

# Education plan nur 405

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Planning Education; Lighting the Path to Health University of Phoenix  
NUR/405 Beth Meadows, RN, MSN, NCSN October 16. 2011 Planning  
Education; Lighting the Path to Health A nursing care plan is the basis for providing the best possible care for patients. It outlines a specific set of actions that a nurse follows to help the patient resolve a nursing problem, which was identified during an assessment. The plan of care's elements focus on a set of actions, with outcomes that are measurable. It is designed to solve or minimize problems, which were previously identified. Care plans are systematic, relate to future actions and should be holistic, focusing on the needs of the person as a whole and not just physical illness. When planning care, a nurse should have input from the patient while determining priorities. What is taught will depend much upon what the patient is able and willing to learn. According to Chang and Kelly, (2007), The nurse facilitates learning for patients and families by motivating the participants. Success is highly dependent on developing a trusting relationship. The nurse must identify what the participants value. Values are individualized, culturally determined, and will differ for each patient. Much of a plan of care focuses on education. Deciding what education would be beneficial for a client is part of what a nurse assesses and plans for in a care plan. This paper will discuss an educational plan for the " T" family, which is based upon a Friedman Family Assessment, community resources gathered during the windshield survey and the family's input into their unique plan of care. A Nurse's Role in Education People who are informed can make better decisions with regard to health practices and medical interventions. Nurses provide education to patients which can improve outcomes. According to Wingard, (2005), who

cites Rankin & Stallings, (2001). The nursing process provides a method for individualizing patient care and education for each patient and event. The first step in this process is a nursing assessment: the process of collecting data to identify the needs and problems of an individual patient and family. In the assessment process, the nurse collects information from various sources, validates this information, sorts and categorizes data, and summarizes or interprets it. The end product--a nursing diagnosis of educational need--is a judgment based on sound data and information. (pg. 1). Education is an integral part of nursing-its importance cannot be stressed enough by this writer. For without communication and teaching, patients may not be aware of specific interventions they might use to help improve their situations and health. A nurse can provide optimal education for a patient by setting goals and objectives that are realistic. The individuality of education plans, tailored to the patients' ages, gender, culture, spirituality, physical abilities and/ or any deficits is also an important aspect of educational planning (Wingard, 2005). Educational Needs There were several educational needs identified during the family's assessment, in which the following three nursing diagnoses were developed and determined to be a priority. The first of these diagnoses is Risk for Caregiver Role Strain, related to a high probability of long duration of caregiving and high needs of the care recipients, as evidenced by lack of caregiver respite and/or recreation. This nursing diagnosis would be well served by an educational approach focusing on the importance of having a support system, and some time for personal activities and hobbies. The signs and symptoms of cognitive decline can be frustrating for some people; education about cognition, and what can

be expected will help provide more understanding. Assisting in the understanding of what strategies can be helpful in keeping DT's mother as independent as possible will be a help. Education for signs and symptoms of stress will also be important for DT and RT, so they can support each other in times of need. Other needs for DT's and RT's roles as caregivers are education about the development of pressure wounds, for if MD develops a wound, it will be harder to provide the care she would require, Education regarding avoidance of falls, strengthening exercises and removal of fall risks, ( i. e. children's toys, throw rugs and poor lighting) is another identified need for DT and RT. Strategies to assist them with time management, and the sharing of duties, so neither one becomes overwhelmed may also be beneficial. Last, education for relaxation techniques will be explored. The second nursing diagnosis that is considered a priority is: Imbalanced nutrition: more than body requirements, related to metabolic needs, as evidenced by poor dietary habits and sedentary lifestyle. The education needs may be best served with a partnership between nursing and a registered dietician. Arrangements for education about food choices, nutritional values, reading food labels while shopping and healthy meal preparation should be made. Education regarding the benefit of physical exercise for the entire family and the preventative qualities of exercise for obesity, diabetes and osteoporosis, as well as balance and strengthening should be offered. Education to provide an understanding of caloric needs versus an indulgent intake of calories greater than what the body can utilize might help this family to identify food portions. Finally, education about small life-style changes which will impact activity levels will be offered. Ineffective

Self-Health Management, related to lack of knowledge regarding management of chronic illnesses, as evidenced by poorly controlled blood glucose, excess weight, and verbal reports of not exercising regularly, and no daily exam of feet, is the third nursing diagnosis provided for this family. The third diagnosis directly impacts RT, although it will indirectly impact the entire family. Education needs for this will in part be addressed through the nutritional education listed under the second nursing diagnosis. Foot exams for a diabetic are very important, so education regarding this aspect of preventative self-care will be presented. Educational Goals and Objectives

There will be many educational goals and objectives, as the education addresses several priorities. The first set of goals and objectives will be related to Care Giver Stress; \* Both DT and RT will be able to verbalize signs and symptoms of stress, as well as coping methods to relieve that stress. \* DT and RT will have a support system of friends, family and community resources in place. \* DT and RT will be able to verbalize expected behaviors of a person with cognitive decline and describe strategies to cope with behaviors. \* Environmental risks for MD related to falls will be eliminated, and DT, RT will be able to verbalize understanding of minimizing risks for falling. \* DT and RT will be able to verbalize how pressure wounds develop, and prevention of wounds. \* MED will be re-positioned, or reminded to re-position by family; DT and RT will provide education to children, so they can also remind MD to re-position in chair \* Family will participate in relaxation techniques,(i. e. meditation, guided imagery, deep breathing ), together one evening a week for 30 minutes minimum. \* Family will report less stress, and Zarrit Caregiver Stress Assessment will reflect this in the numerical score.

The second set of goals and objectives for Imbalanced Nutrition are set, as follows: \* DT and RT will be able to verbalize the benefits of proper nutrition and portion control. \* DT and RT will be able to demonstrate how to read a food label, and what the values of sodium, fat, and sugar mean in terms of daily values required. \* The family will be able to describe the benefits of regular exercise and how regular exercise can improve stress levels as well as promote weight loss, cardiovascular health, and provide preventative effects for health. \* Family will exhibit weight loss and healthy eating habits \* Shopping and meal planning will become a family event, with an emphasis on health \* Family members will exercise together by walking, bike riding, Wii sports games for a minimum of 30 minutes five times weekly. \* DT and RT will be able to verbalize strategies for making small lifestyle changes to promote a healthy lifestyle. The third nursing diagnosis, Ineffective Self-Health Management, would have the following goals and objectives; \* RT will be able to state his diabetic medications, and demonstrate correct how to properly take the medications \* RT will state the importance of proper foot and skin care, as well as demonstrate how to provide self-care, by inspecting for cuts, redness, swelling, blisters, corns and breaks in the skin. The patient will state the importance of reporting any changes to his/her health care provider as soon as is possible. \* RT will be able to state the importance of good nutrition and describe the benefits of regular exercise and how it can improve blood glucose control. \* RT will show a weight loss of 2 lbs. within 3 weeks after educational session, and will continue to trend weight downwards until a healthy weight is obtained and maintained. Educational Methods A teaching plan is planned to help the patient make educated

lifestyle choices and changes to promote health. The teaching will be both for DT and RT together and the entire family for other portions. This plan will stress the importance of compliance with the prescribed treatment program. The teaching plan will be tailored to the family's needs, learning styles, and developmental stages. Methods will include discussion of pertinent topics, printed materials, food models, presentations that are verbal, audio and kinetic, exercise and meditation demonstrations, a shopping trip to look at food labels and types of healthy foods, recipe discussion and substitutions to help keep food nutritious, demonstrations for skin assessment, and a session for questions and clarification by the clients as well as a critique by the clients to assess effectiveness and understanding. One topic will be addressed at a time; the following is an example of the first education on caregiver strain. This type of schedule with topics that are educational, interactive and fun for entire family will be provided for each nursing diagnosis. Caregiver Strain The first educational topic for caregiver strain will be set over a 2 week period, and consist of a schedule as follows: Day One: Presentation with general overview of caregiver stress, how it can affect a family both physically and emotionally, signs and symptoms and strategies to combat stress. Discussion with family members as to what type of coping mechanisms have worked for them in past as well as what has not been successful. Development of a plan to support each other , and to find community resources such as support groups and respite services. This would be an informal discussion at the family's home. Printed information would be provided about cognitive decline, prevention of falls and pressure wounds, so family would have a better understanding of issues and have

education needed to provide care. A list of community resources would be provided to family at this time. Estimated time: 2-3 hours. Day Two: Nurse to call DT and RT at specified time to answer any questions or clarify any specifics. Request for DT and RT to verbalize what they learned from first session, again clarification of information provided. Appointment will be set for 2 days to talk about and practice relaxation techniques and exercise for entire family. Estimated time: 30 minutes Day Four: Education session begins with a discussion of health benefits gained during relaxation and meditation. Nurse to provide a borrowed guided meditation CD from medical library, and play this for clients. Demonstration will be provided of breathing techniques with return demonstration by clients. Get feedback from clients about meditation session, gain commitment that they will practice once weekly for 30 minutes for one month duration to see benefit. Estimated time: 2 hours. Day Seven RN will partner with physical therapist, (PT), to meet with family and discuss the importance of strength, coordination and balance training for people who are at risk for falls. PT to perform home safety assessment and offer suggestions to minimize risks of falls. PT to demonstrate some exercise, designed for patients who are a high fall risk with MD. Nurse to reinforce the importance of regular exercise for MD to prevent falls, which will create even more caregiver stress for DT and RT. Handout with printed exercises and diagrams provided for family. Estimated time: 2 hours Day Ten This session will be set up as an interactive discussion about personal interests, hobbies and the way each person copes with stress. Each member of the family will be encouraged to share what makes them feel better when they feel stressed; the other members will mirror what



was said, and repeat it back to make sure that all members have a clear understanding of each other's needs and way to cope. Each member of the family will commit to the support of each other during stressful times. Respectful and attentive listening will be practiced, as well as hugs. A plan for each member to be able to pursue their chosen hobby with family support will be discussed and agreed upon by all members. This will entail a shared responsibility by all family members for daily chores and care giving tasks. Sharing tasks will allow more time for DT to be able to pursue her hobby. The family will be encouraged to work as a team, supporting each other with love and respect. The family plan of support and shared responsibilities will be posted for all members to refer back to. (Estimated Time: 2-3 hours)

Day Twelve On this day, the family, (minus MD), will meet at the park, where the RN and PT will lead a group stretching and walking session. Making sure the exercise is a benefit to the cardiovascular system will be demonstrated by monitoring heart rate. All members will demonstrate how to monitor their own heart rate for optimal benefit. The youngest family member will be asked to " feel his heart and see if it is beating fast". Family members will be educated that an exercise program must be started slowly and build into longer durations. A handout on types of exercises, ( i. e. yoga, walking and bicycling) will be provided. The benefits of exercise to reduce stress will be discussed. Estimated time 45 minutes

Day Fourteen Follow up with family to go over any questions and provide an outline with salient points from all sessions. A notebook with all handouts will be provided, and space for questions, so when the 30-day follow-up session occurs, any questions that come up before, will not be forgotten. A critique will be

provided for the family to fill out as to what was helpful education, and what topics they would like more information about. Estimated time 60 minutes

Day Thirty Meet with family to recap the last two weeks; problem solving if necessary. Make time to assess what educational interventions have been most helpful. Administer Zarrit Caregiver Burden assessment and compare scores to those of assessment given thirty days earlier for quantitative data. Have candid discussion with clients regarding benefits of education and ask if there are additional needs. The above plan is an example of an interactive educational plan using verbal (discussions and teaching), audio, (music and guided imagery) and kinetic, (exercise). All nursing diagnoses would have a similar plan developed with the intent to keep clients engaged in learning.

Method of Evaluation of Educator and Process It is essential to assess what the patients have learned throughout the educational process. This can be accomplished by a review of all sessions, having the patient “ teach the trainer”, looking for a behavioral change and attitude of compliance. Asking the client for feedback throughout the sessions will keep the nurse in touch with how well the person comprehends the education. Assessing the patient’s level of change and their understanding as to why the change is necessary is imperative, as a review of prior teaching may be necessary.

Observation of skills and tasks to assure that the patient understands correct technique must be completed. A critique of the instructor’s performance should be given to the family for their input. Last, the family must be given information as to how follow-up can be obtained, if the patient's learning was not adequate to bring about the outcomes desired. Conclusion As healthcare needs and delivery methods evolve, nurses ‘ roles are also changing. The

nurse is a professional who uses evidence-based teaching to help her patients achieve better outcomes. Research and peer-reviewed studies are part of the nurse's tools to help patients understand how they can take charge of their health proactively. Prevention is the way to better health, and nurse-provided education is key to this prevention. A well-thought out, creative educational plan, developed with the client's needs and abilities in mind will be a good start to a patient's compliance. With defined goals, objectives, good follow-up and the nurse's desire to help light the path to better health through education, the teaching plan can change patients' outcomes for the better. References Chang, M. and Kelly, A. E.,(2007). Patient education: Addressing cultural diversity and health literacy issues. *Urol Nurs.* 2007; 27(5): 411-417. Retrieved on October 13, 2011 from: [http://www.medscape.com/viewarticle/564667\\_1](http://www.medscape.com/viewarticle/564667_1) London, F.,(n. d.). Teachable moments; Patient education opportunities. Retrieved on October 12, 2011 from: <http://www.nursetogether.com/Career/Career-Article/itemId/1649/Teachable-Moments-Patient-Education-Opportunities.aspx> Wingard, D.,(2005), Patient education and the nursing process: meeting the patient's needs. *Nephrology Nursing Journal*, March-April 2005. Retrieved on October 13, 2011 from: [http://findarticles.com/p/articles/mi\\_m0ICF/is\\_2\\_32/ai\\_n17209187/pg\\_2/?tag=content;col1](http://findarticles.com/p/articles/mi_m0ICF/is_2_32/ai_n17209187/pg_2/?tag=content;col1)