

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

STUDENT NAME Elizabeth Pasieta Date: 03/25/2020

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**

Assessment of patient/client/class	(3 points)	_____
<ul style="list-style-type: none"> Prior knowledge of subject to be taught Determine patient's motivation to learn content Health beliefs/values (Taylor pgs 70 & 513) 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)	_____
<ul style="list-style-type: none"> State objectives and outcomes: Include at least one from each learning domain: Cognitive, Affective & Psychomotor 		
Interventions	(2 points)	_____
<ul style="list-style-type: none"> List the content to be included in instruction. Be specific and accurate. Logical sequence. Simple to complex. Organized 		
Methods/Teaching Tools	(2 points)	_____
<ul style="list-style-type: none"> Instructional methods to be used: Examples are: Discussion <li style="padding-left: 20px;">Question & Answer <li style="padding-left: 20px;">Demonstration/Return Demonstration <li style="padding-left: 20px;">Strategies to keep patient's attention <li style="padding-left: 20px;">Methods to include patient in teaching/participation 		
Evaluation	(3 points)	_____
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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

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

Student Name: Elizabeth Pasieta

Subject: COPD

Nursing Diagnosis: Knowledge deficit related to diagnosis of COPD, Decreased gas exchange related diagnosis of COPD exacerbation

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>Mr. TLT is a 58 year old man with no prior knowledge of COPD. He seems motivated to learn about his new diagnosis of COPD by requesting to wait for education until his wife is present and his eagerness to return to work as a taxi driver. Mr. TLT states that his daughter recently gave birth to his first grandchild. He discusses the importance of being a part of that grandchild's life. Mr. TLT appears to be accepting of his diagnosis and is informed of support groups in the area. Mr. TLT states that he plans to improve his compliance. He has been a compliant fall risk while at the hospital by waiting for assistance before getting up. He has also taken all of medications and his breathing treatments. Mr. TLT has been compliant with Sarah Bush's no smoking policy and has been administered nicotine patches during his stay. He states that the patches help but that he still feels anxious for not having a cigarette. Mr. TLT's history shows that he smokes 20 cigarettes per day with a history of smoking for 40 years. Mr. TLT does not seem eager or willing to quit smoking. Patient states he did attend some</p>	<p>Cognitive Objective: Mr. TLT will understand and be able to identify signs and symptoms related to a COPD exacerbation, when and how to contact his provider, how to prevent future COPD exacerbations, and the importance of follow-up care. Cognitive Outcome: Patient was able to repeat back the information that was given to him. His wife took notes during the discussion and asked several questions. Patient also asked to receive paper copies of the information as to not forget what had been discussed. Affective Objective: Mr. TLT will be motivated to learn. He will be receptive to the information provided to him and will take into consideration all preventative measures. Affective Outcome: Mr. TLT and his wife took avid notes and asked questions throughout the teaching. Mr. TLT processed the information and stated that he may not quit smoking yet, but is willing to cut back on his cigarettes per day. Psychomotor Objective: The patient will be able to determine when he is short of breath and will monitor his oxygen saturation level with a portable pulse ox. Patient will demonstrate understanding of normal range</p>	<p>After you leave the hospital you should:</p> <ul style="list-style-type: none"> • Take medications as prescribed. • Take levofloxacin(antibiotic) until prescription is finished to prevent or treat pneumonia. • Take guaifenesin(cold & cough med) to thin mucus secretions. • Take Xopenex (bronchodilator) as prescribed to treat and prevent future COPD exacerbations. • Use oxygen as prescribed. Understand flow rate and when to administer oxygen. Know how utilize a pulse oximeter to monitor oxygen saturation and maintain at least 92% or above (Hinkle & Cheever, 2018). • You should practice breathing exercises such as diaphragmatic breathing and pursed lip breathing to reduce respiratory rate and prevent collapse of alveoli (Hinkle & Cheever, 2018). • You should take multiple rest periods throughout the day especially during activities to prevent becoming breathless(Hinkle & Cheever, 2018). • An exercise training program is recommended and proven to be beneficial for COPD patients by decreasing dyspnea and fatigue(Hinkle & Cheever, 2018). • You should quit smoking because it is the single most effective way to prevent the progression of COPD and exacerbations. There are programs and organizations available to help you through the cessation process (Hinkle & Cheever, 2018). 	<p>Patient and wife received COPD handouts and care notes. We read through the information together. Mr. TLT and his wife were both quizzed on the information we went over, regarding COPD care. Mr. TLT and his wife were both encouraged to ask 3 questions each on information they were not confident about. Mr. TLT was able to demonstrate how to use a pulse oximeter and what it is used to monitor.</p>	<p>Mr. TLT achieved majority of the patient/teaching outcomes. He was able to demonstrate the use and understanding of a pulse oximeter. He confidently listed off signs and symptoms to identify future exacerbations. Mr. TLT has his wife who seems to be a good support system. The couple were comfortable asking questions throughout reading the COPD handouts and after to clarify anything they did not completely grasp. He was able to express the importance of taking his medications as prescribed. He was made aware of the benefits of smoking cessation but did not at all seem ready to quit based upon our conversations. He did state that he may attend one of the smoking cessation meetings. He understood the need to rest and to take it easy throughout the day, especially during activities. To improve my plan I could have provided Mr. TLT more information and resources on smoking cessation or I could have made the time to have more 1 on 1 conversations with him about quitting smoking. It may have also been beneficial to show him statistics on the results of smoking cessation to give him a visual representation of the effects that can be achieved.</p>

<p>college but did not obtain a degree. Mr. TLT appears to have an appropriate developmental level for his age. Patient states and demonstrates that he is able to walk independently, however, he does experience dyspnea upon exertion. Mr. TLT is able to climb 1.5 flights of stairs before becoming breathless. Patient is able to communicate well and demonstrates comprehension with the teach-back strategy. This strategy causes the patient to play an active part in their treatment process(Hinkle & Cheever, 2018).</p>	<p>and when to contact the provider. Patient will avoid intense activities that cause SOB. Patient will take his time when completing activities to avoid becoming SOB. Patient demonstrates how to administer his breathing treatments. Patient and his wife will make sure he attends his follow-up appointments. Patient demonstrates how to administer his breathing treatments. Psychomotor Outcome: Unable to determine patient outcomes at this time. Patient verbalizes and demonstrates understanding of pulse oximeter and breathing treatment. Patient verbalizes understanding of importance of attending follow-up appointments and being cautious during physical activity.</p>	<ul style="list-style-type: none"> • You need to recognize worsening signs and symptoms such as use of accessory muscles, paradoxical chest wall movement, new onset of cyanosis, peripheral edema, signs of heart failure, decreased alertness, and failure of treatment with previous medications. If you experience any of these it is imperative that you contact your primary physician and go to the Emergency Department. • You need to attend follow up appointments with primary physician to monitor oxygen saturation levels and other potential breathing complications. • Follow the guidelines on the educations sheets provided in case you are unsure of next steps to take, when to call your physician, and when to go to the ED. 		
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Reference(s):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Lippincott Williams & Wilkins.