

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

STUDENT NAME: Bo Sananixai

Date: 10/17/19

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

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: Bo Sananixai

Subject: Preventing Falls in the Older Adult

Nursing Diagnosis: Risk for falls related to older age, unsecured rugs in the home, decreased visual acuity, and balance issues as evidenced by sustaining a recent fall and injury to left lower rib, arm, and elbow; wearing glasses, and need for a cane to ambulate daily.

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 75-year-old patient has a history of dermatomyositis, gout, depression, vascular dermatitis, benign essential hypertension, and dyslipidemia. She was recently admitted for a fall and sustained injuries to her left lower rib, arm, and elbow. As a result, the patient has multiple hematomas on the left rib, arm, and elbow areas and is experiencing pain. The patient denies prior knowledge of methods to prevent falls. This patient has a high school level education and speaks and reads English well. She does seem interested in health promotion education, as evidenced by reading along with me as I went through the handout material, pausing to think of questions to ask, and minimizing distractions such as muting the TV before we began the teaching session. The patient</p>	<p>Cognitive Objective: To understand the risks associated with falls such as broken bones or even death. It is important to note that many people are not able to return to their average level of activity after sustaining a fall.</p> <p>Cognitive Outcome: The patient will verbally acknowledge an understanding of the new information provided. The patient will be able to ask questions to gain clarity on any unclear information provided. The patient will be able to teach back the newly taught information.</p> <p>Affective Objective: This patient will be open to being taught new information and motivated to learn. She will express interest in the information being shown and realize the health benefits it offers.</p>	<p>Teach on important problems that come with getting older.</p> <ul style="list-style-type: none"> • Muscle weakness • Balance problems • More trouble seeing <p>Teach on common hazards around the house.</p> <ul style="list-style-type: none"> • Slippery floors • Unsecured area rugs • Stairs • Areas where it is dark and difficult to see <p>Teach on ways to avoid falls in the future.</p> <ul style="list-style-type: none"> • Get up slowly after you sit or lie down • Keep your home well lit • Wear your glasses • Clear your floor areas of rugs or any other trip hazards • Do not use chair as a step stool • Use nonslip rubber mats in the shower/bath • Be physically active to keep bones strong <p>What to do in the event of a fall in the future.</p> <ul style="list-style-type: none"> • Stay calm and do not panic • Look for signs to decide if you have been hurt or have an injury • If you think you can get up safely, try to get up • If you are hurt or cannot get up on your own, try to call for help by yelling or via 	<p>This patient was given a handout with information on fall prevention. The handout included useful information on problems with getting older, personal health factors, common risks, and safety tips to implement around the house, as well as what to do in the event of a fall. Additionally, a list of resources with more information was provided in the handout.</p> <p>The demonstration/return demonstration method is another beneficial tool that can be utilized while providing teaching education to the patient. This method involves</p>	<p>I believe that the teaching education I provided to the patient was well received. The patient appeared interested in how to prevent falls in the future. She maintained excellent eye contact when I asked her questions, and even put on her glasses so that she could read along with me as I presented the handout to her. Her non-verbal body language appeared to be inviting and open; she was not slumped in her chair or making contradicting facial expressions. The environment was conducive to learning as there were minimal distractions, and the television was muted/off. The strength of providing the patient information via handouts is that she will be able to refer back to it once she returns home. The weakness in giving handouts to the patient is that she may lose it or throw it away since it was provided too early in her admission and not along with her discharge paperwork. A modification that I would implement in the</p>

<p>appears to be compliant with health care protocols; this admission is due to a lack of knowledge of fall prevention methods. She is otherwise compliant with health care protocols such as taking her medications on schedule. This patient does use a cane daily but does not need assistance with activities of daily living. She appears to be adjusting well to her recent injury and is hopeful of returning home once the doctors clear her to go back.</p>	<p>Affective Outcome: This patient’s attitude will reflect her interest and care for the information being presented. She will understand the teaching and be interested in using the additional resources provided to her to learn other ways to prevent falls in the future.</p> <p>Psychomotor Objective: This patient will be able to adopt a program to stay physically active, complete ADLs with the use of her cane, and remove trip hazards from her house.</p> <p>Psychomotor Outcome: The patient will acknowledge the need to stay physically active and remove trip hazards from her house to reduce her risk of sustaining another fall. Also, the patient can complete her ADLs on her own without additional assistance from family or caregivers.</p>	<p>phone.</p> <ul style="list-style-type: none"> • Stay warm and move regularly as you are able, being careful not to put too much pressure on any one area • After a fall, tell family and friends that you have fallen. It is also important to talk to your doctor about any sustained falls right away. 	<p>having the patient teach-back the presented information to me to gauge the level of understanding of the data demonstrated.</p>	<p>future to improve this teaching method will be to ask open-ended questions that will stimulate a discussion regarding the patient’s view on how to prevent falls in the future. This way, I will be able to clarify issues that the patient might not have noticed she had during the information session.</p>
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Reference(s): Lippincott Advisor. (2019). *Lexicomp and UpToDate Patient Handouts: Preventing Falls in the Older Adult*. Retrieved from <https://advisor.lww.com/lna/pages/printPage.jsp>