

**N321 Medical/Surgical
TEACHING PLAN INSTRUCTIONS AND EVALUATION**

STUDENT NAME: Bryson Cutts

Date: 03/24/2021

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/class	(3 points)	_____
<ul style="list-style-type: none"> Prior knowledge of subject to be taught Determine patient's motivation to learn content Health beliefs/values (Taylor pgs 70 & 513) 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)	_____
<ul style="list-style-type: none"> State objectives and outcomes: Include at least one from each learning domain: Cognitive, Affective & Psychomotor 		
Interventions	(2 points)	_____
<ul style="list-style-type: none"> List the content to be included in instruction. Be specific and accurate. Logical sequence. Simple to complex. Organized 		
Methods/Teaching Tools	(2 points)	_____
<ul style="list-style-type: none"> Instructional methods to be used: Examples are: Discussion <li style="padding-left: 40px;">Question & Answer <li style="padding-left: 40px;">Demonstration/Return Demonstration <li style="padding-left: 40px;">Strategies to keep patient's attention <li style="padding-left: 40px;">Methods to include patient in teaching/participation 		
Evaluation	(3 points)	_____
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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: 03/24/2021

Total points _____ /25

**N 301 Nursing the Adult Client
TEACHING PLAN**

Student Name: Bryson Cutts

Subject: Type 2 Diabetes Mellitus

Nursing Diagnosis: Risk for unstable blood glucose related to activity level as evidenced by elevated blood glucose levels (Most recent POC was 154 mg/dL)

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>A 75-year-old male patient understood many aspects of type 2 diabetes mellitus, such as the insulin resistance process, risk factors like obesity and poor diet, treatment modalities regarding diet, exercise, medication, and glycated hemoglobin A1C, and fasting blood glucose (FBG) ranges. The patient was comfortable with the level of knowledge he has acquired over the years with the disease; however, he was eager to learn more details about the condition and sharpen previously learned topics. The patient is retired and lives at home with his wife and dog; he claims to be Baptist and says his faith plays a significant role in his life. The patient claims to have adjusted well to diabetes, and people approach him about the disease and how he manages it. The patient says his wife is very supportive and helps keep him on track. He copes with praying, television, and dog-walking. The patient's ability to learn is excellent. He has completed high school as well as a four-year plumbing apprenticeship. The patient has no deficits in the ability to read, write, or speak efficiently in a way that may inhibit his learning. He is also mobile,</p>	<p>The patient successfully reached all three objectives, which resulted in the desired outcomes being met.</p> <p>Regarding cognition, the objective was to understand better the causes, signs and symptoms, and treatment of type 2 diabetes mellitus. The patient's thought process around the aforementioned topics was solidified by the education he received.</p> <p>Regarding the affective portion, the objective was to answer four out of the five feedback questions successfully, and he answered all five correctly.</p> <p>Regarding psychomotor functioning, the objective was to respond appropriately using affirming nonverbal cues such as nodding and facial expressions surrounding the taught content. The patient successfully nonverbally responded and made his physical presence known.</p>	<p>Broad pathophysiology:</p> <ul style="list-style-type: none"> • Insulin causes blood glucose to be stored as glycogen (Capriotti, 2020). • Insulin resistance develops with poor diet and sedentarism. • Without properly functioning insulin, blood glucose rises. <p>Risk factors (Capriotti, 2020):</p> <ul style="list-style-type: none"> • The familial tendency, diet, activity level, and stress are risk factors. <p>Signs and Symptoms (Capriotti, 2020):</p> <ul style="list-style-type: none"> • Polyuria (urinary frequency) • Polydipsia (excessive thirst or drinking) • Polyphagia (excessive hunger or eating) • Fatigue • Difficulty healing • Late signs of poorly managed diabetes include vision changes, neuropathy (numbness, tingling), nephropathy (chronic hyperglycemia affects the body's way of removing waste and filtering the blood), and endothelial damage of arteries resulting in potential cardiovascular complications (Capriotti, 2020). <p>Routine Assessments (Capriotti, 2020):</p> <ul style="list-style-type: none"> • Keep hemoglobin A1C below 7% (Three-month assessment). • Keep FBG between 85-110 mg/dL (Fast for eight hours before taking the measurement). <p>Treatment and Management (Capriotti, 2020):</p> <ul style="list-style-type: none"> • Avoid simple carbohydrates such as donuts, potato chips, french fries, many fast-food options, sugary beverages, and candy. • Consume plenty of fruits, vegetables, and lean protein in the form of meat or 	<p>The patient was taught via discussion, which concluded with a question-and-answer segment. The patient was able to answer the following questions correctly:</p> <ul style="list-style-type: none"> • Does type 2 diabetes involve insulin resistance or the inability of the pancreas to make insulin? • What are some causes of type 2 diabetes? • What ranges should you attempt to keep your A1C and FBG? • How much exercise should you get weekly? • What type of foods should you avoid? 	<p>The result of teaching this information created a feeling of achievement for both the patient and me. The patient was comfortable with the scenario and appreciated the way I presented myself. The knowledge I provided to the patient was a significant refresher for him; however, there were a few new items to the patient. The patient met all of the desired learning objectives and outcomes. I believe I did a decent job explaining the items within the middle column of this page. I also believe I could have mentioned potential hypoglycemia resulting from exercise that Professor Loftis mentioned to the patient. I think this was important to address, considering I taught him about exercise, and he showed interest in swimming. Overall, I thought this teaching plan went well. If I were to do it again, I would have been sure to include the hypoglycemic risk with exercise. Consuming a snack would be beneficial to keep blood glucose within normal limits. I would also provide dietary handouts to aid the patient's ability to choose healthy foods; however, his education level on the foods he needs to consume is great.</p>

active, and out of bed as desire, so he will be physically capable of partaking in exercise, which will be addressed two columns down.		legumes. <ul style="list-style-type: none">• Moderately exercise 30 minutes a day for three or four days a week.• Remain compliant with medications such as insulin and Glyburide.• Be cautious while taking prednisone due to its hyperglycemic effects.		
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Reference(s):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed). F.A. Davis Company.