



Evaluating the Effectiveness of Patient and Caregiver Education through Caregiver Training Videos

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Introduction

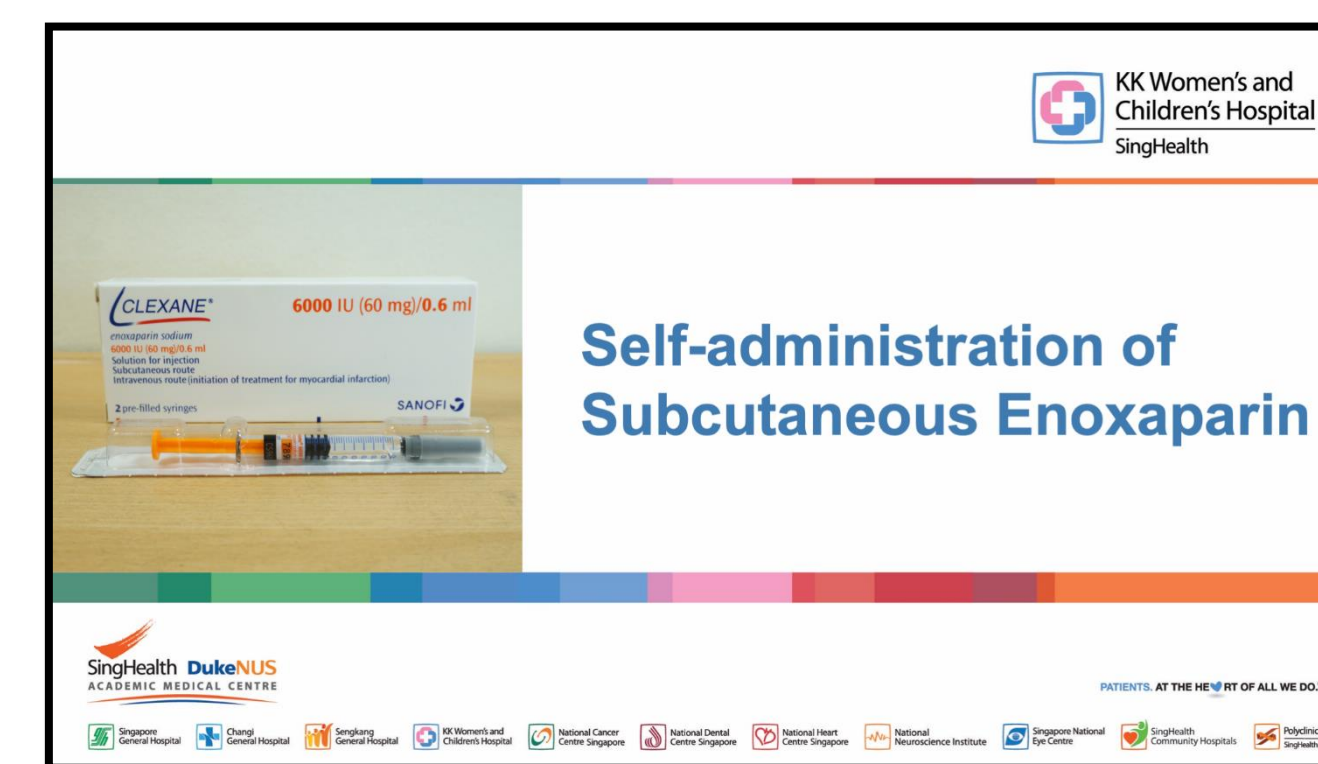
Nurses are often required to provide caregiver training (CGT) to either patients or their caregivers. On certain occasions, patients encounter discharge issues because they do not feel confident in managing their care at home. When providing CGT in the hospital, patients or their caregiver may be able to execute the skill under nurses' supervision. However, they might experience information overload and may not be able to perform the skill confidently at home.

Caregiver training videos on the care of urinary catheter and self-administration of subcutaneous Enoxaparin have been created to enhance the quality of caregiver training to achieve better outcome for patients. This study evaluates the effectiveness of the recent implementation in KKH gynaecology departments.

Aim

To identify if caregiver training videos:

- Reduce the duration of the caregiver training by the nurse
- Reduce the frequency of the caregiver training by the nurse
- Increase patients' and/or caregivers' confidence in managing their care at home



(Screenshots of CGT video)

Methodology

Pre and post implementation data were collected amongst 24 patients whereby 12 were given the standard method of caregiver training which included face-to-face teaching sessions with return demonstration, whilst the other 12 patients were given a training video to watch, followed by a single hands-on session and return demonstration.

Time spent (in minutes) to conduct the training sessions was used to measure the duration of the CGT. The average length of hospital stay (in days) of the patient was used to measure the frequency of the CGT. Lastly, the number of calls to the department were collated over a span of 4 weeks to evaluate if patients or caregivers were confident in managing care at home.

Results

For patients or caregivers who required CGT for the care of urinary catheter, the total time required to complete the CGT was reduced from an average of 60 minutes in the pre-implementation group to an average of 20 minutes in the post-implementation group (a reduction of 66%).

The data is shown in the following:

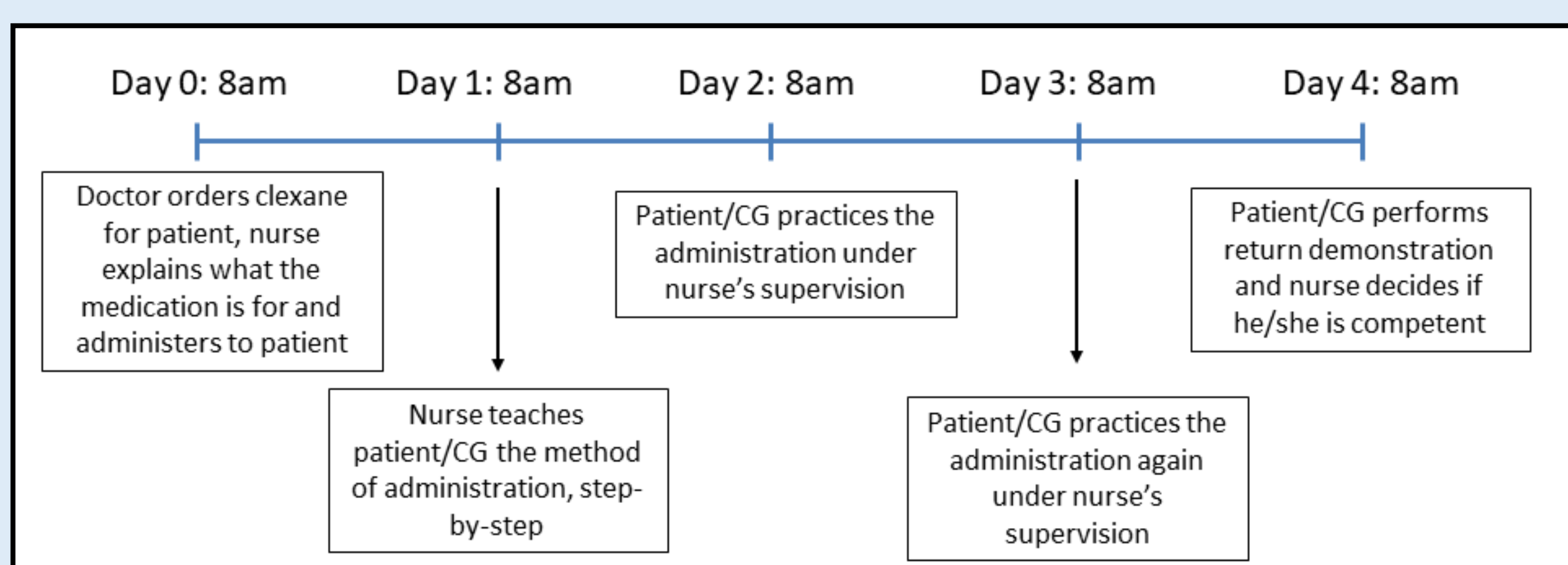
	Duration	What is done
1 st session	15 minutes	Initial exposure; explanation and demonstration
2 nd session	10 minutes	Patient/CG to practice
3 rd session	10 minutes	Patient/CG to practice
4 th session	10 minutes	Patient/CG to perform return demonstration
Total time	60 minutes	

(Average duration of CGT sessions pre-implementation)

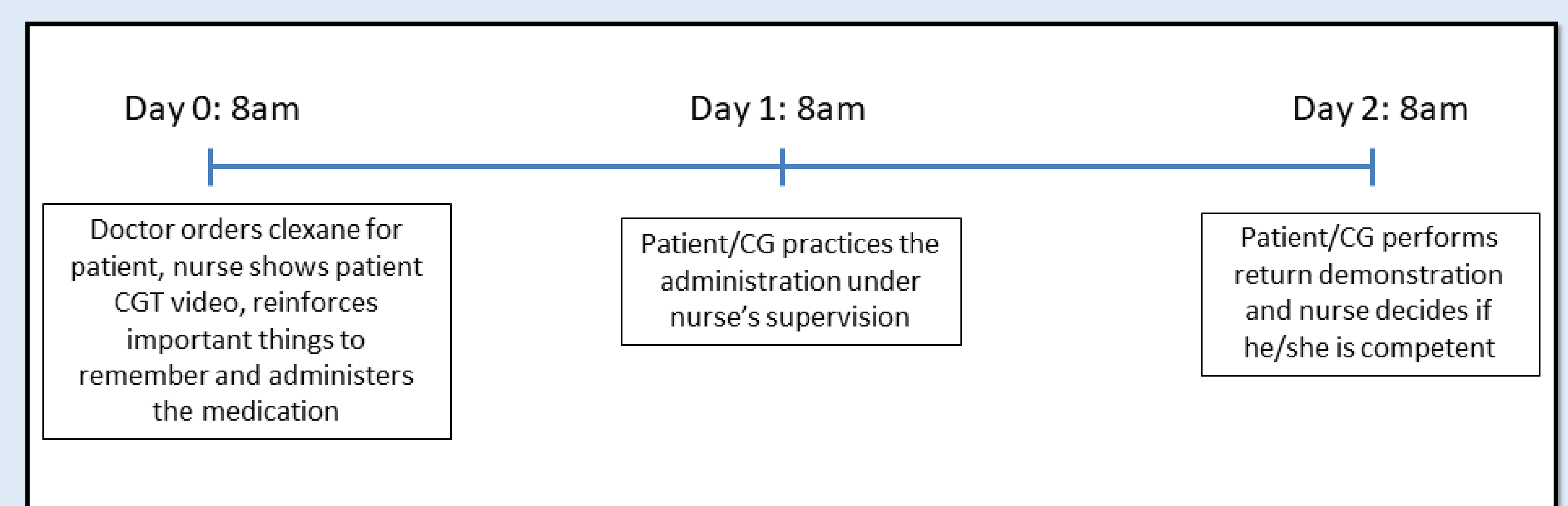
	Duration	What is done
Pre-session	---	Patient/CG will watch the video first
1 st session	10 minutes	Patient/CG to practice
2 nd session	10 minutes	Patient/CG to perform return demonstration
Total time	20 minutes	

(Average duration of CGT sessions post-implementation)

In addition, there was a reduction in patient's length of stay from an average of 4 days to 2 days for the self-administration of subcutaneous Enoxaparin. This is due to the reduced CGT sessions conducted for patient or caregiver to be competent.



(Average timeline of patients' hospital stay pre-implementation)



(Average timeline of patients' hospital stay post-implementation)

Moreover, patient's and caregiver's confidence were measured by the number of calls to the department on their queries of the required skill they were supposed to learn. Before the implementation of the caregiver training video, there was an average of 3 to 4 calls a week. The number was reduced to zero upon implementation of the caregiver training videos.

Conclusion

The use of caregiver training videos has significantly contributed to the reduction of time spent on conducting caregiver training and has reduced the length of hospital stay. It has also increased the confidence in patients or caregivers in managing their care at home. The caregiver training video has been a value-added implementation towards promoting quality caregiver education.