Educational Strategies: Best Practices in Adult Learning

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Tell me and I forget; Teach me and I may remember; Involve me and I learn

— Chinese Proverb
(Also attributed to Benjamin Franklin)
Aim

The goal of these slides is for you to participate in, and learn about, adult education best-practices so that you can implement these strategies in your own everyday practice.
Agenda

• Examine current educational practices

• Strategies to improve practice
  – Patient centered approach
  – Improving patient participation
  – Good questioning techniques

• Review of practical suggestions that can be directly implemented into your practice
Assessing Current Practices

• Think about:
  – What we are doing well in CKD education in BC?
  – What you are doing well in your own educational practice?
Effective CKD Education

Research and Observations...
Effective Practices

Models of Care:

• **Multidisciplinary Model** (Dixon et al., 2011; Goldstein et al., 2004)
  - Reduces risk of death by 50% (Ronksley & Hemmelgarn, 2012)
  - Delays progression of CKD (Strand and Parker, 2012)

• **Regular Care During Predialysis** (Jungers et al., 2001).
  - Phone contact or personal visits increase self-care (Strand & Parker, 2012)
  - **Proactive Care** (Ronksley & Hemmelgarn, 2012)

• **Caring Practitioners** (Zubialde, Mold & Eubank, 2009)
Effective Practices

Educational Programming:

• Increases In Knowledge
  – Delayed progression of CKD linked to education and supportive contact (Strand and Parker, 2012)

• Educational Components
  – One-on-one sessions (Gruman et al., 2010; Lingerfelt & Thorton, 2011)
  – Classroom style presentations (Gruman et al., 2010)
  – Patients talking to patients (Rygh, et al, 2012; Morton et al, 2006)
  – Inclusion of family or social supports (Quinan, 2005, Richard 2005)
Implications

• The BC CKD educational program has many strengths

• Building on these strengths is vital

• Educational theory can help to inform practice...
Improving Practice

– Increasing patient-centred education

(LHIN, 2010)

• What is “patient-centred”?
Improving Practice

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Improving Practice

• Increasing patient-centred education (LHIN, 2010)
  • What is “patient-centred”?
Improving Practice

• Patient-centred education:
  – Focuses on collaboration
  – Increases opportunities for patient self-management
  – Increases patient confidence
Improving Practice

- Our visual for “patient-centered”:
Expectations Activity

• On a piece of paper write down your expectations for these slides:

• Add a **wild** prediction of the best possible outcome should your expectations be met
  
  – e.g., I’m expecting to learn how to teach patients, and my **wildest** expectation is that if I knew how to teach well, patients would do everything they should. Always!
Expectations
(Lea, Stephenson & Troy, 2003; Schommer, 1990; White, 1995)

• What was the point of this activity?
  • Expectations are powerful – understanding them is key to the success of any learning experience

• Understanding patients’ expectations helps us design education that is tailored to their needs and thus improves outcomes—patient centered practice
Doing Patient Centred Education

Understanding Patient Expectations →
Expectations

Answer the following questions:

• What do your patients expect from you?
  • How do you know this?
  • Ways to verify if what you believe is correct are______________
I think you learn more if you're laughing at the same time.”

— Mary Ann Shaffer
Doing Patient Centred Education

Begin **Every** Educational Encounter with a Discussion of Patient Concerns
Improving Practice

How do we know what the concerns our patients have?

• ASK!
Patient Centered Education

• Increase learner participation:
  – Focus on person not on content
Patient Centered Education

• Increase learner participation:
  – Focus on person not on content

  • What does focusing on the person mean?
Patient Centered Education

• Increase learner participation:
  – Focus on person not on content

  • Think about who is doing most of the talking
    – Some knowledge is key, more is not necessarily better

  • You can cover the content but what has the patient actually learned or retained?
Getting Caught-up in Content

- Medical knowledge does not necessarily lead to increased compliance and happiness (Katz et al., 2008).

- Compliers with dietary recommendations did not score higher on a CKD knowledge questionnaire (Katz et al., 2008).

- Awareness about CKD was NOT associated with improved outcomes (Tuot et al., 2011).
Caught-up in Content

– Too much information can be given in many ways
  • E.g., How many handouts are you sending home?
Participation

• Enhancing patient participation is key.

• What are some ways to do this?
  – The start of your session sets the tone—start well!
  – Make sure patients feel as relaxed and comfortable as possible
    • Ideas of how or what might get in the way?
  – Be sure patients know your name
    • Why might this be important?
Participation

Information

– Work at the level of the patient
  • Start with their questions/concerns
  • Assess what they are ready to learn by asking quality questions about what they already know
  • Watch your use of medical terminology that may “shut-down” the patient
– More is not always better—keep the amount of information manageable
  • Provide small amounts of information gradually over time (Campbell & Duddle, 2010).
Key Participation Strategies
(Zimmerman & Schunk, 2001; 2008)

Have patients:
• **reflect on what they already know**, and generate questions about what they would like to know
• **articulate ways to transfer the knowledge they just learned** (e.g., how will they use this at home, or by doing a demonstration)
• **set goals and monitor progress**
Research suggests that, in general, people retain:

- 10% of what they HEAR
- 20% of what they READ
- 30% of what they SEE
- 70% of what they SAY
- 90% of what they SAY AND DEMONSTRATE  (Stice, 1987)
Participation

• Demonstrations
  – Model how and then get them to demonstrate
  – We learn best when doing or teaching

• Don’t just talk, design activities for participation
  – e.g., tools for patients to record and monitor their own progress
  – Ask questions that get them to talk about their understanding of what you just taught (have conversations)
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Patient Participation throughout
Asking Good Questions
Quality of Questions
(Egan, 2002; Thompson, 2003)

• Ask questions that start conversations

  • Not:

  • “Did you take your medication today?”
  — “Yes”
Quality of Questions
(Egan, 2002; Thompson, 2003)

• Poor question examples:
  • How are you feeling today?
  • Any questions?
  • Do you understand?

• Come up with a poorly constructed question.
  • Have you asked this questions before?
Quality Questions

(Egan, 2002; Thompson, 2003)

Good questions start conversations

• Examples:
  • What is the most important thing for you right now?
  • What do you know about....
  • What do you want to know about....
  • Remind me what you learned last time about....
  • Tell me about....
Quality Questions
(Egan, 2002; Thompson, 2003)

• Original:
  • “Did you take your medication today?”

• New:
  • “Can you explain how you manage all of the medications that are prescribed for you?”

• Change your poorly constructed question (that you wrote earlier) into a better one.
Frequency of Questions
(Beck, Daughtridge, & Sloane, 2002)

• There is a tendency to ask too many questions
• Too many questions reduces learning and takes the focus away from the patient
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Top and Bottom:

Top:

Start by asking patients about their concerns---
Participation

Start with open-ended questions

• Start by asking what they know and what they want to know

• Answer to their questions is what they will remember most—so try to illicit good questions from them
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Top and Bottom:

Bottom:

End by asking patients to review what they have learned
Participation

End with a recapping question:

• What did you learn today?
• What are the three things you learned that you can do to…?
• What are your key take-aways from this session?
• Can you show me how you would....
• Explain how you will implement this at home
Putting it into Practice

Give 3 examples of how you can structure your interactions to increase patients’ participation in your sessions
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The Sandwich Metaphor, what does it mean??

- Patient Expectations →
- Start with Patient Concerns →
- Patient Participation through questions that elicit participation

- End with Patients Review their learning →
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What you add:

- Caring
- Knowledge
- Quality Questions
- Organization
- Effective Learning Environment
- Cohesiveness
- Content
THANK YOU