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| RESIDENT / FAMILY EDUCATION | | | | NO. | |
| PURPOSE:  To describe the process by which resident and/or families are provided with educational interventions to enhance their knowledge and skills to benefit from healthcare provided at Winning Wheels.  DEFINITIONS:  **Family** is the person(s) who plays a significant role in the resident’s life.  **Resident / family education** is defined as a process intended to improve the residents’ and/or family’s level of knowledge, skill and attitude to effectively adopt or reinforce healthy behaviors. Education given across the continuum of care provides residents and/or families with consistent content related to health issues that concern the healthcare provider and/or the resident/family. The process is based on a learning needs assessment and is individualized to account for different learning needs and styles. Education involves an on-going interaction between healthcare providers and the resident and/or family to evaluate the effectiveness of education.  POLICY STATEMENTS:   1. The assessment of a resident’s and/or family’s learning needs is based on the following factors as appropriate: patient’s age; health status; approach to learning; readiness to learn; physical, cognitive, financial, language and emotional barriers to learning; current knowledge and skill for self-care; religious and cultural belief systems; and family and community relationships. The assessment assists in identifying the appropriate timing and venue for resident/family education. 2. Assessed learning needs are prioritized with resident and/or family input, as appropriate to length of stay or length of time services are provided. 3. Referrals to community resources for patient education are provided to the resident and/or family as appropriate. 4. Education is specific for the resident and/or family’s assessed learning needs, abilities and readiness to learn. Education is provided in ways understandable to the resident and/or family. 5. Education assists the patient and/or family to understand their condition and care (e.g. medications, equipment, diet, food/drug interactions, access to community and institutional resources, when and how to obtain further treatment, sex education, proper hygiene and grooming and rehabilitation and pain management techniques). 6. The designated social worker coordinates the education plan, including medication and equipment education. Appropriate disciplines, such as nursing, dietetics, social services, therapeutic recreation and rehabilitation collaborate in meeting the patient’s and family’s educational needs. 7. The resident’s and/or family’s understanding and ability to implement the education provided is evaluated through the care plan process and the educational plan is revised as appropriate. 8. Residents and/or families are responsible for their health and for participating in self-care to achieve and/or maintain optimal well-being.   PROCEDURE STATEMENTS:   1. Resident education is provided by qualified healthcare providers – individuals deemed competent in such skills by Administration. Competency is defined in terms of licensure requirements, the individual’s role in the practice, professional practice guidelines, education and/or experience. | | | | | |
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| Assessment   1. Prior to delivering education, a learning needs assessment is completed or a previously completed learning needs assessment is reviewed and updated as needed.   Plan   1. The qualified healthcare provider develops an educational plan in collaboration with the patient and family, and based on the findings of the learning needs assessment. 2. The education plan may include: setting goals; identifying resident education resources; promoting behavior change; addressing residents’ learning needs and concerns; teaching essential skills to manage their healthcare; making referrals as appropriate; and making referrals for community educational services, such as support groups or the public health department. 3. The plan includes, when appropriate, the following topics:    1. Education is provided about disease process and its management;    2. Medication administration education;    3. Individualized diet and nutrition education is provided as appropriate or a plan for appropriate referral is made;    4. Education is provided regarding safety, pain and pain management, rehabilitation, community resources, follow-up care, and who to call if questions arise at home.   Implementation   1. Education is delivered independently or collaboratively with other disciplines/departments, and is delivered at time when it meets the needs of the resident/family. 2. Various teaching methods are chosen based on factors identified during the learning needs assessment. These methods may include but are not limited to: verbal dialogue allowing the resident/family to express understanding of concepts, lectures, use of written materials reviewed with the resident/family; use of visual tools (videos, models, posters or pictures); demonstration; and use of computer-based educational programs.   Evaluation   1. A resident’s and/or family’s response to education is evaluated using appropriate methods. Methods may include but are not limited to: asking the patient to verbally articulate the education message; using a post-test; or watching a return demonstration.   Documentation   1. Clinical notes may be used. | | | | | |
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