Educational provision for patients following a spinal cord injury; A Service Evaluation

Background/Rationale

In the UK, approximately 40,000 people live with a spinal cord injury (SCI) [1]. Patient education optimises patients participation in their own decision and care process, promotes concordance with agreed plans, reducing risk of post injury complications, promoting independence and improving quality of life [2].

Aims & Objectives

To explore the views of patients and healthcare staff relating to the specialist education and information currently provided to people following spinal cord injury at The London Spinal Cord Injury Centre, Royal National Orthopaedic Hospital.

Design

A questionnaire survey was chosen to collect data from a purposive convenience sample of 90 patients and staff at The London Spinal Cord Injury Centre (LSCIC). Data were collected between September-November 2017. Participants completed a locally designed paper or online questionnaire, which included Likert style questions and opportunity for free text comments.

Inclusion criteria

- Outpatients (up to 2 years post injury) or
- Inpatients on the LSCIC or
- Healthcare staff working at the RNOH that are actively involved in the rehabilitation/support of people with a SCI

Results

98% of healthcare staff found giving education an enjoyable part of their role with most agreeing (45/48) it is the responsibility of all health care staff. Barriers to education/information were reported as; time and inadequate staffing, healthcare staff knowledge and patient compliance.

Most popular patient education sessions were bladder and bowel management, skin and nutrition, help for you. The formal education programme was valued by patients and content satisfactory. Face to face was the preferred delivery method for 80% of inpatients and 40% of outpatients followed by app/elearning for both patient groups.

Conclusion

Findings support the continued need for both formal and informal sessions, provided by all members of the healthcare team, with particular emphasis on issues such as bladder and bowel management and sexual function post discharge. A high-quality patient education programme has the potential to reduce post injury complications, however, to optimise the chances of success, barriers to delivery such as time, prioritisation and staff knowledge and skills need to be addressed.

Future plans

Findings will be presented via oral presentation, publication in a health journal and will inform the development of an app.

References

1. Liu et al. (2014)

2. Harvey and Davidson (2011)

Acknowledgments:

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