

**Practicing Out Loud:  
Connecting Patient Education  
and Bedside Care**

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**Etiology of Research Interest**

- Work experience in health care
  - Behavioral health
  - Adult medical-surgical acute care
  - Clinical nurse specialist role
- Doctoral course work that highlighted
  - Philosophy
  - Practice based theory development
  - Concepts of significance to nursing

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**Clinical Study - 1986**

- Family Participation in Care: Hospital to Home
- Derived from:
  - Shortening length of acute care stay
  - Family responsibility for home care
  - Extent of patient/family education
  - Knowledge of aspects of recovery

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### Clinical Study - 1986

- 13 patients and 13 family members were subjects
- Identify problems in patient care that families identified after discharge home
- Determine whether families received sufficient information for managing patient at home

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### Clinical Study - 1986

- Outcomes:
- Most frequently reported patient care problems: fatigue, weakness, appetite changes, wound discomfort, difficulty sleeping, difficulty walking
- Teaching related to care of these symptoms was the least consistent information received

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### Doctoral Research

- Acute care delivery
  - Patient care delivery models
  - Patient centered care
- Patient education in acute care
  - Status of patient education in model of care
  - Planetree Model

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## Literature Reviewed

- Patient Education Research
  - Extensive body of work
  - Organization by research paradigms
- Planetree Model
  - Origin from dissatisfied patient
  - Philosophy of care as well as model of care delivery

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## Research Paradigm

- Constructivist Paradigm
  - Study of human experience
  - Participant voice/words are the data gathered
  - Multiple methods of inquiry
  - Increasing presence in nursing literature
  - Limited use in patient education research

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## Planetree Model

- Philosophical assumptions
  - Patient education central to patient care
  - Involvement of patient and family in care decisions and care delivery
  - Alternative therapies
  - Environmental considerations for acute care settings
- Research of the Planetree Model

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## Research Question

- What is the meaning of patient education within the Planetree Model from the perspective of the patient?
- Question posed to participants:  
"Please describe your experience with education or teaching during your hospitalization."

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## Study Site

- Planetree Model acute care facility
  - Planetree Model in place for 5 years
  - Environmental aspects of Planetree evident
- Medical-surgical patient population
  - Three inpatient units
  - Range of medical-surgical care

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## Recruitment of Participants

- Contact nurses on each medical-surgical unit
- Participant interest determined by hospital staff
- Participants contacted while in hospital
  - Informed consent
  - Arrangements for interview post discharge

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## Study Design

- **Methodology**
  - Constructivist paradigm
  - Descriptive phenomenology
- **Data collection**
  - In-depth, unstructured interviews
  - Interviews conducted at participant's home
  - 14 -21 days after discharge from the hospital
  - Interviews audiotaped and transcribed verbatim

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## Study Sample

- **Sample size:**
  - 13 participants
  - 7 men and 6 women
- **Criteria:**
  - adults hospitalized for a medical-surgical diagnosis
  - greater than 18 years of age
  - English speaking and able to articulate the hospital education experience

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## Data Analysis

- **Method of Data Analysis**
  - Colaizzi's (1978) procedure for data analysis
  - Participant role
- **Results of Analysis**
  - Seven themes derived from participant data
  - Summary of themes prepared as an exhaustive description for participant review
  - Ten participants reviewed the description and agreed that it reflected their experience

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### Theme One: Making Sense of Symptoms

■ When physical symptoms first occur, participants try to sort out what is happening based on the specific symptoms they are feeling or seeing, or on any experience they may have with previous occurrence of symptoms. They worked with care providers to determine a cause for symptoms and look for an understanding of what happened and an explanation for why it happened.

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### Theme Two: The Significance of Step-by-Step

■ Participants express the importance of being given a "step-by-step" description of what care was being provided each day, who would provide the care, what outcomes were expected, and what the participant's role was. This description was accomplished most effectively by care providers explaining out loud, as they performed care, what they were doing and why they were doing it.

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### Theme Three: Attention to Person

■ Participants value being seen as individuals - care givers knowing their names, knowing why the participant has been hospitalized, and accommodating individual preferences for how information would be shared and individual needs for learning.

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#### Theme Four: Relying on Experts

- Health care providers are relied upon to assess what is wrong, and provide answers and appropriate treatment. While participants may initially attempt to treat symptoms on their own, a point is reached where expert advice and management is sought.

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#### Theme Five: Trusting Self

- Participants also rely on the trust they have in knowing their own bodies - what is normal, what feels different. These perceptions influence how and when they seek medical care and how they respond to a diagnosis - does the diagnosis fit how they feel.

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#### Theme Six: Consequence of Knowing

- Participants acknowledge that knowing about their physical condition carries a consequence. Knowing you have a chronic condition, or a symptom that may benefit from surgery, places participants in a position of having to consider choices about lifestyle changes or invasive procedures.

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**Theme Seven: Moving On**

- As the acute aspect of illness ends, participants frame the experience within the context of their lives. This may be a new context that requires self-monitoring for a chronic condition; it may be a welcome relief from physical symptoms that were previously painful or debilitating; or it may be concern about recurrence of symptoms that were uncomfortable and/or frightening.

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**Discussion: Reflections on the Literature**

- Professional definitions of patient education
- Professional preparation for patient education
- Comparison of findings with other areas of research:
  - caring
  - sensory preparation

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**Implications for Education**

- General focus on:
  - self care skills
  - modifiable risk factors
  - regulatory standards
- Acute care attention:
  - medication teaching
  - self-monitoring behaviors
  - immediate follow-up recommendations

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## Implications for Practice

- Practicing out loud
  - Step by description of care
  - Bridge to individual needs of participant
  - Connections that helped make sense of symptoms
- Employment settings
  - Status of patient education
  - Experience opportunities for new nurses

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## Implications for Future Research

- Patient perspective needs further exploration
- Nurse perspective needs to be studied
- Integration of patient education with other concepts
- Practicing out loud

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