

*RESPONSE TO "A PRELIMINARY STUDY DESIGNED TO
EXPLORE THE DIFFERENCE IN EFFECTIVENESS OF
GROUP AND INDIVIDUAL TEACHINGS IN
SELF-MEDICATION"*

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How best to teach patients to follow their health regimen, especially the correct administration of medications, is a question of paramount importance to health professionals. The literature is full of articles demonstrating the extent to which such regimens are ignored or misunderstood and errors made, and with a variety of suggestions to improve patients' understanding and compliance.

The author explores the relative merits of individual versus group teaching. This is certainly an important topic, one that could add to our understanding and to the development of better teaching methods to improve compliance.

The design of the study is clearly stated and the use of one classification of drugs makes it easier to compare the experimental and control groups. The limitations of the study are also clearly stated.

There are, however, several omissions that are vital to assessing the outcomes of the study. We are not told the age, sex and diagnosis of the participants, nor the frequency and route of administration of the drugs in each group. The small number of patients involved in this study makes it difficult to come to any firm conclusion, and the significance of the differences is difficult to evaluate.

For both groups, it is important to describe the methods used to instruct the patients, as well as the length of, and the time chosen for, each instructional session. Basic teaching-learning strategies should be defined in setting up such a study or the results, good or bad, may erroneously be attributed to the stated hypothesis when in fact it may be due to the teaching methods.

These principles of learning must be considered in order to have a positive learning outcome either in individual or group teaching:

1. Readiness to learn. Selecting a time and place when the learner is physically and emotionally able to learn and is free from other distractions.

2. Establishing a felt need on the part of the learner to learn. Information that is meaningful is more easily learned.

3. Developing clear and specific objectives. This will help the learner understand what the goals are. It also involves demonstration and return demonstration with immediate feed-back, as, for example, in the correct way to use eye drops or insert a vaginal suppository.

4. There needs to be satisfaction from learning. This can be planned for by going from the simple to the complex, from the known to the unknown, in graded steps suited to the learner.

5. Teaching in small units. One needs to adopt the teaching plan to the learner's ability, his state of health and his attention span.

While Choi-Lao's study has led her to conclude that group teaching sessions are more effective than individual ones, many other circumstances may affect the choice of a teaching arrangement — for instance, economy, convenience, availability and expertise of personnel. The basic teaching principles, however, remain the same.

There are many well-developed ideas and methods in this study, but also some obvious gaps, as I pointed out. What would need to be done to round the study out, is to describe the two groups to see how they match for age, sex, number of drugs prescribed and route of administration. It would be useful to get some statistical advice as to the numbers in each group to allow for significant differences to evolve. The instructional methods would have to be described, and be similar in both groups — it is important to have the two groups as similar as possible except for the variable being tested, in this instance individual versus group teaching.

I do not think these suggestions would put an unreasonable burden on the author but would help her test her hypothesis more appropriately.

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