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Podcast Transcript

Creating Teaching Moments in Practice

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Guest: Kim Maryniak, PhD, RNC-NIC, NEA-BC

Kim Maryniak, PhD, RNC-NIC, NEA-BC, has more than 33 years of nursing experience in medical-surgical, psychiatry, pediatrics, progressive care, and adult and neonatal intensive care. She has been a staff nurse, charge nurse, educator, instructor, manager, director, and chief nursing officer. Kim graduated with a nursing diploma from Foothills Hospital School of Nursing in Calgary, Alberta, in 1989. She achieved her bachelor in nursing through Athabasca University, Alberta, in 2000; her master of science in nursing through University of Phoenix in 2005; and her PhD in nursing through the University of Phoenix in 2018. Kim is certified in neonatal intensive care nursing and as a nurse executive, advanced. She is active in the American Nurses Association and the American Organization of Nurse Leaders. Kim's current and previous roles include nursing leadership, research utilization, nursing peer review and advancement, education, use of simulation, quality, process improvement, professional development, infection control, patient throughput, nursing operations, professional practice, and curriculum development.

Host: Candace Pierce DNP, MSN, RN, CNE

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Transcript

Episode 1: Setting the Foundation: Understanding Teaching Moments in Patient Education

Candace A. Pierce DNP, MSN, RN, CNE: This is Dr. Candace Pierce, with Elite Learning by Colobri Healthcare. And you're listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. Thank you for joining us for this podcast series where today's topic is Patient

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Education Creating Teaching Moments in Practice. Today I am joined by Dr. Kim Maryniak, who is also the author of our Continuing Education Course on Patient Education. Thank you so much for joining us, Kim. And did I get your last name right?

Kim Maryniak, PhD, RNC-NIC, NEA-BC: Well that was so close. It's Maryniak, but that's okay, Candice.

PIERCE: Well, I would really love for you to kind of start us off with introducing what are teaching moments, and what are the significance of teaching moments.

MARYNIAK: Teaching moments are those times, and they literally can be very brief or a little bit more, when a patient needs to have education. And when I say patient, I also mean patient and family. But those are the times, we have sort of the formalized expected teaching moment. So, we know we're going to have to teach about discharge. And there are certain things that we have to teach prior to that. But then there's those informal, spontaneous teaching moments. And those are the times when we have to recognize that the patients or family needs to have education in the moment. For example, a new medication or something new that has happened, they have to have that information. So, it's really those times when we have to help them out. And that's part of nursing.

PIERCE: Teaching moments, they can be planned moments, or they could be unplanned moments. But it's really that opportunity where everything comes together, the emotional aspect of it, the cognitive aspect of it, and you're able to help them understand. So, learn and be able to use what they're learning. Also, that that learning piece of it. So why is that important? Why are teaching moments important? The moment when we teach, why is that important?

MARYNIAK: So, when we teach is important, because like you mentioned, there's a cognitive piece and there's an emotional piece. So, making sure you're teaching when it is appropriate is also important. If you have someone who is emotional and in distress or in pain or there's other things going on, that's obviously not a good teaching moment because they're not going to get what they need from the conversation.

The importance of teaching moments is to make sure that you are addressing the needs of the patient and families with this teaching. They have to have the information, because, number one, they're part of the health care team. And so, for them to make effective decisions regarding their health, they have to have the right information. And plus, it does help them. Like when we talk about beyond that moment,

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they need to know what they need to do and why. That's a big thing to help them as they grow in their health and wellness.

PIERCE: Absolutely. And one of the things that I really want to get into this this time is nursing students, our new nurses coming out into the workforce. But even our seasoned nurses, do you feel like they're really prepared for this? I feel like this is such a foundational part of what we do as nurses, but I don't know that I was prepared when I was a new nurse, when I was just getting out of nursing school.

And now, I've been in education since 2015, so I feel much more confident in what I'm doing. But before my education in education, I didn't feel confident in what I was doing.

MARYNIAK: There are so many factors that contribute to that. One is are you comfortable communicating in general? And I think that our newer nurses, that is a skill that they're still learning. They don't really have the time in nursing school to have those experiences and have those effective communications with patients and families, particularly those that have gone to school during this pandemic because there was so much of this was simulation, and simulation does not give you the full experience.

And then the other piece is are you confident in what you are teaching? And how do you know what to teach? So, there's pieces of that using the nursing process. You have to be comfortable with that. And I think that it is scary for new nurses. They have to realize, like you don't need to know everything, but you do need to know the resources to make sure that you're giving the information for patients and families.

PIERCE: You need to know what you don't know

MARYNIAK: Yes

PIERCE: That way, you know when you need to go find that information before you share. Because I feel like consistency and what we teach sometimes patients don't have that, so they hear something from one provider and then they hear something from another that leads to confusion and that leads to a lack of trust in the healthcare system. So definitely knowing what you don't know. It's okay to say, I don't know. Let me go look it up. Let me go ask.

MARYNIAK: Yes. And like you mentioned, I mean, trust is an essential part of the relationship between patients and families and the healthcare professional, whether it's the nurse or the provider or therapist.

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And if you make things up or you don't really know and you just kind of blow them off, that really does affect trust. But it's okay to say, I don't know, but let me go find out.

PIERCE: Right.

MARYNIAK: Because that makes sure that they understand you are being vulnerable and transparent and you're a human being and you care enough for them to give them honesty and then come back with what they need.

PIERCE: Absolutely. Let's talk a little about the benefits of providing proper patient education.

MARYNIAK: Sure. So, like I mentioned, especially with our more formal planned education, we make sure that they are getting what they need. There are certain things that we have to teach. We have to, for example, adults, we should be talking about smoking cessation, and how do you recognize signs of stroke and etcetera. But there's also those other things. So, if you have a new diagnosis, you have to make sure that you are teaching them what they need to know about that. Diabetes is a great example. They have to understand. And again, you don't have to get into the pathophysiology and blah, blah, blah because you overwhelm them. But the essentials, what does this mean for me, what's happening in my body and how can I manage it and what to expect.

PIERCE: How can you empower them to be able to take care of their self with something that we know is going to be chronic and that they're going to have to live with?

MARYNIAK: Yes, but it has to be effective information. We can't be giving them too much or not correct stuff. I've got a great example, actually. So once upon a time, I oversaw a diabetes education program, and one of my specialists came in and she told me this story. So, a gentleman was in the hospital for something like not related. And while he was there, they diagnosed with diabetes, and anyways, he followed up with her in the clinic, and he came in and said, I am just so confused. And so, the nurses before he left gave him all of this stuff about diabetes. And so, he had the booklet on diabetes, and then he had all of these forms, individual forms that talked about blood sugars, insulin, which he was not on insulin by the way, type one, type two, and gestational diabetes.

PIERCE: That's a lot to weed through as a patient, especially as someone who's not in healthcare. That's a lot of information to try to figure out what is actually relevant to me.

MARYNIAK: Yes. So, that's a great example of adding confusion to that poor patient. Because it just kind of scared him. You know, he's reading about gestational diabetes and how it affects your baby.

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PIERCE: That poor guy! He was just trying to do what he needed to do to be empowered to take care of himself.

MARYNIAK: That's right.

PIERCE: It's not uncommon to have that diabetic patients who will come in and, we just assume that they've had disease for a long time, that they know what they're doing with something like giving themselves injections or pricking their fingers. And you will find a lot of times they're actually doing it incorrectly. So, I also think it's important not to assume that they know what they're doing, to take the time to watch them give themselves an injection, watch them check their blood sugar to really understand where they are so that you can correct something that is that they're not doing correctly. So, the benefit is empowering your patient with the knowledge to be able to take care of themselves. And just like this poor guy that you're just talking about, he was trying to engage in his own care, but he didn't have the right direction. And the problem with that is adherence to his treatment plan. He probably was so confused, he had no idea. But we know that research shows that with proper education, we can have a higher adherence to treatment plan.

MARYNIAK: That's right.

PIECE: Yes, I was going to say, and all of this is going to go back to be a decrease in hospital readmissions, into hospital admissions, period, higher patient outcomes. So, they're able to take better care of themselves. So that's why it's so important to really take time to really teach well. So, let's talk about that. Patient education really links well with patient-centered care, and I know that that is more of a hot topic word right now within healthcare is how can we get care to be centered on the patient. So how does patient education center back to the patient?

MARYNIAK: Yeah, you have to look at it as this is not a task for the nurse to complete. This is something that the patient needs, and we have to make sure that we are doing it effectively for them. Right. So that's who we're doing it for. It's not for us, it's for them. And you mentioned how we teach effectively and then we also need to follow up and make sure that they have comprehended it. And when we do patient-centered care, it really is that mindset of this is for them. And that one of the key pieces, of course, is assessment and making sure, we mentioned a little bit earlier, is this the right time for teaching?

PIERCE: Right.

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MARYNIAK: How do they learn? Everybody learns differently and everybody learns differently depending on the time in their life.

PIERCE: Right.

MARYNIAK: So how do we adapt to that? What do they need to know? So, the other thing is you don't want to overwhelm patients with a whole bunch of information just like that poor gentleman with 76 pages of stuff. So, what's the important things to teach in the moment and really paying attention to their responses as you're teaching.

PIERCE: Right.

MARYNIAK: Because if you're overwhelming someone or they're not comprehending, then you need to stop, and it's probably not the best time to be doing it. Get a little piece in there and then follow up later. So that's why we talk about nursing, teaching is from the moment that you meet them.

PIERCE: Absolutely.

MARYNIAK: Yeah.

PIERCE: So I know you mentioned earlier the nursing process. So, the nurses role, we know that we have a role in patient education. So, can you walk us through how we use the nursing process to help us in creating these teaching moments?

MARYNIAK: So when we do our assessments, again, you are assessing obviously the physical of the patient. So, in terms of teaching, if you have someone who is in pain, or you have someone who is going to be going off the floor shortly, and we have all this stuff going on, obviously that's not a good time. But you also have to assess emotions and social support. I bring up family a lot, because sometimes you have to have them as part of the teaching, too, if you can. And assess what their needs are. So, when I say that we have different ways of learning. So, we have visual, we have auditory, we have the tactile, and kinesthetic and asking them, and not just asking them, but doing the assessment of how they best learn in that moment. Because again, some people might have combinations and be visual learners and tactile, but maybe in the moment, this is a combination one. So going back to our diabetes example, you should not just talk about injecting insulin. You should actually walk through it and have them do it, right?

PIERCE: Absolutely

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MARYNIAK: So, all of that is part of the assessment. And again, as you are teaching, you have to keep assessing because, like I said, if they are not able to comprehend, this is not the time to do it. And part of it, too, is we have to remember after we have done some teaching, we need to follow back. And make sure at later time.

PIERCE: I want to go back to that assessment piece. What are some of the, when we're assessing, when we are doing that initial assessment, to figure out that learning assessment, is really what we're doing. What are some barriers to the patient that we would assess for, that we would look at? I know you mentioned it, like that emotional, but tell us a little bit more about those barriers that we might see with our patient that's going to tell us, you know what I need to wait, or we need to work through this before we can actually have a teaching moment.

MARYNIAK: So there are a lot of things that can affect our patients we look at. So, communication, right? If you have a patient and their primary language for learning is not yours, then you need to make sure you have interpreter services involved. So that's one of the barriers. If you have someone who has visual impairments, then they need to have their glasses. If you have someone who has hearing, they need to have their hearing aids, right?

PIERCE: The TV off. It being quiet.

MARYNIAK: Exactly. What's the environment like? Because if there's a lot of activities, and people surrounding you, you're not going to be able to teach effectively.

PIERCE: Right.

MARYNIAK: And then the other thing is the literacy, the health literacy piece. So, when we talk about health literacy, how does that person understand what is related to health? You can have someone who has a Ph.D., and they are a very literate person, meaning that they can read and write and speak. But when it comes to medical, it's a different story. And so that's where the assessment.

PIERCE: Yeah, different language.

MARYNIAK: Exactly.

PIERCE: Yes.

MARYNIAK: Yeah. So those are some of the things you have to consider when we're talking about getting ready for education.

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PIERCE: Right. So, we've assessed our patients, we understand where we are with all of those pieces. So now how do we implement our education? What are some ways we can implement?

MARYNIAK: Well, I always really emphasize teach-back. So that is taking the information and teaching it in little chunks. So again, not overwhelming and having this one-hour lecture with a PowerPoint.

PIERCE: Right.

MARYNIAK: What is the key information that you have to teach with the patients and families, and then having them talk, tell me in your own words what this means, because that really is part of that ongoing assessment. So, you can understand as a nurse whether they have understood it or not.

PIERCE: Right.

MARYNIAK: And what you need to do differently and then the other pieces is, when you were kind of planning on doing education again, it doesn't matter whether it's planned or unplanned, what resources do you have. So, when I say resources, it's, yes, it is patient information, booklets and pamphlets and stuff, but that should never be a standalone thing. It needs to be part of what you use as a tool to kind of reinforce what you're teaching, visual aids, right? So, if you have a patient and they are a visual learner, do you have the ability to draw something? It doesn't matter, you have an artist, it's okay. But that does help. Or using some other tools. So, for example, injecting insulin, you can use the old orange and syringe because it still works. So, making sure that you have all those pieces.

PIERCE: What are the important differences between trying to teach an adult versus trying to teach in a pediatrics patient?

MARYNIAK: Right. So, the big consideration is you have to know the developmental stage. And I mean, you don't have to know, like your Erikson and Piaget and all that stuff, but just kind of that assessment of where they're at. And this also is true for adults who have developmental delays. So, you have to keep that in mind. So, depending on a child, the really young ones, obviously, it's the parents that you're teaching, right. So, two and less. As they kind of get older, they can be incorporated a little bit. But you also have to look at attention span, right? The younger the child, the shorter the attention span.

PIERCE: I think adults have that, too.

MARYNIAK: Yeah, well, that is true.

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PIERCE: I know I do with some things, especially finances. If you come and teach me about finances, I am going to zone out after probably 10 minutes.

MARYNIAK: laughter. This is true.

PIERCE: Just not anything I'm interested in. So attention span is huge.

MARYNIAK: Again, with the hands on works really good for kids. As they're growing up, that's part of how they learn. So having them things for them to hold and touch and practice, and even as you go in and if you are doing a physical assessment, having them listen with the stethoscope, that really gets them involved. And you talked about empowerment, and that's one thing with children, is that we do need to remember to involve them to whatever degree we can. Obviously, as they get older, like, your adolescents, they really value that because they want to be seen as independent and can make decisions. And legally, you still have to have parents. But it's so important to have those conversations and make sure that you are addressing their needs. And part of the assessment with the children is that, with adults, we can talk to them usually about how they learn and what works best for them. Kids, you kind of have to do just little bit more trial and error.

PIERCE: Right.

MARYNIAK: But for the most part, the visual and having things for them, the tactile piece, that's very helpful.

PIERCE: Right. So, we are talking about parents with pediatrics. But when we're also teaching adults, sometimes we find that we have the secondary, the family members, the secondary people that we're teaching. What's the best way to do that while also respecting the primary person that we're teaching?

MARYNIAK: Right. So, I mean, the first thing is to ask the patients, right? Because when we talk about family-centric care, it's really up to the patient, first of all, to tell you who their family is. We think of family, and everybody has a different mental picture. So, we have to remember that families these days, it's not just mom, dad, brother, sister. It could be people that aren't even related or marriage. So, knowing what the definition of family is for that patient, and how much they want them involved, is essential. And there are times when there are legal pieces to it. If you have someone who has legal guardian or something. But so that's kind of number one. Number two, if you can involve the family and the patient at the same time, that is really effective because then everybody's on the same page. And it does help the patients especially if they're in an acute situation, they're probably not going to

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comprehend as good as someone who's not in their space. Emotionally, yes, families are very much involved, but they don't have the physical pain or discomfort or all those things going on, and they can help support each other. But it's the same thing things, making sure that you are assessing everybody, that you were trying something like teach back, and that you're following up. That's really important.

PIERCE: Walk us through Teach Back.

MARYNIAK: Yeah. So, Teach Back is, again, you look at the topic, and you just want to break it down into small little chunks that the patient or family can digest, and then have them repeat it back to you in their own words. So, going back to our example of diabetes, you look at, okay, what do I need to teach this patient? Well, they need to know what is diabetes? What does it mean to you? Like, what does it do to you? And how are you going to manage it? Those are the key things, survival things. And, what do you do in an emergency? So, I would tell them a little bit about diabetes, again, using words that are not medical jargon, because that's not helpful. Having tools, so using the visuals and, if a person is on insulin or needs to do blood sugars, obviously walk them through that and then you just ask them as you go through each little topic, you just say, okay, so we just talked a little bit about diabetes. What does that mean to you, and hear a response like, well, it means I don't have enough insulin and I need to have insulin as a key to get the energy in my cells. And when you are teaching them physical things, so now I want you to show me how you would do this at home. And the important thing is that when you were doing Teach Back, it's small, and it's in little pieces, and you're doing it so that you're asking them, I need to I need to see if I've done a good job, so, tell me in your own words. And that way it makes it a little less threatening. Because you're putting the onus on you. Like I'm the one that needs to see I did a good job. And having them paraphrase actually really helps with the understanding, because if you simply ask someone do you understand, 99% of the time they're going to nod and say yes, because they don't want to say, I don't know. And I also end like any sort of teaching with the statement "What kind of questions do you have for me?" Because that's again, that's opening it up, and letting them feel like it's okay to ask questions rather than "do you have any questions?" because that closed-ended is going to cut them off.

PIERCE: All right. Well, we have come to the end of our time for episode one. But some of the things that I really want to jump in when we start episode two are the open-ended questions. Because as healthcare providers, when we are tasked to take time to educate our patients. Sometimes we feel like we already have a heavy load, and now we have this that we feel I can take a lot of our time that we need to give to other places. So that might hinder us from actually asking the right questions that we need to ask. So, I really want to get into that in episode two. So, we hope that you can join us for episode two, where

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we're going to delve further into the topic of patient education. Kim, thank you so much for being here for episode one. This has been so helpful and informative.

MARYNIAK: Thank you so much, Candice.

Episode 2: Unveiling the Power of Open-Ended Questions and Team-Based Patient Education

PIERCE: Welcome back to our series on patient education, creating teaching moments in practice. And joining me to continue this discussion is Dr. Kim Maryniak. In episode one, Kim walked us through what are teaching moments, barriers to teaching, and even using the nursing process, how we can use the nursing process to help us plan out our teaching sessions.

In this episode, we're going to continue the discussion where we're going to talk about ways to collaborate with the healthcare team and, overcoming our own challenges in providing patient education. Well, I want to go back to something we ended up on in episode one, and that is, when we really were starting to talk about open-ended questions. And I want to go back to open-ended questions, because I know we kind of like to sometimes stay away from open-ended questions when we're in a hurry. And I think today most nurses, we're in a hurry because we have so many patients, we have so many tasks that have been sat on our shoulders. And so, can you kind of help us understand, number one, the importance of open-ended questions, but how can we make them so that they don't feel so burdensome in the moment?

MARYNIAK: Right. It is hard because there's just so much going on in the healthcare world right now. And even though it's crazy sometimes, we also have to remember, again, going back to the reason that we're here, and it's for the patient. So, making them feel like you're rushed, and you don't really care, that is not going to help them learn anything. And again, that's going to impact your relationship. So how do you balance that out? Well again, if you use a close-ended question, so close in the question means you ask them a yes or no question, right?

PIERCE: Right. Are you in pain? That’s the one we always get. Are you in pain?

MARYNIAK: Yes, absolutely. I know. And most patients will say no because they don't want to bother you.

PIERCE: Right.

MARYNIAK: Or if they feel like you're in a rush. And so, if you are asking them, like what you just taught, do you understand? Most times they're going to say no or yes. They're going to say yes.

PIERCE: Yes, I have an example. I want to share a personal example where you're talking about where the patient says, no. My husband had surgery, and it was on his nose. He was trying to have it reset. And the nurse comes in and says, are you in pain? And he says, no, but he's crying with his eyes closed. And in that moment, as a nurse, we should also be assessing what's going on with our patients. So, I know for me, if my patient says no to me, but I see all the signs of them in pain, blood pressure is higher than what it should be, tears rolling out of their eyes, I'm going to follow up on that. Well, this nurse turned around and walked out. I had to go catch him out in the hallway and say, did you see him crying?

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MARYNIAK: Yeah. Yeah.

PIERCE: And then he came back and explained to him, why you need to tell me if you're in pain? And I think that right there was a teachable moment for not only just me going out and mentioning to the nurse, hey, could you reassess this, also for the nurse to teach the patient, hey, if you tell me where you are, this is what we have. You know, this is what I will do. But that definitely was a teaching moment.

MARYNIAK: Yes. Yes. That's a great example. And we have to have to remember that. And using the yes or no, it really is almost a dismissive thing, right?

PIERCE: Right.

MARYNIAK: And that's not helpful for anyone. So, a wonderful example. So, the open ended questions are ones when you let people express, right. Where they can tell you. So, I know I mentioned in the last episode, tell me in your own words what this means to you. But then when you are a nurse and you have a bunch of other things, there is the concern of, gosh, what if this patient's going to tell me their life story and I will be stuck here for hours.

PIERCE: And they will. Some will.

MARYNIAK: Some do. So, you kind of have to have limits on how they can answer. So, going back to teach back, you can say things like, I want you to tell me just in one brief sentence what this means to you. So, you're letting them express themselves without giving the go ahead to talk for half an hour.

PIERCE: Right.

MARYNIAK: And the other thing is, asking that question of what other questions do you have? Sometimes that can open up floodgates and see, I want people to remember that, if a patient has 12 questions, first of all, that's a bigger concern, because they have a lot of questions, which means in general, we probably haven't done a good job with them.

PIERCE: Or it’s brand new.

MARYNIAK: Or its new and it's scary. And so, it's okay to say, I can answer these two questions right now, and then I will come back later, and we will sit down and go through these other ones. It ok to do that. But remembering that if you say you're coming back to do this, you need to do that.

PIERCE: That's trust. And you have to, in order to provide effective patient education, you have to have that trust in that relationship. So, if you don't come back, you're going to start to tear down that trust that they had in you. Even if you can't do it, to come back and say, I know that this I know that we're going to sit down and talk about this. I know I said 2:00. I really have to push it to 230, just making sure that you're letting them know that you haven't forgotten. And you didn't just not show up.

MARYNIAK: Yes. And that is important. And the other thing is to know that obviously the best laid plans in the nursing world.

PIERCE: Yeah.

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MARYNIAK: You think you have time to do this here, and it doesn't happen. But to try and figure out when you're prioritizing in your schedule, if you know that you have some teaching that you need to do to make sure that you're at least trying to give yourself enough time to do that.

PIERCE: Right.

MARYNIAK: You talked about an example with your husband. My husband was in the hospital, too. He had two heart attacks, actually, which was not good. And, this nurse came in. He had just been transferred to the floor from ICU. And he had been in pain. They had just gotten him up for a walk, and he was super tired. And so, he's in the chair and he's kind of nodding off, doesn't have his glasses with him. And she hands him this paper that they had all these medications. First of all, it was like a big spreadsheet. And the font was like a two font, like, so small. And she wanted him to go through this whole list of medications, half of which were not his, to find the one that he was on.

PIERCE Oh gosh

MARYNIAK: And I just I watched this, and I thought, wow, this is super interesting because, number one, she just gave it to him and then went over to the computer for whatever, number two, was this an appropriate time? I don't think so. Number three, was this an appropriate way to do it? And no, I don't think so. So, I sat there, and I didn't say anything. I thought, wow, that is really interesting.

PIERCE: But I mean, you can help your husband. But think about those that that don't have a family member in healthcare that understands what's happening, to understand what this is saying. And you are looking at this, and your husband was probably overwhelmed in that moment.

MARYNIAK: He didn't even comprehend anything, because he was just, he didn't even really look at it truthfully, because that wasn't his priority in that moment. And plus, I'm sure he knew that I might tell them later. But, you're right, because my experiences with him have always been, what if we were like a couple that was in our eighties that had no medical background, what would happen? What would this look like, and it does worry me.

PIERCE: Right. And I have, it's kind of an interesting story. But my husband had to go into the O.R. for a vasectomy. And when we were in there, I had nurses and other staff members looking at me saying congratulations, like, how did you know that the one they did in the office didn't work, like I was pregnant. And I just looked at them and said, “We did what they told us to do”. So, did they not receive the same education? Did they just not understand it or, I don't know. I really see some patient education needs with that, because I'm not kidding, every person we came in contact with that looked at his chart said, congratulations. “No, I'm not pregnant”. We did what they said to do.

MARYNIAK: Yeah.

PIERCE: We followed that patient education that they provided, but I still today find that so flabbergasted by that.

MARYNIAK: That’s so interesting.

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PIERCE: So, I want to talk about going back to open-ended questions because, like you said, they're going to open floodgates. How do we focus our open-ended questions?

MARYNIAK: Yeah. So, again, it really is that is the need to know information. When you have, whether it's a medication, or a diagnosis, or getting ready for discharge, there are key things that you need to focus on, and that's what you need to focus on. So, when you have the open-ended questions with the patient, it really focusing on this particular thing, whereas if you leave it too open, it'll just go on back when I was a child. So, medications, for example, what do they need to know? They don't need to know the mechanism of action, they need to know what is this medication, why do I take it, what do I need to look in terms of side effects or anything like that, and what do I do for follow-up? That's it.

PIERCE: You know, so in that example, as a nurse, and I don't want to open the floodgates up. So maybe they're going home with a diuretic, and I have taught them, but I could say something along the lines of, so in regard to your new medication, what are some questions that you still have about this medication?

MARYNIAK: Yes.

PIERCE: So, it's still an open-ended question, right? But I'm focusing on something specific.

MARYNIAK: Yes, that's perfect. And also, when you give the information, making sure that they know it's okay to ask questions, and it's okay of some of the things that we're going to expect. So, use diuretics, for example. One of the things we need to tell them is, this medication will make you go to the bathroom a lot, right? We want that to happen. That's okay. It's not a bad thing. And while you're in hospital, make sure that you let us know and ring the bell before you have to go. And when we're going to come and do that, because we know that.

PIERCE: Unplanned versus plan. So yes. This is what you're describing to me as like that unplanned teaching moment where I'm giving them the diuretic maybe for the first time in the hospital and I'm saying to them, you're going to go to the bathroom a lot. Remember here's your call light, please call us. So that's definitely unplanned versus that planned education, maybe before they go home where we really break it down for that, right. Don't take it at night.

MARYNIAK: Yeah,

PIERCE: Take it in the morning.

MARYNIAK: Yeah. There's just there's, there's a lot, you focus on the little pieces, but also be aware of what else we can help them with.

PIERCE: Right. Because if you use those unplanned moments like you're talking about at the time they get ready to go home, and you do more of that formal patient education, they should have a lot of those pieces already.

MARYNIAK: Yes. Discharge teaching should not be a three-hour event, and it should be, we've done a good job of helping them get ready. And now we're just kind of going over and reaffirming that they understand what they need to.

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PIERCE: Yes. That's so good. I love that. That's so important to know. Can we talk a little bit about collaborating with the team when it comes to patient education?

MARYNIAK: Right. I mentioned resources before and, resources are not just, your papers and material. It's your human resources. So, as a nurse, we are kind of the center of the coordination of care of patients. And it's important to recognize what other members need to teach, and what we can do together.

So, providers teach kind of in general, they teach, about the diagnosis and treatment plan, that kind of stuff. It's also important for nurses to know what has been taught so you can break it down a little bit for that patient, but also recognize when is it that maybe I need to help bring in somebody else? So, when do I bring in PT, when do I bring in like respiratory, they do a phenomenal job talking about inhalers and stuff. Right? So maybe I have a patient that's on Albuterol, maybe they're a better person to work with to do the teaching, and those complex issues. So, if you have someone who has a complex, that's when you need to do it as a team, and if you can do it together so, everyone's on the same page and you can help follow up. So, for example, I think because you brought up the vasectomy, I think about, when you have a mom who is breastfeeding and you're the nurse at the bedside, you bring in the lactation consultant. And I think as the nurse, if you can be there at least for part of that and hear the message from the lactation, and what they do to help with that, and you can help reinforce it.

So, we have a lot of opportunities to collaborate and need to make sure that everyone remembers, like it's not just about nursing has to do this. We have other people who can help.

PIERCE: And case management. Where do they come in?

MARYNIAK: Yeah, so case management, I mean, they're very helpful for like continuity of care. And we talk about follow up and medical equipment and all of those pieces. And usually places that have patients in-house for a while in acute, they have discharge planning. And so case management is at the table, as well as a social work. So, we make sure that those resources are there, too.

PIERCE: Right. I think one of the things that we don't necessarily give ourselves credit for is all the teaching that we actually do with our patients, because we do provide a lot of unplanned education and we really should document that.

MARYNIAK: Absolutely. And documentation is one of my favorite subjects.

PIERCE: Yes. Yes, I know.

Yeah. And, we don't document enough. And it's interesting, because I've actually been part of kind of a quality improvement right now, that is looking at our documentation for discharge. And when you are looking at it, it looks like nurses are not doing a very good job. But I know that they are, because I see them right. And so, yeah, every time that you do some sort of, unplanned teaching and planned, but I think it's the unplanned that's not captured. You need to document that. It doesn't have to be, you don't have to write a whole story. But just what you talked about briefly and whether they were able to show that they comprehend it and any follow-up that's needed.

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PIERCE: Right?

MARYNIAK: Yep.

PIERCE: And I want to go back to the diuretic, because we have a lot of patients that get started on a diuretic in the hospital, and we are usually the first ones to give them this diuretic. And we're constantly saying this is going to make you pee. This is what this is. This is why we're giving it to you. Remember your call light, we want to help you to the bathroom, so you don't fall. We are doing that pretty much every time we give them that diuretic in the hospital. But how many times do we actually chart these thing? We have taught them all of these things, right? And that is time you spent with the patient. And it's so important because, like they say, if you didn't document it, it didn't happen. Even though we know it happened. We've got to be better at giving ourselves credit for the education that we do provide. Especially when the patient goes home and calls and they're like, I didn't get any education. Yes, you did. Yeah, but if it's not in the chart, we can't validate, we can't verify that that education was done even though we know it was done.

MARYNIAK: Right.

PRICE: So, giving ourselves credit for it. What are some other things that you can think of that maybe we do that maybe we don't give ourselves credit for in documentation within education.

MARYNIAK: So much, and I think so talking about the family, for example, some people are good about documenting that they taught the patient something but not the family. And we have to remember that we include that, too. Again, like you mentioned, I mean, this is time that has been spent. And, part of what we do as nursing. So, to be able to capture that because, like just like, you get the patient that calls and says, I don't know, sometimes it's the caregiver that calls and says, well, nobody told me that my husband was going to blah, blah, blah, right? So, I think that's a good thing. I think also, if you do bring in a collaborator from your team, so, put that in there too.

PIERCE: Physican at bedside discussing the diagnosis with patient or the case manager that's in there to say you peeked in the room, you saw what was happening.

MARYNIAK: Yes. Because I don't think that everybody captures that. And so, in nursing it can be critical to make sure that we're showing that we are providing the education that's needed. And again, I think the other key thing is not just what you taught, but how they comprehended, by your assessment and what kind of follow-up because that's the other piece you mentioned that the person with the Lasix. Well, it may have been documented that we taught them nine times, but if he didn't actually comprehend because we were just talking to him and he's a visual person.

PIERCE: Right.

MARYNIAK: Yeah.

PIERCE: He didn't, he didn't get it.

MARYNIAK: No.

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PIERCE: What are some challenges? I know we talked about barriers to learning for the patient, but there's definitely challenges for healthcare providers and being able to provide education to the patients. Can you kind of talk us through what are some of those challenges and how maybe we can overcome those?

MARYNIAK: Yeah, the challenges on behalf of the professional, time, we were talking a lot about that, right? So, making sure that there's the time to do it and doing it effectively. The distractions. So, if you have other tasks that have to be done, you have people coming in the room saying, blah, blah, blah, or like the, the communication devices going off and, saying you have a call, and you have this, and so all of those distractions really take away from teaching.

And then the other piece, just like we talked about in the first episode, was the level of comfort, and there is an emotionality when we are communicating with people, whether it's teaching or just, talking in general and it's really hard if you are not comfortable with that, how do you communicate effectively, and how do you teach effectively? So, when we talk about assessment, it's not just an assessment of the patient in front of you, it's an assessment of the environment. It's an assessment of yourself, and the situation that's happening.

PIERCE: Right. What about resources? I know in a lot of places you might not have the resources that you need.

MARYNIAK: So yeah, so that's a hard one, especially with human resources, because that's a really good commodity, and some hospitals, they do, they have, availability of patient education systems and all of that good stuff if you're a smaller place, not so much. So as nurses, you need to know where to find those resources. Please don't ever go on Wikipedia, because that's not a good resource. But there are resources out there that have good patient education that will help you. So, like, Medline Plus, for example, has materials that are friendly. So, it's not that high medical jargon. And of course, the human resources we do have, experienced nurses will help with that, and just kind of searching that out, that's what's going to help you for the planned education. And I think the more experience that people have with teaching in a planned arena, then when it comes to the unplanned moments, it's going to be easier.

PIERCE: Right? I see a lot of heavy workloads mixed with maybe a lack of managerial support also being something that affects us having the time in order to be able to provide effective patient education. And what words of wisdom, support do you have for nurses and healthcare providers who want to provide the education but are really just struggling with things that we can't really fix.

MARYNIAK: Yeah, yeah, it is. It's hard. So, and I don't like the word multitasking, I'll just tell you that right now.

PIERCE: Yeah.

MARYNIAK: So, I always hear that people, oh well, I multitask. Well, no, actually you don't. So, if you try to multitask, and document while you're teaching, just like that example with my husband, it's not going to be effective. But advocate, that's the big thing I can say is that when we talk about workload, census and acuity, the need for patient teaching is part of that. And so have that advocacy of, speaking up and

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saying, I need to have time to do effective teaching, and if it's a chain of command thing, like have that conversation first with the charge nurse and then with your manager and then all the way up the chain, is it going to make a difference? I hope so. But you really do need to have that ability to speak up and say, I need to do this, because it is all about the patients. And, if you want to, you can also say studies have shown that effective patient education has better outcomes, has better relationships, better satisfaction, all of those good things we like.

PIERCE: So, as we kind of come to the end of episode two, let's talk about professional development. How can we get better at creating teaching moments?

MARYNIAK: It really has to do with practice for one thing. As nurses, it's all about the nursing process, and honing in on the assessment skills is important. Just like you mentioned, your husband had pain, and it wasn't really assessed very well. That's something nurses have to develop because the more assessment you do, the more you're going to be able to identify those teaching moments, really work on that and the communication, watch verbals and nonverbals from your patients and families. Look if you were in their shoes, what do you need to know and find out that information so that you can help take that to them.

PIERCE: Absolutely. This has been so, so informative. We have come to the end of our series on patient education, creating teaching moments in practice. And Kim, thank you so much for being here and sharing some really great insights. We know that patient education is one of the fundamental roles of being an effective nurse, and we know that it also has been shown continuously that it's going to increase the care that we provide for our patients. It's going to decrease patient readmission rates, and it's going to empower them to be able to take ownership of their own care at home. So, it's so important. And thank you so much for taking the time to be with us today. To our listeners, I hope you have gained some great insight into this topic, and we encourage you to explore many of the other courses we have available, one of which is on patient education, and they are available on elitelearning.com to help you grow in your careers and earn CEs.

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