

Leiðbeiningar um skipulag og framkvæmd sjúklingafræðslu

fyrir fagfólk í heilbrigðisþjónustu

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Útgefið af Miðstöð sjúklingafræðslu á Landspítala, 2022

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Leiðbeiningar um skipulag og framkvæmd sjúklungafræðslu fyrir fagfólk í heilbrigðisþjónustu

Leiðbeiningar um skipulag og framkvæmd sjúklungafræðslu fyrir fagfólk í heilbrigðisþjónustu voru þróaðar af bandarísku samtökunum Health Care Education Association (hcea-info.org) í því skyni að veita framlínufólki í heilbrigðisþjónustunni hnitmiðaðar leiðbeiningar um sjúklungafræðslu. Sjúklungafræðsla er skilgreind sem „Það að hjálpa notendum heilbrigðisþjónustu að tileinka sér heilsumiðaða hegðun (þekkingu, færni, viðhorf) í daglegu lífi með það að markmiði að ná sem ákjósanlegastri heilsu“ (Bastable, 2017, bls. 542). Farið var yfir meira en 10.000 greinar og aðrar heimildir til að safna saman efni um gagnreyndar aðferðir við að fræða sjúklinga. Samtökin gáfu Miðstöð sjúklungafræðslu á Landspítala leyfi til að þýða, staðfæra og gefa út leiðbeiningarnar á íslensku. Til að skýra betur ýmis hugtök hefur verið bætt við orðalista á íslensku og ensku (sjá viðauka 15).

Fjórir meginhlutar sjúklungafræðslu

Leiðbeiningarnar byggja á fjórum meginhlutum þess ferlis sem fræðsla til sjúklinga felur í sér: **forkönnun, skipulagningu, framkvæmd og mati (FSFM fræðsluferlið)** (Bastable, 2017). Hver hluti er ómissandi til að fræðsla til sjúklinga skili árangri. Engum hluta er hægt að sleppa og enginn hluti ætti að fá minni athygli en aðrir. Í þessum leiðbeiningum er að finna hnitmiðaðar leiðbeiningar um það hvernig ber að taka á hverjum hluta fyrir sig.

Samkvæmt FSFM fræðsluferlinu er ekki unnt að sérsníða fræðslu að hverjum einstaklingi nema að fram fari **forkönnun**, það er mat á sjúklingi og fræðsluþörfum hans (s.s. þekkingu, markmiðum og máli). **Skipulagning** fræðslunnar byggir á óskum sjúklingsins og þeim fræðsluþörfum sem heilbrigðisstarfsmaðurinn greinir. Við **framkvæmd fræðslunnar** eru notaðar lykिलfræðsluaðferðir sem má aðlaga út frá þörfum sjúklingsins. Við **mat á árangri fræðslunnar** er lagt mat á þekkingu/hegðun sjúklingsins og getu heilbrigðisstarfsmannsins til að fræða.

Mikilvæg hugtök

Við yfirferð á heimildunum komu í ljós nokkur gegnumgangandi hugtök sem skipta máli í FSFM-fræðsluferlinu. Í skilvirkri sjúklungafræðslu eru hugtökin „sjúklungamiðaður“ og „þátttaka sjúklinga“ í lykिलhlutverki. Þar að auki ber að nefna að skilvirk sjúklungafræðsla felur í sér að tala **auðskilið** mál og að leggja áherslu á **hegðun** og **aðgerðir**, en ekki einungis þekkingu.

Besta fræðslan felur í sér **alla þessa þætti**. Hún ætti þannig að vera **gagnvirkt ferli sem beinist að æskilegri hegðun sjúklingsins og tjáðum óskum hans** til að ná heilbrigðismarkmiðum sínum. Notið leiðbeiningarnar til að kynnast öllum þrepum fræðsluferlisins.

Hugtakið „sjúklungafræðsla“ hefur í þessu samhengi breiða skilgreiningu og nær ekki einungis til sjúklinga heldur einnig til notenda, fjölskyldu, vina, nágretta, forsjáraðila, nánasta aðstandanda/ lífsförunauts eða annarra einstaklinga sem tilgreindir eru sem umönnunaraðilar.



Algengar spurningar

Hvað eru leiðbeiningarnar?

Hnitmiðað hjálparefni fyrir framlínufólk í heilbrigðisþjónustu til að fræða sjúklinga með gagnreyndum aðferðum.

Hverjum eru leiðbeiningarnar ætlaðar?

Öllu fagfólki í heilbrigðisþjónustu sem veitir fræðslu.

Hvar á að nota leiðbeiningarnar?

Í hvers konar aðstæðum þar sem sjúklingar fræðast um hvernig þeir eigi að ná heilbrigðismarkmiðum sínum.

Hvenær á að nota leiðbeiningarnar?

Hvenær sem sjúklingum eru veittar upplýsingar eða fyrirmæli, s.s. upplýsingar um sjúkdóm, fyrirmæli eða leiðbeiningar í sambandi við rannsóknir/ niðurstöður, meðferð, möguleg úrræði, þegar komið er á sjúkrahús og í viðtölum.

Af hverju ætti að nota leiðbeiningarnar?

Til að tryggja að fræðsla skili sér til sjúklinga og hjálpa þannig notendum heilbrigðisþjónustu að ná sem bestri heilsu.

Hvernig notar maður leiðbeiningarnar?

Fylgdu þrepunum í hverjum hluta leiðbeininganna (forkönnun, skipulagning, framkvæmd og mat) og kynntu þér útskýringarnar, dæmi og sviðsmyndir.



Forkönnun

Skilvirk sjúklungafræðsla byggist á mati á fræðsluþörf. Heilbrigðisstarfsfólk metur fræðsluþörf með því að taka viðtal við sjúklinginn og fjölskyldu hans, ráðgast við meðferðarteymið og/eða skoða sjúklinginn. Það er lykilatriði, þegar verið er að smíða áætlun til að koma til móts við þarfir, getu og óskir sjúklingsins, að kanna hindranir sem standa í vegi fyrir árangursríkri umönnun. Þetta eflir sjúklinga í að breyta atferli sínu og við tölum í þessu sambandi um „sjúklungamiðaða“ umönnun.

Matsþrepin

1. Kannið félags- og lýðfræðilega stöðu sem og stuðningskerfi, menningu/gildi/viðhorf og hindranir sjúklings til náms.
2. Metið fræðsluþarfir út frá núverandi heilsuvandamálum, þekkingu og áhyggjum.
3. Metið þátttöku sjúklingsins í fræðsluferlinu (markmið hans og óskir, hvata til að læra).
4. Metið óskir sjúklingsins m.t.t. fræðsluaðferða (munnlega fræðslu, skriflega, sjónræna, margmiðlunar- og/eða tæknilega).
5. Íhugið sérstök matstæki

Forkönnunarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimildalisti
1. Upplýsingasöfnun		
<p>Farðu yfir upplýsingar varðandi menningarbakgrunn, félagslegan stuðning sem og félags- og lýðfræðilegan bakgrunn, með sjúklingnum eða með því að skoða sjúkraskrá. Hér má nefna:</p> <ul style="list-style-type: none"> • Aldur • Kyn / kjörfornafn • Þjóðerni • Félagslegar og heilsufarslegar breytur: menntun, félagsleg og efnahagsleg staða, aðgengi að næringu og heilbrigðisþjónustu 	<ul style="list-style-type: none"> • Myndaðu fagleg tengsl, talaðu af umhyggju og taktu eftir líkamstjáningu. • Settu fram spurningar varðandi menningarbakgrunn, gildi, viðhorf og skoðanir: <ul style="list-style-type: none"> » „Hefurðu einhverjar skoðanir eða tilfinningar varðandi heilsufar þitt sem við verðum að þekkja til að geta aðstoðað þig við að sinna heilsunni?“ » „Hvað óttast þú mest í sambandi við veikindi þín?“ • Spyrðu út í félagslegt stuðningsnet: <ul style="list-style-type: none"> » „Hver í fjölskyldu þinni eða af vinum þínum getur aðstoðað þig við að sinna heilsunni?“ <p>Ath.: Æðri menntun og/eða félags- og efnahagsleg staða er ekki vísbending um betri skilning upplýsinga.</p>	Listi 1
2. Núverandi staða		
<p>Inntu sjúklinginn eftir áhyggjum og óskum um fræðslu, kannaðu síðan núverandi þekkingu og líkamlega getu.</p>	<ul style="list-style-type: none"> • „Hvað er það sem veldur þér mestum áhyggjum?“ • „Í hverju felst þín eigin umönnun heima fyrir eins og er?“ • „Þekkirðu einhvern sem hefur þennan sjúkdóm?“ • „Hvað veist þú um meðferð við sykursýki?“ 	Listi 2
3. Þátttaka sjúklings		
<p>Leggðu mat á sjálfsöryggi sjúklingsins að því er varðar aðhaldni við meðferðina og trú á eigin getu</p>	<ul style="list-style-type: none"> • „Mér heyrir að þau þrjú atriði sem þú hefur helst áhyggjur af í sambandi við heilsu þína vera Hvað viltu fræðast um fyrst?“ • Á skalanum 0 til 5, núll þýðir ekki viss og fimm alveg viss, hversu viss ertu um að þú getir fylgt fyrirmælunum og séð um þig sjálf(ur) heima? • „Hvað munt þú gera eftir að heim er komið ef þú hefur spurningar eða ert í vafa um eitthvað?“ 	Listi 3

Forkönnunarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda listi
4. Óskir varðandi fræðsluaðferðir		
<p>Veltu fyrir þér valkostum og hvenær best er að veita fræðsluna.</p>	<ul style="list-style-type: none"> • „Hvernig fórstu að síðast þegar þú þurftir að læra eitthvað?“ • „Hvernig gengur þér/finnst þér best að læra?“ <ul style="list-style-type: none"> » Lesefni » Sýnikennsla » Myndband » Munnleg fræðsla » Tæknileið • Áður en þú býður tæknileið (alnetið, vefgátt fyrir sjúklinga, snjallsíma, tölvu, smáforrit) skaltu spyrja: <ul style="list-style-type: none"> » „Hvaða tækni notarðu?“ » „Hvaða tækni hefurðu áhuga á að nota?“ • Hentugasti tíminn til fræðslu getur verið háður líðan sjúklings (t.d. verkjum, salernisþörfum), hvort stuðningur aðstandenda sé fyrir hendi sem og rólegu umhverfi. 	<p>Listi 4</p>
5. Sérstök matstæki		
<p>Fagfólki í heilbrigðisþjónustu gefst kostur á að nota sérstök matstæki.</p>	<ul style="list-style-type: none"> • For- og eftirprófunum er ætlað að mæla breytingar á þekkingu varðandi sjálfsumönnun og/eða hegðun. • Matsverkfæri eru einkum notuð í rannsóknum og gæðaverkefnum. • Ýmiss konar mat á þekkingu/hegðun er notað í tengslum við tiltekna sjúklungafræðslu. <ul style="list-style-type: none"> » Verkfæri til að meta þátttöku sjúklings (Viðauki 1) » Verkfæri til að meta heilsulæsi (Viðauki 2) » Mat á áhættu og leiðir til að draga úr henni (Viðauki 3) » Áhugahvetjandi samtalstækni (Viðauki 4) 	<p>Listi 5</p>



Skipulagning

Skipulagningarstigið er ein meginforsenda þess að sjúklingafræðslan takist eins og skyldi. Heilbrigðisstarfsmaður og sjúklingur útbúa fræðsluáætlun í sameiningu. Val á gagnreyndum aðferðum er háð mörgum þáttum, en af þeim er sá mikilvægasti **fræðsluþarfir sjúklingsins**, byggt á forkönnuninni og þar á eftir hvaða úrræði standa til boða.

Það skiptir höfuðmáli að **heilbrigðisstarfsmaðurinn búi yfir nægilegri þekkingu og færni til að beita gagnreyndum aðferðum í sjúklingafræðslu.** Þegar á allt er litið ætti sjúklingafræðsla að vera **samtal** þar sem núverandi þekking sjúklingsins og **markmið/óskir**, sem og þarfir hans að því er varðar heilbrigðisupplýsingar, eru innbyggðir þættir.

Skipulagsþrepin

1. Notað allar upplýsingarnar í **forkönnuninni** til að skipuleggja og setja **sameiginleg fræðslumarkmið.**
2. Móta fræðsluáætlun með **gagnreyndum fræðsluáætlunum** (t.d. auðskilið mál og margþætta nálgun) með áherslu á þarfir sjúklingsins, óskir hans og hegðun.
3. Finna **fræðsluefni** til að ná settum fræðslumarkmiðum

Skipulagningarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda-listi
1. Aðferðir við að setja markmið saman		
<p>Settu fræðslumarkmið í samvinnu við sjúklinginn sem báðir aðilar samþykkja.</p> <p>Markmiðin ættu að snúast um atferli sjúklingsins og þau ættu að vera skýr, aðgerðamiðuð, mælanleg og raunhæf.</p>	<p>Sjúklingurinn og heilbrigðisstarfsmaðurinn setja saman mataræði fyrir einstaklinga með sykursýki. Sjúklingurinn velur þá tegund kolvetna sem hann á að neyta, út frá eigin óskum og út frá því hvað honum finnst hafa minnst sljóvgandi áhrif á sig.</p> <p>Sjúklingur með háan blóðþrýsting mun tileinka sér þá færni sem þarf til að geta sýnt eftirfarandi atferli:</p> <ul style="list-style-type: none"> • Athugaðu blóðþrýstinginn á hverjum degi þegar þú vaknar. • Taktu blóðþrýstingslyfið þitt á hverjum degi. 	Listi 6
<p>Aðlagðu fræðsluna að einstaklingnum</p>	<ul style="list-style-type: none"> • Fræðslan tekur mið af heilsulæsi sjúklingsins; sem dæmi má nefna sjúkling með fötlun sem þarfnast leiðbeiningar á hljóðupptöku. • Við fræðsluna er tekið mið af menningarlegum þáttum. Til dæmis eru sjúklingum veittar upplýsingar um sykursýkismataræði út frá matnum sem þeir borða venjulega. 	Listi 7
<p>Hugleiddu hvaða tungumál viðkomandi vill helst nota</p>	<ul style="list-style-type: none"> • Þjóddu fræðslu sem er sniðin að því munnlega og skriflega tungumáli sem óskað er eftir. • Útvegaðu túlk/þýðanda ef þörf er á. 	Listi 8
<p>Þjóddu fjölskyldu, umönnunaraðila eða öðrum aðstandendum að taka þátt í fræðslunni</p>	<p>Aflaðu upplýsinga um hverjir eru helstu stuðningsaðilar sjúklingsins og fáðu þá með í fræðsluna hvenær sem tök eru á.</p>	Listi 9
<p>Byggðu á núverandi þekkingu</p>	<p>„Samkvæmt því sem þú sagðir mér þekkirðu grundvallaratriðin; næsta skref er að læra hvaða áhrif þetta kemur til með að hafa á daglegt líf þitt .“</p>	Listi 10
<p>Beittu áhuga-hvetjandi samtalsækni (Viðauki 4)</p>	<p>Meðal þátta í áhugahvetjandi samtalsækni má nefna:</p> <ul style="list-style-type: none"> • Opnar spurningar • Staðfestingar (jákvæð endurgjöf) • Endurspeglun (endurspegluð fullyrðingar sjúklingsins) • Samantekt (dragðu saman það sem sjúklingurinn hefur sagt) 	Listi 11

Skipulagningarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda-listi
1. Aðferðir við að setja markmið (frh)		
Hafðu fræðslu-aðstæður í huga A. Heilsugæsla/ Göngudeild	Í heilsugæslu: Áherslan í fræðslunni er á að setja markmið sem beinast að atferlisbreytingu og tryggja örugga útskrift af sjúkrahúsi Langtíma blóðsykursgildið er 6.0; fær um að telja kolvetni Á göngudeild: bæta við miðlun fræðslu um netið, símann, og/eða með hópfræðslu, allt eftir því hvað sjúklingurinn og umönnunaraðilinn vilja og hver færni þeirra er. <ul style="list-style-type: none"> Eftirfylgni með símtölum og textaskilaboðum t.d. til að minna sjúklinga á að vigta sig og taka lyfin. 	Listi 12
B. Fyrir skurðaðgerð	Veita ætti fræðslu fyrir skurðaðgerð til að auka þekkingu og draga úr kvíða. <ul style="list-style-type: none"> Fræðslustund fyrir skurðaðgerð 	Listi 13
C. Bráðapjónusta	Á sjúkrahúsinu ætti að hefja sjúklingafræðslu strax við innlögn og halda henni síðan áfram meðan á dvölinni stendur, gæta þess jafnframt að gefa sér tíma til að kanna hvort sjúklingur hafi skilið fræðsluna <ul style="list-style-type: none"> Fræðslugjöf 1: Kenna um einkenni sýkingar Fræðslugjöf 2: Skipti á sáraumbúðum Fræðslugjöf 3: Áframhaldandi umönnun 	Listi 14
D. Útskriftarfræðsla Fræðsla í öllum kringumstæðum	Leita færís á skipulagðri fræðslu, nota endursagnaraðferðina og hnykkja á innihaldi fræðslunnar til að ná ákjósanlegum árangri. <ul style="list-style-type: none"> „Hvað mundirðu gera ef þú þyngdist um 2 kg á einum sólarhring?“ 	Listi 15

Skípulagningarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimildalisti
2. Þróun fræðsluáætlunar		
<p>Fræddu alla sjúklinga þannig að þeir skilji</p> <ul style="list-style-type: none"> • Heilsulæsi: „Alhliða varúðar-ráðstafanir (Health Literacy Universal Precautions)“ (Viðauki 5) • Auðskiljanlegt talað og ritað mál (Viðauki 6) • Leiðbeiningar um skýr samskipti (CDC index) (Viðauki 7) 	<ul style="list-style-type: none"> • Hafðu boðskipti einföld og bein • Forðastu sérfræðingamál / læknamál • Notaðu gott og gilt hversdagsmál • Talaðu auðskilið mál/gefðu skýrar upplýsingar; segðu t.d. við sjúkling sem er sykursjúkur og borðar hrísgrjón með öllum mat: „Þú mátt borða einn desilítra af hrísgrjónum tvisvar á dag og það er þá kolvetnisdagskammturinn.“ 	Listi 16
<p>Ákvarðaðu efnisatriði/lykilskilaboð til að styðja við fræðslumarkmiðin</p>	<p>Markmið: Dagleg skipti á sáraumbúðum</p> <ul style="list-style-type: none"> • Meðal efnisatriða þarf að vera: <ul style="list-style-type: none"> » Handþvottur » Undirbúa sárasvæðið fyrir umbúðaskipti » Fjarlægja og farga gömlu umbúðunum » Leggja á nýjar umbúðir 	Listi 17
<p>Hafðu skilaboðin hnitmiðuð</p>	<ul style="list-style-type: none"> • Takmarkaðu fræðsluna við nokkur lykilatriði • Hafðu mikilvægustu upplýsingarnar fyrstar • Hafðu fræðsluna í litlum skömmtum, bútaðu niður og kannaðu skilning jafnóðum (bútun og gátun) • Skiptu leiðsögninni upp í þrep 	Listi 18
<p>Leitaðu eftir hegðun hjá sjúklingnum sem sýnir þekkingu.</p>	<p>Byggðu upp fræðslu á þann hátt að kennd sé æskileg hegðun sjúklingsins sem miðar að því að ná markmiðum(kenna til að ná markmiði).</p> <ul style="list-style-type: none"> • Sjúklingurinn sýnir hvernig hann tyllir aðeins tám veika fótans niður til að hlífa honum við of mikilli þyngd • Gerðu samkomulag við sjúklinginn um breytta hegðun 	Listi 19
<p>Notaðu skilvirkar samskiptaaðferðir</p>	<p>Íhugaðu þörfina á að þjálfa starfsfólk í skilvirkum samskipta-aðferðum (s.s. virk hlustun, skapa traust samband) og innihaldi fræðslunnar.</p>	Listi 20

Skipulagningarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimildalisti
2. Þróun fræðsluáætlunar (frh)		
Efldu trú sjúklingsins á eigin getu og því að hann nái valdi á færni	Efldu trú sjúklingsins á eigin getu/ byggðu upp sjálftraust hans með <ul style="list-style-type: none"> • Raunhæfum skammtíma markmiðum. • Öflun þekkingar (hópfræðslu, einstaklingsfræðslu, verklegum æfingum/ lausn vandamála) • Atferlismótun; sjálfsvöktun • Jákvæðri undirstrikun/fortölum 	Listi 21
Beittu teymismiðaðri nálgun	Meðlimir teymisins (t.d. hjúkrunarfræðingur, sjúkráþjálfari, sjúkraliði, lyfjafræðingur, lækni) vinna með sjúklingnum til að ná tilteknum markmiðum. <ul style="list-style-type: none"> • Leitaðu til annars heilbrigðisstarfsfólks til að fræða um heilsufar. 	Listi 22
Beittu margþættri nálgun	Beittu mismunandi fræðsluaðferðum í hvert skipti, fyrir hvern skjólstæðing. Þegar þú veitir til að mynda munnlega fræðslu skaltu jafnframt láta í té skriflegar upplýsingar. Frekari dæmi um aðferðir með margþættum nálgunum eða sem hægt er að nota meðfram öðrum aðferðum: <ul style="list-style-type: none"> • Sameiginleg ákvarðanataka (Viðauki 8) • Munnleg fræðsla ásamt skriflegum upplýsingum og fylgt eftir með símtali. • Fræðsla með símati / stöðugri endurgjöf • Koma á breytingum sem varða þekkingu, tilfinningar og hegðun • Félagslegur stuðningur (foreldrar, starfsfélagar, skóli, teymi hjá heilbrigðisþjónustunni) • Sjálfstýrt nám (sjálfsprófun, eftirlit) (Viðauki 9) • Jákvæð geðhrif og sjálfssátt (Viðauki 10) 	Listi 23
Beittu fjölskyngjunar-nálgun	Fræðslan ætti að höfða til eins margra skilningarvita og unnt er (t.d. heyrnar, sjónar, snerti- og lyktarskyns). <ul style="list-style-type: none"> • Bæði munnleg og skrifleg fræðsla • Myndbönd (hljóð og mynd) • Skemmtifræðsla • Myndir, skýringarmyndir, þrívíddarmódel o.s.frv. • Fræðslustundir með verklegri þjálfun • Gagnvirkir leikir 	Listi 24

Skipulagningarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda-listi
2. Próun fræðsluáætlunar (frh)		
Beittu margháttaðri nálgun	<p>Bjóddu upp á sömu fræðslu á mismunandi hátt svo að sjúklingum bjóðist námsaðferð sem þeim hentar. Sjúklingar geta valið sér aðferð til að tileinka sér heilsutengdar upplýsingar.</p> <ul style="list-style-type: none"> Fræðslustund á staðnum, á netinu, myndbönd, einkakennslustund, skriflegt efni 	Listi 25
Hafðu endurtekið samband við sjúklinginn til að hnykkja á fræðslunni	<p>Dæmi: Eftirfylgni símtöl, ráðgjöf eða þjálfunartímar, hóptímar yfir tiltekið tímabil, heimsóknir í apótek, ótakmarkaður aðgangur að tímum á netinu til að þjálfra færni, hefja fræðsluna tímanlega.</p>	Listi 26
Notaðu lausnarmiðað nám svo sjúklingurinn öðlisti þekkingu með því að leysa raunveruleg vandamál	<ul style="list-style-type: none"> Sjúklingurinn getur sýnt hvað beri að gera þegar blóðsykursgildið er of hátt eða lágt. Sjúklingur fær endurgjöf í formi lífeðlisfræðilegra upplýsinga í þeim tilgangi að bæta heilsutengd mæligildi (t.d. langtíma blóðsykursgildi, blóðþrýsting, kólesterólgildi). 	Listi 27
Hafðu fræðsluna reynslumiðaða	<ul style="list-style-type: none"> Læra með því að „gera“ og ígrunda það sem lært er. <ul style="list-style-type: none"> » Sjúklingur með sykursýki skipuleggur, kaupir hráefni í og útbýr máltíð. Notkun fyrirmynda. Sjáðu sjúklingum fyrir fyrirmyndum sem þeir geta lært af. Frammistaða: Gefðu sjúklingnum tækifæri til að sýna heilsutengda hegðun. Notaðu líkingar við fræðsluna: <p>„Hnjáliðurinn er eins og hurðarhjarir. Hjarir geta stirnað og farið að ískra með tímanum. Hnjáliðurinn getur líka orðið þannig ef þú færð gigt.“</p> 	Listi 28
Búðu til einstaklingsbundna aðgerðaáætlun	<p>Settu saman einstaklingsmiðaða aðgerðaáætlun með sjúklingnum sem er miðuð við hann og honum finnst þjóna tilgangi.</p> <ul style="list-style-type: none"> Þegar blóðsykursgildið er lágt fær sjúklingurinn sér hraðvirkandi sykur á því formi sem hann óskar sér (uppáhalds sælgæti eða safa) 	Listi 29

Skipulagningarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimildalisti
3. Þróun fræðsluáætlunar (frh)		
Athugaðu hvaða efni kemur til greina til stuðnings fræðslunni	<ul style="list-style-type: none"> • Skriflegt efni: notaðu efni með auðskildu máli; tiltækt á öðrum tungumálum en íslensku. • Myndbönd: tiltæk á öðrum tungumálum en íslensku. • Tækni: ýttu undir auðvelt aðgengi að heilbrigðisupplýsingum og notkun gagnvirkar tækni (smáforrit, snjallsímar, spjaldtölvur, upplýsingastandar, tölvuleikir, rafbækur, sjálfvirk sjúkdómsstjórnun um síma, myndbönd með leiðsögn <ul style="list-style-type: none"> » Blóðþrýstingsmælar í apótekum eða smáforrit til að halda utan um kolvetnisneyslu og blóðsykur. • Gagnvirkir leikir eða önnur iðkun: nota til að styrkja boðskap fræðslunnar og færni. • Hjálpartæki sem notuð eru í ákvarðanatöku (Viðauki11) • Myndir, skýringarmyndir, þrívíddarmódel, myndtákn 	Listi 30

Fræðsluhugtök/Líkön

Eftirfarandi fræðsluhugtök/líkön fela í sér einstakar nálganir sem geta verið fræðsluaðilum gagnlegar við skipulagningu og útfærslu sjúklungafræðslunnar.

Fræðsluhugtök/ Líkön	Útskýringar/Dæmi/Sviðsmyndir	Heimilda- listi
Líkanið EDUCATE fyrir munnlega sjúklungafræðslu (Viðauki 12)	E = Efla (Enhance) skilning og minni D = Veita (Deliver) sjúklungamiðaða fræðslu U = Skilja (Understand) sjúklinginn C = Miðlað (Communicated) á skýran og skilvirkan hátt A = Fást við (Address) heilsulæsi og menningartengda hæfni TE = Fræðslumarkmið (Teaching and Educational goal)	Listi 31
EMMA samtalsverkfæri Efling (Empower), Hvatning (Motivation), Aðheldni (Adherence))	<ul style="list-style-type: none"> Ígrundunarverkfæri: samtal um áskoranirnar sem sjúklingurinn upplifir í tengslum við sjúkdóm sinn og meðferð á honum. Verkfæri til að ákvarða markmið: hjálpa sjúklingum við að skipuleggja og halda sig að markmiðum til að koma á breytingum. Þekkingar-og námsverkfæri: sníða þekkingu og nám að viðkomandi sjúklingi. 	Listi 32
NEED (Viðauki 13)	<ul style="list-style-type: none"> Samtalsverkfæri örva sjúklunga til að tjá sig og styðja við þátttöku sjúklingsins. Myndakort, tilvitnanir og leikjavæðing. Hverju verkfæri fylgja nákvæmar leiðbeiningar; þau ýta undir sveigjanleika og einstaklingsbundinn breytileika. 	Listi 33
Stanford líkanið fyrir stjórnun á eigin langvinnum sjúkdómi (Viðauki 14)	Gagnvirkir fræðslutímar með jafningjum sem veita fræðslu og þjálfun. Þar er fókusinn á færni til að leysa vandamál gegnum samtöl.	Listi 34
Kenningar um félagslegt nám og sjálfsumönnun	Samkvæmt kenningum um félagslegt nám má tileinka sér nýja hegðun með því að horfa á og líkja eftir öðrum. Sjálfsumönnun snýst um að sjúklingurinn haldi utan um eigin heilsuvandamál með ákveðinni þekkingu og færni.	Listi 35
Heilbrigðismark-þjálfun með félagslegum stuðningi	<ul style="list-style-type: none"> Komdu auga á hvað sjúklingnum er mikilvægast. Leiðbeindu sjúklingnum við að uppgötva eigin togstreitu þegar kemur að því að breyta hegðun. Hjálpaðu honum við að setja sér raunhæf markmið og þróa aðgerðaráætlanir; komdu auga á stuðningskerfi. Kannaðu/lágmarkaðu hindranir á veginum til framfara. Láttu sjúklinginn taka ábyrgð á breytingunni. 	Listi 36



Framkvæmd

Framkvæmdaráfanginn felur í sér að heilbrigðisstarfsmaðurinn hrindir áætluninni um gagnreynda fræðslu í framkvæmd.

Framkvæmdarþrepin

1. Innleiða fræðsluáætlun þar sem sjúklingurinn er í miðpunkti.
2. Hafa í huga lykilatriði sjúklingafræðslunnar meðan á fræðslu stendur.
3. Aðlaga fræðsluna út frá svörum sjúklingsins/breytingum á fræðsluþörfum

Framkvæmdarprepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda-listi
1. Sjúklingurinn í miðpunkti		
Talaðu auðskilið mál	<ul style="list-style-type: none"> Einföld, bein skilaboð Notaðu gott og gilt hversdagsmál Forðastu sérfræðingamál; ef þörf er á að nota læknisfræðileg heiti skal skilgreina þau. <p>„Í dag ferðu í hjartaómun til að við sjáum hvernig hjartað í þér starfar. Hjartaómun er skoðun sem byggist á hljóðbylgjum og sýnir hve vel hjartað dælir blóðinu. Það er ekki ósvipað fósturómskoðun hjá þunguðum konum.“</p>	Listi 37
Beittu virkri hlustun	Virk hlustun felur í sér að veita athygli, dæma ekki, ígrunda, skýra og draga saman. Vertu vakandi fyrir óyrtum tjáskiptum, svo sem svipbrigðum, augnsambandi,- og líkamstjáningu.	Listi 38
Komdu auga á „fræðsluvæn augnablik“ eða tækifæri	Notaðu tækifærið til að fræða sjúklinginn þegar hann spyr spurninga eða sýnir áhuga á því að fræðast um heilsufar sitt.	Listi 39
Komdu fram af virðingu við sjúklinginn	Sýndu háttvísi, samkennd og velvild í orði og æði.	Listi 40
2. Lykilatriði sjúklungafræðslu		
Gerðu grein fyrir innihaldi fræðslunnar	<p>Segðu sjúklingnum í stuttu máli, einni eða tveim setningum, hvað þú ætlir að kenna honum.</p> <p>„Í dag ætlum við að fjalla um hvernig eigi að gefa insúlín-sprautu. Í þessu felst m.a. að stilla insúlín-pennann og sprauta insúlíninu í líkamann.“</p>	Listi 41
Skiptu fræðslunni í smærri hluta og gakktu úr skugga um réttan skilning áður en þú tekur fyrir næsta hluta.	<p>Bútun og gátun: Afgreiddu einn hluta í einu (farðu yfir eitt eða tvö atriði og athugaðu síðan hvort sjúklingurinn hafi skilið)</p> <p>Insúlín-gjöf - dæmi:</p> <p>Áður en þú kennir sjúklingnum að sprauta insúlíni skaltu ganga úr skugga um að hann kunnir að stilla insúlín-pennann á nákvæman hátt</p>	Listi 42
Hnykkstu á því sem kennt var	<p>Dragðu saman/farðu yfir undirstöðuatriðin.</p> <p>Skipti á sáraumbúðum - dæmi:</p>	Listi 43
	<table border="1"> <tr> <td data-bbox="495 1799 917 2016"> <ol style="list-style-type: none"> Hreinsa vinnusvæði Taka saman vörur Þvo hendur Opna pakka </td> <td data-bbox="917 1799 1341 2016"> <ol style="list-style-type: none"> Fjarlægja gamlar umbúðir/fleygja Þvo hendur Leggja við nýjar sáraumbúðir </td> </tr> </table>	
<ol style="list-style-type: none"> Hreinsa vinnusvæði Taka saman vörur Þvo hendur Opna pakka 	<ol style="list-style-type: none"> Fjarlægja gamlar umbúðir/fleygja Þvo hendur Leggja við nýjar sáraumbúðir 	

Framkvæmdarþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda-listi
2. Lykilatriðin í fræðslu til sjúklinga (frh)		
Gættu að því að kennsluefni sé notað á skilvirkan hátt	<ul style="list-style-type: none"> • Leggðu áherslu á þær lykilupplýsingar í efninu sem sjúklingurinn ætti að tileinka sér. <ul style="list-style-type: none"> » Merktu ritað efni með áherslupenna • Sjáðu til þess að sjúklingur eigi auðvelt með að nálgast fræðsluefnið (t.d. tölva, snjallsími, netið). • Farðu yfir verklega hluta efnisins • Láttu í té penna/pappír til að sjúklingurinn geti skrifað niður spurningar eða punktað hjá sér eftir þörfum. • Þegar fræðsluefnið hefur verið notað skaltu fylgja eftir og bregðast við spurningum sjúklingsins. 	Listi 44
3. Aðlögun fræðslunnar		
Bregstu við spurningum sjúklingsins	<ul style="list-style-type: none"> • Hvettu sjúklinginn til að spyrja spurninga. • Svaraðu spurningum sem settar eru fram. • Forðastu að geyma að svara spurningum þangað til í lok fræðslustundarinnar. 	Listi 45
Ef sjúklingurinn virðist ekki skilja upplýsingarnar skaltu reyna að miðla þeim með öðrum orðum og/eða líkingum sem sjúklingnum eru kunnuglegri.	<p>Þegar þú útskýrir fyrir bifvélavirkja hvernig hjartagangráður virkar skaltu nota orð sem hann tengir betur við. Til dæmis, gangráður virkar eins og „kveikikerti“ fyrir hjartastarfsemina.</p> <p>Þegar stíflu í kransæðunum er lýst fyrir pípulagningarmanni gæti líking falisti í því að bera hana saman við pípu sem er að hluta stífluð svo að vatnið getur ekki flætt óhindrað.</p>	Listi 46
Endurtaktu sýnikennslu/verklega æfingu	Sjáðu til þess að nægur tími sé til að endurtaka sýnikennsluna og gefðu tækifæri til fleiri verklegra æfinga, eftir því sem þörf er á.	Listi 47
Ef þörf krefur skaltu beita fleiri en einni fræðsluaðferð til að skýra hugtök og/eða stuðla að betri skilningi.	Dæmi: Eftir að hafa horft á myndband á sjúklingurinn erfitt með að gera sér grein fyrir hvenær hann eigi að hringja í lækni. Starfsfólk gefur sjúklingnum einstaklingsleiðsögn í því að meta hvenær skuli hringja á lækni.	Listi 48



Mat á árangri fræðslu

Mat sýnir að hvaða marki **fræðsla hefur skilað sér**. Sönnun á því að sjúklingur hafi tileinkað sér fræðslu má sjá af færni hans í að **nota upplýsingar og leysa vandamál** í tilbúnum eða raunverulegum aðstæðum.

Mikilvægt er að meta **að hve miklu leyti fræðslan hefur skilað sér**. Meta **eftir að hvert hugtak/atriði** hefur verið kennt (bútun og gátun) og í **lok fræðslustundarinnar**. Það getur þurft að **kenna aftur** með öðrum aðferðum og/ eða fræðsluleiðum. Farðu aftur í Skipulagningu og Framkvæmd til að breyta fræðsluáætluninni þangað til sjúklingurinn hefur tileinkað sér efnið.

Matsþrepin

1. Leggja mat á lærdóm með því að nota **endursagnaraðferðina**
2. Leggja mat á tileinkun á færni/hegðun með **endursýniaðferðinni**
3. Meta lærdóm með því að mæla breytingar á **árangri sjúklingsins**

Matsþrepin	Útskýringar/Dæmi/Sviðsmyndir	Heimilda- listi
1. Beint innlegg sjúklingsins		
Endursagnaraðferðin	<ul style="list-style-type: none"> • Notaðu hana í beinum samræðum eða sem hluta af kennslustund. • Orðaðu spurningar sem er ætlað að framkalla endursögn þannig að sjúklingurinn fái ekki á tilfinninguna að verið sé að prófa hann. <p>„Mig langar til að fullvissa mig um að ég hafi sagt þér allt sem þú þarft að vita. Segðu mér, og notaðu þín eigin orð:</p> <ul style="list-style-type: none"> - hvernig þú ætlar að...“ - hvað þú munir gera ef...“ - hvernig myndirðu útskýra...“ 	Listi 49
2. Endursýniaðferðin		
Færni/hegðun sýnd	<ul style="list-style-type: none"> • Leggðu mat á frammistöðu sjúklingsins, þ.m.t. markmiðið og þrepin í ferlinu. <ul style="list-style-type: none"> » Sjúklingurinn sýnir færni í að leysa vandamál • Veittu endurgjöf til stuðnings fræðslunni meðan á sýnikennslunni stendur. <ul style="list-style-type: none"> » Leiðréttu hvers konar misskilning af nærgætni. » „Hversu viss ertu um að þú ráðir við þetta?“ 	Listi 50
3. Árangur sjúklingsins		
Mælanleg breyting á árangri sjúklingsins.	<ul style="list-style-type: none"> • Mældu aðheldni sjúklingsins við áætlunina um eigin sjálfsmönnun. <ul style="list-style-type: none"> » Farðu yfir: <ul style="list-style-type: none"> - spurningalista, skráningu sjúkdómseinkenna, mat á lífsgæðum, viðurkennd matstæki • Leggðu mat á breytingu á tíðni endurinnlagna • Gakktu úr skugga um aðheldni að lyfjameðferð eða meðferðaráætlun með rannsóknum eða öðrum lífkennum. 	Listi 51

Viðaukar

Viðauki 1 Verkfæri til að efla þátttöku sjúklinga (Patient Engagement Tools)

Patient Activation Measure, PAM) - Þetta verkfæri gerir kleift að mæla þátttöku sjúklinga með því að skoða ákveðnar (s.s. sjálföryggi og þekkingu til að hafast að, trú á virku hlutverki sínu)

<https://www.ncbi.nlm.nih.gov/pubmed/15230939>

Viðauki 2 Verkfæri varðandi heilsulæsi

Bestu starfsvenjur eru taldar felast í því að beita „altækri varkárri nálgun gagnvart heilsulæsi“ (Health literacy universal precautions). Með því er átt við að í munnlegum og skriflegum aðferðum sé gengið út frá því að heilsulæsi allra sjúklinga sé að einhverju leyti ábótavant. Ýmis verkfæri til að meta heilsulæsi hafa verið þróuð, bæði fyrir almenna og sérstaka hópa sjúklinga.

Health Literacy Universal Precautions Tool kit – verkfærasett sem hefur að geyma ýmsar nálganir á því að takast á við heilsulæsi, þar með talin mót

<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>

Heilsulæsi – Verkfærasafn (Health Literacy Tool Shed)

<https://healthliteracy.bu.edu/>

Nýjasta lífsmarkið (Newest Vital Sign, NVS) - Leggur mat á lesfærni og tölulæsi

<https://www.ncbi.nlm.nih.gov/pubmed/16338915>

Fljótlegt mat á læsi fullorðinna á sviði heilbrigðis (Rapid Estimate of Adult Literacy in Medicine, REALM) - Prófun á lestrarfærni sem felst í að bera fram heilsutengd hugtök

<https://www.ncbi.nlm.nih.gov/pubmed/1936717>

Prófanir á virku heilsulæsi hjá fullorðnum (Tests of Functional Health Literacy in Adults, TFHLA) - Prófar lesskilning og tölulæsi

<https://www.ncbi.nlm.nih.gov/pubmed/8576769>

Próf á heilsulæsi foreldra (Parental Health Literacy Activities Test, PHLAT) - Mat á heilsu- og tölulæsi foreldra ungra barna til að ákvarða færni þeirra í að skilja leiðbeiningar sem snúa að umönnun ungra barna.

<https://www.ncbi.nlm.nih.gov/pubmed/20674532>

Viðauki 3 Mat á áhættu og aðferðum til fyrirbyggingar (Risk Evaluation and Mitigation Strategy Assessment, REMS)

REMS-mat er áhættustjórnunaráætlun sem samræmist kröfum matvæla og lyfjaeftirlitsins bandaríska (FDA) og byggist á notkun auðskilinna verkfæra sjúklíngafraeðslunnar til viðbótar við fylgiseðla með lyfjum. Sem

dæmi má nefna leiðbeiningar um lyfjatöku og fylgiseðil fyrir sjúklinginn og upplýsingaáætlun sem er ætluð heilbrigðisstarfsfólki.

<https://www.ncbi.nlm.nih.gov/pubmed/27914632>

Viðauki 4 Áhugahvetjandi samtalstækni

„Með því að beita áhugahvetjandi samtalstækni getur heilbrigðisstarfsfólk þróað sterkari meðferðarsamband við sjúklinga, öðlast betri skilning á áhyggjum þeirra og markmiðum og tekist á við hindranir sem standa í vegi fyrir þátttöku þeirra...

Algengt er að nota OARS-rammann þegar sjúklingar eru fengnir til þátttöku með áhugahvetjandi samtalstækni Það er ensk skammstöfun fyrir fjóra meginþætti samtalstækni: spyrja **opinna spurninga**, hnykkja á svörum með **staðfestingu**, **hlusta með íhygli (hlustun með speglun)** og **draga saman** sjónarmið sjúklingsins.

Í stað þess að segja til að mynda „Þú verður að hætta að reykja“ gæti heilbrigðisfagmaður sem beitir OARS sagt „Mér heyrir að í lífi þínu sé eitthvað sem stendur í vegi fyrir því að þú hættir.“ Þessi breyting á talsmáta skapar rými fyrir bæði heilbrigðisstarfsmann og sjúkling til að ræða hindranir í umönnun og tryggir að sjúklingnum finnist að hans viðhorf komist til skila. Með því að beita OARS eiga heilbrigðisstarfsmenn auðveldara með að sýna samhygð gagnvart viðhorfum og vali sjúklingsins.

<https://www.advisory.com/research/physician-executive-council/prescription-for-change/2020/07/patient-motivation>

Viðauki 5 Altæk varkár afstaða gagnvart heilsulæsi (Health Literacy Universal Precautions)

„Altæk varkár afstaða gagnvart heilsulæsi er nálgun sem felst í því að umönnunaraðilar reikna með að allir sjúklingar gætu átt í erfiðleikum með að skilja heilsuupplýsingar og afla sér heilbrigðisþjónustu. Með þessari nálgun er leitast við að—

- Einfalda upplýsingagjöf og tryggja að allir sjúklingar skilji þær upplýsingar sem þeim eru ætlaðar til að lágmarka hættu á misskilningi við upplýsingagjöf.
- Auðvelda notendum að átta sig á heilbrigðiskerfinu.
- Styðja viðleitni sjúklinga í að bæta heilsu sína.“

<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>

Viðauki 6 Auðskiljanlegt talað og skrifað mál

„Með **auðskiljanlegu máli** er átt við upplýsingagjöf sem lesendur eða áheyrendur þínir geta skilið þegar í fyrsta sinn sem þeir lesa eða heyra upplýsingarnar.“

<https://www.plainlanguage.gov/about/definitions/>

Viðauki 7 Skrá CDC (Sóttvarnastofnun Bandaríkjana) yfir skýra miðlun (CDC Clear Communication Index)

„Skrá CDC yfir skýra miðlun nær lengra en gátlistar og forskriftir fyrir læsileika með því að:

- Þar eru dregin fram mikilvægustu atriðin sem rannsóknir hafa sýnt að auki skýrleika og stuðli að bættum skilningi
- Láta í té tölulegt stigakerfi sem gerir þér kleift að leggja óhlutlægt mat á efni og bæta það út frá bestu tiltæku vísindabekkingu“

<https://www.cdc.gov/ccindex/pdf/ClearCommUserGuide.pdf>

Viðauki 8 Sameiginleg ákvarðanatoka

„Sameiginleg ákvarðanatoka er lykilatriði í sjúklíngamiðaðri heilbrigðisþjónustu. Það er ferli þar sem heilbrigðisstarfsfólk og sjúklingar vinna í sameiningu að því að taka ákvarðanir og velja próf eða rannsóknir, meðferðir og meðferðaráætlanir út frá klínískum gögnum og þar sem áhætta og væntar niðurstöður en einnig óskir og gildismat sjúklingsins er tekið með í reikninginn.“

„Oft er ekki um að ræða neina eina „réttu“ ákvörðun um heilbrigðisþjónustu vegna þess að valkostum í sambandi við meðferð, læknisfræðilegar prófanir og heilsukvilla fylgja kostir og gallar. Sameiginleg ákvarðanatoka skiptir sérlega miklu máli í eftirfarandi kringumstæðum:

- þegar um fleiri en einn gildan valkost er að ræða, s.s. varðandi skimun eða varðandi meðferð
- þegar enginn einn valkostur er greinilega fýsilegri en aðrir
- þegar hugsanleg jákvæð og neikvæð áhrif af hverjum valkosti hafa mismunandi áhrif á sjúklinga.“

Sameiginleg ákvarðanatoka hjálpar heilbrigðisstarfsfólki og sjúklingum að koma sér saman um meðferðaráætlun. Þegar sjúklingar taka þátt í ákvarðanatöku og skilja hvað þeim ber að gera eru þeir líklegri til að fylgja áætluninni.“

https://www.healthit.gov/sites/default/files/nlc_shared_decision_making_fact_sheet.pdf

Viðauki 9 Sjálfstýrt nám

- Hægt er að efla sjúklinga í að tileinka sér heilsuupplýsingar með því að styðja þá í sjálfstýrðu námi (hvernig þeir kenna sér sjálfir). Sjálfstýrt nám er ferli þar sem sjúklingar prófa sig upp á eigin spýtur og bera svör sín saman við lykilhugtök tengd langvinnum sjúkdómi áður en þeir glöggva sig á upplýsingunum á nýjan leik.

Viðauki 10 Jákvæð geðhrif og staðhæfingar um sjálfan sig (sjálfssátt)

Jákvæð geðhrif snúast um að sjúklingurinn hugsar um eitthvert smáræði sem vekur jákvæðar tilfinningar. Þetta ætti hann að gera á hverjum morgni. Það getur hjálpað honum í að yfirvinna erfiðleika við að bæta heilsuna. Staðhæfingar um sjálfan sig, eða sjálfssátt felst í því að sjúklingurinn staldrar við minningu/-ar þar sem hann var stoltur af eigin frammistöðu. Þetta getur auðveldað honum að takast á við heilsuerfiðleika.

Viðauki 11 Ákvarðanahjálpartæki

„Hvað eru ákvarðanahjálpartæki?

Ákvarðanahjálpartæki sjúklinga eru verkfæri sem ætlað er að hjálpa fólki við að taka þátt í ákvörðunartöku um valkosti í heilbrigðisþjónustu. Slík hjálpartæki veita upplýsingar um valkostina og hjálpa sjúklingum með að skýra og koma á framfæri því sem þeir sjá persónulega við hinar ýmsu hliðar valkostanna.

Ákvarðanahjálpartæki fyrir sjúklinga mæla ekki með einum valkosti umfram annan og þeim er heldur ekki ætlað að koma í stað viðtals við sérfræðing. Öllu heldur gagnast þau sem undirbúningur fyrir sjúklinga við að taka upplýstar ákvarðanir byggðar á ákveðnum gildum í samvinnu við sérfræðinginn.“

<http://ipdas.ohri.ca/what.html>

Viðauki 12 EDUCATE-líkanið

EDUCATE-líkanið felur í sér leiðsögn fyrir munnlega sjúklingafræðslu þar sem veitandi fræðslunnar fer í gegnum fimm þrep til að ná fræðslumarkmiðum sínum. Auk þrepanna sem lýst er með skammstöfuninni EDUCATE snýst líkanið um tilhlýðilegan undirbúning fyrir fræðslu og nám, góðar fræðsluaðferðir, leiðir til að yfirvinna atriði sem hindra námið, fræðslu sem gagnvirk ferli og námsmat.

[*Strategies for improving the quality of verbal patient and family education: a review of the literature and creation of the EDUCATE model - PMC \(nih.gov\)*](#)

Viðauki 13 NEED

NEED (eða „Next Education“) er nálgun sem ætlað er að leiðbeina veitendum sjúklingafræðslu í að þróa fræðslu til að mæta þörfum einstakra sjúklinga. NEED-kerfið er búið sérstökum samtalsverkfærum sem koma til móts við mismunandi óskir um námsaðferð og fá þar með sjúklinga til þátttöku sem voru ef til vill ekki virkir í fræðsluferlinu fram að því.

<https://doi.org/10.1016/j.pec.2016.01.006>

Viðauki 14 Fræðsluprógrammið Stjórnun á eigin langvinnum sjúkdómi

„Stjórnun á eigin langvinnum sjúkdómi (Chronic Disease Self-Management Program, CDSMP) er skilvirkt fræðsluprógramm fyrir fólk með langvinna heilsukvilla. Það tekur sérstaklega til liðagigtar, sykursýki og lungna- og hjartasjúkdóma en veitir færni sem nýtist til að hafa stjórn á ýmsum öðrum langvinnum sjúkdómum. Þessi áætlun var þróuð við Stanford-háskólann í Bandaríkjunum. CDSMP-vinnufundir eru haldnir í félagsmiðstöðvum eða á svipuðum vettvangi, gjarnan 2 1/2 klst. einu sinni í viku í 6 vikur. Vinnufundunum stýra tveir þjálfaðir stjórnendur og er annar þeirra (eða báðir) ekki heilbrigðisstarfsmaður og sjálfur með langvinnan sjúkdóm. Áætlunin snýst m.a. um aðferðir til að fást við vandamál tengd langvinnum sjúkdómum, viðeigandi líkamshreyfingu og lyfjanotkun, skilvirk samskipti við fjölskyldu, vini og heilbrigðisstarfsfólk, næringu og hvernig má leggja mat á nýjar meðferðir.“

<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/self-management-education-chronic-disease-self>

Viðauki 15 - Orðalisti

ÍSLENSKA	ENSKA
Aðheldni	Adherence
Atferlismótun	Modeling of behaviour
Áhugahvetjandi samtalstækni	Motivational interviewing
Ákvarðanahjálpartæki	Decision Aids
Bútun og gátun (tækka skilning)	Chunk and check
Endursagnaraðferðin	Teach-back method
Endursýniaðferðin	Show-me method
Félagsleg hagsæld	Socioeconomic
Fjölskynjunarnálgun	Multi-sensory
Forkönnun	Assessment
Framkvæmd	Implementation
Fræðsluvæn augnablik eða tækifæri	Teachable moments
Fræðslustundir með verklegri þjálfun	Hands-on skills session
Fyrirmyndir (notkun fyrirmynda)	Role-modeling
Gagnreyndar aðferðir	Evidence-based methods
Heilsulæsi	Health literacy
Heilsumarkþjálfun	Health coaching
Hnykkja á innihaldi	Content reinforcement
Jákvæð geðhrif	Positive affect
Jákvæð undirstrikun/fortölur	Positive reinforcement/persuasion
Lausnarmiðað nám	Problem-centred learning
Leikjavæðing	Gamification
Lífkenni	Biometrics
Læsileiki	Readability
Margþætt nálgun	Multi-modal approach
Margháttuð nálgun	Multi-prong approach
Mat	Evaluation
Myndbönd með leiðsögn	Computer assisted video instruction
Reynslumiðað	Experiential
Sameiginleg ákvarðanatæki	Shared decision making

Sjálfsátt	Self-affirmation
Sjálfsstaðhæfing	Self-affirmation
Sjálfsúönnun	Self-care
Sjálfstýrt nám	Self-regulatory learning
Sjálfsvöktun	Self-monitoring
Sjálfsöryggi	Self-confidence
Sjálfvirk sjúkdómsstjórnun um síma	Automated phone disease management
Sjúklingafræðsla	Patient education
Sjúklingamiðaður	Patient-centered
Skemmtifræðsla	Edutainment
Skipulagning	Planning
Útkoma	Patient outcomes
Þátttaka sjúklinga	Patient participation; patient engagement

Stutt samantekt á leiðbeiningunum

Leiðbeiningar um skipulag og framkvæmd sjúklingafræðslu veitir skýra leiðsögn fyrir heilbrigðisstarfsfólk í framlínu. Leiðbeiningarnar byggja á fjórum meginhlutum þess ferlis sem fræðsla til sjúklinga felur í sér: **forkönnun, skipulagningu, framkvæmd og mati (FSFM fræðsluferlið)**. Hver hluti er ómissandi til að fræðsla til sjúklinga skili árangri. Í skilvirkri sjúklingafræðslu eru hugtökin „sjúklingamiðaður“ og „þátttaka sjúklinga“ í lykilhlutverki. Þar að auki ber að nefna að skilvirk sjúklingafræðsla felur í sér að tala **auðskilið mál** og að leggja áherslu á **hegðun og aðgerðir**, en ekki einungis þekkingu. Hugtakið „sjúklingafræðsla“ hefur í þessu samhengi breiða skilgreiningu og nær ekki einungis til sjúklinga heldur einnig til notenda, fjölskyldu eða annarra einstaklinga sem tilgreindir eru sem umönnunaraðilar.

Forkönnun

- Leggðu mat á sjúkling:
 - » Menningarlegur bakgrunnur, félagslegur stuðningur og félagsleg hagsæld
 - » Þekking á núverandi heilbrigðisástandi og ráðlagðri meðferð
- Greindu hjá sjúklingi:
 - » Hvernig hann kýs að læra (munnleg, skrifleg, sjónræn, margmiðlun, tæknilega)
 - » Forgangsröðun hans, áhyggjur og hvata til náms
 - » Námshindranir (hugrænar, skynrænar, líkamlegar o.s.frv.)

Skipulagning

- Leggðu fram námsmarkmið með sjúklingnum sem byggð eru á forkönnuninni. Markmið eru skýr, aðgerðarmiðuð, mælanleg og það er hægt að ná þeim.
- Gerðu kennsluáætlun með því að:
 - » Einblína á þarfir sjúklings, forgangsatríðum hans og hegðun og finna leiðir til að yfirstíga námshindranir hans
 - » Nota gagnreyndar kennsluáðferðir (s.s. málfar sem auðvelt er að skilja, margþætta nálgun, fjölskynjunarnálgun)
 - » Greina kennslumiðla sem geta stutt við að námsmarkmið náist (þ.e. ákvarðana-hjálpartæki, gagnvirka leiki, myndbönd, skriflegar upplýsingar, smáforrit eða upplýsingatöflur)

Framkvæmd

- Komdu áætluninni í framkvæmd með því að:
 - » Einblína á sjúklinginn með því að styðja við sjálfstraust hans; vertu vakandi fyrir yrtum og óyrtum vísbendingum (virk hlustun)
 - » Nota einfalt málfar, skýr skilaboð og endurtekningu lykilatriða
 - » Nota kennslugögn á áhrifaríkan hátt með sjúklingi (hvernig á að nota, undirstrika lykilatriði, fylgja eftir spurningum sjúklings)
- Aðlaga kennsluna eftir svörun sjúklings eða þegar fræðsluþarfir breytast
 - » Hvetja sjúkling til að spyrja spurninga og svara þeim
 - » Skýra skilaboðin með því nota önnur orð eða myndlíkingar

Mat

- Leggðu mat á skilning sjúklings með því að:
 - » Nota endursagnaraðferðina og endursýningaraðferðina
 - » Leggja mat á nám með því að kanna getu sjúklings til að gera sér grein fyrir hvernig skuli takast á við daglegar áskoranir/hvenær skal leita sér aðstoðar hjá heilbrigðisstarfsfólki
- Mæla breytingar í útkomubáttum

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