

**N431 Adult Health II
TEACHING PLAN INSTRUCTIONS AND EVALUATION**

STUDENT NAME: Trevor Davis Date: 12/2/2020

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: Trevor Davis

Subject: Facility and home fall prevention

Nursing Diagnosis: Risk for falls related to weakness as evidenced by hospitalization from a fall related injury (Swearingen & Wright, 2019).

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>SB is a 79-year-old male that has some prior knowledge of fall prevention. He is sometimes confused, and fall prevention education needs to be reinforced. He is A&O x3. He has trouble walking due to lower extremity muscle weakness and 4+ pitting edema in his legs and feet bilaterally. He lives in a single-story home alone, and his neighbor checks on him multiple times per day. His neighbor is SB's power of attorney. SB is receptive to information regarding fall safety, both here at the hospital and home. He knows he needs to build his strength and wishes to go to a rehab facility upon discharge. He was interested in safety measures that can be done when he returns home. He is looking forward to getting back to things he loves to do, like fishing. At the hospital, SB has done well complying with health care protocols. He uses his call light when he needs anything out of reach or needs to use the restroom. SB is a high school graduate and is proficient in the English language. The written information provided to him is within his comprehension.</p>	<p>Cognitive Objective: SB will remember, understand, and apply the information taught about fall prevention safety at the hospital and home.</p> <p>Cognitive Outcome: SB showed interest in what he could do at home to make a safer environment for him. He repeated information that he needs to do to be safer at home.</p> <p>Affective Objective: SB will listen and value the information provided to him and understand he is not being reprimanded for his fall- related injury. He will respect the education provided is for his well- being.</p> <p>Affective Outcome: After explaining that I just wanted to talk about some safety concerns instead of "teaching" him, SB felt more relaxed and open to what I had to say. Speaking with him at eye level and conducting a casual conversation helped SB relax and be more receptive to what was being said (Taylor et al., 2015). He was respectful and open to the education provided.</p> <p>Psychomotor Objective: SB will use his call light when he needs assistance. He will wear non-skid socks and wear his glasses in the facility. All cords and rugs will be out of his walking path at home. He will consider installing a shower rail, use a shower seat, and toilet rails.</p> <p>Psychomotor Outcome: SB says he will consider the safety measures mentioned for his</p>	<p>To avoid falls while in the hospital, you should:</p> <ul style="list-style-type: none"> • Call for help whenever you need to get out of bed or need something out of reach. • Do not reach for things. Items that you often use will be placed close to you. • Wear non- skid socks anytime you need to get out of bed. • Put on your glasses prior to getting out of bed for maximum visualization of your surroundings. Lights will be turned on and items moved out of the way. • Be sure to rise slowly to avoid being light- headed. • Use your assistive devices for ambulation (Walker and gait belt with the assistance of two people). <p align="right">(Sarah Bush Lincoln Health System, n.d.)</p> <p>To avoid falls at home, you should:</p> <ul style="list-style-type: none"> • Check the floors in each room. <ul style="list-style-type: none"> - Ask someone to move furniture, rugs, electrical cords, and other clutter from the floors. • Check your kitchen <ul style="list-style-type: none"> - Have items often used in your cabinets moved so they can easily be reached. - Avoid using a chair or stepstool to reach items. - Call your neighbor if you need assistance. • Check your bathroom <ul style="list-style-type: none"> - Use a non- slip mat in the shower - Have a grab bar installed in the shower and by the toilet. - Use a shower chair to prevent fatigue and falls. • Check your bedroom <ul style="list-style-type: none"> - Have your phone nearby at all times in case of emergency. - Be sure the room is well lit, and lamps are within reach of your bed. - Consider using a night light along your walking path in the bedroom and hallways. <p>Other safety tips:</p> <ul style="list-style-type: none"> • Keep emergency numbers posted in large print near your phone or have them programmed in your phone. • Consider wearing an alarm system like life alert 	<p>SB was given a handout from SBLHS regarding fall prevention in the hospital. He was also given a handout from the CDC with information about home fall prevention and safety. SB has impaired fine motor control and has trouble holding items. I went through the information with him, highlighting critical points and pictures. A link to the CDC checklist is included below.</p> <p>https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf</p>	<p>I believe SB will strongly consider the suggestions made today to prevent another fall. He is eager to increase his strength to aid in ambulation. He is not a big fan of being hospitalized and wants to return home as soon as possible. He knows there are some steps he needs to take to return home. I think I did well in developing a good report with SB despite warnings that he is a "hand full." I related to him as a person and talked about similar interests to establish trust. As a result, he was willing to respect and listen to what I was saying. I was not disregarded as a stranger that was telling him what to do. I could have improved my patient teaching by trying to get more feedback from the patient. I also could have put non-skid socks on the patient. I recommended them, but SB did not want to wear them. Overall, I hope the education I provide the patient will aid in improving his life.</p>

	<p>home. He has been compliant with using his call light before attempting to ambulate. He is not a fan of footwear and prefers to be barefoot.</p>	<p>that can be activated in case of a fall or other emergency.</p> <p>(Centers for Disease Control and Prevention, 2015).</p> <p>SB was receptive to the educational information provided. He had few questions, but he talked about ideas for making his home a safer place to prevent another fall from happening.</p>		
--	---	--	--	--

Reference(s):

Centers for Disease Control and Prevention. (2015). *Check for safety: A home fall prevention checklist for older adults*.

https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf

Sarah Bush Lincoln Health System. (n.d.). *Fall prevention in the hospital*. Patient handout.

Swearingen, P., & Wright, J. (2019). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. (5 ed.). Elsevier.

Taylor, C., Lillis, C., & Lynn, P. (2015). *Fundamentals of nursing: The art and science of person-centered nursing care*. (8 ed.). Wolters Kluwer.