Client Teaching Activity

Introduction

The quality of patient care and safe strategy of delivering care that is consistent with the desire is one of the nursing (Nursing and Midwifery Board of Australia, 2016). A quality nursing process consists of five stages, including assessment, diagnosis, plan, implementation and evaluation (Meyers, Durlak, & Wandersman, 2012). The following client-teaching activity relies on the nursing process to deliver care to a patient. The goal of this teaching practice is to place the client at the centre of healthcare delivery to ensure proper achievement of the desired outcomes. Therefore, this client-teaching activity aims at utilising the nursing process in delivering care.

The following client-teaching activity involves Charlotte, a 13-year-old girl living with her father and a younger brother in the suburbs. Her mother passed away, and she does not feel comfortable talking to her father about menstruation. In consideration of Charlotte’s predicament, this teaching activity presents a discussion of the nursing practices involved in the menstrual cycle, body changes, puberty, anxiety and how it will influence her body image.

Assessment

Assessment is the first stage of the nursing process and forms an essential part of the care process (Parahoo, 2013). In this stage, it is crucial to view the patient holistically and identify the patient’s needs (Kitson, Muntlin Athlin, & Conroy, 2014). The expectations of this client-teaching activity are the reduction of Charlotte’s anxiety through empowering her with knowledge on menstruation, managing pain, and handling any possible unforeseen situations. The learning needs for this activity consist of sanitary towels, the use of a dummy, writing materials and possible examples of pain medication to use (Johnston-Robledo & Chrisler, 2013). The teaching environment will be the nurse’s office that will ensure privacy (Henderson, Cooke, Creedy, & Walker, 2012). Furthermore, Charlotte’s motivation to learn has to do with her desire to participate in the teaching activity (Forbes, 2012).

An important aspect to consider when dealing with a thirteen-year-old girl is to look at her current development phase. The Erikson theory of psychosocial development provides an adequate mechanism to understand the patient’s development and the impact that the stage has on the patient’s ability to live well (Grusec & Lytton, 2012). Considering a holistic assessment informs the nursing process and provides a basis for the foundation of adequate patient care of the thirteen-year-old patient (Parahoo, 2013). The nurse will be able to provide patient-centred care.

The Erikson’s stages of psychosocial development are a comprehensive set of method, offering a series of eight developmental stages in which a healthy individual should go through from infancy to late adulthood (Batra, 2013). The Erikson theory can be used in assessing Charlotte to determine her current developmental needs. Charlotte is at the fifth stage of identity vs role confusion because she is searching for a sense of personal identity (Batra, 2013). During this stage, Charlotte’s transition to adulthood is important because she is becoming independent (Fischer & Ereaut, 2012). Becoming independent and self-sufficient is her motivational factors.

Diagnosis

Due to Charlotte’s impending menstruation, she is anxious, especially as she does not have anyone to guide her through the process. Moreover, because she does not have anyone around, she is facing identity issues because there is an uncertain sense of self-relation to others (McQueen, 2015). The idea of raising a sensitive topic with close relatives may be too shameful because she is afraid of being judged (Litosseliti, 2014). Therefore, coming to the school nurse is a critical step because school nurses have an adequate training and mandate to handle curriculum dealing with sexual education (Holmes, et al., 2016).

The diagnosis will focus on ensuring a goal-directed and individualised teaching strategy. Puberty usually begins at age nine, and menstruation follows after the age of 12 years (Crain, 2015). Moreover, the conversation about menstruation involves a lot of questions from the child. According to the Australian Nursing and Midwifery Board’s Standards for Practice (2016), one of the roles of nurses is being an educator to patients. Therefore, it is imperative that Charlotte is given sufficient information to remove any doubts.

The aim of this client-teaching activity is Charlotte being able to understand menstruation and demonstrate the ability to handle oneself during the process. In developing Charlotte’s care plan, there is a need to develop short- and long-term goals that support the objective. For example, the short-term goals involve helping her to understand more about menstruation and the associated bodily changes (Johnston-Robledo & Chrisler, 2013). The long-term goals will include sex education and follow-up activities to ensure everything is going as expected. The justification for these goals includes ensuring the patient becomes knowledgeable about the topic to reduce anxiety (Webster, 2013). Secondly, the goals will make sure that she has experienced the desired outcomes of her development according to Erikson’s psychosocial theory of increasing independence, competency and self-sufficiency (Forbes, 2012).

This teaching activity will consider the three domains of learnings. For example, the cognitive domain involves the knowledge and the development of the patient’s intellectual skills to address the knowledge deficit. According to Erikson’s psychosocial development theory, the patient is at the stage where her mental abilities have developed the necessary skills for her to handle the requirements and accomplish the goals of this activity (Crain, 2015). Secondly, the use of affective domain will be complementary to Charlotte’s intrinsic motivation to address her knowledge deficit on menstruation. Using the affective domain engages the patient’s interest in achieving the goal of being knowledgeable about the topic and reducing anxiety (Webster, 2013). Finally, the psychomotor domain will involve the patient learning the physical aspects of applying sanitary towels for which she is capable of doing based on her development stage (Pappas, Pierrakos, & Nagel, 2013). Having the right information will lead to her becoming more self-sufficient, competent and reduce anxiety.

Plan of Care

Nurses working in an environment concerned with the delivery of care must be able to address the health and well-being needs of an individual (Holmes, et al., 2016). In dealing with the health and welfare of an individual, a plan of care should be developed.

Setting and Timing

The setting for the delivery of this client teaching is at the school’s nursing office that provides adequate privacy, confidentiality and a safe environment (Fischer & Ereaut, 2012). Moreover, the teaching programme is scheduled for after school. The choice of such a time is to prevent any conflict with normal school activities or programmes. Moreover, to accomplish both the short-term and long-term goals, the plan is envisaged to take a maximum of four months.

Materials needed and resources

The teaching activity will utilise writing materials, the use of the nursing dummy, some sanitary towels, and medications (Entwistle & Watt, 2013). Furthermore, the client will only be required to come with writing materials and other resources.

Teaching method

The teaching method to be utilised is the student-centred approach that will involve the nurse and the student both playing an equal role in the learning process. The primary role of the nurse is to facilitate client learning and overall comprehension of the topics and to measure client learning through assessment tools (Doody & Condon, 2012). This teaching-method assessment is continuously measured to ensure the client grasps the concepts and the instruction. This teaching method is complementary to the objectives to be achieved because the regular assessments are measured against the metrics of success.

Developmental, social and cultural factors

Due to the reason that the client has grown up with her father and younger brother, there may be fear of her missing out on attaining the developmental goals according to the Erikson’s theory of development (Batra, 2013). Therefore, this may become an issue where she may have been left behind. Moreover, the client may feel ashamed talking to a school nurse because the parents of her classmates guide them during the process. This represents a potential issue.

Implementation

Implementing the diagnosis plan of care will require finding an appropriate teaching method that is cognizant of the patient’s anxiety need for privacy and confidentiality. Consequently, a participatory teaching approach will be used in the implementation of this teaching activity. The participatory approach is an interactive teaching method that is client centred, and it is less intimidating for less confident participants (Doody & Condon, 2012). The use of this strategy will allow Charlotte to become more confident because it builds self-confidence. Furthermore, the teaching strategy will help her to learn more about herself. Because the teaching style is client centred, the nursing principles of patient-centred care will be implemented. It will ensure the patient is involved in his or her care (Fischer & Ereaut, 2012). The teaching approach implemented will be responsive to; respectful of patient needs, preferences and values to ensure that the values of the patient guide decisions (Webster, 2013).

The chosen instructional method is a one-on-one meeting. In using Piaget’s cognitive development theory, it can be determined that Charlotte has developed high-deductive reasoning capabilities. Therefore, there is a need to involve the patient in care delivery to enhance her trust and to also ensure it is a patient-centred approach (Entwistle & Watt, 2013). One-on-one meeting is crucial because it will make the patient feel comfortable with less formality. The nurse will explain all the concepts and give an opportunity to respond and ask questions. The education sessions will be short to ensure the message is delivered and to maintain interest in the lesson plan (Gilbert, Sawyer, & McNeill, 2014). The introductory course will cover the stage that she is in a developmental wise and its effects.

Teaching Tools

It is critical to reinforce the teaching activity by augmenting the lesson with practical knowledge of the subject matter. For example, there is a need to educate Charlotte on wearing a tampon practically, and how often it should be changed. Moreover, it is imperative to advise the patient on strategies that ensure she does not feel embarrassed when accidents happen because they are part of life. The practical exercise aims to prepare the patient for the process, reduce anxiety and any instances of accidents from occurring. As previously, one of the roles of nurses is educating patients (Nursing and Midwifery Board of Australia, 2016). The patient needs to be aware of some of the discomforts that come with menstruation such as cramps and period pains that may be experienced in the lower abdomen or at the back (Hicks & Rome, 2012). Moreover, the patient should learn how to reduce the effects of the pain by using painkillers.

Evaluation

In the evaluation process, it is critical to ensure the patient has grasped all the concepts of menstruation taught. In this teaching activity, evaluation will be done by asking questions during the activity to ensure that the patient feels comfortable and the anxiety levels have reduced (DiMatteo, Haskard-Zolnierek, & Martin, 2012). For effectiveness of the teaching activity, the patient should do a performance review and assessment during the implementation of the teaching activity as this is an anchoring principle of a client-centred teaching approach. Assessments during the teaching activity will enable faster evaluation of the client and the effectiveness of the learning process. During the learning process, the school nurse will maintain a document of the client teaching for later evaluation.

Conclusion

The onset of menstruation presents a period filled with anxiety and uncertainty for young girls. This is particularly worse in a situation where the young girl does not have adequate parental guidance. This activity has focussed on developing a teaching plan for Charlotte, a young 13-year-old girl living with her father and younger sibling. This phase of her life is full of uncertainty and anxiety that she has sought the help of a school nurse. The teaching activity has been divided into five sections focusing on a unique issue; for example, an assessment of the patient through the use of Piaget and Erikson’s theories of development -- a diagnosis that looks at the patient’s issues. The plan is a look at what needs to be done, the timeline and how this will be done; finally, the implementation of the plan of care according to the time frame and an evaluation of the implementation.