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Featured Article

# Utilization of the Simulation Environment to Practice Teach-Back With Kidney Transplant Patients

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## KEYWORDS

patient education;  
patient simulation;  
program evaluation;  
simulations;  
teach back;  
authentic learning  
theory;  
hospital-based  
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## Abstract

**Background:** Patient self-management after organ transplant surgery is complex and requires a high degree of knowledge to prevent complications. The teach-back technique can be used to confirm patient knowledge and clarify misunderstandings when preparing patients for discharge, but it requires practice in order for it to be effective. Standardized patient simulation can be an effective way to train registered nurses to provide patient education such as teach-back.

**Method:** Authentic learning theory guided the design of education that allowed registered nurses who care for kidney transplant patients to practice and demonstrate the teach-back process in a simulation center using standardized patients.

**Results:** Outcomes included learner satisfaction, learners viewing the activity as useful to the real-work environment, knowledge retention three months after the event, a statistically significant increase in confidence with teach-back, high levels of self-reported application of teach-back in clinical practice, and a decrease in kidney transplant 30-day readmission rates.

**Conclusions:** Standardized patient simulation for teach-back education with registered nurses was effective and should be considered in the educational design for topics that require communication.

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When a patient undergoes organ transplant surgery, surgical recovery is just the beginning; living with the transplant requires a high degree of patient self-management. After transplant, patients must be able to

manage a complex medication regimen, be able to recognize and report signs of rejection and infection, follow nutrition and activity guidelines, and coordinate medical follow-up (Frank-Bader, Beltran, & Dojlidko, 2011). The risks of self-care and monitoring gaps can include organ rejection, organ loss, diminished quality of life, and death (Denhaerynck et al., 2005).

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## Background

At one academic medical center in the Southwestern United States, planning for discharge needs after organ transplantation was the highest self-identified learning need among registered

### Key Points

- Teach-back is an effective patient education technique that health care providers must practice to become proficient; the simulation environment provides an opportunity to apply teach-back skills.
- Standardized patients allow for a high degree of realism and are a valuable modality for training that involves communication, patient education, and interpersonal skills.
- Standardized patient simulation provides a method for teach-back education that results in learner satisfaction, knowledge retention, and self-reported confidence and application with kidney transplant patients. A decrease in 30-day readmission rates for kidney transplant recipients was noted after the education.

readmission in kidney transplant patients include urologic procedures, infection, and endocrine disorders (Ho-ting et al., 2016). Owing to the complex nature of transplantation and requirements for follow-up care after transplant, not all readmissions are preventable, but many can be when there is appropriate follow-up care and patient self-management. The assessment that RNs caring for this patient population needed more information to successfully plan for discharge, coupled with increasing readmission rates prompted further evaluation of an intervention to address this issue.

nurses (RNs) caring for kidney transplant patients. A sustained six-quarter upward trend in 30-day readmissions among kidney transplant patients was identified. Approximately one in seven patients hospitalized for a major medical procedure are readmitted to the hospital within 30 days from hospital discharge; this is significant as these readmissions are associated with increased morbidity, mortality, and health care costs (Ho-ting et al., 2016; Tsai, Joynt, Orav, Gawande, & Jha, 2013). Notably, the rate of kidney graft failure is higher in readmitted patients as well (Ho-ting et al., 2016).

In kidney transplant patients, the 30-day readmission rate has been reported to be 31%, even higher than the reported rate for major medical procedures (Ho-ting et al., 2016). Readmission risk factors for kidney transplant patients include both modifiable and nonmodifiable risk factors: older age, African-American race, increased body mass index, diabetes, heart disease, pulmonary disease, blood pressure fluctuations, and weekend discharge from the hospital. Causes of

## Review of Literature

### Teach-Back

Teach-back is a technique to confirm that the patient has received and understood medical information by clarifying learner understanding and identifying learning gaps and misunderstandings (Fidyk, Ventura, & Green, 2014; Peter et al., 2015). The teach-back method confirms that a patient understands self-care information and evaluates how well the health care provider explained the information (DeWalt et al., 2010). The teach-back approach involves asking a question such as “I want to be sure that I explained your diet correctly. What can you tell me about the changes in your diet?” If the patient is not able to answer correctly, the health care provider clarifies or repeats information until understanding is confirmed. Teach-back is often implemented in conjunction with self-care tools (such as a pill box or measuring cup) and printed educational resources (Ha Dinh, Bonner, Clark, Ramsbotham, & Hines, 2016).

Teach-back is one of the patient-centered safe practices to improve health care (National Quality Forum, 2010). Benefits include improved communication, decreased hospital length of stay, and identification of poor health literacy (Fidyk et al., 2014; National Quality Forum, 2010). A systematic review by Ha Dinh et al. (2016) evaluated the effectiveness of teach-back on medical plan adherence and patient self-management for those with chronic disease. The review assessed teach-back against standard delivery of patient education, such as verbal and written instruction. Results indicated positive effects that included improved disease specific knowledge; adherence to medication, diet, and exercise; self-efficacy; and reduction in readmission rates. While these results were not always statistically significant, the review supported the use of teach-back in educating those with chronic diseases (Ha Dinh et al., 2016). Evidence for the use of teach-back with patients undergoing organ transplant surgery is extremely limited; however, self-care and management after organ transplant surgery is complex and has similarities to chronic disease management.

Patients report that teach-back is an effective and preferred method of education (Kemp, Floyd, McCord-Ducan, & Lang, 2008). Teach-back is more efficient than retraining when incorrect information is learned (Tamura-Lis, 2013). Teach-back is simple, but it must be practiced in order for one to become proficient with the technique. It requires planning the approach to education, using handouts to reinforce teaching points, and clarifying information (DeWalt et al., 2010). Owing to the evidence supporting teach-back and its patient-centered approach, teach-back was chosen as the modality for RN education about kidney transplant discharge planning and education.

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