

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

learner to change his/her behavior. This will provide patient/ family educational plan that shall be integrated in the overall plan of care. This plan serves as the blueprint for the patient and family education activities used by the Interdisciplinary health care team members.

Family members are the vital links in the transition from hospital to home care or will be the primary target of the education process in case of patients unable/unsuitable to learn. Families must be included in discussions and demonstrations. Family is any person who plays an important role in the patient's life.

PFE.4 Patients and their families receive education to help them give informed consent, participate in care process, and understand any financial implications of care choices.

PFE.4.1 Patients and families are educated about informed consent.

PFE.4.2 Patients and families are educated about participation in the care process and decisions.

PFE.4.3 Patients and families are educated about any financial implications of care decisions.

Standard Intent:

Patient participation means involvement of the patient in decision making or expressing opinions about different treatment methods, which includes sharing information, feelings, and signs and accepting health team instructions. Given the importance of patient participation in healthcare decision making which empowers patients and improves services and health outcomes, the hospital needs to educate the patient and family to participate in decision making about health care options. Education provided as part of the process of obtaining informed consent for treatment is an example of patient participation in the care process. Education is also provided to support other care decisions of patients and families. On occasion, such as when the patient and family will pay for care, it is important that they are educated about the financial implications associated with care choices, to decide whether to proceed with the plan provided or to choose another alternative.

PFE.5 Patients and their families are given the necessary education and information by clinical staff and health educators as appropriate to their needs.

PFE.5.1 The hospital provides the patient with the necessary education and information about the primary illness and all possible complications.

PFE.5.2 The hospital provides the patient with the necessary education and information about infection control practices, adding emphasis on basic hand washing.

PFE.5.3 The hospital provides the patient with the necessary education and information about the required treatments and procedures.

PFE.5.4 The hospital provides the patient with the necessary education and information about the appropriate and safe use of the medical equipment or appliances.