Optimizing Education Retention in the Adult TIA Patient  
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Problem
Approximately 50% of those experiencing TIA will have a stroke within 2 years. Learning how to prevent stroke is essential for TIA patients. Teaching provided while patients are hospitalized is seldom adequate during stays that are typically less than three days.

Evidence
The American Stroke Association states that 40% of patients cannot name any signs or risk factors of stroke. Evidence regarding education retention for stroke and TIA patients was collected through a broad search of journals.

Strategy
A review of the literature showed a wide variety of successful educational strategies. A common element was a personalized approach to education after discharge from the hospital. This finding supported an educational program that provided post-discharge education.

Practice Change
Hospitalized TIA patients were phoned 2 to 4 weeks after discharge to reinforce stroke prevention education provided during the hospital stay. Personalized teaching focused on three elements recommended by the American Stroke Association—stroke symptoms, personal risk factors and targeted lifestyle changes.

Evaluation
Patients were contacted three months after discharge and were questioned regarding their memory of the educational parameters. These results were compared to those of similar patients who had not received the intervention.

Results
The project demonstrated improvement in the patients’ recall of stroke education. An unanticipated outcome noted was increased verbal satisfaction with the hospital.

Recommendations
This pilot project should continue in order to gather more data. Because of early positive indicators, consideration should be made to expand the project to include appropriate stroke patients.

Lessons Learned
A follow-up telephone call after discharge from the hospital is an effective way to assist the TIA patient in knowing the symptoms, risk factors, and the ways to prevent stroke. Patients appreciate the extra effort made to ensure their understanding and retention of
this information. Additional resources are required for this program; integrating the educational phone calls into the inpatient stroke program by having stroke nurses participate would be beneficial.

Bibliography:


