American Association of Colleges of Nursing

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Person centered care -

Patient and family centered education

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Assumptions

Graduates of accredited undergraduate nursing programs have had curricular content on patient and family education. However, not all programs are identical in what is taught and experienced in the clinical setting. Some assumptions about the nurse resident's pre-licensure preparation are outlined below. To avoid either duplicating content from the nurse residents' undergraduate programs and/or omitting content essential for safe nursing care, these assumptions should be considered when designing nurse residency program workshops and seminars. In 2021, AACN released new Essentials across ten domains that are broad, distinguishable areas of competence, when aggregated, constitute a descriptive framework for nursing practice.

2021 AACN Essentials

For this unit, assume that nurse residents can:
2.2c Use a variety of communication modes appropriate for the context.
2.2e Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.
2.8a Assist the individual to engage in self-care management.
2.8b Employ individualized educational strategies based on learning theories, methodologies, and health literacy.
2.8c Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management.
2.8d Respect individuals and families' self-determination in their healthcare decisions.
2.8e Identify personal, system, and community resources available to support self-care management.

American Association of Colleges of Nursing. (2021). The essentials: Core competencies for professional nursing education. AACN Essentials. Retrieved June 15, 2021, from https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

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Strategies for success

NRP Coordinators can consider accessing the following resources in advance of delivering content to nurse residents related to patient and family education and health literacy. These resources are supplemental to the curriculum content provided here and may provide additional context and applicability for discussion about self-care management, education methods, and health literacy.

What are patients saying about their experience with education? Your organization's HCAHPS data can be used to support this discussion.

Because adequate education is linked to a decrease in readmissions, identify organization and/or unit specific readmission rates and/or any current work within the organization to prevent readmissions.

The CDC has multiple resources related to promotion of health literacy on its website (linked in reference section).

On the Vizient/AACN Nurse Residency Program™ there are customizable slide decks for presenting this topic.

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Objectives

Seminar content, as well as clinical and other learning experiences, enable nurse residents to achieve the leadership skills needed to:

1. Identify patient and family education needs and readiness to learn and implement an education plan alongside the interprofessional team using the patient education process.
2. Verbalize the importance of assessing health literacy and other educational considerations in patients and families before beginning education.
3. Evaluate and document the effectiveness of the educational process, and the patient and family's understanding of the education delivered, escalating the need when appropriate.

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Introduction

Patient and family-centered education is an essential element of professional nursing. Education should be specific to the patient's needs and presented in a way that meets the patient's learning preferences, style, and ability. Nurses must consider health literacy, support systems, self-care capacity, social determinants of health, and available resources when providing education. This chapter equips nurse residents to collaborate with the tools to collaborate effectively with patients and families, ensuring they are empowered to navigate the healthcare system and manage their care.

Goals of patient education

Involving patients and families in education and care planning is essential for improving outcomes and promoting wellness. Successful patient education aligns with the core concepts of patient and family centered care: dignity and respect, information sharing, participation and collaboration. Dignity and respect are foundational, requiring nurses to honor patient preferences and perspectives, integrating them into care plans without judgment. Information sharing is equally critical, as clear, unbiased information must be shared promptly to support informed decision-making. Participation involves allowing patients and families to determine their level of involvement in care planning and execution, with nurses supporting their chosen roles. Collaboration ensures a partnership between nurses, patients, families and the care team to deliver comprehensive and respectful care (Institute for Patient- and Family-Centered Care, n.d.).

Incorporating these principles fosters trust and encourages the adoption of healthier attitudes, behaviors and practices. Key objectives of patient education include involving family and caregivers, preparing patients for discharge, promoting health and disease prevention, connecting patients with community resources such as nutritionists and transportation services and improving health outcomes. Evidence supports that effective patient education enhances clinical results and minimizes the economic burden of chronic diseases.

CMS (2025) defines hospital readmissions as unplanned readmission that happens within 30 days of discharge from the index (i.e., initial) admission.

What are the most common reasons for readmission on your unit? How can you focus teaching on these?

Self-management of care

Supporting patients and families in the self-management of care begins with increasing their knowledge of health promotion and disease prevention. Self-management of care combines tools and information that help patients choose healthy behaviors and lifestyles and shift the patient-provider relationship to a collaborative partnership. Over time, the patient feels heard and respected while also collecting skills and knowledge to manage their disease. When arriving at the hospital with an urgent issue, the patient's priority is to survive. The second priority is learning and understanding the steps necessary to regain their maximum health potential (London, 2016).

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Evidence shows that time spent educating patients and families on their disease or condition and aiding them in self-management leads to improvements in clinical outcomes and reduces the economic impact of chronic disease (Dineen-Griffin et al., 2019). Self-management of care should be integrated with patient education and discharge teaching to promote safe transitions and ongoing health maintenance. For example, when educating a patient admitted for syncope after beginning a new beta-blocker prescription, nurses might instruct the patient to check their heart rate before taking the medication, withholding the dose if the heart rate falls below 60 beats per minute.

Coordinator Note: The success of self-management is a result of a trusting and collaborative patient and provider relationship. One encounter cannot render a patient prepared to completely manage their care, but each interaction with the healthcare team is a building block toward such rapport.

Encouraging self-care management also involves equipping patients with tools and resources that foster autonomy and engagement in their care. This might include introducing them to online support communities or providing guidance on how to use home monitoring devices such as digital scales, blood pressure cuffs, pulse oximeters, and glucometers. Institutional and community resources play a vital role in supporting nurse residents as they promote patient self-management after discharge. These resources may include physical, occupational and speech therapists, nutrition and dietary service support, case management, pharmacy consultations, and assistance with meals and transportation.

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Patient education process

Patient education assessment

Effective education begins with understanding the patient's current knowledge, priorities, values and barriers to learning. Assessing knowledge levels involves asking what the patient already knows about their condition to establish a starting point. Nurses should also identify what matters most to the patient, such as returning to a favorite activity, to personalize the education plan. Barriers to learning include pain, financial stress, or lack of motivation and should be identified and addressed. Additionally, recognizing whether the patient is prepared to adopt necessary lifestyle changes is crucial for planning effective education.

Health literacy (HL) is defined as “The degree to which individuals have the capacity to find, understand, and use information and services to inform health-related decisions and actions for themselves and others” obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Office of Disease Prevention and Health Promotion, n.d.). HL includes basic reading, basic math, knowledge of nutrition, and ability to understand risks. HL significantly influences a patient’s ability to understand and act on healthcare information. With only 12% of U.S. adults proficient in HL, disparities exist across racial, ethnic, and age groups (Kutner et al., 2006). Low HL is associated with adverse outcomes such as poor chronic disease management, medication errors, preventable hospital

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admissions and increased mortality (Office of Disease Prevention and Health Promotion, 2010). There are also considerable economic and social implications including higher healthcare costs and less efficient services, lost wages and lower quality of life. HL challenges can affect anyone, regardless of education level or socioeconomic status. Nurses should be alert to potential indicators that a patient may need additional support. These can include frequently missed appointments, difficulty naming medications or explaining their purpose, or not following through with tests or follow-up care (Nierengarten, 2018).

Tools such as the Teach-Back Method, the Single Question Literacy Screen, and the Newest Vital Sign can be effectively used to assess HL and tailor education strategies accordingly. See Table 1 for details.

Table 1: Strategies to assess or support health literacy

Strategy name	Description	Example questions
Teach-Back Method (AHRQ, 2020b)	A communication technique where patients are asked to repeat back the information in their own words. This checks for understanding and reinforces learning. Recommended as a universal precautions approach—assume all patients may need information clarified, regardless of their background.	“When you get home this afternoon, what will you tell your partner that we discussed today?” “I want to make sure I explained your discharge instructions clearly. Could you tell me the three symptoms you’d watch for that would mean it’s time to return to the emergency department?” “If you begin feeling pain, how will you take your as-needed medication to manage it?”
Single Question Literacy screen (Morris et al., 2006)	A quick, validated screening question to gauge a patient's confidence with health-related reading and forms. This helps identify individuals who may benefit from additional support.	“How often do you need help reading instructions or pamphlets from your doctor or pharmacy?”
Newest Vital Sign (Weiss et al., 2005)	A brief assessment tool using an ice cream nutrition label. Patients answer six questions that evaluate literacy, numeracy, and comprehension. This tool provides insight into the patient's ability to use health information in real-life scenarios.	Sample questions: “If you eat the entire container, how many calories will you eat?” “If you are allowed to eat 60 g of carbohydrates as a snack, how much ice cream could you have?”

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Here are some videos from the AMA on Health Literacy. These are actual patients who made uninformed choices about their care or treatment plan due to improper communication from healthcare providers.

Planning to teach

Effective patient education begins with thoughtful planning grounded in patient assessment. Nurses are required to first assist patients in building foundational understanding before moving into more complex topics like medication teaching. Educational goals should be individualized to reflect the patient's readiness and learning needs. It is also important to identify who else should be involved in the teaching process, such as a partner assisting with care at home, and to evaluate their ability to participate in care.

Rather than saving all teaching for discharge, nurses should deliver information gradually, taking advantage of teachable moments throughout the hospital stay (London, 2016). These moments often arise during routine care, such as medication administration, assessments, or assistance with meals and daily activities. Signs of a teachable moment may include the patient asking direct medical questions or repeatedly voicing the same concern. Nurses may need to gently probe to open the conversation. Recognizing these natural openings helps ensure that teaching is timely, relevant, and patient-centered.

When a teachable moment arises but time is limited, nurses can still provide value by offering printed materials or assigning a short video if available. It is important to follow up afterward to answer questions and assess understanding. Limiting teaching sessions to the top three key points and starting with the most critical can help focus the interaction (London, 2016). Nurses should also encourage patients to take notes or keep a list of questions for future discussions.

Teaching

Patient and family education is not a one-size-fits-all approach. Using information gathered during the assessment phase allows nurses to tailor education to each patient's level of understanding. Teaching should be clear, concise, and adapted to meet individual needs, using a variety of methods to support comprehension. Nurses should speak in plain language (Michigan Health Literacy Awareness Project, n.d.), use short and simple phrases, and repeat key information as needed. Allowing patients to ask questions as they arise is critical.

Multimodal strategies enhance retention and support diverse learning preferences. Verbal teaching should be supported with supplemental materials such as handouts or videos. The "chunk-and-check" method is an effective strategy that breaks down information into manageable sections. Nurses begin with the most important topic, present a small "chunk" of content, and then check for understanding using the teach-back method. If the patient is unable to repeat the information accurately, the nurse rephrases and re-teaches before moving on. Return demonstrations are especially effective for psychomotor skills, such as tracheostomy care or dressing changes, ensuring patients are confident in their abilities. Additionally, the *Ask Me 3* method (IHI, 2021) encourages patients to ask: "What is my main problem?", "What do

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I need to do?", and "Why is it important for me to do this?" This approach fosters patient engagement, strengthens communication, and promotes better health outcomes.

To enhance patient education, nurses should be familiar with available teaching materials and know where to direct patients for reliable information (Patient Educators Update, 2014). Hands-on tools, like practice models, can support skill development. Give patients and families time to practice procedures, and coach them as needed. If allowed, they may benefit from taking photos or recording demonstrations. Clinical team members, such as pharmacists or case managers, can help reinforce teaching. During assessments, explain the purpose behind each step to connect clinical care with the patient's condition.

Evaluation

Evaluation of a patient's understanding should occur throughout the teaching process, not just at the end. Using strategies like the "chunk-and-check" method helps nurses assess comprehension before moving on to the next topic. Observing nonverbal cues, requiring return demonstrations, and using teach-back are all key strategies to ensure understanding. For example, if a patient struggles with aseptic technique during a return demonstration, it may indicate the need for reinforcement.

Teach-back is not a quiz for the patient, but a way to evaluate how clearly the nurse communicated. For instance: "So I know that I explained everything correctly, will you tell me how you are going to take your pain medication when you get home?" (AHRQ, 2020b). Instead of asking, "What questions do you have?", nurses should use targeted prompts like, "When will you need to call your doctor?" or "What will you do if your blood pressure is 165/90?"

After any teaching interaction, nurses should assess patient confidence, document any need for further education, and communicate gaps to the oncoming care team. When time is limited, critical content should be prioritized, and patients should be encouraged to jot down questions for follow-up, supporting ongoing engagement in their care.

Common barriers to patient education

Operational and environmental barriers- finding the right time for the patient and the nurse is difficult, and nurses may not have the same patient day-to-day which makes it difficult to build upon previous education.

Lack of resources- Materials to help with effective patient education (E.g., videos, printed education, visual aids)

Knowledge- Many new graduates don't feel confident managing detailed questions with patients about diagnostics, medications or treatment plans. Being asked a question that they don't know the answer to is a fear that could be a barrier to engaging in patient education.

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Educational considerations

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Patient education should be adapted to meet the diverse needs of individuals, including developmental level, emotional state, social context, and language preferences. Being attentive to these factors helps ensure equitable, effective teaching.

Developmental needs

When teaching children or patients with developmental delays, nurses should adapt their approach to match the learner's understanding. Connecting education to familiar activities, such as explaining that drinking water can help remove an IV to make playing video games easier, can improve engagement. Include guardians or support persons in the teaching process and assess their readiness and health literacy as well.

Patients and families in crisis

In high-acuity areas like the ICU or emergency department, timing is critical. Nurses should pause education during moments of instability and resume once the patient is ready to engage. Teaching should be calm, clear, and simple. Patients and families may need repetition to understand and retain information. Encourage notetaking or recording of instructions and provide tools when needed.

Social determinants

Unmet social needs such as housing insecurity, food shortages, or exposure to violence can make it difficult for patients to engage in education. Nurses should assess these factors and work with the interdisciplinary team to connect patients with appropriate resources. Addressing these needs can improve a patient's ability to focus on learning.

Non-English speaking patients

For patients with limited English proficiency, nurses must follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS). These standards include offering free language assistance, informing patients about available services in their preferred language, and using trained interpreters rather than family members or untrained staff (US Department of Health and Human Services Office of Minority Health, n.d.). Printed and multimedia materials should also be available in the most common languages used in the patient population.

Nurses are responsible for knowing and following institutional policies on translation services. They should be able to access qualified interpreters and ensure that anyone involved in language support can communicate health information accurately. Mistranslation of diagnosis or treatment information can lead to serious consequences, making clear communication essential to safe care.

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Measuring the impact of patient education

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Patient education impacts healthcare quality, patient experience and reimbursement. Surveys like the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) are tools to measure patient satisfaction with a focus on communication and education. Specific questions address clarity, respect, and preparedness for managing care post-discharge. Positive survey results correlate with improved outcomes and transparency and are tied to hospital and provider reimbursement (AHRQ, 2020a; Always Culture, n.d.; CMS, 2025, 2021; Health Services Advisory Group, 2024).

The HCAHPS survey collects feedback about the inpatient experience. Its three primary goals are to produce comparable data on patient perspectives, create incentives for hospitals to improve care, and increase transparency of healthcare quality (Health Services Advisory Group, 2024). Six questions directly relate to patient education, including:

- "During this hospital stay, how often did nurses explain things in a way you could understand?"
- "Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"
- "Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?"
- "During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?"
- "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?"

Similarly, the CG-CAHPS survey is used in ambulatory settings to evaluate communication during provider visits (AHRQ, 2020a). It includes patient-centered questions such as:

- "During your most recent visit, did this provider explain things in a way that was easy to understand?"
- "Did this provider listen carefully to you?"
- "Did this provider show respect for what you had to say?"
- "Did this provider spend enough time with you?"
- "Did this provider's office give you all the instructions you needed to use video for this visit?"

Understanding how these surveys function reinforces the importance of clear, respectful, and effective patient education. Nurse residents should be familiar with how survey results reflect their communication efforts and how these responses influence both clinical outcomes and reimbursement.

Conclusion

Patient and family education is a dynamic, patient-centered process that requires thorough assessment, tailored teaching strategies, and ongoing evaluation. When nurses address individual learning needs, communication preferences, and potential barriers, they empower patients to actively participate in their care. Effective education improves outcomes,

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enhances patient experience, supports safe transitions, and contributes to the overall quality and equity of healthcare delivery.

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