

N431 Adult Health II
TEACHING PLAN INSTRUCTIONS AND EVALUATION

STUDENT NAME: Princess Anne Hernandez

Date 06/06/2021

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

(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: Princess Anne Hernandez

Subject: Preventing Falls in the Older Adult

Nursing Diagnosis: Risk for falls related to generalized weakness secondary to old age as evidence by the patient's verbalization of difficulty in ambulation, balance, and loss of strength.

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>Mr. FM is a 78-year-old male admitted for generalized weakness, nausea, vomiting, and diarrhea. He is retired, lives alone and independently. He was alone during the discussion. However, the patient son is involved and his support system during his stay at the hospital. The role of a family member is essential in every level of nursing care (Taylor et al., 2019). It will be more beneficial if his son is present when he at the hospital or during any teaching done. He wants to stay healthy; however, he does not want to quit drinking alcohol or smoking. Due to weakness, he could not do chores or cook food for himself at home, so he has home help that comes every three days. He has been compliant with most of the regimen he was provided during his hospital stay. However, while working with the physical therapy, he declines to stand up because he was too tired to get up, but he was willing to do some bed exercise. At the start of our conversation, he asked why fall is the teaching topic since he did not come to the hospital for a fall is. It seems like he did not have any prior knowledge about the</p>	<p>Cognitive objective: The patient will learn, remember and understand the information taught to him regarding preventing falls, risk factors that contribute to falls, safety measures, the importance of being active, and what to do in case of fall.</p> <p>Cognitive outcome: The patient verbalized understanding of all the information present to him. He was able to identify what to do in case of a fall and verbalize that he always has his emergency button if something happens to him.</p> <p>Affective objective: The patient will value the information provided and taught to him. He will be willing to receive the information and will be motivated to learn.</p> <p>Affective outcome: The patient is engaged in the conversation. He was involved during the discussion. He is willing to learn the information. He listened to me and was very respectful towards me while educating him.</p> <p>Psychomotor objective: The patient will demonstrate how to stand up slowly after laying down and sitting. In addition, the patient will be able to demonstrate how to use an assistive device correctly when walking.</p>	<p>After educating the patient, he should be able:</p> <ul style="list-style-type: none"> - To have a basic understanding of falls are a serious health risk, and as we age, there is an increase that a fall can happen (Lippincott Advisor, 2021). - The patient will learn the risk factors that can contribute to a fall, such as: <ul style="list-style-type: none"> • Problems that happen when getting older including muscle weakness, balance problems, and vision changes. • Personal health factors including being less active, medication use, and alcohol use. • Things around the house can cause falls, such as a slippery floor, stairs, and areas where it is dark and hard to see (Lippincott Advisor, 2021). - The patient will learn about safety measures to implement at home, such as: <ul style="list-style-type: none"> • Keep the floor and walking are free from clutter. □ Keep the bathroom safe. □ Keep a phone near in case of emergency. □ Use proper and safe footwear (Lippincott Advisor, 2021). - The patient will be able to understand the importance of lifestyle modification that can help prevent a fall, such as: <ul style="list-style-type: none"> • Being physically active can help improve strength and balance. □ Smoking cessation and limit alcohol intake can help prevent the chance of broken bone and decrease bone mass (Lippincott Advisor, 2021). - Demonstrate how to stand up slowly after laying down, not changing position slowly, and correctly using an assistive device. - The patient will know what to do in case of a fall 	<p>During the hospital stay, I asked him if it is okay to educate him about safety measures to prevent a fall. He was alone during the teaching. The teaching method I used was discussion. The patient was given a handout with general information regarding preventing falls in older adults. I went over the information in the handout with him to make sure he understands what on it. During the discussion, I talk about general information about preventing falls in older adults. The information included are risk factors of falls, safety measures, and what to do in case of a fall. I asked him if he has any safety measures at home, especially in the bathroom, and he said that he does not have any grab bar or handrail in the bathroom. However, he always has his electric walker with him wherever he goes. He</p>	<p>For the most part, I believe that the patient achieved the cognitive and affective learning objectives. He seems to have understood the things that were taught to him. He was willing to learn about the information. He listened to what I was saying and was engaged with our conversation. My teaching plan's strength was the discussion approach I went with for the teaching style. It allowed the patient to be engaged in the teaching. It also allows the patient to think more about what is going on with him. My teaching plan's weakness was the fact that the patient did not demonstrate any psychomotor skills. I did not have a chance to demonstrate to him how to stand up after laying down if he needs to walk to better understand what he needs to do to prevent a fall. It is pretty common for older adults to fall after lying down for a while, and they need to get up. I also forgot to sit down while teaching, which is very important because it helps to have a better therapeutic approach (Videbeck, 2019). To modify the teaching, I should ask the patient more about things that he can do at home to ensure his safety. Allowing the patient to think and devise a plan can allow him to stay independent on his own at his home.</p>

<p>importance of fall prevention, especially with his age. We explain to him that since he is experiencing generalized weakness and his age, there is an increased risk for falls. The patient was motivated to listen and learn the content provided to him. He was engaged in the conversation and actively listened to what I was saying. The patient is mature. He had a high school education. He had an appropriate developmental level for his age without any learning and physical disabilities. He speaks appropriately for his age and speaks in a clear, complete sentence. He is capable of making a fully informed decision. He can read and write. The patient can read the information and be physically cable of understanding the information provided to him.</p>	<p>Psychomotor outcome: Unable to determine the outcome due to the patient not being able to do it by himself at that time, the patient verbalized understanding the importance of getting up slow and using an assistive device at home.</p>	<p>happen, such as:</p> <ul style="list-style-type: none"> • Stay calm and do not panic. • Call someone for help right away. • Do not try to get up on your own if you cannot do it safely and if there is a sign of injury (Lippincott Advisor, 2021). 	<p>also states that he always has his emergency button near him to call help right away if any problems happen. I asked him if he has any questions, and he said he does not have any questions.</p>	
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Reference(s):

Lippincott Advisor. (2021) *Preventing falls in the older adult: Patient education* [Patient Handout]. UpToDate Inc.

Taylor, C., Lynn, P., Bartlett, J.L. (2019). *Fundamentals of nursing: the art and science of person-centered nursing care*. Wolters Kluwer.

Videbeck, S. (2019). *Psychiatric-mental health nursing* (8th ed.). LWW.