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Submitting author: Ms Wai Ming LEE

Post title: Registered Nurse, TWGHs Wong Tai Sin Hospital

Using Communicating Health Strategies to Facilitate Learning for Geriatric Rehabilitation Patients: From Gerontological Perspective

Lee WM, Tang FKI, Li KY, Ko SHC, Kwong WY, Wong YN, Lau OLM, Chan SK, Hau HBS

*Hong Kong Jockey Club Rehabilitation Medical Centre, Department of Rehabilitation and Extended Care,
TWGHs Wong Tai Sin Hospital*

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Introduction

Hong Kong has been challenging by population aging. The situation will continue swamping Hong Kong public hospital by massive surge in-patient admissions. Immediate response to the predicted. The Patient Empowerment Program (PEP) for Geriatric Rehabilitation Program (GRP) is tailor-made to facilitate patients and carer's resilience to deal with the situation. It is restructured based on the learning styles of Bloom's taxonomy (Krau, 2011) with 3 domains namely : Cognitive, Affective and Psychomotor skill.

Objectives

To facilitate Geriatric Rehabilitation (GR)patients and carers to learn to maintain their health status with Cognitive, Affective and Psychomotor skill upon discharge from GRP.

Methodology

The GRP was designated for all the GR communicable male in-patients admitted between mid February and September 2016. Health messages and skills were widened and strengthened by using Communicating Health Strategies with the above-mentioned 3 domains.

Cognitive: providing group education talks on specific diseases, healthy lifestyle or pre-discharge education; Affective: providing group therapies to arouse patients emotional interests such as Reality Orientation, Reminiscence, Cognitive training and individual counseling; & Psychomotor: providing carer training and mobility training such as physical skills and manual skills in self care. The total numbers of attendance in education talk, group therapy and physical training were calculated. Level of Satisfaction was conducted at the end of education sessions, with verbal consent of patients or carer.

Result

A total of 88 in-patients of male GRP were recruited with a mean age of 82 +/- 6.7 years. Abbreviated Mental Test (AMT) mean score was 7 +/- 2.5. There were 39.8% (n=35) patients attended the education talks, 37.5% (n=33) patients participated in group therapies, 64.8% (n=57) patients received mobility training and 23.9% (n=21) carers joined the carer training sessions. A total of 48 feedbacks from patients (58.4%, n= 28) and carers (41.6%, n=20) were received. There were 100% of them agreed the planned education content was good whereas 97.9% of them consented that the educational materials are very good. The satisfaction survey showed that the PEP was highly accepted by patients and carers with positive feedback.

As a gerontological nurse, we should keep our pace quickly and swiftly to the nowadays nursing care. Designing program in accordance with wider and foreseeable situation could always be beneficial to patients. The restructured PEP could strengthen the smoothness and enhance the outcomes of GR services and enlighten the awareness of GR patients and carers to re-integrate into the community. More studies are warranted to explore the effectiveness of various interventions for the GR patients. In the long run, the program should roll out to female patients. It could alleviate service demand in aging population and optimize service quality –both now and future.