

**N311 Foundations
TEACHING PLAN INSTRUCTIONS AND EVALUATION**

STUDENT NAME: _____ Date: _____

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

(Taylor pp. 510, 512-514)

(3 points)

- 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)

(Taylor pp 514-516)

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

Interventions

(Taylor pp 516)

(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)

(Taylor pp516-520)

- 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)

(Taylor pp 522-523)

- 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: _____

Student Name: Angelina R. Thomas

Subject: Chronic Obstructive Pulmonary Disease (COPD), exacerbation

Nursing Diagnosis: Deficient knowledge related to diagnosis and Impaired gas exchange

Relevant Assessment Data	Patient Outcomes	Teaching Outline	Teaching Tools	Evaluation
<p>A 77-year-old Caucasian female patient, whose primary language is English, entered the hospital for experiencing shortness of breath. The patient has a history of smoking cigarettes, approximately ¾ of a pack of tobacco per day, seven days per week, for the past 50+ years. The patient denies any alcohol usage or illicit drugs. The patient began feeling short of breath and anxious just one day before entering the hospital on July 10, 2021. The patient stated that she thought smoking a cigarette would calm her down. However, it only made her symptoms worsened. The patient has a history of Chronic Obstructive Pulmonary Disease (COPD) and pulmonary hypertension. The patient received a chest X-Ray upon entering the hospital. The X-Ray findings showed: Pulmonary Vascular Congestion, mild interstitial spaces, decreased right mid lung and basilar opacities. The patient also had a CT scan of her chest or Angio Chest Pulmonary with contrast. The findings showed: Severe upper lung predominant centrilobular emphysema and severe coronary artery calcification. The patient had minimal knowledge about the severity of her condition. The patient stated, “It stops me from breathing good.” However, the patient’s developmental level is appropriate for her age to understand what is taught to</p>	<p>Cognitive Objective: For the patient to learn, understand, and apply the information taught to her about the signs and symptoms related to COPD exacerbation. Also, for the patient to understand, acknowledge, and avoid the types of foods that cause bloating to improve breathing and maintain proper nutrition. In addition, the patient will understand what low-intensity activities to adopt to improve breathing. The patient will understand when to seek medical care.</p> <p>Cognitive Outcome: The patient verbalized her understanding of the information presented to her about changing her diet. She verbalized understanding that COPD exacerbation signs and symptoms will occur with frequent use of tobacco and has verbalized her commitment to stop smoking. The patient asked a few questions about low-intensity activities and was given an example of washing dishes or sitting down to fold laundry. The patient verbalized when to seek emergency care.</p> <p>Affective Objective: The patient will be motivated to learn about new modifications to her diet and lifestyle. The patient will maintain a positive attitude towards her expected outcomes with the changes she will implement. The patient will not be afraid to call her</p>	<p>After you leave the hospital, she should:</p> <ul style="list-style-type: none"> • Take any medications as prescribed, including the 2 liters of at-home oxygen and bronchodilators to keep oxygen saturation above 90%. • She should seek care immediately or call 911 if you experience the exacerbation symptoms including but aren’t limited to “More coughing, wheezing, or shortness of breath than usual, changes in the color, thickness, or amount of mucus, feeling tired for more than one day, swelling of the legs or ankles, more trouble sleeping than usual, feeling the need to increase your oxygen if you are on oxygen. If measured, your oxygen levels will be lower than normal” (GSK, 2019, p. 2). • She should contact her primary care physician if oxygen saturation drops below 89%. Although COPD patient’s oxygen saturation can become as low as 85%, it is essential to recognize the decline as soon as possible to provide interventions. • Completely cease smoking tobacco or being around anyone who smokes tobacco because the exacerbation can flare up and make it very difficult to breathe. • She should wash her hands often with soap and water for at least 20 seconds, clean all surfaces of your hands, including under fingernails, rinse them with warm water, and completely dry them to prevent infections. • Purchase and use nicotine patches to help with the complete cessation of smoking. • Increase fluid intake to 2000ml-3000ml of water per day. This is to help keep the mucus thin for easy removal (American Lung Association, 2021, p. 3). • Eat six small high-calorie meals per day instead of larger meals. If breathing is too complicated with small meals, then incorporate “Ensure” drinks or other types of high-calorie beverages. 	<p>The patient was given a handout from The American Lung Association on COPD exacerbation. She read it and learned good nutrition for COPD patients. She learned about the importance of fluid intake and the importance of completely stopping smoking, and she learned about low-intensity activities. The patient learned how to identify the exacerbation symptoms and when to call 911. The patient was given the hotline number for smokers. The patient was given a pamphlet discussing support groups for those addicted to nicotine as well.</p>	<p>I believe the patient achieved the goals of my teaching objectives. She seemed to understand the signs and symptoms of COPD exacerbations, why it’s essential to stop smoking, and follow-up with her primary care physician. The strengths of my teaching plan were recognizing her most vital areas of improvement and focusing my teaching on that. I also believe providing her with visuals to back up what I verbalized to her was also a strength. It allowed the patient to feel open to ask anything she wanted to. A weakness of my teaching plan was the fact that the patient didn’t demonstrate any psychomotor skills. Also, I did not incorporate teaching her how her heart illnesses affect her breathing as well. As a result, I run the risk of my patient having insufficient knowledge in that area. She was able to verbalize the proper ways to prevent recurring symptoms, agree to take her prescribed medications, verbalize her dedication to rid smoking, and expressed her ability to drive herself to her follow-up appointment, along with modifying her activities. I could have provided her more supplemental information on preventing early hospice care due to her severe COPD.</p>

her. The patient learned during her hospital stay that she experienced “COPD exacerbation,” and using tobacco of any kind caused a flare-up. “A COPD exacerbation, or flare-up, occurs when your COPD respiratory symptoms become much more severe” (GSK, 2019, p.1). After learning this, the patient was eager to learn more about COPD exacerbations and what she can do to prevent a recurrence. The patient stated, “Yes, sure, you can talk with me about it.” The doctor informed the patient that her illness would not be cured. It is worsening. However, she can adopt practices that will decrease her exacerbations, decrease her hospital visits, and ultimately make her quality of life manageable. The patient was given information regarding her nutrition, complete cessation of smoking, and adopting low-intensity activities. The patient mentioned that eating the recommended six small meals per day still causes her to become short of breath. So, education on meal replacement, “Ensure” will be provided. The patient previously used a nicotine patch but stopped due to running out and its expensive cost. While the patient was home and admitted to the hospital, she was on 2 liters of oxygen, and her O2 saturation was 91%. The patient had diminished lung sounds upon auscultation with wheezes upon expiration. The patient was able to read the supplemental information and was physically capable of understanding her information.

Reference

provider and ask questions if she has forgotten her plan of care or if she does not understand how to identify the new onset of symptoms of COPD exacerbation.
Affective Outcome: The patient’s attitude was respectful throughout her teaching. The patient was thrilled to learn that her condition can be controlled with medication, diet, and those low-intensity activities discussed. The patient was engaged throughout the entire conversation and asked a few questions.
Psychomotor Objective: The patient will monitor O2 saturation with an at-home O2 monitor, keeping it above 90%. The patient will maintain 2 liters of oxygen per physician’s order. The patient will continue to take bronchodilator medications as prescribed. The patient will seek a respiratory therapist to complete breathing treatments. The patient will drive herself to follow-up Primary Care Physician appointments.
Psychomotor Outcome: I was unable to see the outcomes. However, the patient verbalized her physical ability to complete the plan of care.

- Take rest breaks in-between activities.
- Follow up with your primary care physician within three days of being released. This is to ensure you aren’t having any recurring symptoms of COPD exacerbation and to answer any further questions she is concerned about.

References:

American Lung Association. (2021, June 10). *Nutrition and COPD*. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/nutrition>

GSK. (2019, October). *Understanding COPD exacerbations*. <https://www.copd.com/copd-progression/copd-exacerbations/>

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