

and J. Hartt is appreciated. The author also wishes to thank the nursing staff of the Ottawa General Hospital of Ottawa, Ontario, for their co-operation.

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#### RESPONSE TO "THREE PATIENT CONFERENCES"

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Choi-Lao's paper, "Three Patient Conferences" describes an effort to alleviate a perceived clinical problem, inadequate client education particularly in the preoperative period, by utilizing group teaching sessions. Her purpose was to enhance both client and student satisfaction by introducing an approach differing from traditional bedside teaching.

The literature supports the choice of the group process in teaching-learning situations and the benefits of mutual client support. Through experience, the students learned the importance of a homogenous group with a common goal in facilitating learning. Redman discusses the importance of analysing the milieu in which learning takes place "since it can powerfully influence behavior and potentiate or negate any teaching efforts" (1). Since fellow group members form the most

important part of this milieu, group members must be perceived as credible by each individual. Similarity of medical diagnosis would appear to increase credibility as evidenced by the third conference. Another important aspect of the client's milieu is the family, who could perhaps be included in part or all of the conference.

I was surprised to discover no mention of pain in the topics chosen for discussion in the pre-operative conference. The anticipation of pain in the post-surgical period and some doubts about one's ability to cope with the pain experience are common. Only one client question seems to be covertly exploring this dimension: "Is the operation of cholecystectomy worse than hysterectomy?"

It may be that in such a short group meeting insufficient trust is established to allow a client to express this anxiety. Egbert et al reported a study in which individuals who were given pre- and post-operative instruction on how to deal with post-surgical pain requested pain medication less frequently and were better able to deal with the pain(2). A discussion of strategies for dealing with post-operative pain might initiate discussion and enable the group to ventilate emotions and to give mutual support and decrease anxiety. Since pain is seen as a cyclical progression, with anxiety lowering the client's pain reaction threshold and initiating physiologic changes which make pain more difficult to relieve, the decrease in anticipatory anxiety would promote a less painful post-operative experience.

Choi-Lao states that patient comments were favorable concerning the innovation, but there seems to have been no data gathering in an organized fashion to validate the favorable comments. It would also be helpful to have some assessment of the group member's post-operative course. In this situation, did organized information giving make any change, i.e. were the patients better able to cough and deep breathe, were they more motivated to mobilize, or was the incidence of complications lower? The absence of this data makes evaluation of the project difficult.

An evaluation of these conferences by the registered nurses employed in the area in which the project was initiated would be interesting. If the conferences were perceived as beneficial, did any change in the usual practices of the ward take place?

The clinical teacher is a nurse with considerable expertise in her clinical speciality and has a role in improving the quality of patient care. This type of demonstration project could motivate the staff to emulate it or to attempt further problem solving.

The identification of the nurse's role as health educator, the practice in group instruction, and the observation and evaluation of group dynamics would be of great value to professional nursing students.

The project is a good illustration of working within an institution to effect change, and this aspect could be enlarged upon by involving ward staff. Since we are challenged to prepare professional students for "reality shock", an illustration of change within a bureaucratic structure to improve patient care is of great value(3).

This very interesting paper is most generative, and will encourage many nurse-educators to help students seek innovative solutions to perceived clinical problems.

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#### REPONSE A "THREE PATIENT CONFERENCES": L'IMPORTANCE D'ÉVALUER LES EFFETS D'UNE INTERVENTION

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L'initiative tentée par Miss Choi-Lao n'offre aucune caractéristique d'une expérience de recherche. Postulant que cette initiative n'en n'est pas une de recherche, il serait plus ou moins utile d'énumérer les éléments méthodologiques propres à tout projet de recherche et qui ne se retrouvent pas dans cette expérience.

Cependant certaines questions peuvent être soulevées au sujet de la démarche scientifique utilisée pour arriver à la conclusion qu'un programme d'enseignement est utile aux patients. Cette affirmation est hâtive, basée sur un nombre très limité d'essais (deux séances d'enseignement préopératoire et une au départ) et sur peu de considérations objectives.

L'auteur a pensé examiner et critiquer le contenu de l'enseignement ainsi que la stratégie pédagogique utilisée. Mais, il semble que Miss Choi-Lao n'a pas évalué les effets de son intervention i.e. le fait de donner un enseignement, sur le comportement du patient en période postopératoire ou à domicile.

Certes, il y a les commentaires favorables exprimés par les patients. Mais utilisé seul, ce moyen d'évaluation demeure très incomplet. L'enseignement peut plaire aux patients; mais, savoir s'il leur est profitable est une question d'ordre fondamental. Il eût été intéressant de connaître l'impact du programme sur les patients. Par