

N431 Adult Health II
TEACHING PLAN INSTRUCTIONS AND EVALUATION

STUDENT NAME: Alexis White _____ Date: _____
9/13/2019

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: 9/13/2019

Total points

_____/25

**N303 Adult Health II
TEACHING PLAN**

Student Name: Alexis White

Subject: Hip fracture

Nursing Diagnosis: Risk for falls

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>This 89-year-old Caucasian male came in to the emergency department after experiencing a fall within the home which lead to a hip fracture. The patient understood the risks for his age for the increased likelihood of falls to occur. He knew that he should be taking more breaks as well as asking for help when needed to decrease the chance of a fall. The patient was a little confused therefore he was not as able to correspond with identifying all the potential factors of a fall which decreases the motivational level to learn the content associated to falls. His motivation increased when his wife had explained the need to learn how to keep him safe once they leave the hospital. He refused physical therapy for a couple days during the hospital due to the excruciating pain he feels every time he lifts his leg. On the day of clinical he partook in physical therapy and was more oriented but, still in an enormous amount of pain. He and his wife were Christian therefore they believe with the help of their faith they will be able to make it through anything that comes their way. His wife was his support system. She</p>	<p>Cognitive Objective: To remember, understand and apply the new information taught to the patient. The patient will understand the knowledge based upon the need to seek help in case of an emergency situation such as another mechanical fall and if feeling dizzy or light headed to keep away from driving or activities that can lead to a risk for further injury.</p> <p>Cognitive Outcome: This patient verbalized the understanding of the information provided. He asked several questions regarding how to be safe inside the home, or out in public, and what he can do within an emergency situation.</p> <p>Affective Objective: The patient will have a readiness to learn. He will show respect and have an eager attitude toward gaining insight as to how to live his life free from Injury.</p> <p>Affective Outcome: The patient reflected a positive attitude when the information was presented to him. He was fully engaged in the conversation as well as his wife. He understood the information partially well with acknowledging the need for physical therapy.</p>	<p>After you leave the hospital you should:</p> <ul style="list-style-type: none"> • Make sure to make a follow up appointment after the recovery of the surgery to make sure the stiches are in place well, no open wounds, no purulent discharge, no foul smell, and watch for increased temperatures in case of infection. • Take any medications as prescribed such as NSAIDS, or pain medication such as opioids. He was prescribed Tylenol while being in the hospital. • Take frequent resting periods to decrease fatigue • Change positions slowly to prevent orthostatic hypotension • When beginning to become active, make sure to stop to take breaks when feeling short of breath. • In the home make sure to eliminate throw rugs, adequate lighting should be in place, put tape in front of the stairs to show where they are, keep the mobility aid nearby, use side rails or have side rails in place within the shower, stairs, or even bed. • When feeling light headed avoid all activities requiring alertness such as driving. • Maintain adequate nutritional status such as eating a high calorie diet or foods full in calcium and vitamin D. in order to prevent bones from becoming brittle. • Encourage fluid intake to be 2-3L per day. 	<p>The patient indicated his wife was his primary provider and she was able to help understand given information. When taught the information regarding proper ways to ensure safety to prevent falls he acknowledged the need to partake in physical therapy to become stronger. The wife encouraged him to eat well, encouraged fluids, as well as knew the medication he was on and was able to identify the need to try to keep him safe. We did a question and answer portion with both the wife and the patient exemplifying the need to change for a new lifestyle in order to prevent falls from occurring once they leave the hospital.</p>	<p>I believe my teaching plan was effective with the patient being able to complete these goals. He was engaged during the learning process as well as taking in the new information. I believe I explained the teaching for ways to prevent falls and safety within the home with confidence and it will help with further complications. I used eye contact, positive body language, clear speech and demonstrated an organized presentation. The environment was conducive once the wife had helped to ease his mind which helped to alleviate some of the stressors with being in the hospital and dealing with the complications when leaving the hospital. I believe including the wife within the teaching allowed the client to feel safe. The discussion portion of our teaching method was very effective because it allowed the patient to discuss any possible concerns as well as what to do in an emergency situation, if there is a need to follow up and what to do, to take frequent rest periods, and if feeling any of those pertinent signs of fatigue to take a break. I feel as though my teaching could have been more effective if I would have given a hand out explaining why safety in the home is important as well as making a list for the client to take home to check off to make sure he is following necessary protocol. All together I</p>

<p>helped with all care such as letting the healthcare professionals know about all the medications he is placed on as well as giving him food, water, and company. She was a great advocate for his care. She explained that they were waiting to find out where they will progress to after the hospital for therapy and hoped it would be to the VA. The wife helped with the learning process as well as helped him to understand the change that will come after this fall. The patient responded with a positive psychosocial adaptation to the increased risk for falls due to his age and let us know he will continue to work towards recovery with physical therapy. His developmental level was appropriate for his age as well as educational level by portraying a sense of understanding within the teaching especially after his wife had talked with him and the way he was able to hold a conversation. The patient finished high school then enlisted in the army. He was a veteran and he feels very proud of the accomplishments he has achieved in his life. The patient's mood was happy as well as content to change in any way he could to make sure this occurrence will not happen again as well as manage his diabetes and his past medical history to enhance his health status.</p>	<p>Psychomotor objective: This patient will follow necessary steps as to beginning to walk after surgery as well as lifting the legs in promoting healthy exercise each day. He will first sit up on the bed, turn his body from side to side, dangle his feet, perform leg exercises, move to the chair with help, use a walker, and then walk in the hallway.</p> <p>Psychomotor outcome: The patient demonstrated the exercise of moving his legs well with the help of the physical therapist. He verbalized that it hurt tremendously to stand for a longer period of time as well as putting pressure on the affected extremity. He also vocalized the need for him to be able to get stronger in order to walk again</p>			<p>believe the teaching plan was a success and I believe he will have a very well-constructed plan in regard to his safety in preventing further falls resulting in complications.</p>
--	---	--	--	--

--	--	--	--	--

Reference(s): Hinkle, J. L., & Cheever, K. H. (2014). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (13th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.