assessment of client needs. The Nurse Practice Act sets the standards for who assesses and plans client care. Multidisciplinary team input is critical and a major component of both plans. The nurse is usually the coordinator of most client care plans and teaching plans.

- Once the teaching and discharge plans have been developed, other members of the health care team may participate in implementing them.
- LVN/LPNs follow the guidelines established in the teaching plans. They can assist with the discharge plans; however, an RN must write the discharge referral summary and communicate with the referring agency.

**Communication Network**

- The teaching plan should be developed in concert with the client and family. Mutually acceptable goals should be established with realistic time frames.
- The teaching plan is initiated early in the hospitalization. It must be written because it is a permanent part of the client record. It is updated as goals are achieved.
Client Education and Discharge Planning

NCLEX® REVIEW QUESTIONS

1. Living alone.
4. A job requiring them to return to work immediately.

Data for which one of the personal characteristics below is least necessary to obtain when planning for client teaching?
1. Educational level.
2. Family composition and living situations.

The health care team member (HCT) who assumes the leadership role in directing the educational plan for the client and/or family is usually the
1. Physician.
2. HCT member whose role represents the greatest teaching need requiring education.
3. Discharge planner.

Clients at high risk for discharge, usually requiring specific instructions, include those who are/have
1. Client education and discharge planning.

Team members are kept apprised of the progress toward meeting the teaching goals by updates during shift report.
Client information is disseminated between referral agencies and the hospital through a written discharge summary and/or referral sheet. The data in the summary includes pertinent information on the hospitalization and the condition at discharge, the medications and treatments the client is to continue to take, and specific equipment required for client care.

CRITICAL THINKING STRATEGIES

Scenario 1
Mr. John Johanson, age 58, was admitted to the medical unit with a diagnosis of heart failure. He is African-American, 5’7”, and weighs 260 pounds. He is a cross-country truck driver. He lives alone when not working. He usually watches TV and eats fast foods or frozen dinners. This is his second hospital admission in the last month. His vital signs are: BP 230/108, P 108 and irregular, R 36. He has bibasilar rales, and a 3+ pitting edema of the lower extremities. His point of maximal impulse (PMI) is at the sixth intercostal space (ICS), midaxillary line. He states he is short of breath and has had difficulty ambulating the last few days. He states he has tried to lose weight but even after dieting he gains more weight back. When asked about his smoking habits, he states he knows he is not supposed to smoke and he has tried to stop, but with his work it is too difficult because he is alone so much. He states he is on blood pressure drugs, but unsure of the name.

1. Identify the current nursing diagnoses by priority and provide rationale for answers.
2. From this data, what would you conclude are the teaching needs by priority and develop a teaching plan for Mr. Johanson.
3. Are there any cultural considerations that need to be taken into account when considering his teaching plan? If so, identify actions you will take relative to the cultural considerations.
4. Briefly outline how you will determine when it is appropriate to initiate the teaching plan.
5. Describe the discharge plan you might develop for Mr. Johanson.

Scenario 2
A very young mother brings a 6-month-old child to the emergency room and tells the triage nurse that she doesn’t know what is wrong her child, but she doesn’t seem to be “normal.” The child is assessed by the pediatrician and the child is admitted for further testing. The pediatrician’s admitting diagnosis is failure to thrive. The child’s weight is only 5 pounds over what it was at birth (7lb 2 oz), and the child is still not turning over from back to front. As the admitting nurse, you need to begin the discharge plan and the teaching plan. Based on the limited information from the physician and the admitting diagnosis, complete the following scenario.

1. What information will you need to obtain before you can plan for discharge?
2. What information is necessary to obtain before you can develop a teaching plan?
3. What approach will you take with the mother in order to obtain the necessary information for both the discharge and teaching plan?
4. Describe the nurse’s role in client teaching for this mother.

NCLEX® REVIEW QUESTIONS

Unless otherwise specified, choose only one answer. (1)

1. The health care team member (HCT) who assumes the leadership role in directing the educational plan for the client and/or family is usually the
   1. Physician.
   2. HCT member whose role represents the greatest teaching need requiring education.
   3. Discharge planner.

2. Clients at high risk for discharge, usually requiring specific instructions, include those who are/have
   1.Educational level.
   2. Family composition and living situations.

3. Data for which one of the personal characteristics below is least necessary to obtain when planning for client teaching?
   1. Educational level.
   2. Family composition and living situations.
3. Ethnic group.

It is imperative the client’s family participate in teaching activities. What actions would not be used to determine their ability and willingness to participate?
1. Assess cognitive ability to understand instruction.
2. Assess how attentive they are to the client and how often they visit.
3. Evaluate extent of time and active participation of family during instruction.
4. Evaluate interactions between client and family.

You have been assigned to develop a teaching plan for a client being discharged following a laparoscopy for gallbladder removal. Your priority intervention is to
1. Assess the home environment for specialized equipment needs.
2. Determine when the client plans to return to work.
3. Determine who will be at home with the client following discharge.
4. Assess the client’s usual lifestyle and daily activities.

You are developing the strategy for an initial teaching plan for a 24-year-old client admitted with newly diagnosed acute leukemia. Which one of the factors would not be taken into consideration as you develop the initial teaching plan?
1. Attention span and retention ability.
2. Reading level.
3. Input from client on how he/she learns best.
4. Support for client at home.

Nurses evaluate the effectiveness of the teaching strategies by
Select all that apply.
1. Asking the client to do a return demonstration of the skill being discussed.
2. Having the client take a post test of the teaching content.
3. Asking pertinent questions relative to the teaching content.
4. Summarizing the teaching content they presented.
5. Clarifying misinformation after each teaching session.

A client becomes very agitated and hostile when you approach him to begin client teaching for discharge. Which one of the actions would not be an appropriate action by the nurse?
1. Begin the teaching and explain you are required to complete the teaching.
2. Attempt to determine the reason for the agitation and hostility.
3. Do not begin the teaching program but explain that you will return later.
4. Ask another nurse to assist you in assessing the reason why the client is refusing the teaching.

Documentation for discharge includes which of the following statements?
Select all that apply.
1. Summarize vital signs during hospitalization and include latest vital signs.
2. Describe the activity level of the client during hospitalization.
3. Summarize the teaching plan and client’s response to teaching.
4. Summarize nursing interventions provided during hospitalization.
5. Provide Intake and Output findings during hospitalization.

Gerontologic considerations for client education should include which one of the following concepts for older clients? They
1. Learn best through reading material.
2. Remember 30–50% of what they read.
3. Need extraneous noises decreased while teaching is being presented.
4. Learn best in group settings.