Patient Teaching Plan

Scott Bradley

Lakeview College of Nursing

N311: Introduction to Professional Nursing

Brittany Lawson, MSN, RN, CMAC

April 13, 2022

“I have neither given nor receive, nor will I tolerate others’ use of unauthorized aid.”

N314 Patient Care Plan

Client Assessment

Barriers to cognitive abilities, physical impairment

My client expresses a lack of interest in any learning activity. He states that any effort on his part will be defeated by a lack of the staff's willingness to listen. He further says that "everyone around here already knows everything and will not S.T.F.U. and listen for ten minutes. No one listens." When asked if a teaching plan that included a communication technique would be helpful, he disengaged, looked away, and stared off in the distance. Eventually, he re-engaged, stating, "maybe you could teach the kitchen staff to fill out orders correctly. You could teach for days on that!" His predisposition to disregard any teaching efforts provides a significant barrier to learning. His inherent opposition to staff, a defeated worldview, and superior intellect allow him to effortlessly invalidate attempts to assist him. His current impairment resulting from his CVA appears to have accelerated his psychosocial development to Erikson's eight-level of devolvement. He exhibits a sense of despair as he reflects on his life. While he maintains a sense of pride and accomplishment over his life choices, the unexpected impairment advanced his development past the ego integrity of these accomplishments leaving him with an overall sense of despair.

One of the problems of not being heard stems from a lack of attentiveness on behalf of the listener. One of the components of active listening involves accurately reflecting the impact of the message. As proposed by Carl Rogers and his basic empathy approach to therapeutic interactions, the intended effect of active listening involves accurately reflecting what is being said back to the initial speaker. The result is to compel the speaker to evaluate what has been reflected to them compared to what they were trying to say. It is common for the speaker to confirm their message was accurately repeated or to correct the misinterpretation. In either case, our goal of compelling the speaker to actively engage in the conversation will be achieved. This reflective conversation can best be achieved

by paraphrasing what was first stated and how the statement impacted the receiver. For example, the message receiver can say when you tell me X; I feel Y.; the message sender cannot deny how the message was received. The goal is to compel the initial speaker to become more engaged (Meyerhuber, 2019)

Active listening helps you to build trust and to understand other people's situations and feelings. In turn, this empowers you to offer support and empathy. Unlike critical listening, active listening seeks to understand rather than reply.

Nursing Diagnosis:

Deficient Knowledge is defined as the "absence of cognitive information related to a specific topic, or its acquisition." (Phelps, 2020, p. 349). This client suffers from insufficient knowledge of effective communication skills related to his daily living activities, as evidenced by his expressed frustration and repeatedly belief that the staff does not listen to him.

This teaching event will impart a cognitive understanding of both active and reflective communication techniques. This will be demonstrated by the client's vocalization of the fundamental components of active listening, reflective listening, and a concrete example that these techniques can be used in his daily life. This can be realistically achieved over the course of a meal. This provides an opportunity to verbally demonstrate the effective use of these techniques by expressing his desires while placing his order from the menu.

Interventions

1. My first intervention was to ask the client for specific examples of when he feels the staff does not listen to him. The intent is to better understand the nature of the problem. He mentioned two specific areas in which he felt ignored and thereby neglected. The first occurs with the

kitchen staff during mealtimes. The second occurs with nursing staff during transportation to and from his wheelchair and subsequent movement to other locations.

2. One intervention opportunity stems from his frustration with communicating with the kitchen staff. This occurs during mealtimes when he orders his meals from the menu. He perceives that his orders and expressed requests are often not met. Given the retracted simplicity of options available from the menu, he attributes these oversights to uncaring and unengaged kitchen staff.

3. Another intervention opportunity occurs during his daily interactions with the nursing staff, especially during times of transfer and movement. His feelings of neglect and dismissal prompt and aggressive, sarcastic, and vengeful verbal interaction with staff.

Method

1. The first method used was to lecture the client on the components and application of Active and Reflective Listening and explain how it can be beneficial.
2. Demonstrate a concrete and verbatim example of how he can apply Active and Reflective Listening in his daily life using role play.

Evaluation

This teaching opportunity went over exceptionally well, as evidenced by the client's engagement, eye contact, and willingness to participate in a role-play activity. The key to this success was providing concrete examples of how active and reflective listening could compel people to engage in a conversation. This was further supported when I used active and reflective listening with the client to counteract his initial unwillingness to engage in the process. This captured his attention and made the technique tangible. Another strength of this approach is that it provides real-world examples he

can employ in his daily life. A weakness of this training technique is that we had limited time to reinforce the role-play scenarios or prepare him for alternatives. Having a couple of more interactions to exercise in role-playing would empower the client. This leads to the second weakness in that if the client's initial attempts at employing our practiced, verbatim script somehow do not achieve the desired results, the client may very quickly lose faith in the entire process. Given his current psychosocial state of despair as defined by Erikson's eighth stage of development, he is predisposed to being distrustful and doubtful. An initial failure will most likely discourage further attempts to employ these techniques. Without corresponding reinforcement from additional educational opportunities, any progress will likely be short-lived. Without an explanation of why an initial effort may have failed or could have been improved, this client will undoubtedly abandon the entire process altogether. To this end, additional education and effort remain essential.

References

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(Meyerhuber, 2019)

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