**Title and Focus of Activity**: Patient Education Lab and Assignment

*Intervention*

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**Course Information**: Neuromuscular Physical Therapy II; 4 credits; Spring of second year. After neuroscience, therapeutic exercise, pathophysiology, critical inquiry I, neuromuscular physical therapy I, and one full time clinical rotation. Concurrently with critical inquiry II and prosthetics and orthotics

**Learning Activity Description:**

Context: Thus far, in-coming first year students have been used as the learners (before they begin their first semester course work). This has served as a networking activity for them, as well as a brief introduction to some faculty, upper classmen, and parts of the campus. If this is not possible, paid actors or classroom volunteers could also be used.

Purpose: To give the students the experience of teaching PT skills to a group of individuals with little or no experience with these skills. This allows them to receive real-time feedback on their communication and written instructions, while practicing within a patient care scenario. This activity also allows students to practice using audience-appropriate written and verbal communication, to practice various patient/family teaching techniques, and to practice documentation including subjective, objective, assessment, and plan associated with a patient/family teaching session.

Student Instructions

# Patient Education Lab and Assignment

This lab will consist of two, one-hour patient educational experiences.

During one hour you will be working with your small group to complete a patient/family teaching session, and during the other hour you will be observing your classmates complete their teaching sessions, and giving feedback.

Expectations for you and your fellow group members during the active patient/family teaching session:

Before class:

* + Review the patient case scenario and discuss/determine the best method of teaching the task, and the organization of your teaching session.
	+ Create a 1-2 page instructional handout for delivery to your patient or family member (based on your case) to enhance his/her understanding during your teaching session, and to be used as a reference upon discharge. This will be graded. (See rubric below for guidelines.)
	+ Provide a cohesive, organized learning experience for your learner that includes not only effective methods for teaching, but also structured opportunity for return demonstration and determination of competence.

During class:

* + You will have approximately 45 minutes to complete your teaching session, and complete the goals associated with your patient case.
	+ All group members must be active participants in the teaching experience.
	+ The group must provide a SOAP note that reflects the teaching session before leaving lab today. This will be graded. (See rubric below.)

Expectations for you and your fellow group members during the observation of your classmates’ teaching experience:

* Use the guided questions for observation to give constructive feedback about what went well and what could be improved.
* Be respectful, and helpful. Include your learners in your conversation as well.

Other thoughts and considerations:

Creating a good patient handout is not easy. I would encourage you to think about what has been provided and discussed in class, what you have seen in the clinic, what you have received personally, and what might be most helpful to you if you were the learner. Feel free to research the internet for handout examples, but be sure to appropriately cite any material that is from another source. Specific expectations for the handout are outlined in the grading rubric (attached). Do not plagiarize. I have included a few references here that may be additionally helpful:

<http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf>

<http://www.health.gov/communication/literacy/quickguide/quickguide.pdf>

Example of group, station, and learner assignments:

* **Bold and underlined names**: Therapists who are actively teaching the skill identified
* Non-bolded names: Observers in charge of giving teachers feedback
* Asterisks names: You will act as the (silent) patient.

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| **STATION TOPIC** | **Station Location** | **StudentsHour 1** | **LearnersHour 1** | **StudentsHour 2** | **LearnersHour 2** |
| **HOYER LIFT** | 1401 | **AB CBKH** KH\* RK | AD (parent)BC (sibling) | TF\* AL **DM EMDS** | JL(parent)KS(grandparent) |
| **2-PERSON DEPENDENT WHEELCHAIR STAIR NEGOTIATION** | 1401 | **JA CL SN**SO\* SS  | CM(parent)EC(sibling) | EC \*CM **CM MS** | JT(parent)KD(grandparent) |
| **DEPENDENT LATERAL TRANSFER** | 1401 | **LB KB VD**RM\*MW  | FY(sibling)HZ(cousin) | EC\*TH **KR CW** | LT (sibling)EH (sibling) |
| **ETC. with the rest of the cases described below** |

Patient Cases:

A number of neurological diagnoses can and should be represented within this assignment including SCI, GBS, stroke, etc.

**Task to be taught**: Hoyer lift transfer, wheelchair to bed

**Patient scenario**: You are a physical therapist in the home care setting, and your patient is a 68 year old male who has a diagnosis of ALS. His function has recently declined to the point that his family is unable to safely transfer him to/from bed with a transfer board as they have been. You have ordered a Hoyer lift, and it is being delivered to the home today during your scheduled time with him. His family members are present, and are VERY EAGER to start using the lift right away. You have 30-45 minutes to teach use of the lift, with the goal that they can safety begin using it this evening.

**Task to be taught**: Dependent 2-person lateral transfer, wheelchair to bed

**Patient scenario**: You are a physical therapist in the home care setting, and your patient is a 68 year old male who has a diagnosis of ALS. His function has recently declined to the point that his family is unable to safely transfer him to/from bed with a transfer board as they have been. You have ordered a Hoyer lift, but it has been backordered and the delivery date is up in the air. His family members are present, and are VERY STRESSED about the fact that he cannot lift himself at all with his arms. One family member has already hurt his/her back trying to make do with the current set up. You have 30-45 minutes to teach a dependent 2-person transfer, with the goal that they can safety begin using this new method this evening.

**Task to be taught**: Dependent 2-person floor transfer

**Patient scenario**: You are a physical therapist in the home care setting, and your patient is a 68 year old male who has a diagnosis of ALS. His function has recently declined to the point that his family is unable to safely transfer him to/from bed with a transfer board as they have been, as evidenced through 3 falls over the past month, 2 of which have resulted in calls to EMS. You have ordered a Hoyer lift, but it has not been delivered yet. In the meantime, you have made great progress teaching a safer method for dependent lateral transfers, but spasticity continues to cause intermittent unpredictable movements, which cause falls. You have 30-45 minutes to teach a dependent 2-person floor transfer and to determine whether the family should do this alone if necessary, or continue to call EMS.

**Task to be taught**: Dependent wheelchair stair negotiation

**Patient scenario**: You are a physical therapist in the acute rehabilitation setting, and your patient is a 58 year old female who has a diagnosis of GBS. Her function is slowly returning, but she has been in the hospital for over 3 months and is eager to go home and continue her therapy on an out-patient basis. She has 4 steps to enter her home, but once in, her bed and bath are on the first floor. She lives 4 hours away from the hospital, so her family has not been in for family training until today. She is scheduled for discharge for tomorrow and this is your last session with her. You have 30-45 minutes to teach dependent wheelchair stair negotiation so she can get into her house tomorrow.

**Task to be taught**: Dependent wheelchair curb and ramp negotiation

**Patient scenario**: You are a physical therapist in the acute rehabilitation setting, and your patient is a 58 year old female who has a diagnosis of GBS. Her function is slowly returning, but she has been in the hospital for over 3 months and is eager to go home and continue her therapy on an out-patient basis. She has a ramp from her driveway, and 4 wide steps (more like sequential curbs) to enter her home, but once in, her bed and bath are on the first floor. She lives 4 hours away from the hospital, so her family has not been in for family training until today. She is scheduled for discharge for tomorrow and this is your last session with her. You have 30-45 minutes to teach dependent wheelchair curb and ramp negotiation so she can get into her house tomorrow.

**Task to be taught**: BLE Passive Range of Motion Program

**Patient scenario**: You are a physical therapist in the acute rehabilitation setting, and your patient is a 58 year old female who has a diagnosis of GBS. Her function is slowly returning, but she has been in the hospital for over 3 months and is eager to go home and continue her therapy on an out-patient basis. She lives 4 hours away from the hospital, so her family has not been in for family training until today. She is scheduled for discharge for tomorrow and this is your last session with her. You have 30-45 minutes to teach a dependent bilateral lower extremity passive range of motion program to her and her family so she can maintain her flexibility upon discharge.

Time for student to complete the activity: Preparation for activity before class: 2-3 hours; Class time completion of the activity: 2 hours

Readings/other preparatory materials:

1. Lecture materials

2. Umphred DA, Lazaro RT, Roller ML, Burton GU. Umphred’s Neurological Rehabilitation, 6th Edition. St. Louis, MO: Elsevier Mosby. 2013. ISBN: 978-0-323-07586-2, pp 521-554

Learning Objectives:

1. create an effective patient/family handout that is accurate and audience-appropriate.
2. effectively teach a novice learner a novel task associated with physical therapy while incorporating at least 3 different teaching methods.
3. synthesize classroom information, clinical experiences, and preparation for this experience in order to provide effective feedback for their peers.
4. produce accurate and complete patient documentation with respect to their patient/family teaching interaction.

Methods of evaluation of student learning:

For the specific grading criteria, please refer to the grading rubric.

**Your handout is due via Blackboard at 2pm on XX-XX-XX. Turn in 1 per group. All group members will receive the same grade. Bring additional copies to lab to enhance your teaching experience.**

# Grading Rubric for the Active Patient/Family Teaching Session

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| **Criteria** | **Below Standard** | **Partially Meets Standard** | **Meets Standard** |
| **Accuracy of Information Provided on Handout** | Three or more aspects of the handout are inaccurate, inappropriate, or unsafe for the assigned patient care scenario. **(0 POINTS)** | One or two aspects of the handout are inaccurate, inappropriate, or unsafe for the assigned patient care scenario. **(1 POINT)** | Entire handout is accurate and appropriate for the assigned patient care scenario. **(2 POINTS)** |
| **Text on Handout** | Text is unclear in multiple areas of the handout. Multiple written passages are at an inappropriate reading level and/or multiple uses of unnecessary medical jargon. **(0 POINTS)** | Reasonably clear throughout the handout. Occasionally written at an inappropriate reading level or occasional use of unnecessary medical jargon. **(1 POINT)** | Consistently clear, complete and written at an appropriate reading level. Free from unnecessary medical jargon. **(2 POINTS)**  |
| **Visual Aides on Handout** | Little or no visuals; or use of visuals that *distract* from the content: too much text on the handout, difficult to read, or visually distracting**(0 POINTS)** | Visuals are used but *do not distract from or enhance* the handout due to limited clarity, ineffective use **(1 POINT)** | Visuals are consistently creative, clear, and easy to read; enhance reader understanding **(2 POINTS)** |
| **Organization and Clarity of Handout** | Written handout is difficult to follow as seen through poor sequencing or lacking in thread of thought. Ideas are not well defined, or not well supported. **(0 POINTS)** | Written handout is reasonably organized. Ideas can be easily followed during the teaching session, but difficult to follow when reading it in isolation.**(1 POINT)** | Written handout is coherently organized. Ideas can be easily followed both during the teaching session and when reading it in isolation.**(2 POINTS)** |
| **Documentation of Session** | Written documentation is significantly unclear, or has 3 or more omissions. **(1 POINT)** | Written documentation is not consistently clear, or has 1-2 omissions. **(3 POINTS)** | Written documentation is clear, complete, and addresses all aspects of the session including goals, outcomes, and discharge recommendations. **(5 POINTS)** |
| **Spelling, Grammar, and Direction Following(Handout and Documentation)** | Two or more spelling or grammar errors. Incomplete or absent direction following.**(0 POINTS)** | One spelling or grammar error. Directions are followed.**(1 POINT)** | Entire handout and written documentation is free from spelling and grammar errors. Directions are followed.**(2 POINTS)** |

# Guiding Questions for the Observation of your Classmates’ Teaching Experience (not graded)

* Did all group members participate?
* Did the teachers adequately explain why learning this skill is important to the patient?
* What was effective about the teaching session?
* What could have been more effective?
* Did the teachers adequately recognize and respond to the learner’s questions and/or points of confusion?
* Did the teachers allow ample time for return demonstration and assessment of understanding of the learners?
* Was the handout used during the teaching, and if so, did it enhance the learner’s comprehension?
* Did the teachers meet the goals as described in the patient care scenario?
* What is the learner’s feedback?