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Sperry's Validation of Patient Teaching: A Nursing Concept

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Sperry’s Validation of Patient Teaching: A Nursing Concept

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Background

• Lack of validation of patient learning/teaching, or education, correlates with deficit of patient understanding (Miller et al., 2016; Nishumura et al., 2013; Sherman, 2016)
• Patient’s understanding shown to be inconsistent with provider’s perception of teaching or information dissemination (Nishumura et al., 2013)
• Validation as concept of patient teaching addressed in various settings, without consistent identification, and terms (Miller et al., 2016; Nishumura et al., 2013; Sherman, 2016).
• Validation of patient teaching/learning is necessary in all fields, & is essential in Maternal Child Health.
• Validation of patient learning helps provide improved outcomes (Nishumura et al., 2013).

Concept Map

Sperry’s Validation of Patient Teaching

- Pre-Assessment of patient knowledge
  - Dissemination of knowledge from provider to patient
  - Form of feedback from the patient

- Healthcare Entity
  - Healthcare Provider with knowledge
  - Patient with knowledge deficit
  - Opportunity to teach

- Patient acquires knowledge regarding, procedure, treatment, care, or condition
  - Provider correctly conveys back to patient, patient’s understanding of learning

- Patient able to provide accurate feedback in ways that can be measured, such as in discharge follow-up phone calls, by teachback, return demonstration, or verbally able to summarize information correctly in own words

Defining Attributes

Empirical Referents

Antecedents

Consequences

Methods

• Systematic review of scholarly literature in CINHAL, Google Scholar, Pub Med, and EBSCO with key words, “patient” AND “teaching,” OR “learning,” OR “education,” or “teachback,” OR “demonstration” to form basis of developing the concept

Results

Results showed several factors affect quality of patient learning, such as:
• Clinician qualities
• Cultural competence of provider
• Thorough teaching
• Continuous interaction (Cai, 2016; DeVries et al., 2014; Golaghaie & Bastani, 2014; Nishumura et al., 2013)

Concept Map Definitions

• Defining Attributes: Things that define the concept
• Antecedents: Things that must be present for the concept to be realized
• Consequences: Things that happen as a result of the concept
• Empirical Referents: Ways to concretely measure the concept
• Model Cases: Demonstrate all aspects of a concept (Walker & Avant, 2011)

Discussion

• To improve outcomes, validation of patient learning must occur
• Nursing needs to have an encompassing concept that can be applied to all areas that require a patient to receive information to improve health outcomes
• Limitations—Research has been done with specific areas only using specific methods
• This knowledge has been combined to form the concept of Sperry’s Validation of Patient Teaching

Model Case

*Baby Friendly requires breastfeeding education to mothers (Baby-Friendly USA, 2012). One aspect is baby’s feeding cues. Sally delivers. Her nurse, Ann, asks Sally her feeding plan for the baby. Sally responds, “Exclusive breastfeeding.” Ann shows Sally a handout with feeding cues. Sally sees her baby rooting and says, “She’s doing one of the cues!” During post partum and at a discharge follow-up phone call, Sally is asked, “What do you know about feeding cues?” Sally names off all feeding cues and the provider confirms what Sally has said is correct. Sally’s successful recounting of feeding cues and the provider confirming her newly acquired knowledge demonstrate validation with a form of measurement (Golaghaie & Bastani, 2014).

*Baby-Friendly has guidelines that can be used as a tool for assessing patient teaching validation in this setting (Baby-Friendly USA, 2012).

References


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