

Patient Education

A. Purpose of patient education

1. Provide information
2. Correct misinformation
3. Improve patient adherence
4. Improve success of treatment
5. Improve success of contact investigation

Patient Education (continued)

B. Teaching/learning principles

1. Information presented should be:

- meaningful to the client's needs
- comprehensive
- presented in an appropriate manner

2. A patient's readiness to learn can be affected by:

- level of anxiety
- educational background
- level of maturity
- past experiences
- needs and priorities
- level of denial

Patient Education (continued)

3. Teaching should be interactive
4. Adults retain more when they use all their senses. Adults remember:
 - 10% of what they read
 - 20% of what they hear
 - 30% of what they see
 - 50% of what they hear and see
 - 70% of what they say or write
 - 90% of what they do

Patient Education (continued)

C. Assessing the patient's knowledge and attitudes about TB

Use open-ended questions – questions that cannot be answered with a simple “yes” or “no”

Begin with words like:

Who?

What?

When?

Where?

Why?

How?

Tell me about...

Explain to me...

Effective Education Techniques

1. Use simple, nonmedical terms
2. Use the appropriate language level for the patient
3. Limit the amount of information in any given discussion
4. Discuss the most important topics first and last
5. Repeat important information
6. Use concrete examples
7. Provide patients with information in written words or pictures
8. Check for understanding with open-ended questions

Review Questions

1. What is the role of incentives and enablers?
2. What are three examples of incentives?
3. What are three examples of enablers?
4. What are three techniques to use when educating TB patients?
5. List five ways in which a patient's confidentiality can be protected in the field or clinic.