

N431 Adult Health II
TEACHING PLAN INSTRUCTIONS AND EVALUATION

STUDENT NAME: Justin Pranada Date: 11/9/2020

Use the format page included for preparing the written component of the teaching plan. Students will be evaluated on the written plan (15 points) and on the presentation of the teaching plan (10 points). Total Points possible = 25 points.

SCORE

I. Evaluation of the **written component**

Assessment of patient/client

(3 points)

- Prior knowledge of subject to be taught
- Determine patient's motivation to learn content
- Health beliefs/values
- Psychosocial adaptations/adjustment to illness
- Compliance with health care protocols
- Assess patient's ability to learn
- Developmental level
- Physical capabilities/health status
- Language skills/literacy
- Level of education

Nursing Diagnosis Identified

(1 point)

Planning

(3 points)

State objectives and outcomes: Include at least one from each learning domain:
 Cognitive, Affective & Psychomotor

Interventions

(2 points)

- List the content to be included in instruction. Be specific and accurate.
- Logical sequence.
 - Simple to complex.
 - Organized

Methods/Teaching Tools

(2 points)

- Instructional methods to be used:
 Examples are: Discussion
 Question & Answer
 Demonstration/Return Demonstration
 Strategies to keep patient's attention
 Methods to include patient in teaching/participation

Evaluation

(3 points)

Determine achievement of learning objectives based on expected outcomes. Identify strengths/weaknesses, Suggest modifications to plan; i.e. what would have made it better

References Listed in APA format.

(1 point)

TOTAL CONTENT

_____ /15

II. Evaluation of **teaching presentation**

(10 points)

_____ /10

- Introduction of content, Patient put at ease, Eye contact,
- Clear speech and organized presentation, Environment conducive to learning,
- Family included, Accuracy of info, Validation of learning status, Use of teaching aids,
- Appropriate non-verbal body language etc.

Date Submitted: _____

Total points

_____/25

**N431 Adult Health II
TEACHING PLAN**

Student Name: _____ Justin Pranada _____

Subject: _____ Preventing Falls _____

Nursing Diagnosis: _____ Risk for Falls _____

Relevant Assessment Data (see instructions)	Patient Outcomes (see instructions re: 3 domains of learning)	Teaching Outline (be specific and use a logical sequence)	Teaching Tools (see instructions)	Evaluation (see instructions)
<p>The patient is a 71-year-old Caucasian male who is obese and has Congestive Heart Failure (CHF). The patient was admitted to Sarah Bush Lincoln for CHF exacerbation on 11/4/2020. The patient has a history of orthopnea and obstructive sleep apnea. The patient utilizes a CPAP to aid in breathing while he is sleeping. The patient has a fall score of 45 making him a high fall risk. The plan of care for the patient is to get him set up with physical therapy and occupational therapy to improve his status for activities of daily living. The patient is currently a 2 person assist with transfers and can ambulate with no assistive devices. He currently lives at home with his wife.</p>	<p>Cognitive Objective: Mr. RB will be able to understand and apply the information that is taught to him when preventing falls. He will be able to identify safety and emergency measures. Additionally, Mr. RB will be able to identify what medications can increase his risk for falling after speaking with his provider. Cognitive Outcome: Mr. RB repeats and verbalizes his understanding of the teaching and asks any questions that of any concern for him. He will be able to identify factors that increase his risk for falls and the proper actions to take to minimize those risks.</p> <p>Affective Objective: Mr. RB will be motivated to learn and improve his knowledge with preventing falls. He will value the information and understand that he needs to follow safety and emergency measures for the teaching to be effective. Affective Outcome: Mr. RB has a positive attitude towards the student conducting the teaching that is being provided for him. He will also have a positive attitude with educating others (family members, friends, etc.) about identifying factors that can increase his risks for falls. The patient will also be more positive</p>	<p>When you are discharged from Sarah Bush, you should:</p> <p>Talk to your provider about side effects of medications that you are taking that may increase your risk of falling. If a medication has side effects that increase your risk of falling, your provider may change the prescribed medication (Mayo Clinic, 2019).</p> <p>Use proper assistive devices to help you move around safer. Install handrails and grab bars around the house, especially the bathroom. Install a raised toilet seat and a shower chair so you can shower while sitting down (Hinkle & Cheever, 2018).</p> <p>Make sure that you have adequate lighting. Make sure that the hallways and your living areas are well lit so that you can see properly. Light up the walking paths, hallways, bathroom, kitchen, living room, and bedroom of your house (Mayo Clinic, 2019).</p> <p>Wear proper footwear. Wear non slip shoes and socks. Do not wear footwear with high heels, that are loose or floppy, and make sure they fit you properly (Mayo Clinic, 2019).</p> <p>Remove hazards around your house that can cause you to trip or slip. These include floor rugs, phone/electrical cords, nonslip mats, spilled liquids, and boxes (Mayo Clinic, 2019).</p> <p>Exercising will help you strengthen your muscles and improve your gait and balance that result in reducing your risks for falls (Hinkle & Cheever, 2018).</p> <p>Know who to contact in case you do fall. Place phones where you can easily have access to them in the event that you do have a fall. Have a list of contact information of who to call (Hinkle & Cheever, 2018).</p>	<p>RB and his wife were given a handout highlighting five (5) different preventative measures that can minimize the event of falls. The handout information included the safety measures, surrounding adaptations to minimize falls, and emergency steps to take in the event of a fall.</p>	<p>I believe that my teaching and the objectives that I set out for my patient were met. Mr. RB was able to understand the importance of the teaching about preventing falls and why we need to prevent them. I was able to provide adequate information regarding the safety and emergency measures for falls. The strengths of my teaching plan was that I was able to create a comfortable environment after building rapport with the patient and his wife before doing the teaching. The environment that was created allowed for a trusting relationship between the student (Justin) and the patient and his wife. The weakness of my teaching plan is that I was not able to articulate everything that I wanted to communicate and educate the patient on; this being more detail in certain areas such as what kind of footwear is appropriate. The patient was able to repeat and understand the important points of the teachings, which is the main goal.</p>

	<p>in learning more about preventing falls in the future so that he prevents further injuries.</p> <p>Psychomotor Objective: Mr. RB will be able to ambulate a short distance (5-10 feet) and transfer with the use of an assistive device.</p> <p>Psychomotor Outcome: Mr. RB will be able to ambulate with the use of an assistive device. Mr. RB will exhibit the ability to transfer with minimal assistance needed.</p>			
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Reference(s):

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health; Lippincott Williams & Wilkins.

Mayo Clinic. (2019). Fall prevention: Simple tips to prevent falls. <https://www.mayoclinic.org/healthy-lifestyle/healthy-aging/in-depth/fall-prevention/art-20047358>