

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

STUDENT NAME: Elizabeth Pasieta Date: 07/02/2020

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**

**Assessment of patient/client**

**(3 points)**

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- 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)**

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

**Interventions**

**(2 points)**

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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)**

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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

**N431 Adult Health II  
TEACHING PLAN**

Student Name: Elizabeth Pasieta

Subject: Cellulitis

Nursing Diagnosis: Risk for deficient knowledge related to cellulitis as evidenced by patient stating lack of knowledge.

<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>Patient is a 53 year old male who states that he has had cases of cellulitis in the past. Patient does not appear confident with his current knowledge. Patient upon asking if he wanted to receive further information seemed receptive. Patient states eagerness to be home for his birthday on July 4<sup>th</sup>. When asking the patient about his health he states that he realizes he is not healthy and that he would like to change. Patient has a history of depression and anxiety, but appears to be coping well with his current admission and diagnosis. Patient has been compliant with health care protocols during his stay. He is up ad lib but calls for assistance when he needs it. Patient seems eager to learn and appears to be at an appropriate developmental level for his age. Patient</p>	<p><b>Cognitive Objective:</b> To state an understanding of the material on cellulitis and be able to apply this knowledge now and in the future. <b>Cognitive Outcome:</b> The patient stated an understanding of the material and verbalized that he did not have any questions at this time.</p> <p><b>Affective Objective:</b> The patient will appear eager to learn and receptive to the information provided. <b>Affective Outcome:</b> The patient was attentive and respectful during the education process. He focused on the material provided without any distraction.</p> <p><b>Psychomotor Objective:</b> The patient will be able to take his full prescription of antibiotics and will arrange transportation for follow-up appointments. <b>Psychomotor Outcome:</b> The outcome</p>	<p>What is cellulitis? - An infection of the dermis layer of the skin, commonly occurring in the lower extremities(Lippincott, 2020).</p> <p>What causes cellulitis? - Cellulitis is often caused by an infection due to the exposure to MRSA or streptococcus bacteria. - Cellulitis can also occur due to an injury, which allowed pathogens to get into the skin(Lippincott, 2020).</p> <p>What are risk factors? - Risk factors of cellulitis include obesity, chronic skin conditions, circulation problems, recent injury to the skin, lymphedema, radiation, previous cellulitis, and diabetes(Lippincott, 2020).</p> <p>What are complications? - If cellulitis goes untreated tissue death or gangrene can occur, which can lead to amputation. - Also, the infection can spread from its current location to other areas on the skin or even the organs(Lippincott, 2020).</p> <p>What are signs and symptoms to watch for? - With cellulitis it is important to watch for warm, red, swollen skin that is painful, fluid filled blisters, enlarged lymph nodes, fever and general weakness(Lippincott, 2020).</p>	<p>The patient was given a printed handout of information on cellulitis from the Lippincott website. Prior to providing the patient the handout key points were highlighted for the patient to focus on when looking through the packet. During the education the patient followed along while flipping through the packet. The material was related directly to the patient by recognizing symptoms that he was experiencing and had come in to the hospital with. After going through the papers, the patient was asked if he had any questions to</p>	<p>The patient achieved the learning objectives. He appeared to understand all of the education provided and did not have any further questions. A strength of the teaching plan was to be able to break down the important topics into an easily understandable language using the Lippincott Advisor sheet. The patient also received his own copy with the main ideas highlighted to reference later. The education was presented to the patient with the opportunity to ask questions at the end. One weakness of this teaching plan was that the patient was not asked if he had any questions throughout the teaching, only at the end. An additional weakness was the inability to achieve the psychomotor objective during the education. The patient, however, was able to verbalize how he is going to take his antibiotics as well as his plan for transportation. The patient was very quiet during the education and</p>

<p>says that his current health makes him feel depressed. He discusses that having chronic joint and back pain makes it hard to get up and move. Patient speaks clearly and in complete sentences. Patient states and demonstrates ability to read. He states that his highest level of education is 10<sup>th</sup> grade.</p>	<p>is unattainable at this time. The patient was able to recognize the importance of taking the full prescription of his antibiotics and stated that he would ask his sister to drive him to his appointments.</p>	<p>What is important to know about the treatment regimen?</p> <ul style="list-style-type: none"> <li>- Make sure to complete the full course of antibiotics to prevent infection recurrence, even if the patient begins to feel better(Lippincott, 2020).</li> </ul> <p>What kind of diet and activity is appropriate?</p> <ul style="list-style-type: none"> <li>- Activity: Patient should elevate and rest the affected extremities. Activity should be increased as tolerated.</li> <li>- Diet: Eating a well-balanced diet is important, as well as drinking plenty of fluids to maintain hydration(Lippincott, 2020).</li> </ul>	<p>which he stated that he did not. The Lippincott packet is attached to the teaching plan.</p>	<p>it is possible that the material was provided too quickly. In the future the material should be presented at a slower pace to ensure the patient has full comprehension of the material provided.</p>
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**Reference(s):**

Lippincott (2020). Cellulitis. *Lippincott Advisor Teaching about Disease and Conditions*.  
[www.lippincottolutions.lww.com](http://www.lippincottolutions.lww.com)