



ASSESSING THE KNOWLEDGE OF THE SCI PATIENT UPON DISCHARGE FROM REHAB

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BACKGROUND



Average knowledge of the Spinal Cord Injury Patient on discharge from rehabilitation.

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Background

Patient education is a cornerstone of spinal cord injury (SCI) rehabilitation. The education provided during rehabilitation is one of the basic but complex aspects that influence the health perspectives of people with SCI [1]. The NRH strives to improve this by providing an inpatient education series. This consists of 17 talks over a 12 week period (Table 1) delivered by the Spinal Cord Injury System of Care (SCISC) Interdisciplinary Team (IDT). However, patient knowledge can be variable at completion of their rehabilitation programmes and one suggested reason for this is poor attendance [2]. The NRH education working group wanted to explore the reasons for fluctuating attendance and how this might contribute to gaps in patients' knowledge.

Methodology

To measure patient knowledge about all aspects of their SCI to determine if attendance at patient education sessions positively impacted a person's knowledge of their SCI. To determine how patients felt their education needs were best met i.e. in group education sessions or through one-on-one education. To inform the team how patient education can be improved during admission. The measurements used to achieve this was by way of a self-rated patient education survey ("Mind the Gap"). This was administered 4 weeks before discharge and was used to identify GAPS in patient knowledge. An additional question was added to capture the information required for this investigation (Image 1). Additional to this, patient attendance and non-attendance was also recorded at group education sessions. Lastly, feedback was gathered from a patient satisfaction survey, to help identify their engagement with the programme.

Results

Gaps in patient knowledge was evident throughout the "Mind the Gap" survey for those who did not attend group education. The survey uses a standard Likert scale from 0-10 assessing both Knowledge and Confidence levels.

For example, the average rating for knowledge in managing bladder care post SCI is 8/10 for those who attended group education, compared to 6/10 for those who did not attend.

For bowel care 7/10 compared to 6/10 respectively. Knowledge of SCI was 8/10 vs 6/10 respectively.

For example, the average rating for confidence in managing bladder care post SCI is 7/10 for those who attended group education, compared to 6/10 for those who did not attend.

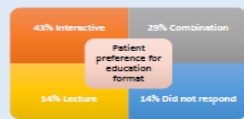
For bowel care 8/10 compared to 6/10 respectively.

For the first series of patient education this year our average attendance was 40%. Reason for non-attendance included:

- 20% Pain
- 40% Fatigue
- 20% Topic not relevant
- 20% Timetabling issues
- Other- bedrest, DTCs, not interested.

83% of patients completed a satisfaction survey at the end of this series. Patients have given a satisfaction score of 4.1 on a 5-point scale of their overall learning from attending the group education programme.

Feedback



WHAT TOPICS DO YOU FEEL YOU GOT THE MOST LEARNING FROM AND WHY?



RATE YOUR OVERALL SATISFACTION WITH YOUR LEARNING (1-5)

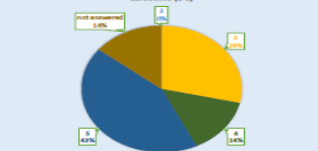


Table 1 – Schedule for 12 week Prog.

Week	Topic	Speaker	Time
1	Introduction to SCI	Dr. John Doe	10:00-11:00
2	Managing Bladder	Ms. Jane Smith	10:00-11:00
3	Managing Bowel	Mr. John Doe	10:00-11:00
4	Managing Diet	Ms. Jane Smith	10:00-11:00
5	Managing Physical Problems	Mr. John Doe	10:00-11:00
6	Managing Pain	Ms. Jane Smith	10:00-11:00
7	Managing Fatigue	Mr. John Doe	10:00-11:00
8	Managing Bladder	Ms. Jane Smith	10:00-11:00
9	Managing Bowel	Mr. John Doe	10:00-11:00
10	Managing Diet	Ms. Jane Smith	10:00-11:00
11	Managing Physical Problems	Mr. John Doe	10:00-11:00
12	Managing Pain	Ms. Jane Smith	10:00-11:00
13	Managing Fatigue	Mr. John Doe	10:00-11:00
14	Managing Bladder	Ms. Jane Smith	10:00-11:00
15	Managing Bowel	Mr. John Doe	10:00-11:00
16	Managing Diet	Ms. Jane Smith	10:00-11:00
17	Managing Physical Problems	Mr. John Doe	10:00-11:00

Image 1

1. How did you receive most of your education while at the NRH?

Method	Yes	No
1. Patient Education	Yes	No
2. One-on-one therapy	Yes	No
3. Education Booklets	Yes	No
4. Education Videos	Yes	No
5. All the above	Yes	No

Findings from one article reviewed supported the importance of both informal and formal education to be delivered by the whole healthcare team and patient preferences for how to receive education. [2]

Next Steps

To continue to review the content of talks with respective disciplines

To continue to record attendance at patient education talks

To continue to work towards improving attendance despite the barriers identified.

To continue to review patient satisfaction with content delivered.

To continue to gather data on how attendance at talks impacts knowledge of SCI on discharge.

Conclusion

From completing the "Mind the Gap" survey among in-patients, it became evident that non-attendance at the group education sessions effected the patient's knowledge and confidence of their SCI. In 2025, series 1 of 3 had an attendance rate of 40%. Reasons for non-attendance have been documented and discussed. We have identified where areas of improvements are required for series 2 to increase attendance and improve patient knowledge.

References:

- [1] Corlett, A., Clements, V., Ricci, A., Clark, M., Mazzoni, S., Gattuso, L., Gattuso, L., and Bonaventura, A., 2020. Barriers and facilitators of education provided during rehabilitation of people with spinal cord injuries: A qualitative description.
- [2] Van Wyk, K., Backwell, A., and Townsend, A., 2015. A narrative literature review to direct spinal cord injury patient education programming. Topics in Spinal Cord Injury Rehabilitation, 21(2), pp.49-60.
- [3] Rodgers, S. and Birch, S., 2020. Education provision for patients following a spinal cord injury. British Journal of Nursing, 29(6), pp.377-383.

Patient education is a cornerstone of spinal cord injury (SCI) rehabilitation.

The education provided during rehabilitation is one of the basic but complex aspects that influence the health perspectives of people with SCI.

The NRH strives to improve this by providing an inpatient education series. This consists of 17 talks over a 12 week period, delivered by the Spinal Cord Injury System of Care (SCISC) Interdisciplinary Team (IDT).

Patient knowledge can be variable at completion of their rehabilitation programmes and one suggested reason for this is poor attendance. The NRH education working group wanted to explore the reasons for fluctuating attendance and how this might contribute to gaps in patients' knowledge.

METHODOLOGY



TO MEASURE PATIENT KNOWLEDGE ABOUT ALL ASPECTS OF THEIR SCI.

TO DETERMINE IF ATTENDANCE AT PATIENT EDUCATION SESSIONS POSITIVELY IMPACTED A PERSON'S KNOWLEDGE.

TO DETERMINE HOW PATIENTS FELT THEIR EDUCATION NEEDS WERE BEST MET

TO INFORM THE TEAM HOW PATIENT EDUCATION CAN BE IMPROVED.



THE MEASUREMENTS USED TO ACHIEVE THIS

A SELF-RATED PATIENT EDUCATION SURVEY ("MIND THE GAP").

PATIENT ATTENDANCE AND NON-ATTENDANCE WAS RECORDED.

PATIENT SATISFACTION SURVEY COMPLETED, TO HELP IDENTIFY THEIR ENGAGEMENT WITH THE PROGRAMME.

STRUCTURE OF EDUCATION PROGRAMME



Spinal Programme : Patient Education Sessions

	<i>Theme of the Week</i>	<i>Dates</i> <i>2025</i>	<i>Discipline</i>	<i>Location & Time</i>
Week 1	Spinal Cord: Basic Facts	Thurs 17 th April	Nursing/Medical/IDT	Level 2 Dining Room, 2:30pm
Week 2	Minding your Skin: Positioning & Pressure Care	Thurs 24 th April	Nursing/IDT	Level 2 Dining Room, 2:30pm
Week 3	Health, Nutrition & Physical Fitness	Thurs 1 st May	Dietitian /Physio/IDT	Level 2 Dining Room, 2:30pm
Week 4	Managing Fatigue & Stress	Thurs 8 th May	OT/Psychology	Level 2 Dining Room, 2:30pm
Week 5	Minding Spasm and Tone	Thurs 15 th May	Physio/OT/IDT	Level 2 Dining Room, 2:30pm
Week 6	Minding Arms and Shoulders	Thurs 22 nd May	Physio/OT/IDT/ Psychological	Level 2 Dining Room, 2:30pm
Week 7	Bladder Changes	Mon 26 th May	Urology/IDT	Level 2 Dining Room, 2:30pm
	Bowel Changes	Thurs 29 th May	Nursing/IDT	Level 2 Dining Room, 2:30pm
Week 8	Supporting Family along the Rehab Journey	Thurs 5 th June	Psychology, Social Work/OT/IDT	Level 2 Dining Room, 2:30pm
Week 9	Medication	Mon 9 th June	Pharmacy	Level 2 Dining Room, 2:30pm
	Pain and Discomfort	Thurs 12 th June	Psychology	Level 2 Dining Room, 2:30pm
Week 10	Sexual Health & Wellbeing	Mon 16 th June	Sexual Health Nurse	Level 2 Dining Room, 2:30pm
	Psychological and Social effects of your diagnosis	Thurs 19 th June	Psychological/Social Work/ IDT	Level 2 Dining Room, 2:30pm
Week 11	Returning to Work	Mon 23 rd June	OT/Social Work/IWA	Level 2 Dining Room, 2:30pm
	Housing Adaption and Considerations	Thurs 26 th June	DLOT/Social Work	Level 2 Dining Room, 2:30pm
Week 12	Travel, Driving & Leisure	Mon 30 th June	OT/Social Work/IWA	Level 2 Dining Room, 2:30pm
	Assistive Technology	Thurs 3 rd July	EAT	Level 2 Dining Room, 2:30pm

Patient Education

Date	Thursday	23	October
Theme of the Week	Spinal Cord: Basic Facts		
Time	2.30PM		
Location	Dining Room Level 2		
Key Disciplines	Doctor		

Date	Thursday	30	October
Theme of the Week	Minding your Skin: Positioning & Pressure Care		
Time	2.30PM		
Location	Dining Room Level 2		
Key Disciplines	Nursing & IDT		



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THEME OF THE WEEK BOARD....

This survey is designed to check that you have all the information you need before discharge. The troubleshooting questions are intended to identify any 'gaps' in your knowledge or skill that we might be able to address before you leave.

1. Your spinal cord injury

On a scale of 0 – 10, how would you rate your knowledge of your spinal cord injury?

0 1 2 3 4 5 6 7 8 9 10

Trouble shooting

Do you know your diagnosis (e.g. level of injury/ASIA impairment scale)?

2. Bladder Care:

On a scale of 0 – 10, how would you rate your knowledge of bladder?

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 – 10, how confident are you that you have the skills to manage your bladder after discharge?

0 1 2 3 4 5 6 7 8 9 10

Troubleshooting

- What are the signs of a bladder infection?
- What should you do if you think you have an infection?
- If you use SIC's, what should you do if you get wet in between?
- If you have a urethral or a supra-pubic catheter and you are wetting around your catheter, what do you do?

3. Bowel Care:

On a scale of 0 – 10, how would you rate your knowledge of bowel?

0 1 2 3 4 5 6 7 8 9 10

SCSC Programme 'Mind the Gap: Pre-discharge survey of knowledge, skills and confidence.
File in 'Clinical Measurement Section of the Healthcare Record'. Date effective: 27/01/2025

Date:	Signature:	Name (printed):	Discipline:
Time:			

On a scale of 0 – 10, how confident are you that you have the skills to manage your bowel after discharge?

0 1 2 3 4 5 6 7 8 9 10

Troubleshooting

What would you do if you were having issues with your bowel care e.g. incontinence, constipation, loose bowels?

4. Skin Care:

On a scale of 0 – 10, how would you rate your knowledge of skin care?

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 – 10, how confident are you that you have the skills to manage your skin after discharge?

0 1 2 3 4 5 6 7 8 9 10

Troubleshooting

- What are the early signs of a pressure sore developing?
- What would you do if you noticed these signs?
- How often do you do skin checks?
- How do you relieve skin pressure during the day and at night?
- Which parts of the body are most likely to develop a sore?

5. Wheelchair skills (including transfers, scoop techniques):

On a scale of 0 – 10, how confident are you that you have adequate wheelchair skills for discharge?

0 1 2 3 4 5 6 7 8 9 10

Troubleshooting: wheelchair

- Which company provided my wheelchair/cushion?
- Who should I contact if I have an issue with my wheelchair/cushion?
- Is there a specific position my cushion should be in?
- How do I safely transport my wheelchair?

Troubleshooting: mobility aids

- Who do you contact if you're walking aid breaks?

SCSC Programme 'Mind the Gap: Pre-discharge survey of knowledge, skills and confidence.
File in 'Clinical Measurement Section of the Healthcare Record'. Date effective: 27/01/2025

Date:	Signature:	Name (printed):	Discipline:
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RESULTS

Gaps in patient knowledge was evident throughout the “Mind the Gap” survey for those who did not attend group education. The survey uses a standard Likert scale from 0-10 assessing both Knowledge and Confidence levels.

For example, the average rating for knowledge in managing bladder care post SCI is 8/10 for those who attended group education, compared to 5/10 for those who did not attend.

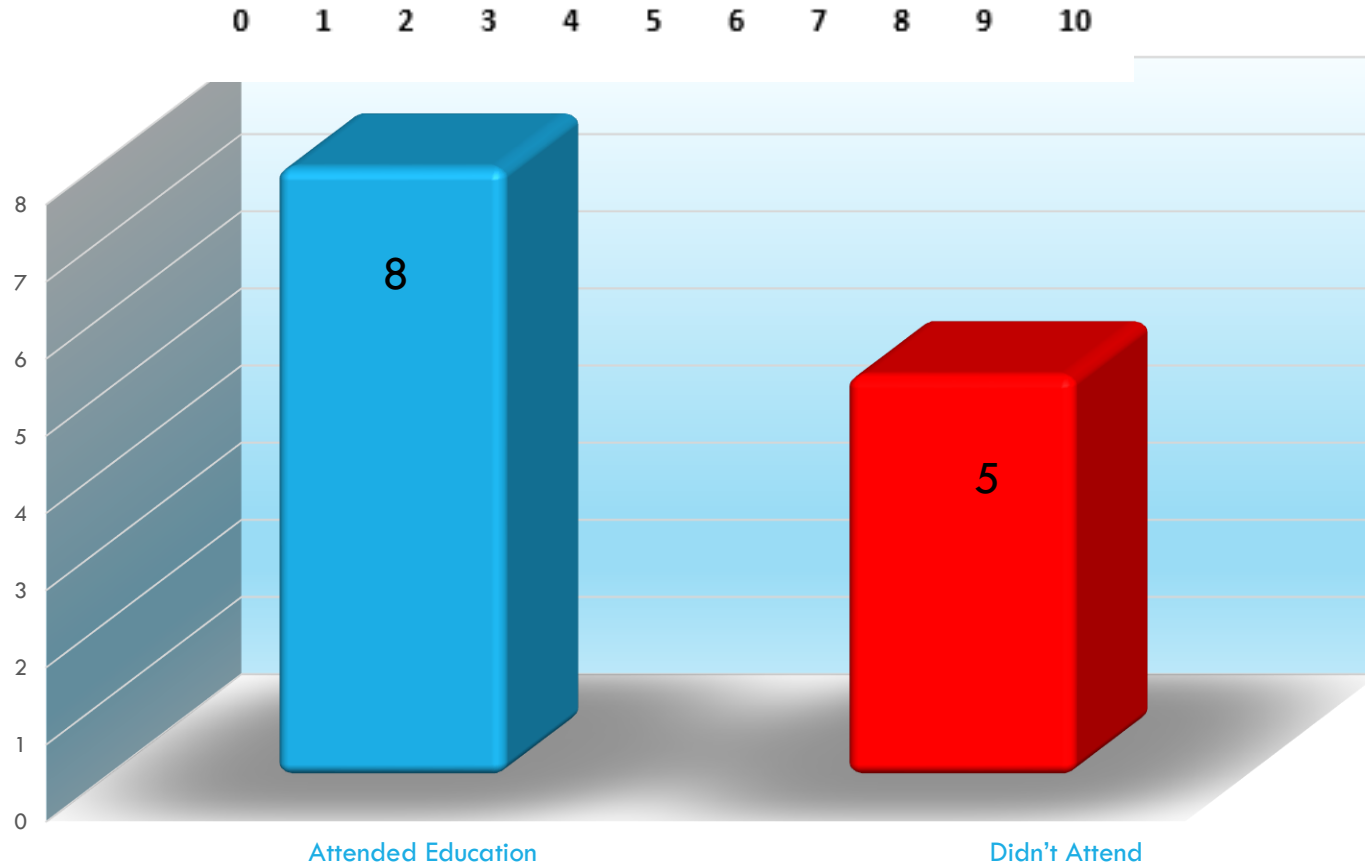


For bowel care 9/10 compared to 6/10 respectively

KNOWLEDGE COMPARISON

2. Bladder Care:

On a scale of 0 – 10, how would you rate your knowledge of bladder?

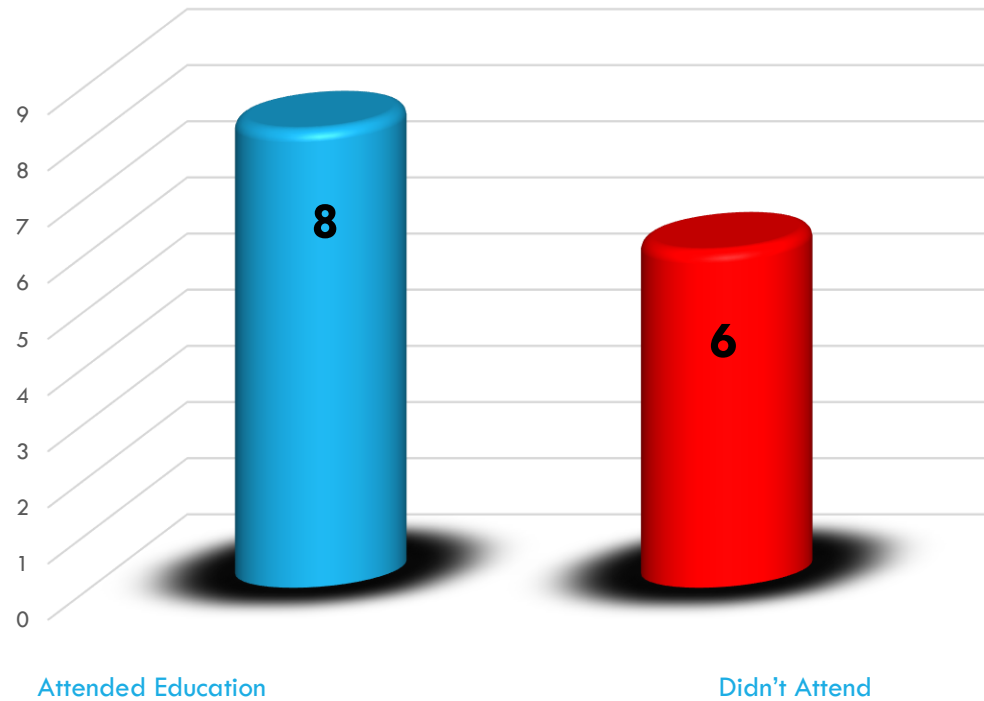


CONFIDENCE & SKILLS COMPARISON

On a scale of 0 – 10, how confident are you that you have the skills to manage your bladder after discharge?

0 1 2 3 4 5 6 7 8 9 10

Mange Your Bladder Care

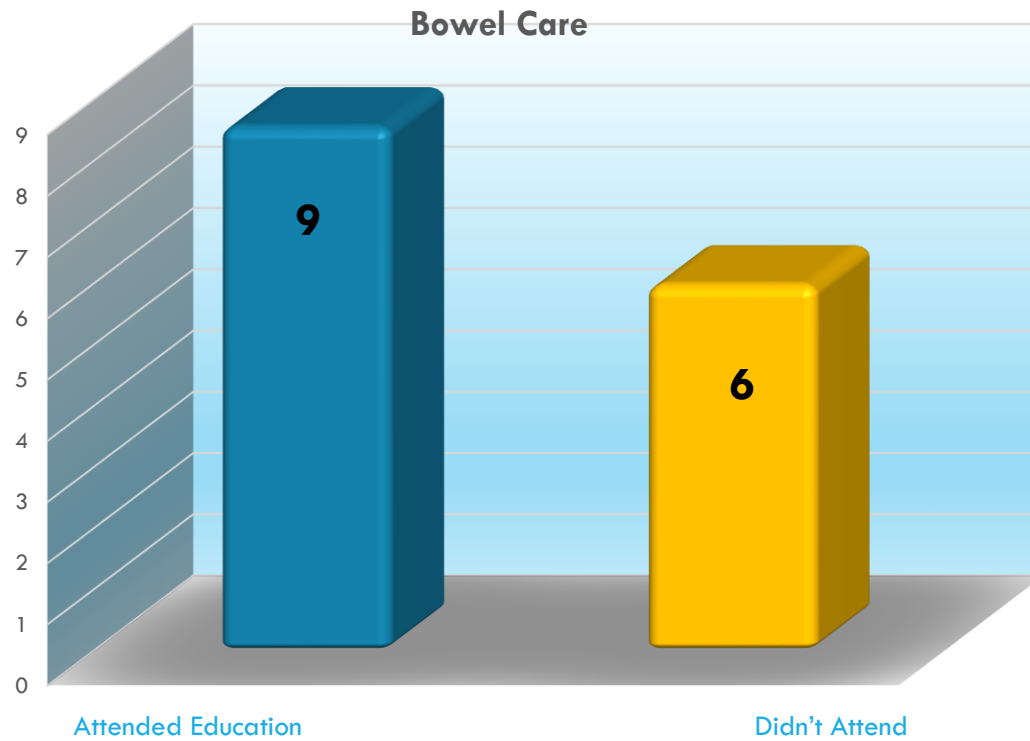


KNOWLEDGE COMPARISON

3. Bowel Care:

On a scale of 0 – 10, how would you rate your knowledge of bowel?

0 1 2 3 4 5 6 7 8 9 10

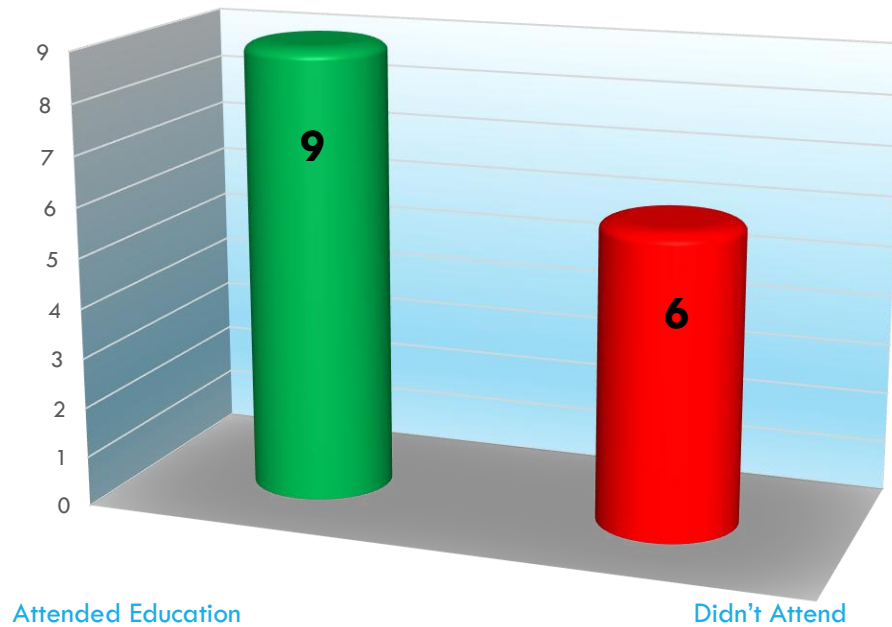


CONFIDENCE & SKILLS COMPARISON

On a scale of 0 – 10, how confident are you that you have the skills to manage your bowel after discharge?

0 1 2 3 4 5 6 7 8 9 10

Mange Your Bowel Care



RESULTS CONTINUED..

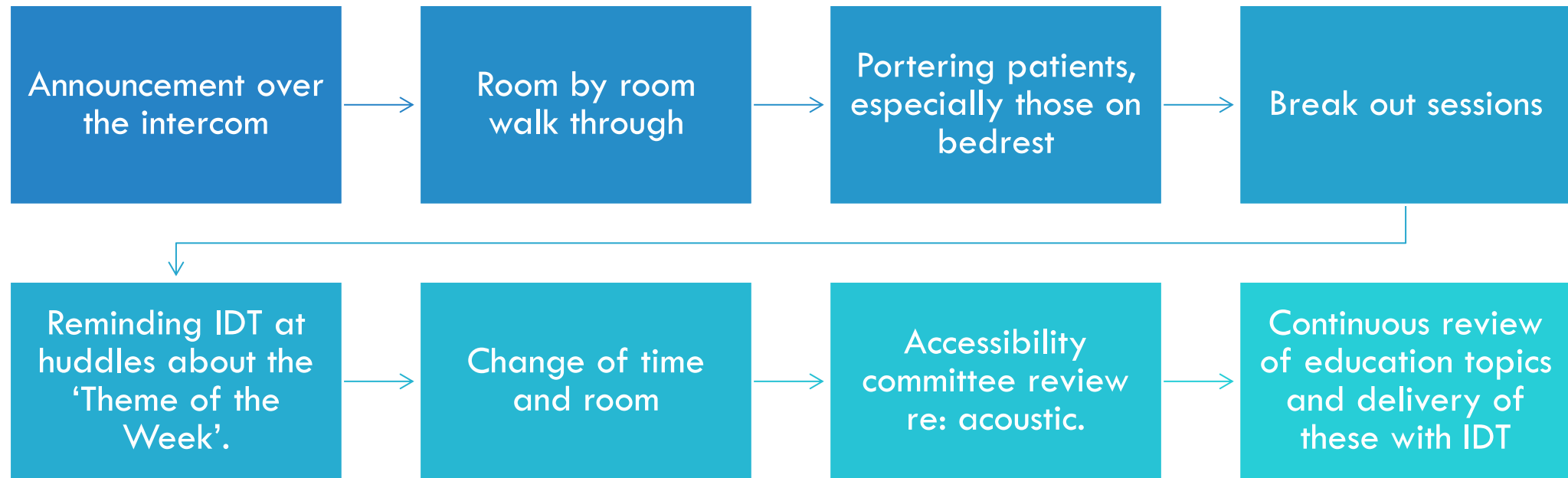
This year our average attendance for patient education at the time of the review was 40%. Reason for non-attendance included;

- Bedrest
- Re-admission/DTOC
- Timetabling issues
- Pain/Fatigue
- Topic not relevant/"Not Interested".

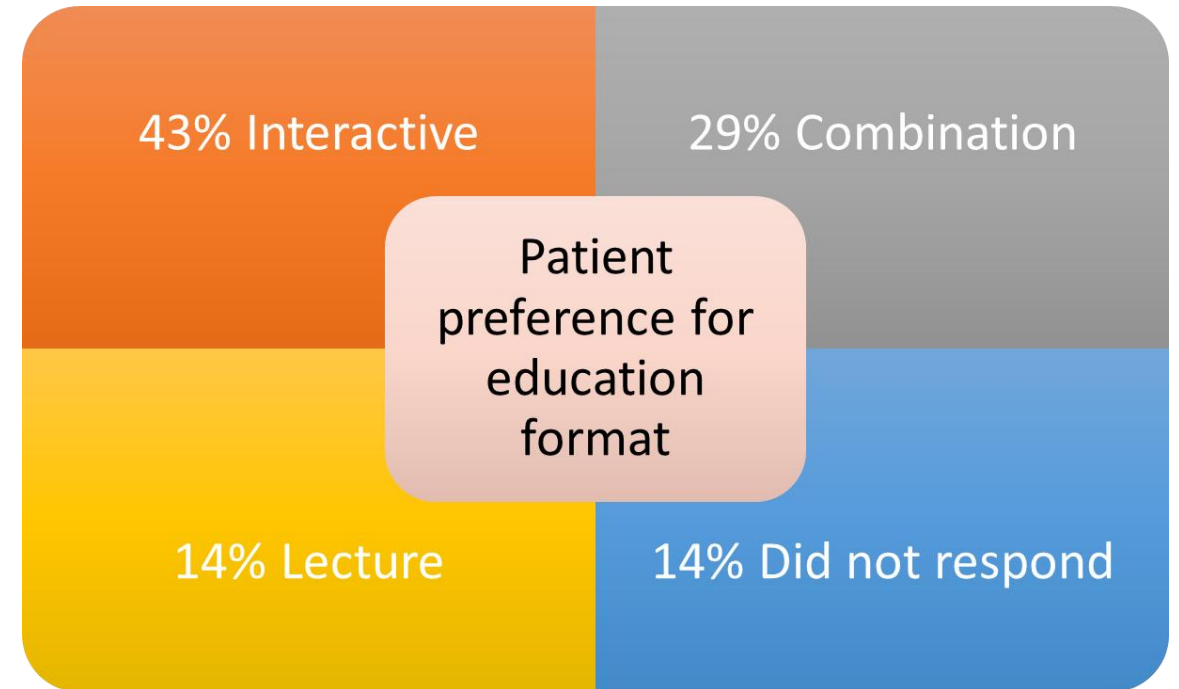
Other reasons for non-attendance

- Morning routine
- Learning Difficulties
- Language Barriers
- GBS/other neuropathies...
- Space
- Availability of plug points
- Acoustics

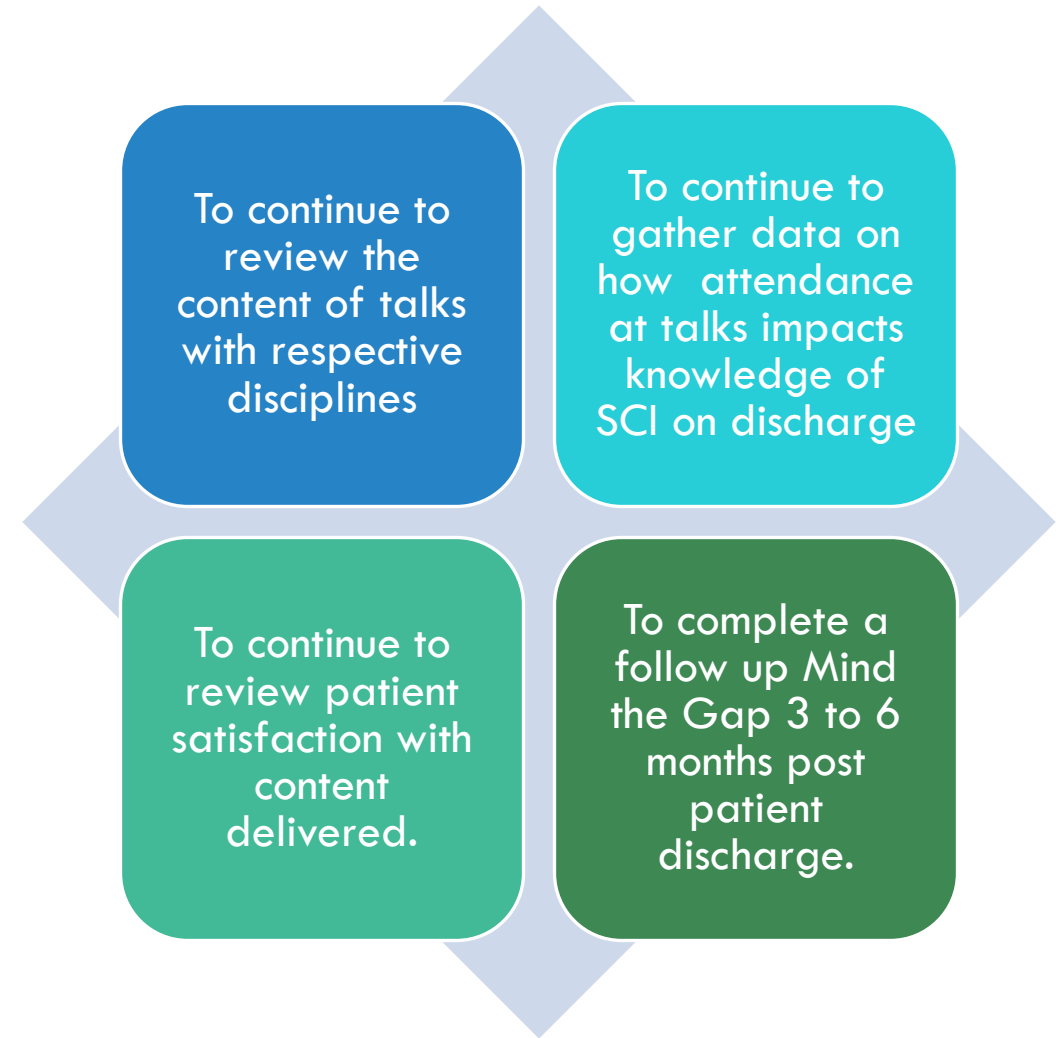
STEPS TO IMPROVE ATTENDANCE



PATIENT PREFERENCE



NEXT STEPS





From completing the “Mind the Gap” survey among in-patients, it became evident that non-attendance at the group education sessions effected the patient’s knowledge and confidence of their SCI.



IN 2025, at the time of the review, there was an attendance rate of 40%.



Reasons for non-attendance have been documented and discussed.



We have identified where areas of improvements are required for 2026 to increase attendance and improve patient knowledge.

CONCLUSION

THANK YOU

