REPORT ON C.P.C. PATIENT EDUCATION NEEDS

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Prepared by: Subcommittee of the CPC Working Group on Continuing Care

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S U M M A R Y:

In response to a request from the CPC Program, Director, the subcommittee met to establish needs within CPC for teachers, which could be provided by the CECM to Douglas Hospital.

The subcommittee reviewed the needs within CPC, considering only chronic patients (either inpatients, outpatients who currently attend programs or who would attend, or patients who would occupy new units to be opened after reorganization; such as the maison "école de la vie")

Based on teachers working with groups of 5 to 8 patients, for two sessions per week (one hour per session) we conclude that CPC patients have a need for a total of 4 teachers (2.4 francophone, 1.6 anglophone or bilingual) each of whom is available for 14 hours per week of direct patient contact.

The teachers would be involved in teaching skills in the following three areas: activities of daily living; social skills; vocational and prevocational skills.

The role of teachers vis-à-vis other disciplines, particularly occupational therapy, should be clearly defined. Lines of reporting and degree of integration with the rest of treatment team needs to be spelled out, taking into account the individual characteristics of each treatment setting.

I N T R O D U C T I O N:

The CPC Working Group on Continuing Care was requested to prepare a proposal for the utilization of teachers from the Catholic School Board. The CECM is willing to supply five or six teachers to Douglas Hospital, on the basis of a minimum census of ten patients per teacher for fourteen contact hours (ie 140 patient - hours per week).

The proposal to the CECM should include broad course outlines reflecting the needs of the patients, the number of patients requiring services, times and locations of courses, and materials required for courses.

To develop such proposal from CPC, the Working Group on Continuing Care struck a subcommittee, consisting of C. Greenwwod, O.T.; N. Groleau, O.T.; L.Prégent, Inf.; and H. Olders, MD, chairman. This subcommittee met to prepare a proposal, using information obtained by the Working Group through surveys of CPC staff and clients, and interviews with community resources.

A S S U M P T I O N S:

The subcommittee agreed on the following assumtions in dtermining needs of CPC patients for CECM adult education services:

1. Acutely or sub-acutely ill patients would be less likely to benefit from programs and courses geared to teaching a repertoire of skills. Accordingly, the needs of chronically ill patients will be stressed.

2. For effective work in groups, optimum size is five to eight patients per group.

3. For any group, two sessions per week (one hour each) provides a balance between the possibility of insufficient stimulation to maintain interest, and too much stimulation which could result in regression and withdrawal.

4. The above assumptions permit a breakdown of needs in terms of time requirements by location (ie treatment unit). However, it is not possible to determine actual schedules or course materials requirements at this point.

C O U R S E O U T L I N E S:

For CPC chronic patients, the Working Group has identified a gap in the delivery of rehabilitation services affecting, generally, all CPC units which treat chronic patients. Although extensive prevocational and vocational rehabilitation services are available, particularly to anglophone patients, through the hospital's Rehabilitation Program, and many francophone patients are well served by community-based programs, we believe that there is room for additional training or education in the following areas:

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A. Teaching skills of daily living:

- budgeting and money management (practical mathematics)
- nutrition, shopping, meal preparation, food storage (home economics)
- personal health and hygiene
- using maps & signs; using public transportation (geography)
- housecleaning

B. Teaching social skills:

- assertiveness training
- sex education, sex awareness
- self- expression skills (eg English or French composition)
- relaxation
- recreational (outings, planning for leisure time, awareness of environment)
- beauty and fashion (personal hygiene, shopping for clothes, wardrobe planning, jewelry, makeup)

C. Teaching prevocational and Vocational skills:

- Second language teaching
- clerical skills (typing, filing, word processing, etc.)
- preparation to return to school (filling in applications, study skills and habits)
- preparation to enter work force (interview skills, punctuality, preparation of résumés)

The above are suggested topics which are applicable to patients in most treatment units in CPC. Individualized assessment of patient needs and skills would be necessary in order to prioritize particular courses for particular groups of patients.

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LOCATION AND TIME REQUIREMENTS:

The table below presents for each CPC unit, the number of chronic patients who need the educational input as described in the previous section. The numbers of groups necessary for each unit to meet the needs of these patients, and the number of hours per week (based on two sessions per week for each group, at one hour per session) are shown.

	Number of places	Number of chronic pts	Number of groups	Anglophone groups
C.P.C. 1	22	10	2	-
C.P.C. 2	22	18	3	-
Reed 2	30	10	2	2
Centre de Jour	24	24	3	-
Day Care	70	40	6	6
Verdun Clinic		? 15	2	1
Lasalle Clinic		? 15	2	1
Anglophone Day Hospital	10	? 5	1	1
Francophone Day Hospital	20	? 10	2	-
Pointe St-Charles Clinic		? 7	1	1
Pavillon Trois-Paquette	12	12	2	-
Maison "école de la vie"	8	8	2	-
		Total:	28	11

28 groups x 2 sessions /week = 56 hours /week

56 / 14 = 4 teachers

Anglophones: 11 groups x 2 sessions /week = 22 hours /week

22 / 14 = 1.6 teachers

The above data indicate a need for four full-time teachers, including 1.6 full-time equivalents to provide instruction in English.

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O T H E R C O N S I D E R A T I O N S:

The subcommittee suggests that CECM teachers work under the direction of the unit leader, (eg head nurse, clinic coordinator). The extent of integration with other unit staff would need to be individualized to each unit; for example, attendance at team meetings would be desirable at a frequency of from once per month to once every three months.

Relationships with other disciplines need to be clearly defined. The subcommittee suggests that the model which exists in outpatient clinic teams could be applied: in such teams, a large part of the work done by various professionals is the same, but each discipline has its own area of expertise.

In the case of teachers, the subcommittee feels that unique roles could be similarly identified. For example, although occupational therapists receive training in meeting patients' needs in the areas listed in the section ¨ Course Outlines ¨, their method of approach is distinct in that training is carried out through the grading and adapting of activity and environment. Because occupational therapists are uniquely trained and qualified to perform diagnostic evaluations, specify treatment plans and carry out ongoing assessments. The subcommittee recommends that these activities be clearly defined as the exclusive province of occupational therapy.

Finally, the subcommittee suggests that there are useful lessons to be learned and applied from the experiences of teachers working in other settings within the hospital (eg Centre de jour, Child and Adolescent Services, and the existing Adult Education).

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