

evaluation and reimbursement purposes. However, in the acute care setting, nurses often report feeling that they do not have enough time for it.

C. Planning Patient Health Education: Considering the diagnosis derived from the assessment of patient learning needs and styles, the health educator/caregiver should use common words, provide readable materials and various teaching techniques based on learning styles. For example, does the patient prefer viewing audiovisual materials, watching demonstrations, listening to instructions, or reading printed materials? These probing questions may determine the health educator's involvement, individualize, assessment, and evaluate understanding of the patient knowledge level. The health educator must emphasize on what is necessary for the patient to learn, for example, Jones, (2002) suggested that in the inpatient setting, many patients fear losing their independence. Patients will be motivated to learn what is necessary for them to care for themselves; it therefore mean that, nurses and other caregiver should emphasize the following strategies.

1. **Choose the right time.** Remember that when teaching, timing is crucial. For instance, if the patient has just been informed of a diagnosis, he or she will need time to cope with this information. There might be associated feelings of grief, powerlessness, fear, and vulnerability (Jones, 2002). These will cloud the ability to learn.
2. **Look for teaching moments.** Like choosing the right time for teaching, it is equally important to "look for teaching moments. Imagine caring for a patient with end-stage renal disease. A teaching moment would be when the patient receives his tray and there is only a small amount of fluid. In this situation the nurse/ health educator could ask patient, "Why is it important for you to monitor your fluid intake? This is to determine the patient readiness for teaching.
3. **Plan teaching during uninterrupted time.** When teaching the patient, timing is crucial. It is not appropriate to fit everything into the day of discharge. Similarly, it would not be appropriate to provide complex lessons during meal time or visiting hours. Advertisement meal time or visiting hours.
4. **Use basic principles.** It is important to consider the educational level of the patient when teaching. After all, not everyone has had a nursing education. Some patients might not be able to understand complex medical jargon. They may even be illiterate and are unable to read handouts.
5. **Evaluate the senses.** Nurses must evaluate the patient's ability to see and to hear. For example, if a patient has difficulty seeing, it might not be practical to give her a handout on disease management. If the patient has difficulty hearing, it might not be appropriate to guide her with verbal instructions.
6. **Keep expenses in mind.** Many patients, especially elders, live on a fixed income. Therefore, it might not be practical to recommend that they join a fitness center as a means of weight reduction. When recommending a glucometer for the diabetic patient or a scale for the dialysis patient, it is important to consider the cost of each one.
7. **Clearly defines goals and objectives.** Before beginning, it is important to have a list of goals and objectives that are formulated by the patient and the nurse.

The significance of these should be understood by each person, and they should be evaluated on a continuous basis.

D. Implementation of planned teaching method: This phase involves the nurse and other caregivers to adopt various techniques that will make patient education as effective and efficient as possible: Patient environment should be conducive to learning, through making the surroundings quite, turn off the TV and music, and shut the door. Set up an environment that's calm and supportive. They should introduce themselves and explain why they're there, create surroundings that support teaching and engage the learner and make patient comfortable. After ensuring a quiet environment, caregivers should get "eye-to-eye" with the patient, sit down by the patient and ensure that caregiver will be there long enough to focus on the patient responses.

1. **Effective strategies:** Teaching is not a one-time event that occurs only at discharge, teaching must be done at every stage of patient care, have the patient explain a recently learned procedure to a family member or the caregiver can have the patient verbalize what is been learned and praise the patient to reinforce learning. This activity helps the care giver understand the learning that's taken place. Demonstration, returns demonstration, and teach back, tell back were noted to be good teaching strategies to improve learning.

2. **Involvement of the patient:** The patient needs to be involved in the education process. Involving family members or friends the patient has chosen can significantly improve learning. Another teaching strategy is to involve every possible resource such as include family members who can help, clinical experts at the facility who can teach the patient, and appropriate home-care referrals. Outpatient services may be available, such as support groups, outpatient diabetes education programs, a wound management center, or a wound, ostomy, and continence nurse.

E. Evaluation Phase: Care giver should confirm that their teaching was understood and will be put into practice by patients. Health educator should ask these questions: Is the teaching reaching the patient? And can patients demonstrate or teach back what he has learned? Several care givers have noted the importance of looking at outcomes associated with patient-education efforts. A match of the objective with the learning outcome should be made evidence by patient answers to questions been asked to ascertain if the plans and implementation have been successfully achieved. Feedback from the patient/family about level of teaching achievement, patient ability to perform the learnt skills with minimal supervision if patient has changed behaviour as result of teaching will be determined (JCAHO, 2000).

Implication of patient education to Health Education Practice

Patient health education has significant impact on the practice of health education in health institutions and on general population. Effective patient health education give opportunity for health educator to disseminate health information to the patient and the vulnerable in the population hence, health educators will be able to;

- Considers cultural and religious practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, language barriers, and financial implications of care choice.
- Educate Patients about the safe and effective use of medication and medical equipment, according to law and their needs.
- Educate Patients about potential food-drug interactions, and provided counseling on nutrition and modified diets.
- Helps patients maintain good standards for personal hygiene and grooming, including bathing, brushing teeth, caring for hair and nails, and using the toilet.
- Educate patient about rehabilitation techniques to help them adapt or function more independently in their environment.
- Teach patient that pain management is a part of treatment which is now score for compliance, but will be in the future.
- Inform patients about when and how to obtain any further treatment they may need and access additional resources in the community.
- The hospital makes clear to patients and families what their responsibilities are regarding the patient's ongoing health care needs and gives them the knowledge and skills they need to carry out their responsibilities (JCAHO, 2000).

Conclusion

This article concludes that patient education about his/her ill health condition has become an integral part of health care delivery in our health institutions. The use of patient education strategies should be appropriate and acceptable by the patient if effective health knowledge of the patient about his/her ill health has to be achieved. To sustain patient knowledge and readiness to participate on his care, families of the patient must be involved in the teaching process.

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