# Developing an instructional unit on the rehabilitation of stroke patients

# Abstract

For this week's assignment I have designed an introduction for the course project on developing an instructional unit based on the early and aggressive rehabilitation of the stroke patient. I have described the patient, family, and healthcare team as the learners and used the hospital setting as the teaching environment. I've included the learner assessments and their educational level, developmental level, and their readiness to learn. Provided is a rationale and a purpose for why I selected the topic of stroke education. I've added the philosophical and theoretical basis for the teaching approaches used in my lesson, while providing journal articles and relative examples.


Course Project: Developing an Instructional Unit

Affecting nearly 795, 000 patients in the United States each year, stroke is one of the leading causes of people, mostly adults, with long-term disability. (National Stroke Association, 2018) After experiencing a stroke, a patient and their family face many hard life changes physically, mentally, and emotionally. It is imperative that the nurse is able to appropriately educate the patient and family in preparation for discharge from the acute care center. (Cameron, 2013) Early aggressive rehabilitation and patient compliance is necessary to gaining back essential motor functions and enhancing their quality of life.

Learner Description

The learners involved in the stoke patient's rehabilitation are the stroke patient, the patient's family members or support system, and the healthcare staff. Most people who suffer from a stroke are adult learners, in an adult acute care setting. The second set of learners would be the patient's family members or support system. Engaging people close to the patient help to keep the patient compliant, and give them added support. When a patient is compliant, it is implied that they are obedient or accepting of their healthcare regimen. In comparison, the when a patient adheres to the program, it implies that they support their plan of care. (Bastable, 2014) Finally, healthcare team members would be the third set of learners involved with the rehabilitation process.

Educational Setting

Suffering a stroke may lead to a lengthy hospital stay, so most of the teaching will be done in the hospital setting. The severity of the patient's condition, needs for frequent rest and monitoring, and availability of equipment that they need to learn to use or manipulate, makes the hospital the ideal setting to teach. (Bastable, 2014) The most important thing about teaching in the hospital is to make sure the patient will be able to continue the skills implemented when they are discharged. Patients with more sever strokes will be most likely be sent to an in-patient rehab center where they will continue therapy. Patients with a less severe stroke may attend an outpatient rehab a few days a week, which requires them to go in on their own. Teaching needs to be reinforced by all providers throughout the process.

Staff Development

Staff development is an important factor in the quality of teaching the patient and family will receive. Healthcare professionals, especially nurses, need to be constantly staying up-to-date on their teaching abilities and their clinical skills so that they are prepared to effectively demonstrate teaching services that meet the requirements of patients and families in different situations across an assortment of practice settings. (Bastable, 2014) Along with staff development, healthcare professionals need to have good interdisciplinary communication skills. If the healthcare team is communicating, then everyone will be able to reinforce the teaching, which leads to successful learning.

Patient Education and Readiness to Learn

Many factors need to be taken into account with patient education. Three determinants of patient learning are their readiness to learn, their needs, cultural values and beliefs, and their preferred learning style for how they will process the information. (Bastable, 2014) Readiness to learn comes at a different time for every patient. Suffering a stroke is a traumatic life event, so remember to take into consideration the person’s emotional state. According to Susan Bastable, if the patient is not ready to learn, the information will not be absorbed or retained. (2014)

Learning Style

Patient needs will also vary. By taking the time to talk to you patient and assess the situation, along with their goals and expectations, you can involve

them in their plan of care, which leads to a better outcome. When I am teaching, I ask my patients what has worked for them in the past. Most patients can tell you if they need visual, verbal, or hands-on instruction. If patients don’t know what works, ask them if they know which teaching methods are not effective and narrow it down. Most importantly, we must assess a patient’s health literacy. Health literacy is defined as a person’s ability to process, obtain, and comprehend fundamental health services and information to make suitable health decisions. (Cameron, 2013) Asking a patient about their education level is a great place to start when assessing what their health literacy level may be. Modify all information so that they are able to better understand and retain it.

Developmental Level

Since most people who suffer from a stroke are adults, that’s the developmental level for the intended learner. The focus of my education will be on patients that are middle aged and older adults, typically 40 years and older. When teaching adult learners, their accrual of life experiences and their established record of achievements allow them to learn with confidence, as long as their past experiences with learning were not negative. (Bastable, 2014)

Family Education

The primary purpose of involving family members in patient education and the decision-making process are to reduce the cost of care, decrease the strain of hospitalization, efficiently prepare the patient to care for themselves outside of the hospital setting, and provide emotional support.

(Bastable, 2014) Topics for family education may include descriptions of available resources, access to transportation, home health, or respite care, and stressing the significance of keeping follow-up appointments, much of which the family will now be responsible for coordinating.(Cameron, 2014)

Learner Assessments

I prefer to use the “ teach-back” method for assessing how much the learner has retained. The teach-back method would be where the learner is able to appropriately demonstrate or explain what I have taught them. Using open-ended questions will help to assess how much the patient and family understands. Only asking “ yes” or “ no” questions leaves room for the learner to affirm something that they don’t fully understand. (Bastable, 2014) In past experience, I have noticed that walking the patient through the educational materials, while giving them opportunities to answer questions, has helped them with education. For staff, frequently revisiting education provided gives them an opportunity to fix things they are doing incorrectly, and reinforce the skills learned.

Purpose and Rationale

Affecting nearly 795, 000 patients in the United States each year, stroke is one of the leading causes of people, mostly adults, with long-term disability. (National Stroke Association, 2018) The brain’s plasticity begins to slow down around three months after the stroke has occurred, which makes patient improvement slow down as well. (Flint Rehab, 2018) My background in nursing is Neurosurgical Intensive Care in comprehensive stroke units. Neurosurgery is something that I am passionate about and enjoy doing.

Philosophical and Theoretical Basis

My philosophical basis for teaching supports humanism. The philosophical humanistic perspective derives motivation from each learner's needs, subjective feelings about themselves, and their aspiration to grow. (Bastable, 2014) With the humanism approach, the learner needs positive reinforcement and emotional support. Teachers need to remember to be non-judgmental and encourage the learners to continue to try, even if they fail.

Conclusion

I have been fortunate enough to see how early mobility and aggressive rehabilitation can drastically improve a patient's outcome and help them to regain their independence. I have also seen the other side of things, where a patient neglects his care and has minimal improvement. I think a lot of the care neglect has to do with lack of appropriate education and supporting resources. For many patients, they simply are unaware of their resources available to them. Promoting education is a way to help these patients with their rehabilitation path after discharge. We need to encourage our patients to improve their health and be accountable. I strongly support early aggressive rehabilitation and patient compliance helps regain essential motor functions and enhances their quality of life.

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