

N431 Adult Health II
TEACHING PLAN INSTRUCTIONS AND EVALUATION

STUDENT NAME: Mary Liesveld _____ Date: 09/22/2019

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: _____

Total points

_____/25

**N303 Adult Health II
TEACHING PLAN**

Student Name: Mary Liesveld

Subject: Incentive spirometer

Nursing Diagnosis: Ineffective airway exchange related to pt. prescribed bedrest, as evidenced by abnormal breath sounds.

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)
<ul style="list-style-type: none"> • Patient has no previous knowledge of how to use the incentive spirometer. • The patient is motivated and willing to learn how to use the incentive spirometer. • The patient is compliant with the plan of care but needs to be reminded to use the spirometer on an hourly basis. • The patient is A&O x 2-3 and is oriented to person, place, and time. Pt.'s speech is clear, purposeful, and she follow commands well. • The patient is hard of hearing which may present as a barrier to learning. • The pt. is a 90 y.o. female who was admitted for evaluation due to a recent fall. She is on 	<ul style="list-style-type: none"> • Pt. will demonstrate breathing exercise and proper use of incentive spirometer to increase lung expansion (Psychomotor) • Pt. will verbalize understanding of the use of the incentive spirometer and will explain how to use it step by step (Cognitive) • Pt. is able to use diaphragmatic breathing to strengthen the diaphragm and abdominal muscles (Affective). 	<ul style="list-style-type: none"> • Attach the flexible tubing to port. • Set goal for patient with the yellow marker. • Have patient sit-up and exhale completely. • Seal lips around mouthpiece tightly. • Have patient inhale deeply and slowly making sure to keep the yellow indicator within normal range. It is important to monitor how quickly the piston rises. If it rises too quickly, then the pt. is not demonstrating proper airway exchange and full lung expansion (Lamar, 2012). • For maximum efficiency at the top of each inhalation, the pt. should hold their breath for 3-5 seconds before exhaling. • The pt. should exhale slowly and allow the pistol to fall completely before repeating again. • The pt. will use the incentive spirometer 5-10 times per hour while awake to promote optimal lung expansion and prevent pneumonia (Lamar, 2012). 	<ul style="list-style-type: none"> • Assessed patient's pain level prior to education and pt. stated that she was not in any pain. • Head of bed positioned at 60 degrees to ensure proper airway exchange (Lamar, 2012). • Demonstration: I demonstrated how to use the incentive spirometer several times to the pt. • Return Demonstration: Pt. was able to successfully demonstrate how to use the device back to me. • Maintaining eye contact and smiling throughout the demonstration helped the patient focus. • The pt. is hard of hearing and does not use hearing aids. I stood 	<ul style="list-style-type: none"> • Patient successfully demonstrated proper use of the incentive spirometer. • Patient was able to verbalize understanding for the use of the incentive spirometer. She was unable to verbally explain how the spirometer works step by step. • Pt. successfully used diaphragmatic breathing to strengthen the diaphragm and abdominal muscles. • Pt. exhibited a strong understanding of how to use the spirometer by demonstrating how to properly use the spirometer step by step. • The pt. stated that she felt 5-10 times per hour was "a bit much", but she could see herself using it every two hours. • The pt.'s weakness was her inability to verbally explain how the spirometer works step by step. • Providing pt. teaching after the pt. had her breakfast and a bed bath was the optimal time to provide pt. education. She was alert, oriented, and pleasant throughout the teaching.

<p>bedrest and has hypertension, CHF, and bilateral crackles in the lungs.</p> <ul style="list-style-type: none"> • The pt. is a high school graduate and appears willing and able to learn how to use the incentive spirometer. • Nursing diagnosis: Ineffective airway exchange related to pt. prescribed bedrest, as evidenced by abnormal breath sounds. 			<p>directly in front of the patient throughout the teaching and explained the material in a clear and concise manner.</p>	
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Reference(s):

Lamar, J. (2012). Relationship of respiratory care bundle with incentive spirometry to reduced pulmonary complications in a medical general practice unit.

MedSurg Nursing, 21(1), 33-37. Retrieved from <https://pdfs.semanticscholar.org/b610/b34b433a5dd7346e477fab458f5bbd3cf3e7.pdf>