

**N301 Medical/Surgical  
TEACHING PLAN INSTRUCTIONS AND EVALUATION  
Summer 2017**

STUDENT NAME: Harold S. Henson Date: 03-02-2020

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**

<b>Assessment of patient/client/class</b>	<b>(3 points)</b>	_____
<ul style="list-style-type: none"> <li>Prior knowledge of subject to be taught</li> <li>Determine patient's motivation to learn content</li> <li>Health beliefs/values (Taylor pgs 70 &amp; 513)</li> <li>Psychosocial adaptations/adjustment to illness</li> <li>Compliance with health care protocols</li> <li>Assess patient's ability to learn</li> <li>Developmental level</li> <li>Physical capabilities/health status</li> <li>Language skills/literacy</li> <li>Level of education</li> </ul>		
<b>Nursing Diagnosis Identified</b>	<b>(1 point)</b>	_____
<b>Planning</b>	<b>(3 points)</b>	_____
<ul style="list-style-type: none"> <li>State objectives and outcomes: Include at least one from each learning domain: Cognitive, Affective &amp; Psychomotor</li> </ul>		
<b>Interventions</b>	<b>(2 points)</b>	_____
<ul style="list-style-type: none"> <li>List the content to be included in instruction. Be specific and accurate.</li> <li>Logical sequence.</li> <li>Simple to complex.</li> <li>Organized</li> </ul>		
<b>Methods/Teaching Tools</b>	<b>(2 points)</b>	_____
<ul style="list-style-type: none"> <li>Instructional methods to be used:</li> <li>Examples are: Discussion</li> <li style="padding-left: 20px;">Question &amp; Answer</li> <li style="padding-left: 20px;">Demonstration/Return Demonstration</li> <li style="padding-left: 20px;">Strategies to keep patient's attention</li> <li style="padding-left: 20px;">Methods to include patient in teaching/participation</li> </ul>		
<b>Evaluation</b>	<b>(3 points)</b>	_____
<ul style="list-style-type: none"> <li>Determine achievement of learning objectives based on expected outcomes. Identify strengths/weaknesses, Suggest modifications to plan; i.e. what would have made it better</li> </ul>		
<b>References Listed in APA format.</b>	<b>(1 point)</b>	_____

**TOTAL CONTENT** \_\_\_\_\_/15

II. Evaluation of <b>teaching presentation</b>	<b>(10 points)</b>	_____ /10
<ul style="list-style-type: none"> <li>Introduction of content, Patient put at ease, Eye contact,</li> <li>Clear speech and organized presentation, Environment conducive to learning,</li> <li>Family included, Accuracy of info, Validation of learning status, Use of teaching aids,</li> <li>Appropriate non-verbal body language etc.</li> </ul>		

Date Submitted: \_\_\_\_\_

**Total points** \_\_\_\_\_/25

**N 301 Nursing the Adult Client  
TEACHING PLAN**

Student Name: Harold S. Henson

Subject: Shortness of breath

Nursing Diagnosis: Dyspnea related to hypoxia as evidence by dizziness and weakness.

<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>A 91-year-old Caucasian male was presented to SBL hospital for having shortness of breath (dyspnea). The patient has a long past medical and surgical history and is also diagnosed with having cardiac heart failure. He continues to eat a high-calorie diet and lives alone. The patient is A&amp;Ox4, no acute distress, and appears stated age. Patient education will consist of the following: (1) understanding of techniques to prevent dyspnea; (2) signs &amp; symptoms; (3) what care is needed at home; (4) what follow-up care is needed; (5) what medications may be needed; (6) what problems may occur; (7) what can be done to prevent this health problem; and (8) when to call the doctor. The patient has a high school education and is motivated to learn content because he wants to return home as soon as possible. The patient states that he is a Christian and does his best to treat others kindly. The patient wants to spend his time with his family. The patient seems to be having a difficult time adapting to his condition, but he has a positive attitude. The patient asked questions</p>	<p><b>Cognitive Objective:</b> The patient to remember, understand and apply the information provided to him about patient education and staying compliant with his daily plan.</p> <p><b>Cognitive Outcome:</b> The patient verbalizes and demonstrates the understanding of the information provided to him; the patient has no breathing complications and shows/explains knowledge of treatment.</p> <p><b>Affective Objective:</b> The patient understands that the information provided is to benefit his quality of life and will demonstrate a definite increase in attitude to learn more about his condition.</p> <p><b>Affective Outcome:</b> The patient is motivated to learn new material, eager to show new behaviors of what he has learned, and demonstrates a commitment to improving his quality of life.</p> <p><b>Psychomotor Objective:</b> The patient will show how to perform techniques on how to minimize dyspnea, such as pursed-lip diaphragmatic breathing, coughing, and energy conservation. The patient will also</p>	<p>After leaving the hospital, the patient will be able to:</p> <ul style="list-style-type: none"> <li>• Understand what triggers his dyspnea, secondhand smoke, fumes, and pollution (Hinkle &amp; Cheever, 2018).</li> <li>• Keep a diary of his signs of dyspnea (Hinkle &amp; Cheever, 2018).</li> <li>• Demonstrate coughing and deep breathing exercises to help keep his lungs clear (Hinkle &amp; Cheever, 2018).</li> <li>• Stay calm and to breathe normally during stressful events, and to not hold his breath during activities (Swearingen, 2016).</li> <li>• Understand that taking warm baths or showers, and the use of a vaporizer can help loosen the mucus inside his nose and airways (Hinkle &amp; Cheever, 2018).</li> <li>• Understand the importance of follow-up care.</li> <li>• Understand the reason for taking his medications, as well as to stay compliant (Swearingen, 2016).</li> <li>• Stay compliant with a nutritious diet and fluid intake (2-3L/day).</li> <li>• Verbally explain what he can do to prevent dyspnea from occurring.</li> <li>• Call the doctor for sudden shortness of breath or sudden onset of chest pain, signs of infection, fatigue, swelling of the lower extremities, and unusual weight gain (Hinkle &amp; Cheever, 2018).</li> </ul>	<p>I gave the patient a handout that we went over together. After explaining the teaching outline with him, I had him repeat what he had learned. I answered his questions to the best of my ability. I practiced therapeutic communication techniques with him, and he was cooperative throughout the teaching.</p>	<p>I feel confident that the patient achieved the goals of my teaching objectives. The patient showed and verbalized his understanding of the signs and symptoms of dyspnea and its complications. He explained when to seek emergency care, deep breathing exercises, and the importance of staying compliant with his daily plan. He also verbalized that staying on a high-calorie diet, fluid, and exercise schedule will help improve his overall health. He seems to feel more confident in managing episodes of dyspnea. Enabling him to explain what we learned from the handout, and guiding him on how to avoid trouble breathing, helped build-up his confidence. I believe this to be the strong point of my teaching. Follow-up care will determine the effectiveness of therapy.</p>

<p>about his general health relating to diet and exercise, as well as specific questions about his treatments. The patient realizes that he has to live with his condition and is willing to take better care of himself. The patient is compliant with health care protocols and cooperates with staff. The patient can ambulate on his own and does not use any assistive devices at home, and his health status seems to be maintained. The patient's language skills and literacy are age-appropriate, as well as his developmental level. The patient was able to read the information provided to him regarding the procedures for pursed-lip diaphragmatic breathing, coughing, and energy conservation. Education material consists of the following: (1) Teaching the patient about the underlying condition, diagnostic tests, and treatments, including any prescribed medications; (2) Teach the patient about techniques to minimize dyspnea; (3) Instruct the patient to avoid chemical irritants, pollutants, and people with respiratory infections; (4) Teach the patient with chronic dyspnea about oxygen use; and (5) Inform the patient about danger signs and symptoms that indicate a change in status and require notifying the practitioner (Hinkle &amp; Cheever, 2018).</p>	<p>stay compliant with his daily plan; including medications, diet, and know when to contact his doctor.</p> <p><b>Psychomotor Outcome:</b> The patient performs and feels confident of tasks performed at home with no signs or symptoms of dyspnea or complications.</p>	<p style="text-align: center;"><b>References</b></p> <p>Hinkle, J.L., &amp; Cheever, K. H. (2018). Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing (14th ed.). Wolters Kluwer Health Lippincott Williams &amp; Wilkins.</p> <p>Swearingen, P. L. (2016). All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans (4<sup>th</sup> edition). Elsevier/Mosby.</p>		
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References				
<p>Hinkle, J.L., &amp; Cheever, K. H. (2018). Brunner &amp; Suddarth's Textbook of Medical-Surgical Nursing (14th ed.). Wolters Kluwer Health Lippincott Williams &amp; Wilkins.</p>				

**Reference(s):**

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Swearingen, P. L. (2016). All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans (4<sup>th</sup> edition). Elsevier/Mosby.

**Belcher, W. (2019). *Writing your journal article in twelve weeks: A guide to academic publishing success* (2<sup>nd</sup> edition). University of Chicago Press.**