Principles for Patient Teaching

1. **You cannot avoid teaching.** You are teaching with every contact you have with the patient in your words, actions, and nonverbal behavior. You can choose to teach well or teach poorly.

2. **Teaching is caring.** Teaching is the part of caring that stays with a patient and his or her family long after all physical contact has stopped. The impact of teaching is often delayed and the results are usually not seen by the health care provider while the patient is in the hospital.

3. **Assess patient knowledge.** Adults learn best what they want to learn and what is an immediate concern or problem for them. Assess what the patient knows and what experience or exposure he or she has had to the topic. Try to determine what is most important to the patient and start teaching at that point. Have the patient determine, or agree with, what is to be covered in a teaching session.

4. **A teaching session includes an introduction, body and conclusion.**
   - **Introduction:** Identify yourself, your purpose, and involve the patient in establishing the goal for the session. This serves as an advanced organizer and will help bring past knowledge into active memory. Identify what you anticipate the patient will be able to do by the end of the session (expected outcome). For example, “When we finish discussing exercise, you should be able to identify types of activity you would like to do at home.”
   - **Body:** During this phase of the session. Information is presented, with patient involvement, and time for rehearsal and problem-solving should be planned. Use simple handouts that convey main points.
   - **Conclusion:** Start the conclusion by asking the patient to do what was stated in the expected outcome. Offer precise and positive reinforcement for even small achievements. Offer other resources for reinforcement or further information. End the session on a positive note, stressing what the patient CAN do.

5. **Focus on self-management.** Self-management is the goal that is emphasized for a person with chronic illness. The progress toward this goal is not only positive, and usually involves regression with progress. To reach the goal, the patient needs knowledge, skills, values, life-style changes, and support.
6. **Teach what and the how first.** Don’t start with the why. Wait until the patient asks for more information about “why.” A detailed explanation of the why may block further learning because of its complexity and difficulty to relate it to current knowledge. Teaching the “what and how” involves more practical information that a patient can use immediately. Start with what the patient needs to know to safely manage the illness at home and how to fit management into his or her lifestyle.

7. **Keys to effective teaching and learning:**
   - Individualize by determining what is essential, realistic and achievable information within your given time frame. Using examples the patient can relate to, links new information to old learning.
   - Relate to specific lifestyle by framing discussions around the individual’s age, gender, occupation, marital status, cultural considerations, etc. Making the information meaningful and relevant to the patient’s lifestyle and current situation enhances learning.

8. **Use small time blocks for teaching.** A typical teaching session should be 5 – 10 minutes. Don’t try to teach everything at once. Teach one concept or skill per session and avoid too much detail. If a skill is complex, break it into logical steps and teach part of it in a session. This time frame helps reduce patient fatigue and loss of interest or attention. Focused information can be more easily sorted and stored in memory than multiple bits of information.

9. **Rehearse, Rehearse, Rehearse!** Rehearsal promotes learning and memory and should be encouraged for both skills and information. For skills rehearsal, talk through the steps and demonstrate then have the patient practice. Verbal rehearsal requires the patient to synthesize and apply information to their situation. Ask the patient to problem-solve anticipated problems or situations they may have. This increases confidence in their ability to perform the required care. Ask them to rate their level of confidence in performing the care on a scale of 0 (no confidence) to 10 (total confidence). If they rate 7 or below, help your patient problem-solve as to why they lack confidence.

10. **Allow the patient to talk.** Have the patient talking as much as you do in every teaching session. Active participation and involvement is vitally important to learning. Use open ended then probing questions. When asking a question, allow “wait” time. Give the patient an opportunity to form an answer before rephrasing the question or providing the answer. Provide feedback on specific behaviors to correct, improve, or reinforce them.

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