

Table 7: Practice Notes from the Evidence

KEY INTERVENTION	DETAILS FROM THE EVIDENCE
Health teaching content	<ul style="list-style-type: none"> ■ Health teaching content included the following: <ul style="list-style-type: none"> □ aseptic principles (40, 43, 44, 46), □ catheter flushing (39, 40, 44, 46), □ cap and dressing changes (40, 44, 46), □ care checklists (41, 43-45), □ common complications (41, 43, 45), and □ emergency care (44).
Health provider providing the health teaching	<ul style="list-style-type: none"> ■ In all but one study, health teaching was completed by a nurse (39, 40, 42-46). This was further described in the studies as one of the following: <ul style="list-style-type: none"> □ nurse educator (44), □ infusion nurse (39), or □ classes taught by specially trained registered nurses and reinforced by a bedside nurse (42). ■ In one study, health teaching was completing by the study investigator (41).
Use of technology	<ul style="list-style-type: none"> ■ Several studies used audiovisual demonstration through DVDs or videos to enhance education (39, 41, 44, 46, 47). ■ One study used video calling technology to enhance coaching and accessibility of the education through one-on-one video chatting (39).
Individualized or tailored approach	<ul style="list-style-type: none"> ■ Most of the health teaching interventions tailored the teaching to the individual needs of the learner through various strategies (39-41, 43, 44). In the evidence these strategies included the following: <ul style="list-style-type: none"> □ providing one-on-one health teaching (39, 41), □ asking persons to express emotions and fears related to CVAD management and give opportunities to ask questions and receive feedback (40), and □ promoting family member autonomy in providing care (43).

KEY INTERVENTION	DETAILS FROM THE EVIDENCE
Practical component	<ul style="list-style-type: none"> ■ Skill development: Most studies employed a practical component, including skills-based demonstration (39, 40, 42-44). ■ Models: Three education programs offered a chance to practise on mannequins or models (40, 43). ■ Evaluation or assessment: <ul style="list-style-type: none"> □ In one study, the family member undergoing training was required to “room in” and provide total care for 24 hours to demonstrate their competency (44). □ On the day before discharge, persons with a VAD were evaluated on how well they could perform the self-management tasks and were provided with feedback (40). □ Another study assessed learner understanding through “teach back” strategies (42). □ Finally, caregivers in one study were asked to demonstrate skills based on a checklist, and to re-demonstrate skills when the person they were caring for was re-admitted (45).

Supporting Resources

RESOURCE	DESCRIPTION
Canadian Vascular Access Association. Canadian vascular access and infusion therapy guidelines. Pembroke (ON): Pappin Communications; 2019.	<ul style="list-style-type: none"> ■ Canadian Vascular Access Association guideline. ■ Includes patient education as a core practice principle. ■ Note: this is a resource for which there is a fee.
Gorski LA, Hadaway L, Hagle ME, et al. Infusion therapy standards of practice, 8th Edition. J Infus Nurs. 2021; 44(1S), S1-S224. doi: 10.1097/NAN.0000000000000396	<ul style="list-style-type: none"> ■ Infusion Nurses Society standards of practice. ■ Includes a standard and criteria on patient education (beginning on page S35). ■ Note: this is a resource for which there is a fee.
Mills SL, Brady TJ, Jayanthan J, et al. Toward consensus on self-management support: the international chronic condition self-management support framework. Health Promot Int. 2017 Dec;32(6):942-52. https://doi.org/10.1093/heapro/daw030	<ul style="list-style-type: none"> ■ Details a self-management support framework and principles. ■ In particular, see Table 2 and Figure 1 within the document for self-management strategies.