



Compass SHARP in Practice Microlearning Series



Module 8: Patient and Family Education

Welcome to Compass SHARP in Practice, a quick high-yield learning session made for busy healthcare professionals like you. In each episode, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, we hope to sharpen your skills and build knowledge that helps you better care for your patients.

A Patient Case

A 33-year-old mother of two undergoes a cesarean section. Her pain is managed with opioids during her hospital stay, and at discharge she receives 20 tablets of oxycodone. No one reviews safe use, storage, or disposal before she leaves. At home, she keeps the bottle on the kitchen counter while juggling a newborn, a toddler, and her own recovery—unaware of the risks unsecured opioids pose to children, visitors, or others in the household. This is one of the most preventable contributors to community opioid exposure: missing patient and family education.

Goal

Our goal in this module is to strengthen communication and education practices so that every patient and every family leaves the hospital informed, empowered, and safe.

First, make pain education routine, not an afterthought. Education should begin before surgery—not just at discharge—so patients understand that some pain is expected and that total pain elimination is not the goal. Clear, consistent phrasing like “pain that still allows movement and rest is acceptable” helps set realistic expectations and reduces anxiety-driven overuse.

Second, standardize education on opioid safety. Opioids are one of the most dangerous medications we prescribe. Nursing staff should teach—and verify understanding of—three essential topics: safe use, safe storage, and safe disposal. Patients should know to use the lowest effective dose, keep opioids locked and out of reach, and utilize local take-back programs or disposal pouches.

Third, include families and caregivers in the conversation. For new parents, elderly patients, or anyone recovering at home with support, families are central to safe medication management. Bringing them into the education process builds shared accountability and reinforces safety.



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Back to the Case

Let's revisit our C-section patient.

This time, before discharge, the nurse provides structured education using a simple handout and the teach-back method. The patient learns that scheduled acetaminophen and ibuprofen will manage most of her pain, and that Oxycodone is reserved for breakthrough pain only. She's shown how to lock medications away from children and given information on disposing of any unused tablets.

At her two-week follow-up, she reports excellent pain control and feels confident managing her medications safely.

Takeaways

- Develop standardized pain education scripts and teach back checklists for nursing staff
- Include family or caregivers in all discharge teaching
- Provide take-home educational materials that reinforce safety and realistic pain expectations
- Partner with pharmacy or local coalitions to supply drug disposal packets or promote drug take-back options.

Thank You

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Thank you for all you do caring for your patients.