

# Patient and Family Education (PFE)

## *Overview*

Patient and family education helps patients better participate in their care and make informed care decisions. Many different staff in the organization educate patients and families. Education takes place when the patient interacts with his or her physician or the nursing staff. Others provide education as they provide specific services such as rehabilitation or nutrition therapy or prepare the patient for discharge and continuing care. Because many staff help educate patients and families, it is important that staff coordinate their activities and focus on what patients need to learn.

Effective education thus 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.

Education includes both the knowledge needed during the care process and the knowledge needed after the patient is discharged to another care site or home. Thus, education can include information on community resources for additional care and required follow-up care and how to access emergency services if necessary.

Effective education in an organization employs available electronic and visual formats and a variety of distance learning and other techniques.

**Note:** *The standards printed in bold typeface are core standards that all organizations must meet to be accredited.*

## *Standards*

### **PFE.1 Education supports patient and family participation in care decisions and care processes.**

#### ***Intent of PFE.1***

Health care organizations educate patients and families so that they have the knowledge and skills to participate in the patient care processes and care decisions. Each organization builds education into care processes based upon its mission, services provided, and patient population. Education is planned to ensure that every patient is offered the education they require. The organization chooses how it will organize its educational resources in an efficient and effective manner. Thus, organizations may choose to appoint an education coordinator or an education committee, create an education service, or simply work with all staff to provide education in a coordinated manner.

#### **Measurable Elements of PFE.1**

1. The organization plans education consistent with its mission, services, and patient population.
2. There is an appropriate structure or mechanism for education throughout the organization.
3. Education resources are organized in an efficient and effective manner.

### **PFE.1.1 Each patient's educational needs are assessed and recorded in his or her record.**

#### ***Intent of PFE.1.1***

Education is focused on the specific knowledge and skills the patient and family will need to make care decisions, participate in their care, and continue care at home.

To identify and understand those needs for education, there is an assessment process. Knowledge and skills deficits are identified and used to plan the education. The assessment process also includes those patient variables that determine if the patient is ready and capable to learn.

These variables include:

- the patient's and family's beliefs and values;
- their literacy, educational level, and language;
- emotional barriers and motivations;
- physical and cognitive limitations; and
- the patient's willingness to receive information.

Once the educational needs are identified, they are recorded in the patient's record. This facilitates the participation of all the patient's caregivers in the education process. Each organization decides the location and format for

educational assessment, planning, and delivery of information in the patient's record.

**Measurable Elements of PFE.1.1**

1. The patient's and family's education needs are assessed.
2. The patient's and family's ability to learn and readiness to learn are assessed.
3. The findings are recorded in the patient's record.
4. There is a uniform process for recording patient education information.

**PFE.1.2 Each patient and his or her family receive education to help them give informed consent, participate in care processes, and understand any financial implications of care choices.**

***Intent of PFE.1.2***

Organization staff provide information and education to patients and families at appropriate times in the care process. Education provided as part of the process of obtaining informed consent for treatment (for example, for surgery and anesthesia) is documented in the patient's record. Education is also provided to support other care decisions of patients and families. In addition, when a patient or their family directly participate in providing care, for example, change dressings, feed the patient, or administer medications and treatments, they need to be educated. On occasion, such as when the patient and family are responsible for all or a part of the payment for care, it is important that they are aware of any financial implications associated with care choices, such as choosing to remain an inpatient rather than continue care as an outpatient.

**Measurable Elements of PFE.1.2**

1. Patients and families learn about informed consent.
2. Patients and families learn about participation in care decisions.
3. Patients and families learn about participation in the care process.
4. Patients and families learn about any financial implications of care decisions.

PFE.2 Education and training help meet patients' ongoing health needs.

PFE.2.1 The organization cooperates with available community resources to provide health promotion and disease prevention education.

***Intent of PFE.2 and PFE.2.1***

Patients frequently require follow-up care to meet ongoing health needs or achieve their health goals. Information provided by the organization may include when to resume daily activities, preventive practices relevant to the patient's condition or health goals, and, when appropriate, information on coping with disease or disability.

The organization identifies educational and training resources available in the community. In particular, community organizations that support health promotion and disease prevention education are identified and, when possible, ongoing relationships are established.

**Measurable Element of PFE.2**

Patients and families receive education and training to meet their ongoing health needs or achieve their health goals.

**Measurable Elements of PFE.2.1**

1. The organization identifies and establishes relationships with community resources that support continuing health promotion and disease prevention education.
2. Patients are referred to these sources when appropriate.

**PFE.3 Patient and family education include the following topics, as appropriate to the patient’s care: the safe use of medications, the safe use of medical equipment, potential interactions between medications and food, nutritional guidance, and rehabilitation techniques.**

***Intent of PFE.3***

The organization routinely provides education in areas that carry high risk to patients. Education supports the return to previous functional levels and maintenance of optimal health.

The organization uses standardized materials and processes in educating patients on at least the following topics:

- Safe and effective use of medications, including potential medication side effects;
- Safe and effective use of medical equipment;
- Potential interactions between medications and food;
- Diet and nutrition; and
- Rehabilitation techniques.

**Measurable Elements of PFE.3**

1. When appropriate, patients and families are educated about the safe and effective use of medications and potential side effects of medications.
2. When appropriate, patients and families are educated about the safe and effective use of medical equipment.
3. When appropriate, patients and families are educated about preventing interactions between medications and food.
4. When appropriate, patients and families are educated about appropriate diet and nutrition.
5. When appropriate, patients and families are educated about rehabilitation techniques.

**PFE.4 Education methods consider the patient’s and family’s values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.**

***Intent of PFE.4***

Learning occurs when attention is paid to the methods used to educate patients and families. Understanding patients and families helps the organization to select appropriate educational methods and educators to identify the family’s role and the instruction method.

The opportunity for interaction among staff, the patient, and his or her family permits feedback to ensure that the information is understood and that it is appropriate, useful, and usable.

**Measurable Elements of PFE.4**

1. Education methods are selected on the basis of patient and family values and preferences.
2. Interaction among staff, the patient, and family confirms that the information was understood.

**PFE.4.1 The patient and family are taught in a format and language that they understand.**

***Intent of PFE.4.1***

Particular attention is given to the format and language used in providing patient and family education. Patients respond differently to spoken instructions, printed materials, videotapes, demonstrations, and so on. Also, it is important to understand the language preferred for the education. On occasion, family members or interpreters may need to assist with the education or to translate materials. When non-family members are used to translate or interpret, they are aware of any patient barriers to understanding.

**Measurable Elements of PFE.4.1**

1. The patient and family are taught in a format they understand.
2. The patient and family are taught in a language they understand.

**PFE.4.2 Health professionals caring for the patient collaborate to provide education.**

**PFE.4.2.1 These professionals have the knowledge and skills required for effective education.**

***Intent of PFE.4.2 and PFE.4.2.1***

When health care professionals understand one another’s contributions to patient education, they can collaborate more effectively. Collaboration, in turn, helps to ensure that the information patients and families receive is comprehensive, consistent, and as effective as possible. Collaboration is based on the patient’s needs and may not always be necessary or appropriate.

Knowledge of the subject matter, willingness to teach, and ability to communicate effectively are important considerations in effective education.

**Measurable Element of PFE.4.2**

Patient and family education is provided collaboratively when appropriate.

**Measurable Element of PFR.4.2.1**

Those who provide education have the knowledge and communication skills to do so.