

**N431 Adult Health II**  
**TEACHING PLAN INSTRUCTIONS AND EVALUATION**

STUDENT NAME: Emily Hustad Date: 9/30/19

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

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**Nursing Diagnosis Identified**

**(1 point)**

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**Planning**

**(3 points)**

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

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**Interventions**

**(2 points)**

- List the content to be included in instruction. Be specific and accurate.
- Logical sequence.
- Simple to complex.
- Organized

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**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

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**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

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**References Listed in APA format.**

**(1 point)**

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**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: Emily Hustad

Subject: Epilepsy, Dizziness, and Meclizine

Nursing Diagnosis: Risk for Falls related to dizziness, lightheadedness, and an unsteady gait.

<b>Relevant Assessment Data</b> (see instructions)	<b>Patient Outcomes</b> (see instructions re: 3 domains of learning)	<b>Teaching Outline</b> (be specific and use a logical sequence)	<b>Teaching Tools</b> (see instructions)	<b>Evaluation</b> (see instructions)
<p>This 38 year old female was in the hospital due to dizziness. She also had an unsteady gait and was lightheaded upon admission. She had a history of epilepsy, and was scheduled for an EEG on 9/30. She was then hopeful to go home. One medication that she was being discharged on was Meclizine. She was very pleasant and was happy to learn about my teaching points, which included epilepsy, dizziness, and Meclizine. She seemed to be compliant with all of the set treatments and protocols. She was eager to be discharged from the hospital and return home to her children, but she wanted to ensure that she was stable enough to return to work. Developmental level was normal for her age, and she was willing to listen and learn about my teaching points. She had adequate language and literacy skills. She had graduated high school and had a few semesters of college. Other than the prior unsteady gait due to the dizziness, she had no physical limitations at this time. The main goal for this patient while in the hospital was to remain free of falls and injury.</p>	<p>Cognitive Objective: To understand teaching and apply the information accurately. The patient will be able to identify signs and symptoms of epilepsy, and understand how to prevent dizziness when possible. She will also understand Meclizine and its purpose, as well as common side effects and other teaching points. Cognitive Outcome: The patient listened and applied the information accurately by asking questions regarding the subjects. While she already had an understanding about epilepsy, she did ask questions regarding dizziness and Meclizine. Affective Objective: The patient will be willing to learn and listen. She will be motivated to better understand her treatment and condition. Affective Outcome: The patient had a good attitude and was willing to learn and listen. She was motivated to understand the teaching points because she was ready to be discharged home and wanted to remain safe and comfortable at home. Ideally, the patient's family members would have been involved in the teaching as well. Unfortunately, the patient was alone during the teaching. Psychomotor Objective: The patient will be able to identify</p>	<p>-Epilepsy is diagnosed after a person has had more than one seizure. A seizure is a brief change of electrical and chemical activity in the brain.</p> <p>-Try to get plenty of sleep and keep a regular sleep schedule. Avoid, alcohol, drugs, and stress. All of these things can trigger a seizure.</p> <p>-Limit physical activities to where having a seizure could put you or someone else in danger. Wear a medical alert bracelet and tell your friends, family, and coworkers about your seizure disorder.</p> <p>-Dizziness is a feeling of unsteadiness or fuzziness in your head. It can be difficult to know the cause or dizziness. Certain medications, high blood pressure, and migraine headaches can all cause dizziness.</p> <p>-Do not drive when feeling dizzy. Prevent falls by ensuring walkways are free of clutter. Use non-skid mats and night lights.</p> <p>-Change positions slowly. Sit up slowly in bed in the morning. Let family and friends know you have been feeling dizzy so that they can help you.</p> <p>-Meclizine is used to prevent nausea, vomiting, and dizziness. Common side effects may include: drowsiness, dry mouth, headache, nausea, vomiting, or feeling tired.</p> <p>-Follow all directions on the label and package. To prevent motion sickness, take Meclizine 1 hour before you travel. You may take it once every 24 hours while traveling.</p> <p>-If you miss a dose, skip the dose if it is almost time for your next one. Do not take two doses at once.</p> <p>-Avoid driving until you know how Meclizine affects you.</p>	<p>Tools used included handouts from Lippincott Advisor on Epilepsy, Dizziness, and Meclizine. The patient kept these packets to look over. After going through the packets, I asked the patient if she had any questions. She did have a few questions, and I answered them to the best of my ability. Discussion, question and answer, and handouts were all utilized during this teaching process.</p>	<p>Learning objectives and outcomes seemed to be achieved during this teaching plan. The patient appeared to have an understating of the material, and was left with the handouts to review and address any further questions she may still have. Strengths included a patient that was eager to learn, the absence of communication barriers, and the willingness of the patient to listen and participate. One weakness of this teaching plan was that the patient had no family in the room to listen to the teaching with her. Family could benefit by understanding the teaching points, as well. This patient did not need any modifications to the plan. If she was hard of hearing or had poor eyesight, I may have incorporated videos or audiotapes into the teaching plan.</p>

	<p>physical signs and symptoms of dizziness and how to prevent them, as well as develop a better understanding of epilepsy and Meclizine. The patient was left with handouts to read over that covered all of the topics that I taught her. If she still were to have questions, we could have done physical demonstrations, such as how to sit up slowly in bed in the morning to prevent dizziness.</p> <p>Psychomotor Outcomes: The patient understands all aspects of the teaching without a physical demonstration. If a physical demonstration were necessary, the patient would ideally be able to demonstrate sitting up in bed slowly.</p>	<p>Drinking alcohol can increase certain side effects of Meclizine.</p>		
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**Reference(s):**

Swearingen, P. (2015) *All-in-one Nursing Care Planning Resource*. St. Louis, MO: Elsevier