

Patient Education among older adults in a Cardiology ambulatory: a best practice implementation project

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Track

1. Implementação de evidências

Keywords

Health Education, Patient Education as Topic, Cardiovascular Nursing Patient education is widely known as one of the most important aspect in public health. Patient-centered care is enhanced by the World Health Organization and nurses have the critical role to provide patient's autonomy choice and to promote quality health care. Objective: The aim of this project is to contribute for promoting evidence-based nurse care practice in patient education and to improve patient education regarding heart disease in a Cardiology ambulatory. Methods: This evidence implementation project is based on JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRiP) audit and feedback tools. The PACES and GRiP framework for promoting evidence based health care involve three phases: 1) Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence; 2) Reflecting on the results of baseline audit, designing and implementing strategies to address non-compliance found in the baseline audit informed by GRiP; 3) Conducting a follow up audit to assess the outcomes of the interventions implemented to improve practice, and identifying future practice issues to be subsequent audits. The project'll be conducted in agreement with Resolution 466/12 of the Brazilian Health Council and will be implemented in three phases. The Phase 1 identifies the stakeholders and will establish the audit team. They'll be composed by five Nurses. The audit criteria have been identified by JBI PACES according to the best practices recommendation: 1) Nurses have received education about the basic principles of patient education; 2) Patients' learning needs, readiness to learn and their learning style have been assessed prior to the implementation of an educational initiative; 3) An individualized teaching plan will be developed for every patient based on assessment of results; 4) Teaching plan contains clearly identified goals and objectives, including appropriate teaching strategies; 5) Educational resources have been developed based on evidence-based information and input from relevant patients; 6) Educational resources in different formats are available in the ward; 7) Patients have received education relevant to their condition and 8) Evaluation of patient learning has been undertaken to determine met and unmet needs. This study will be implemented in a clinical ambulatory where the nursing team performs about five Nursing consultations daily and is accustomed to Patient Education. The sample size will be composed by 30 older adults with heart disease. The phase 2 uses the JBI GRiP framework and it'll document barriers, strategies and resources required. Some possible barriers to be identified and strategies to deal with are: Lack of knowledge of the nurses - Educational intervention about Patient Education; Patients absent in consultations - To identify by phone why they were absent; Best practices aren't adhered by nurses - Motivation and reflections by the use of active educational methodology. The Phase 3 comprises follow up audit after implementation of change strategy that will be conducted in two months (first and second circle audit). Conclusion: The project will contribute to change the practice based on the best available evidence based into towards the best recommendations.