

MEDDAC Regulation 40-31

Medical Services

Patient and Family Education

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC/DENTAC REG 40-31
Patient and Family Education

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Para 2-4, Academic coordination, has been deleted because it is the parents’ responsibility to coordinate prolonged absences of their children and adolescents with schools.
- o Para 2-5 (formerly para 2-6 before para 2-4 was deleted), Use of MEDDAC Overprint (OP) 386, Patient Education Assessment, has been revised. All clinics are now required to use this MEDDAC OP 386, and all completed MEDDAC OPs 386 are to be reviewed semiannually and as needed.
- o Revises MEDDAC OP 386.

Department of the Army
Headquarters
United States Army Medical Department Activity
2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800
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* MEDDAC
Regulation 40-31

Medical Services

Patient and Family Education

FOR THE COMMANDER:

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History. This is the first revision of this publication, which was originally published on 10 October 2001.

Summary. This regulation establishes policies and procedures for providing patients and their families education to enhance the specific knowledge, skills and behaviors required to meet the patient's ongoing health care needs.

Applicability. This regulation applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) and all outlying health clinics belonging to the MEDDAC. Specifically, it applies to all MEDDAC staff, regardless of category.

Proponent. The proponent of this regulation is the Chief, Preventive Medicine Service.

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-PM, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is made by electronic medium only.

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* This publication supersedes MEDDAC Reg 40-31, dated 10 October 2001.

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Glossary

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Chapter 1

Introduction

1-1. Purpose

This regulation establishes responsibilities, policies, and procedures for providing patients and their families education to enhance the specific knowledge, skills and behaviors required to meet the patient's ongoing health care needs.

1-2. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-3. References

Required references, related references and prescribed forms are listed in appendix A.

1-4. Responsibilities

a. *The Deputy Commander for Clinical Services (DCCS) and Deputy Commander for Nursing (DCN).* The DCCS and DCN will ensure this regulation is implemented within their respective areas of responsibility, and that sufficient resources are available for achieving the educational objectives and competence of their staff who educate patients.

b. *Commanders, directors and managers of outlying health clinics.* Commanders, directors and managers of outlying health clinics will implement this regulation at their respective clinics.

c. *Department chiefs.* Department chiefs will ensure this regulation is implemented in all their areas. (The term department chief is defined in the glossary.)

d. *The Health Education and Promotion Committee.* The Health Education and Promotion Committee is a MEDDAC-level committee that will provide a forum for a multidisciplinary team to guide and give oversight on all matters relating to health education and promotion activities. See MEDDAC/DENTAC/VS Regulation 15-1 for the functions, responsibilities and other information pertinent to this committee.

e. *Health care providers and nursing staff.* Health care providers and nursing staff will provide patients and their families with specific knowledge and or skills that they will need to meet patients' ongoing health care needs. This will include learning needs assessments and documentation of the education given. Needs assessments will be performed during initial visits and periodically, as appropriate. Documentation will include to whom the information was given and the outcome of the education.

Chapter 2

Policy

2-1. Concept of patient education

Patient and family education is a coordinated effort among appropriate staff and or disciplines that provide care. Effective collaboration of staff and disciplines ensures an effective patient education program wherein patients and family members receive consistent information about health care. Each patient will receive education and training specific to his or her assessed needs, abilities, learning preferences and readiness to learn. Patient education will be provided in a manner that—

- a. Facilitates understanding of the patient's health status and health care options.

- b. Encourages participation in decision-making about health care options.
- c. Increases patient and family potential to follow the therapeutic health care options.
- d. Maximizes care skills.
- e. Increases ability to cope with the patient's health status, prognosis and outcome.
- f. Promotes a healthy lifestyle.

2-2. Elements of patient education

Within this paragraph, the term "patient" also pertains to the patient's family. The term "family" is also defined in the glossary. Naturally, the following elements do not apply to all patients; however, they apply consistently to those patients to whom they do apply. Patient education will be tailored to address each individual patient's needs, values, abilities and readiness to learn.

a. Medication. Patients will be educated concerning the safe and effective use of medications as follows: the drug, route, dosage, intended use and expected action, special precautions, action to take in case of a wrong or missed dose, significant side effects, techniques for self-monitoring, proper storage, drug and food interactions and proper disposal of unused or expired medications.

- b. Nutrition, diet and oral health.
- c. Safe and effective use of medical equipment.

d. Pain management. Patients will be educated about understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process, and the types of pain management when identified as part of the treatment plan.

e. Rehabilitation. Patients will be educated about rehabilitation techniques to help them be more functionally independent.

f. Obtaining community resources and follow up care. Patient will be educated about other available resources in the community and how to access these resources and, when necessary, how to obtain follow up care, services or treatment to meet their identified needs.

g. The patient's responsibilities. The patient will be educated concerning his or her personal responsibilities for his or her own care. Patient responsibilities include providing information, understanding the treatment plan, working with the staff to develop a pain management plan, complying with prescribed treatment, and accepting the consequences if treatment is refused.

2-3. Follow up instruction

Follow up instruction will be given to the patient as well as to those responsible for providing continuing care, including the family, community resources and other health care providers responsible for the patient's care.

2-5. Measuring and evaluating the effectiveness of patient education

The effectiveness of a patient's education is monitored through an interactive, ongoing process wherein the staff, while teaching the patient and or family, elicits feedback to ensure the information is appropriate, useful and understood. When patients explain what they have learned, they help staff identify areas in which they, the patients, need further instruction or reinforcement of previous instruction.

2-6. Use of MEDDAC Overprint (OP) 386, Patient Learning Assessment

MEDDAC OP 386 will be utilized by all clinics to assess patient education, when such assessment is required. This form documents the patient's (or guardian's on behalf of the patient) self-

assessment and the comment of the health care provider and nursing staff. Completion of the form is self-explanatory. The form is included in the R-Forms section at the back of this regulation, from where it may be copied or printed electronically. It is also available in the electronic forms section of the MEDDAC's web site (www.narmc.amedd.army.mil/kacc). Completed forms will be filed in the patient's medical record and will be reviewed semiannually and as needed.

Appendix A References

Section I Required Publications

MEDDAC/DENTAC/VS Reg 15-1

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) Boards, Committees, Councils, Meetings, and Teams. (Cited in para 1-4.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

AR 40-66
Medical Record Administration

AR 40-68
Quality Assurance Administration

WRAMC Reg 40-90
Hospital Patient/Family Education

Section III Prescribed Forms

MEDDAC OP 386
Patient Learning Assessment

Section IV Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

DCCS

Deputy Commander for Clinical Services

DCN

Deputy Commander for Nursing

DENTAC

U.S. Army Dental Activity, Fort George G. Meade

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

OP

overprint

VS

Fort Meade Branch Veterinary Services

WRAMC

Walter Reed Army Medical Center

Section II

Terms

Department

Department is defined as follows:

a. At Kimbrough Ambulatory Care Center (the MEDDAC headquarters, any clinical organizational element at whose chief is directly subordinate to the DCCS or

DCN.

b. At Barquist, Dunham and Kirk U.S. Army health clinics, any clinical organizational element that is directly subordinate to the DCCS (or equivalent) or DCN (or equivalent).

c. At all other outlying health clinics, any clinical organizational element directly subordinate to the health clinic's manager.

Family

The person or persons who play a significant role in the patient's life. This may include a person or persons not legally related to the individual. This person (or persons) is often referred to as a surrogate decision-maker if authorized to make care decisions for the patient should the patient lose decision-making capacity.

Health care advice

Offering a limited, unstructured explanation or direction using professional knowledge and current standards of practice on some aspect of health care or behavior.

Health education materials

Pamphlets, brochures, instruction manuals, manufacturer guidelines, flipcharts, clinical reference software and video tapes. Such information will reflect the current standard of practice and be less than five years old unless it is a classic

resource.

Learning needs assessment

A learning needs assessment evaluates the variables affecting learning, the best learning method for the patient and information the patient requests from the health care provider. Variables affecting learning include physical and cognitive limitations, cultural and religious values and beliefs, emotional barriers and motivators, financial implications of core choices, educational level, language and literacy. Patients and families may learn best by education that is verbal, written, one-on-one, group, observing video tapes or hands-on.

Outcome measurement

This includes four areas, which will be documented and evaluated in the patient's medical record. These are—

- a. Learning needs assessment.
- b. Education given.
- c. Who was educated.
- d. Outcome of the education.

Patient

An individual who receives care or services or one who may be represented by an appropriately authorized person. The patient and family are considered a single unit of care.

Patient and family education

Any combination of activities designed to facilitate voluntary change in patient and family behavior which consider patient needs and preferences to promote optimal health outcomes, healthy lifestyle behaviors and chronic disease management in a form the patient can understand and based on patient learning needs. Resources include qualified mem-

bers of the health care team to do the teaching and the use of current health education materials individually or in a group setting. Community resources include referrals to other programs with special devices or interpreters or aids to meet specialized needs.

Patient information

Unstructured information presented without conducting a

specific needs assessment or evaluation of achieved learning objectives. Examples include counseling a patient about a given health topic, offering a class, showing a video or offering written health information.

