



reading back by the receiver, and the confirmation by the individual who gave the order or test result).

Patient & Family Education Standard Intents

PFE.1 Hospital leaders support patient and family education.

- PFE.1.1 The hospital develops policies and procedures to ensure effective patient and family education process.
 - PFE.1.2 There is an appropriate structure and efficient resources for patient/family education throughout the hospital.
 - PFE.1.3 According to the size of the hospital and its scope of services, the hospital assigns adequate health educators to cover the needs of patient/family education (e.g., diabetic educator, nurse educator).
 - PFE.1.4 The hospital provides different teaching methods for the health education process such as pamphlets, diagrams, models to practice on, videos, or other teaching methods.
 - PFE.1.5 The job description of the clinical staff (e.g. nurses, physicians, dietitians) reflects their role in patient/family education.
 - PFE.1.6 Clinical staff and health educators are knowledgeable about their essential role in patient education.
 - PFE.1.7 There are discussions of patient education efforts in staff meetings as an integral part of the care process.
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Standard Intent:

To increase patient's and family's understanding of the patient's health status, health care options, and consequences of options selected, many different staff in the organization shall educate patients and families. In the course of patient care, every patient/family interaction is an opportunity to educate. So, all staff categories will be involved in the process of patients and families' education. That is why it is important that staff members be knowledgeable about their role in the education process and discussion of educational activities be evident in their different meetings. The hospital should decide how it organizes its educational resources in an efficient and effective manner. Thus, organizations may decide to appoint an education committee or create an education service or unit. Health educators need to be assigned based on the hospital scope of services and high volume services.

PFE.2 The hospital ensures proper communication between the health educator and the patient/family.



PFE.2.1 Patient/family education is provided in an easy language understandable by the patient/family.

PFE.2.2 Sufficient time is provided to allow the patient to understand the information provided and interact with the health educator.

Standard Intent:

The information given to the patient should be appropriate for the patient's age, literacy level, education, and language skills. Patient materials should be geared between sixth- and eight-grade reading levels. Use of medical terminology or jargon should be avoided. The education subjects should be provided in the patient's preferred language and the hospital has to have alternative educational means for the patients with special needs (e.g., sign language for the hearing-impaired patients, and assistance modalities for sight impaired patients).

PFE.3 Each patient's educational needs are assessed and planned.

PFE.3.1 Staff conduct educational needs assessment for every patient by:

PFE.3.1.1 Assessing learning needs.

PFE.3.1.2 Assessing literacy skills.

PFE.3.1.3 Assessing caregiver/patient's readiness and ability to learn.

PFE.3.1.4 Assessing patient's capability and motivation to provide self-care.

PFE.3.1.5 Assessing caregiver/patient's appropriate educational materials and methods that meet their learning skills.

PFE.3.1.6 Assessing who will provide care after discharge (caregiver and/or patient).

PFE.3.2 Staff use the assessment findings for planning and delivery of education as appropriate to the plan of care.

PFE.3.3 Staff provide the caregiver/patient with educational materials that meet their learning skills (e.g. written and verbal notes, pictures, demonstration).

PFE.3.4 When the patient is unable/unsuitable to learn (e.g., comatose, child, mentally disabled), education is provided to the family or the caregiver.

Standard Intent:

Effective education begins with an assessment of the patient and family's learning needs. This assessment determines not only what needs to be learned, but also how the learning can best occur. Learning is most effective when it suits an individual's learning preferences, religious and cultural values, and reading and language skills, and when it occurs at appropriate points in the care process.

The goals of the patient educator are to provide support and information, to correct misconceptions, to assist patient in understanding their role, and to identify learning needs. Next, he starts to set goals and priorities to decide which ones he will teach to his