

SPEAK PATIENTS' LANGUAGE

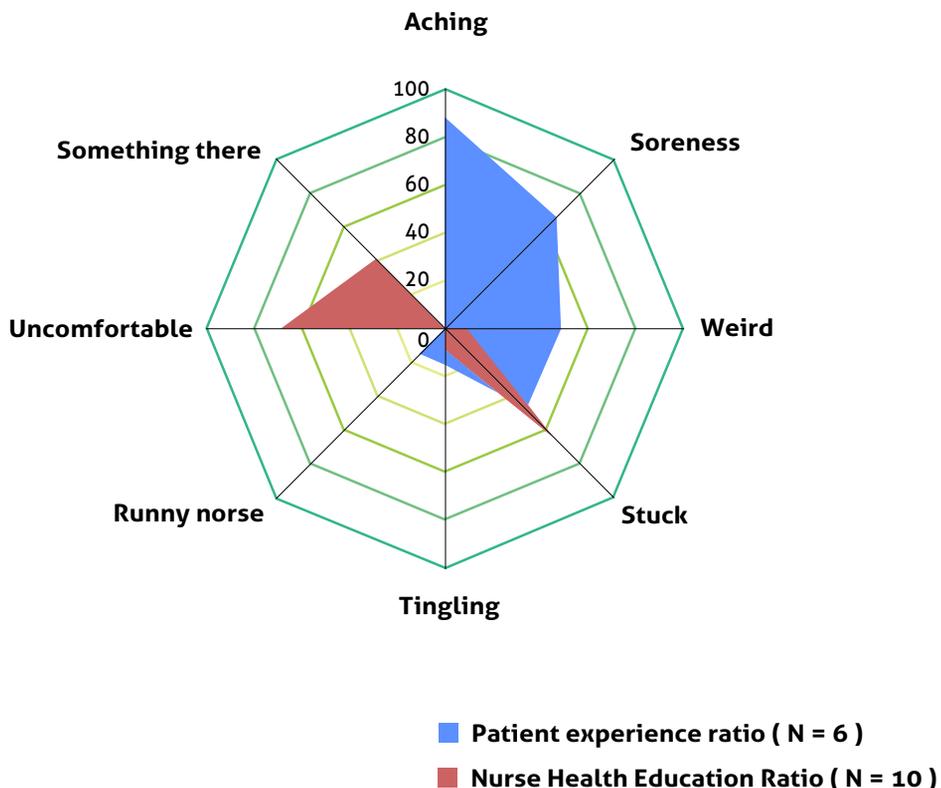
**By Wang Wan-Hsiang,
Supervisor, Department of Nursing,
Hualien Tzu Chi Hospital;
Kuo Yang-Ching,
Head Nurse,
Surgical Ward,
Hualien Tzu Chi Hospital**

Patient-centered care is a prominent ideology in the discipline of medicine. The clinical implementation of the concept, however, poses a constant challenge to all clinical staff. Department of Nursing, Hualien Tzu Chi Hospital, has incorporated medical narratives into the education of mind mapping in 2012. Through imperceptible clinical education, our nurses are trained to see patients as a unique, individual beings, be observant of their emotions, and acquire appropriate language from their patients and applies it in health education, which makes health education sessions approachable, reduces frustrating patient safety incidents, and creates a positive cycle that foster a favorable circumstances for nurse-patient relationship, quality of care, and hospital reputation.

Cognitive Differences Prompted Regrets

In order to decrease the rate of unplanned extubation in post-surgical head and neck cancer patients, the plastic surgery ward of Hualien Tzu Chi Hospital, with its staff trained in mind mapping, abandons the strategy of tracing each patient safety incident back to its root, and instead asks patients with successful planned extubation their experiences during intubation, whether they had the thought of self-extubation occurred to them, and how they inhibited the thought? From Graph I we can see that the nurse did not accurately grasp the true feelings of the

The comparison between adjectives nurses use in health education to describe nasogastric intubation and patients' actual experience.





intubated patient, and when feelings different from what was foretold by the nurse began to emerge, the patient regarded it as abnormal and removed the nasogastric tube.

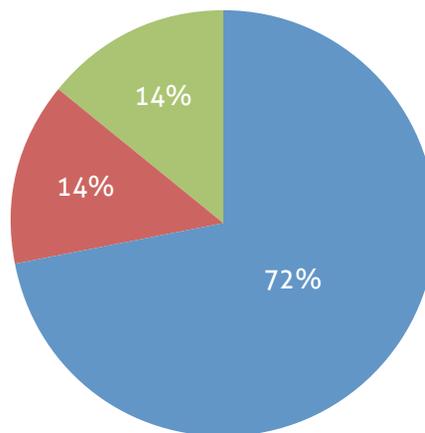
The Three -itys: Gravity, Severity, Temporality

From Graph II, it is conspicuous that in the cases of successful planned extubation, either the physicians or the nurses have informed these patients the nutritional purposes of the nasogastric tube, and the dire consequences of its removal. One of the patients mentioned that, “a physician told me that after two weeks, there will be a check-up, and after that the tubes can be removed. It is only temporary.” Therefore, if the pre-surgical health education can incorporate “gravity”, “severity”, and “temporality” as reminders, patients can cooperate with medical staff to prevent incidences of unplanned extubation.

Listen to Patients

With this experience we realized that the vocabularies of traditional health education on nasogastric tubing all came from textbooks or passed down from the seniors. Only through direct interaction with patients can we be aware of the issues that truly mattered, issues that patients are concerned with the most, and steps to take to enhance the consensus and emotional communications between physicians, nurses, and patients. When modifying single-page health education pamphlets, I specifically requested the ward patients to edit and revise (Graph III) each draft to increase its readability and effectiveness.

Patients describe the reasons behind successful planned extubation



- To deliver milk (Gravity)
- My physician says it's temporary (Temporality)
- You cannot put it back in once it's pulled (Severity)

Preparation Is Better Than Remedy

Prior to its clinical implementation, majority of the clinical nurses rejected the notion, thinking "I am already occupied with work, how can I spare five more minutes?" In fact, spending only five minutes to make key notes using keywords and reserve a Q&A session can effectively prevent many patient safety incidents. It is certainly worth it!

Active listening can relieve the concerns and doubts of patients and earns a sense of accomplishments through patients' recognition. Clinically the advantages of active listening is an significant improvement in the rate of unplanned extubation. Hence we are promoting this method of health education in other wards to elicit the voices of the patient, and carry forward the value of our practice.