The main problem with communication is the assumption that it occurred.  
George Bernard Shaw, author

Assessing the patient’s learning needs and readiness to learn

Knowing your patient is the key to successful teaching and clear, effective health communication. Assessment provides essential information about your patient and his or her support network. Learning about your patient’s needs, concerns, preferences, and readiness to learn is important for effective communication. Assessing learning needs and readiness allows you to individualize the information for each patient.

“It is much more important to know what kind of patient has a disease, than what sort of disease the patient has.”  
Sir William Osler, distinguished physician and teacher, circa 1900

Assessing Learning Needs —Click here for a Learning Assessment handout

To determine a patient’s learning needs, compare the actual level of a patient’s knowledge, skill, behavior, and attitude to the desired level. A learning need is a gap between the actual and desired level or an absence of the knowledge, skills, behaviors, or attitudes required by a patient to self-manage their care, maintain current health, or progress to a more healthy condition. Although you focus on assessment during your first few meetings with the patient, the process should be part of each encounter you have with the patient.

Considerations in assessing learning needs:
- Find out what patient wants and needs to know or do
- Find out what patient already knows
- Find out what patient is willing and able to learn
- Find out patient’s priorities
- Find out about existing barriers to learning

Essential questions:
- What is it that my patient absolutely must know or do, and if he or she does not learn it, life-threatening problems may occur?
- How the information is best delivered?
- When is the best time for the patient to learn?
- Where is the best place for the patient to receive the instruction?
- Why does the patient need to know this?
Information about your patient’s potential fears, core concerns, or possible misconceptions about his or her health is vital to effective communication and education. To determine the patient’s perspective or salient beliefs that they have toward issues in their lives, you can ask one easy question:

“When you think of ___________ what comes to mind?” Fill in the blank with a disease, behavior, or other you wish to explore. (e.g. cancer, heart disease, injecting insulin, exercise, low-fat diet, etc.)

Assessing Learning Readiness
Learning readiness is being both willing and able to make use of instruction.

Emotional readiness is the willingness to put forth effort necessary to learn. This is often influenced by a person’s level of motivation. Motivation is greater when the person perceives that the health information is relevant to their life and helps them fulfill a felt need or solve a problem. A person’s psychosocial adaptation to their health condition also impacts on their emotional readiness to learn. If they have high anxiety or stress levels, or if they are in denial, they are often not ready to learn. It is essential to give the person a chance to express how they are feeling about their condition and what is expected of them.

Experiential readiness is those factors that affect a person’s ability to learn or the way they learn. Factors that need to be considered include:
- Previous knowledge, skills, attitudes
- Present and past experiences
- Physical capability: size, strength, coordination / dexterity, intact senses, energy level, comfort
- Intellectual capability: reading, math, verbal, problem-solving skills
- Health beliefs (cultural / religious)
- Language
- Support people / relationships
- Learning style

Assessing Learning Style
A person’s learning style is the preferred way they learn or receive and process information. Examples of questions to ask or observations to make to determine a person’s learning style include:

How to you like to learn best? Reading? Listening? Doing?
Think of the last time that you learned how to do something (e.g. putting a piece of equipment together, or learning a new hobby). How did you learn it? What was the best way for you?
Is the choice of patient’s words more visual or action oriented?
Does the patient define things in abstract or concrete terms?
How much structure, direct feedback, or support is needed?
When and where does the person prefer to learn?
Providing clear and effective health information

After you have determined your patient’s learning needs and readiness, you can use this information as a basis for what and how to provide the health information. To individualize the health information, work closely with the patient and family to plan what they can and want to do. It is very important to define what is essential, realistic, and achievable before continuing with the teaching-learning process. Individualizing your message allows you to present relevant material, provide the patient with several opportunities to discuss concerns, and outline expectations or outcomes from the teaching. Think of outcomes or expectations in terms of patient behaviors or actions. A clearly defined outcome focuses on one task, and the more specific the outcome the easier it is to observe and measure the patient’s achievement in meeting the outcome.

❖ Set priorities for health teaching

Today’s patient usually has complex medical problems that require considerable teaching time. By establishing priorities early, you will be able to organize your time more effectively.

- Start with what the patient absolutely needs to know for safety reasons or survival.
- Determine what the patient wants to know. Start with what the patient wants to know and those behaviors he is willing to change.
- List all the behaviors affecting the condition. For all health conditions, there are a number of behaviors, which if changed, would affect the condition. For example, many times a patient with high blood pressure needs to stop smoking, exercise, lose weight, use less salt, and take medication.
- Determine which behaviors are the most important in affecting the patient’s health status. Not all behavior changes are equal. For example: a patient with high blood pressure needs to learn how to take medicine before learning most of the other behaviors.
- Determine which behaviors are easiest to change first. It’s easier to get people to add a behavior than to give up a behavior. If a person takes action and is successful without too much difficulty, motivation to continue is enhanced.
- Consider what resources the patient has when deciding on priorities.

❖ Determine what to teach (London)

Patients and families primarily need to know four things to learn how to be an active partner in their care.
Information to make informed decisions about their health care
Essential self-care knowledge and skills to improve health outcomes
How to recognize problems, and how to respond
Answers to their questions

Use a variety of methods and materials to effectively give health instructions

Selecting appropriate teaching methods –
Click here for Effective use of Teaching Methods handout

Use of effective teaching methods should reflect the content to be taught and the expected outcomes. Explanations, given in response to a patient’s questions, provide meaningful information that meets a specific interest or need. When teaching a skill, demonstration and practice is essential. Problem-solving and behavioral rehearsal techniques work best to prepare a patient to recognize problems and respond appropriately. For best results, provide people multiple ways to learn. People will usually choose those methods and materials that fit their learning style and preferences.

Tell me and I’ll forget; Show me and I may remember; Involve me and I’ll understand!
Native American proverb

Selecting teaching tools and materials
Click here for Effective Use of Audiovisual Materials
Click here for Effective Use of Written handouts

Supplement verbal instruction with easy-to-read materials, audio-taped instructions, videos, closed circuit TV (CCTV), CDs, DVDs, interactive computer programs, models, posters, and diagrams or pictures. A variety of materials contributes to the interest, emphasis, and reinforcement of health information, but should not be used alone. These tools do not replace you and they don’t teach; they help facilitate the interactive process between you and the learner, an essential element of teaching.

User-friendly and easy-to-understand materials provide repetition, back up to your verbal instruction, and help rephrase
the information for better understanding. The more active and participative a person is when being taught, the more senses that are involved, the more effective the learning. So, just telling information is not going to be as effective as seeing and doing something. Selecting and developing effective print materials is presented in other modules.

Tips for teaching health information – [Click here for Tips from Literacy Experts]

- Preparing to give health information
  - Be alert for one minute teaching opportunities / co-create teachable moments. Help patients identify potential learning needs.
  - Get the person’s attention. Make sure they realize that teaching is happening and what the expected results are for that teaching. Some of the ways to get a person’s attention is to ask a question that pertains to their situation or to tell a story or anecdote that peaks their interest.
  - Create an environment for learning by being positive and supportive. Find a quiet place where you won’t be interrupted and sit down near the person. Teach when the person has sufficient energy to learn. Let the person know that health information can be difficult to understand and that you will help them learn in a number of ways.
  - Note any special needs, such as a difficulty hearing or seeing, and plan to adapt your teaching accordingly.
  - Plan to tailor or individualize the instructions and treatment schedules to be consistent with the person’s experience and life-style.

- Organizing the information
  - People will remember instructions better if you frame the message first by telling them what you are going to discuss, and then give them the specific information one step at a time. For example, “Here are 3 things you need to know about your condition. First, you need to ______, second you should_______, and third you must ____________.”

[Picture used with permission from Pritchett & Hull Associates, Inc.]
Present the information in an organized and logical manner. Give the context before giving new information so that the purpose or use of the new information is understood.

Limit and organize the content to the 3 to 5 most important key points. Avoid including “nice to know” information.

Break down complex instructions and teach one step at a time. Help the person remember key points, by chunking items or steps into related groups or categories.

Repeat the most important points at the end of each instructional session.

Giving the information

Build new information on a person’s knowledge and previous experiences.

Speak slowly in normal tones and articulate clearly. Pace how fast you present the information so you do not present so quickly that the person cannot keep up with you.

Use everyday language, so there is no medical jargon and define any new health terms. If you use an unfamiliar term, explain it and teach the correct pronunciation.

Choose your words carefully. People with limited literacy will focus on what you say and they can become confused if a term is not used consistently. For example, use either stitches or sutures; diet or meal plan; and hypertension or high blood pressure. Let them know that more than one term may be used to describe the same thing.

Focus content on a person’s actions or behaviors that will result in a desired outcome, rather than on detailed facts. Persons with low literacy have problems making inferences or seeing implications for actions to take from facts and principles.

Teach practical information that is meaningful and relevant from the person’s perspective.
➤ Give specific, concrete, vivid instructions, rather than general instructions. For example, if a person is told to “take your medicine when you wake up,” the result may be a person who takes it several times a day after a nap. It would be better to say, “Take your medicine once a day when you get up in the morning.”

➤ Use examples and analogies relevant to the person to help them visualize what you are saying. An example helps people see how information can be applied for practical use and stimulates interest.

➤ Repeat the information in a variety of ways to reinforce the information. Reinforcement is more than just repeating the information, rather is helps the person apply the information and make new knowledge their own. Verbal instruction should be reinforced with instructional materials.

➤ Make sure the person has an understanding of what was taught previously before introducing new material.

➤ Provide opportunities for small successes.

➤ Include an interaction after each key topic and have the patient apply or use the information. Feedback at intervals makes learning more interesting and the person will remember the information better to be able to apply it.

☐ Evaluating the learning

➤ Use the “teach-back method” to verify if a person understands, by asking the person to recall and restate, in his or her own words, what they have been told. You can approach teach-back by saying:

- “Please tell me in your own words what we have discussed.”
- “I teach this information a lot and sometimes forget to cover certain information. To check for this, please tell me what we have discussed.”
- “What might you tell your family or a friend about your condition?”

➤ Ask specific and relevant open-ended questions to see if a person can apply the information to their situation. For example, “Some people have problems remembering to take their medicine. If this happens, what will you do?”

➤ Present a real world problem or scenario that can occur, and ask the person to solve the problem by applying what they have learned. “What would you do if ________________ happens?”

➤ If a skill is taught, ask the person to show you how he or she will do what was taught. Make sure they can trouble shoot for problems they may encounter doing the procedure.
Don’t assume that a person understands if they don’t ask questions. A person may feel that asking a question will expose their ignorance, and they don’t want to be embarrassed. Ask “What questions do you have?” rather than the closed question, “Do you understand?” The use of the word “what” denotes that you expect and want questions, whereas, “do you understand?” will usually result in a “yes” answer. If a key point seems to be unclear, rephrase the information, rather than just repeat the information as previously presented.

Teaching strategies specific to age / developmental stages of life
An individual’s age and developmental stage significantly influences the ability and readiness to learn. At each stage of development throughout life, there are 3 major factors to consider when giving instruction. These factors include physical, cognitive, and psychosocial characteristics that are milestones of normal progression through the life cycle. Actual chronological age is only a relative indicator of someone’s developmental stage, and should not be taken in isolation to determine learning readiness.

Communication Strategies for Persons with Special Learning Needs
A good assessment of the learner’s abilities and limitations helps you develop an individualized approach to teaching a person with special learning needs. Find out what resources are available and if the learner has assistance before you begin teaching. Coping strategies and resources have probably been established over time and these factors need to be considered when communicating health information.
References:


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