

## **Patient Health Teaching Care Plan**

Benson Grant

Bachelor of Science Nursing, Loyalist College of Applied Arts and Technology

NURS 2022: Clinical Practicum: Mental Health

Professor Cody Vereecken

February 13, 2026

Comprehensive Assessment					
<b>Subjective Data: (This portion is not to be included in your online submission in order to promote patient privacy and will only be discussed in person with your clinical faculty)</b>					
<b>Objective Data: (This portion is not to be included in your online submission in order to promote patient privacy and will only be discussed in person with your clinical faculty)</b>					
<b>Determinants of Health: (please include this in your online submission)</b>					
Income and social status: Not assessed					
Employment and working conditions: Not currently working					
Education and literacy: Not assessed					
Childhood experiences: Not assessed					
Physical environments: Currently living full-time at Providence Care. Home environment not assessed					
Social supports and coping skills: Not assessed					
Healthy behaviours: Good amount of food intake during meals.					
Access to health services: Other than health services provided at Providence Care, not assessed					
Biological and genetic endowment: Male					
Gender: Male					
Race / Racism: Caucasian					
<b>Principles of Primary Healthcare: (Please include this in your online submission)</b>					
Accessibility: Accessing the medical facilities available in the community in seeking follow-up checkups and treatment, support and rehabilitation ensures the right healthcare provider is offering appropriate care to the needs of the patient in the right place and time.					
Public Participation: The patient and family actively participate in the autonomy of making decisions that affect the patient's health.					
Health Promotion: The patient presents active participation in the plan of care focusing on the patient's needs and goals and cooperates with the health care team in promoting health and wellbeing.					
Intersectoral Collaboration: Collaborating with intersectoral influence requires physiotherapists and personal support workers to promote continuous care after discharge and improve independence in performing functional activities.					
Appropriate Technology: The patient has access to a walker at home, and personal communication means to access medical facilities based on health needs.					
Nursing Diagnosis #1 (Priority Learning Needs)	Planning (SMART Goals)	Implementation (Educational Intervention Strategies)	Rationale (Cite sources and Reference)	Evaluation	Analysis/Re-Evaluation (Modify Plan of Care)
Impaired ability to independently perform ADLs, due to history of brain injury, and schizophrenia.	<u>Short Term Goals:</u> Client will demonstrate ability to perform ADLs (specifically bathing, shaving, grooming,	1. The nurse will explain the benefits of ADLs, and the need to perform them independently. Nurse will use teach-back method to ensure client understand	1. Performing ADLs is vital in maintaining independence; furthermore, it may be specifically useful for persons with schizophrenia as a way to gauge the level of assistance needed	1. Patient shows interest and understanding in importance of performing ADLs. Patient demonstrates understanding through repeating what	Goal is not met but the plan of care is still ongoing.

	brushing teeth, choosing own clothes, and dressing) with minimal instruction from nurse by Wednesday, March 11 <sup>th</sup> , 2026.	importance of performing ADLs.	for them to integrate into community living (Ayres & Panickacheril, 2015). The teach-back method has been shown effective in both client education, and the ability to gauge client education (Yen & Leasure, 2019).	has been taught to him.	
		2. The nurse will begin each morning with the client by listing all ADLs the client is to do that morning and asking client to repeat them back.	2. Again, this makes use of the teach-back method for client education, allowing the specific ADLs to 'stick' in the client's head better (Yen & Leasure, 2019).	2. Patient is attentive when listening to listed ASDLs, and shows moderate success in repeating entire list from memory.	
		3. The nurse will instruct the client on which tasks to perform, one at a time, and observe the client doing them.	3. Asking this particular client to perform one task, then allowing them to complete it before asking them to perform another task, had been described by staff members who work with this client as being the most effective way of approaching ADLs, as the client has difficulty in remembering multiple tasks at once. This claim fits with the descriptions of cognitive impairment in people with schizophrenia as	3. Patient is able to perform all tasks well when instructed to do so one at a time.	

			described by Galderisi (2023).		
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	<p><u>Long Term Goals:</u></p> <p>Client will demonstrate ability to list all ADLs they are to perform each morning (i.e., bathing, shaving, grooming, brushing teeth, choosing own clothes, and dressing) when asked by nursing staff, as well as perform these ADLs independently by Wednesday, April 8<sup>th</sup>, 2026.</p>	<p>1. The nurse will create a chart with pictograms and words to show, in order, all the ADLs the client is to perform each morning. This chart will be hung in the client's room or bathroom.</p>	<p>1. Some studies have shown illustrations to be more effective at education (information retention) than written words alone (Cade et al., 2018).</p>	<p>1. Chart has been made and client has been having success in reading it.</p>	<p>Goal is not met but the plan of care is still ongoing.</p>
		<p>2. The nurse will encourage client to go to the wall chart, read the first activity aloud, and then go perform that activity by themselves (with nurse watching). Nurse will then encourage client to return to the chart and see what is next.</p>	<p>2. This again uses illustration for better memory retention (Cade et al., 2018). But also, the use of repetition to reinforce the information (Naendrup, et al., 2019). Thus making a habit out of completing a task and going back to the chart.</p>	<p>2. Client is getting used to returning to the chart after each task has been completed but still has difficulty in performing tasks without being told.</p>	
		<p>3. The nurse will ask the client if they can name all the tasks they are to do each morning before doing them.</p>	<p>3. This makes use of both repetition (Naendrup, et al., 2019), as well as the teach-back method, and</p>	<p>3. Client has not yet demonstrated ability to name all tasks from memory unless</p>	

		Then, after doing them, (with the aide of the chart) the nurse will ask client if they can name all the tasks that they did that morning.	active recall (Yen & Leasure, 2019).	they have been told to him immediately beforehand.	
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## References

- Ayres, H., & Panickacheril John, A. (2015). The assessment of motor and process skills as a measure of ADL ability in schizophrenia. *Scandinavian Journal of Occupational Therapy*, 22(6), 470–477. <https://doi-org.loyalistproxy.idm.oclc.org/10.3109/11038128.2015.1061050>
- Cade, A., Sherson, M., Holt, K., Dobson, G., Pritchard, K., & Haavik, H. (2018). Differences in learning retention when teaching a manual motor skill with a visual vs written instructional aide. *Journal of Chiropractic Education*, 32(2), 107–114. <https://pmc-ncbi.nlm.nih.gov.loyalistproxy.idm.oclc.org/articles/PMC6192480/>
- Galderisi, S. (2023). Negative symptoms of schizophrenia: Trying to answer unanswered research questions. *Psychiatry Research*, 321(11), 165-178. <https://www-sciencedirect-com.loyalistproxy.idm.oclc.org/science/article/pii/S0165178122006345>
- Naendrup, J., Patel, N. K., Zlotnicki, J. P., Murphy, C. I., Debski, R. E., & Musahl, V. (2019). Education and repetition improve success rate and quantitative measures of the pivot shift test. *Knee Surgery, Sports Traumatology, Arthroscopy*, 27(11), 3418-3425. <https://www.proquest.com/docview/2175712003?accountid=39345&parentSessionId=ANyD91DWpuZEUCOxgawH%2B7dcl%2FoJ%2Bh9c9XnGeFlFiqk%3D&pq-origsite=primo&sourcetype=Scholarly%20Journals#>
- Yen, P. H., & Leasure, A. R. (2019). Use and effectiveness of the teach-back method in patient education and health outcomes. *Federal Practitioner*, 36(6), 284–289. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6590951/>



## Appendix

	Meeting Expectations	Approaching expectations	Below expectations
<b>Evidence of knowledge application</b>	<p>Subjective and objective assessment findings are thorough, accurate and clearly reflect priority learning needs of the client.</p> <p>Goals are specific, measurable, achievable, realistic/relevant, and time-limited.</p> <p>Intervention strategies are clearly structured and intentional approaches.</p> <p>Evaluation strategies appropriately measure the expected or desired outcomes and very clearly link to the goals.</p>	<p>Subjective and objective assessment findings are somewhat limited and reflect priority learning needs of the client.</p> <p>Most goals are specific, measurable, achievable, realistic/relevant, and time-limited.</p> <p>Intervention strategies are somewhat structured and intentional approaches.</p> <p>Evaluation strategies somewhat measure the expected or desired outcomes and very clearly link to the goals.</p>	<p>Subjective and objective assessment findings are limited and does not reflect priority learning needs of the client.</p> <p>Limited goals are specific, measurable, achievable, realistic/relevant, and time-limited.</p> <p>Intervention strategies are limited in structure and intentional approaches.</p> <p>Underdeveloped evaluation strategies with limited link to the goals.</p>
<b>Collaboration between client/family, nursing student, and interprofessional team</b>	<p>Very clear educational design approach in collaboration with the client/family, nursing student, and interprofessional team.</p> <p>Very clear analysis and evaluation of educational approach and modifies the plan of care, based evaluation of client's response to interventions.</p>	<p>Limited educational design approach in collaboration with the client/family, nursing student, and interprofessional team.</p> <p>Somewhat clear analysis and evaluation of educational approach and modifies the plan of care, based evaluation of client's response to interventions.</p>	<p>Underdeveloped educational design approach in collaboration with the client/family, nursing student, and interprofessional team.</p> <p>Limited analysis and evaluation of educational approach and modifies the plan of care, based evaluation of client's response to interventions.</p>
<b>Integration of Determinants of Health</b>	<p>Goals and nursing interventions are accessible for the client/circle of care and are informed by the Determinants of Health.</p>	<p>Goals and nursing interventions are somewhat accessible for the client/circle of care. Limited indication that the goals and nursing interventions are informed by the Determinants of Health.</p>	<p>Goals and nursing interventions are not accessible for the client/circle of care and are not informed by the Determinants of Health.</p>
<b>Evidence of application of the Principles of PHC</b>	<p>Goals and nursing interventions clearly and accurately incorporate the principles of Primary Health Care.</p>	<p>Goals and nursing interventions somewhat incorporate the principles of Primary Health Care.</p>	<p>Goals and nursing interventions do not clearly or accurately incorporate the principles of Primary Health Care.</p>
<b>APA</b>	<p>Few/minor errors in grammar, overall organization of paper and clarity of writing.</p>	<p>Several errors in grammar, overall organization of paper and clarity of writing.</p>	<p>Major or frequent errors in grammar, overall organization of paper and clarity of writing.</p>