Unit XI
Teaching Learning Process
N141
ADN PROGRAM
NAPA VALLEY COLLEGE

Why is Client Education such an Important Nursing Role?

– Shorter hospital stays
  • Need concise, meaningful information ASAP
– ↑ demands on nurses time
– ↓ health care costs
– ↑ quality of care
– ↑ optimal wellness and independence
– Right to know (Patient’s Bill of Rights)

Obj #1 Compare the steps in the teaching learning process to the Nursing process.

TEACHING-LEARNING PROCESS

Assessment
Identification of Learning Needs
Planning
Evaluation
Learner’s Progress
Teaching Efficacy

NURSING PROCESS

Assessment
Nursing Diagnosis
Planning
Implementation
Evaluation
Teaching

• Purpose: Teach effectively

Teaching

• The interactive process that promotes learning
• Consists of deliberate actions to:
  – Gain new knowledge
  – Change attitudes
  – Adopt new behaviors

Purpose of Teaching

• To improve the client’s level of understanding and therefore promote health
• Restoration of health
• Coping with impaired function
Effective Teaching

- Relationship
- Environment
- Communication

Objective #2: Explain influencing factors affecting the capacity to learn and the readiness to learn.

Learning Requires:

- Capacity to learn
- Readiness to learn
### Domains of Learning

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Includes all intellectual behaviors &amp; requires thinking</td>
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<tr>
<td>Affective</td>
<td>Deals c expressions of feelings &amp; acceptance of attitudes, opinions or values</td>
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<tr>
<td>Psychomotor</td>
<td>Involves acquiring skills that require integration of mental &amp; muscular activity</td>
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### Basic Learning Principles

1. Motivation to learn
   - Attentional Set
   - Motivation
   - Use of theory-Social learning theory
     - Self-efficacy (see next slides)
   - Psychosocial
   - Active Participation

### Self-Efficacy

- Refers to a perceived ability to successfully complete a task
  - If I believe I can execute a behavior, more likely to perform the behavior consistently and correctly
  - Performing a behavior provides the greatest source of efficacy beliefs
Self-Efficacy Beliefs Arise From 4 Sources

- Enactive mastery experiences
  - Perceived ability to successfully complete a behavior
- Vicarious experiences
  - Modeling someone else’s behavior
- Verbal persuasion
  - Significant others express faith in one’s capabilities
- Physiological & affective states
  - Perceives physiological and/or emotional improvement as a result of a desired behavior

Self-Efficacy Example

- Nurse expresses belief in the child’s ability to use an inhaler (verbal persuasion)
- Nurse demonstrates how to use inhaler (vicarious experience)
- Child uses inhaler (enactive mastery experience)
- Wheezing ↓, positive feedback further ↑ child’s confidence to use inhaler (physiological state improves)

Basic Learning Principles continued...

- Ability to Learn
  - Developmental Capability
  - Learning in Children
  - Adult Learning
  - Physical Capability
- Learning Environment
Ability to Learn

• Developmental Capability
  – Cognitive development
  – Need to know the client's level of knowledge
  – Learning occurs more readily when new information accompanies existing knowledge

Ability to Learn

• Children
  – Intellectual growth: Concrete to abstract
  – Information based on developmental stage
  – Learning: Behavior changes as a result of experience or growth

Ability to Learn

• Adult
  – Developmental factors
  – Self-Care
  – Life experience
  – Health status
  – Health values
Ability to Learn

- **Adults**
  - Independent, self-directed, and often able to ID own learning needs
  - Use personal & life experiences to solve problems

Ability to Learn

- **Older Adults**
  - Info slowly
  - Low tone of voice
  - Allow ample time for understanding
  - Reduce distractions
  - Provide info in frequent, small amounts
  - Reinforce important info
  - Relate material to life experiences
  - Allow to progress at own pace
  - If use written material, print should be black 14 point font print on buff-colored paper

Ability to Learn

- **Physical Capability**
  - Physical development
  - Overall physical health
Nursing Process: Assessment

- Physical
  - Strength, movement, & coordination
  - Extent able to perform skills
- Sensory deficits
  - Affect ability to understand or follow instructions
- Developmental level
  - Influences approach
- Cognitive function
  - Memory, knowledge, association, judgment

Assessment continued...

- Expectations of Learning
- Learning Needs
- Motivation to Learn
- Ability to Learn
- Teaching Environment
- Resources for Learning
- Health Literacy and Learning Disabilities

Summary of Factors That Affect Learning

- Ability to learn
  - Physical condition
  - Cognitive ability
  - Developmental considerations
  - Level of ed
  - Literacy
  - Communication skills
  - Primary language
- Learning strengths
  - Successful learning in the past
  - Above-average comprehension, reasoning, memory, or psychomotor skills
  - High motivation
  - Strong network
  - Adequate financing
The Self-care Education Process

Formulate Nursing Dx

- Possible Nursing Diagnoses r/t teach/learn
  - Health maintenance, altered
  - Health-seeking behaviors
  - Knowledge deficit (affective, cognitive, psychomotor)
  - Management of therapeutic regimen, community: ineffective
  - Management of therapeutic regimen, families: ineffective
  - Management of therapeutic regimen, individual: effective
  - Management of therapeutic regimen, individual: ineffective
  - Noncompliance

Teaching Plan Developed from Nsg Dx

1. Learning Objectives
2. Teaching Methods
3. Teaching Tools
4. Evaluation
Learning Objectives

• 1st step of teaching plan
• Describe what the learner will be able to do after successful instruction
• Identify expected outcomes & establish priorities for learning
• Develop:
  — Short term (immediate learning needs) and/or
  — Long term (r/t acquisition of the knowledge and skills needed to permanently adapt to a health problem)

Components to Include as You Prioritize

• Medical condition
• Medications
• Therapies
• Diet
• Referrals
Client Teaching

- Teaching, such as telling a client with diabetes about insulin injections and getting return demonstrations, includes:
  - Assessing what the client needs and wants to know
  - Determining mutually derived realistic goals
  - Using teaching strategies to attain goals
  - Evaluating the outcomes

Teaching Methods

- Discussion (1:1 or group)
  - Group more economical
  - 1:1 most common
- Lecture
  - Structured
  - Learn content
- Question & Answer
- Role play
  - Play self or someone else
- Computer Assisted Instr.
- Psychomotor
  - Demonstration
    - Observe a skill & then practice
  - Return demonstration

Teaching isn’t “One Size Fits All”

- Whether formal or informal, you need to tailor
  - Printed materials should be jargon-free and clear
  - Verify ability to read and understand information
Teaching Methods

- Setting priorities
- Timing
- Organizing teaching material
- Maintaining learning attention and participation
- Building on existing knowledge
- Selection of teaching methods
  - Availability of teaching resources
  - Writing teaching plan

Teaching Methods

- Approaches
  - Telling (explicit info, no opportunity for feedback)
  - Selling (two way communication)
  - Participating (nurse and client set objectives)
  - Entrusting (provides the client the opportunity to manage self-care - nurse observes)
  - Reinforcing (usually the nurse)

Teaching Tools

- Printed material
  - Must be readable
    - (5th grade)
- Programmed Instruction
  - Sequential presentation of learning steps
- Computer Instruction
  - Computer skills
- Charts
  - Visual summary
- Pictures
- Physical Objects
  - Equipment, models
- Other
  - Slides, audiotapes, videotapes
  - Useful for visual defects and reading problems
Evaluation Process

- Barriers that impeded successful learning
- Measure extent learning objectives met
- Identify objectives that need clarification
- Indicate interventions that were both effective and ineffective
- Note areas that required clarification, correction of misconceptions, or reinforcement

Evaluation

- Reinforces correct behavior
- Change incorrect behavior
- Determine adequacy of teaching

Documentation of Teaching

- Document
  - Assessment of learning needs
  - Objectives
    - Specific content covered
    - Note the date, time, and specific person or persons taught
  - Method (discussion, videotape, audiotape)
  - Teaching tools
  - Evaluation: Level of comprehension, reinforcement needed
Effective Documentation

Describes the entire process of **client education**, promotes **continuity of care**, and demonstrates that **educational standards** have been met.

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Critical Thinking Exercise: Develop a Teaching Plan

Kay is a 45-year-old happily married Euro-American bachelor’s prepared high school teacher who teaches physical ed and health. She has recently had a mild MI. She is 30% overweight, has poor near vision, reports eating a diet high in fat and says that she does not exercise. Five years ago she took care of her 90 y/o dad regarding diet & meds for his 5th serious MI & he died 3 mo later. She’s says she’s depressed and afraid she’s going to die in 3 mo like her dad. Her roommate talks on the phone loudly & constantly and keeps the TV on all day & night which has affected her ability to sleep (4hrs/noc). She says she used to walk 45” a day and was a member of weight watcher’s (lost 20€). Knows she’s been ignoring her health, but says she’s “ready to do whatever it takes to get her health back”. She recites to you her meds and their side effects correctly.

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Teaching Plan:

**PATIENT DATA BASE**

- Assessment of learning needs: Sleep deprivation, diet and medication, level of depression
- Assessment of capabilities to learn
  - Physical health: Recent MI, genetic link?
  - Emotional health: R/O clinical depression, happily married
  - Sensory deficits: Poor near vision, will need glasses to read written material
  - Cognitive function: A&Ox3, ST & LT memory intact: recited recently adm meds & SE
  - Education: 4 yr college, language at a college level
  - Previous knowledge: Teaches health & nutrition, managed dads diet med, Wt. Watchers, exercise
  - Life experience: Took care of dad c MI, knows trajectory
Patient Data Base (continued)

- Assessment of readiness to learn
  - Motivation to learn: "...ready to do whatever it takes to get my health back".
  - Ability to learn: Ø cognitive impairments, sleep deprivation, depression, irritation by roommate
  - Teaching environment: Roommate talking, TV on 24/7, lack of privacy

- Describe how you adapted your teaching style to meet
  - Individualized needs: Include spouse in teaching. Reinforce need for emotional support by staff/spouse
  - Developmental stage: Generativity vs. stagnation
  - Special considerations: Had mild MI, but fears dying as father did 3 mo post MI. Confront cognitive distortions

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<td>1. Correctly recite correct medication regimen (dose, frequency, time, side effects) by 10/28/03</td>
<td>Discussion, lecture, Q &amp; A, role play, demonstration, computer assisted</td>
<td>Printed material, glasses</td>
<td>Oral questioning: 100% correct response.</td>
</tr>
<tr>
<td>2. Demonstrate correct assessment of radial pulse for 1 minute by 10/29/03</td>
<td>Discussion, verbal persuasion</td>
<td>Equipment: Watch with second hand, glasses</td>
<td>Mastery experience provided positive feedback. &quot;I feel more relaxed and ready for discharge now that I can correctly check my pulse (physiological state).&quot;</td>
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Nursing Dx: Health seeking behaviors, r/t knowledge deficit on current info on cardiac meds & diet aeb "I'm ready to do whatever it takes to get my health back"

In Summary, Remember to
Study Guide

• Specify the components to be considered in the development of learning objectives
• Identify the four sources of self-efficacy beliefs
• Apply learning principles to various developmental stages
• Consider motivation, ability and environmental factors that influence learning
• Summarize what needs to be documented after patient teaching