FAMILY-CENTERED CARE
PEDIATRIC
INTEGRATING PATIENT
TEACHING INTO BEDSIDE
PATIENT CARE
Collaborative relationship
Effective communication
Holistic perspective
Individualized care
Interprofessional coordination
Empowerment
Cultural knowledge
INTEGRATING PATIENT TEACHING INTO BEDSIDE PATIENT CARE
BARRIERS TO TEACHING

(a) insufficient knowledge

(b) too little time

(c) ineffective teaching

(d) poor communication
short length of hospital stay and patients who often were off the unit for tests and treatments contributed to the sense of too little time for teaching
teaching content was not clearly identified

teaching aids required narrative rather than checklist charting

teaching aids inconvenient to bring into patient rooms

meeting rooms or locked in cabinets, were perceived as ineffective

teaching materials were sometimes unavailable (equipment)
limited physician–nurse communications

limited interdisciplinary communication

evening and night shift nurse participation in teaching program

POOR COMMUNICATION

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n-mahmoodi
Problem
Diabet Fc
Handouts

simple

available in various formats and created by the staff.
Staff nurse knowledge

Increase nurse knowledge
TO IMPROVE THE STRUCTURE OF TEACHING

clear

short concrete teaching aids

creating opportunities for nurses to teach when family members are present
TO IMPROVE THE STRUCTURE OF TEACHING

computer assisted instruction

Internet site
(a) encouraging nurses to participate in developing teaching programs

(b) creating teaching reminders

(c) creating opportunities for nurses to receive verbal praise and recognition from co-workers and patients
(d) providing nurses with feedback about patient retention of knowledge and skills

(e) providing nurses with opportunities to attend patient education conferences

(f) providing nurses with results of patient teaching performance improvement activities
از حضور وتوجه شما متشکرم.

10/21/2016
n-mahmoodi