

PROGRAMMED INSTRUCTION VERSUS CLASSROOM LECTURE IN TEACHING  
THE DEVELOPMENT OF NURSING CARE PLANS

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A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF SCIENCE  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

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DENTON, TEXAS

DECEMBER 1981

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#### ACKNOWLEDGEMENTS

I would like to acknowledge all those individuals who helped me in one way or another to pursue my desire for greater knowledge. To my husband, John, who has encouraged me in the pursuit of my goal. He has been patient and understanding throughout the process. To Kristen and Erica, my daughters, who provided welcomed and sometimes unwelcomed interruptions in the steady pace of graduate studies. To my mother and father, Lorraine and Louis Novak, who have always stressed the importance of education and that any desired goal could be achieved through hard work. They have always been supportive.

To my thesis committee for their guidance and direction which has been invaluable: Dr. Helen Gaever, Dr. Vera Harmon, and Dr. Carolyn Adamson. To my four-member panel of experts, Mary Ellen Deeves, Myrtle Williams, Janice Hatzel, and Rosa Semien who provided me with the needed feedback on the instruments developed for this study. To my colleagues and friends in Nursing Education at St. Luke's Episcopal and Texas Children's Hospitals who have provided the support that brought me through some difficult periods.

To all the above named, I give my sincerest thanks for their contributions to the attainment of my goal.

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## CHAPTER 1

### INTRODUCTION

During the orientation of new graduate nurses, it is necessary to present them with a great amount of information that is aimed at helping them make the transition from an educational setting to a practice setting. Most of the information is presented through the classroom lecture method of instruction. With an increasing number of classes being required, alternative methods of instruction are being sought. One such alternative is programmed instruction.

There are several advantages to the use of programmed instruction benefiting both the student and the instructor. One advantage is that the learner is provided with a method of self-instruction that is controlled through the printed material. Another advantage is that the learner proceeds through the material in small sequential steps at his/her own rate. The student benefits from the immediate confirmation of correctness of the answer which reinforces the learning process and enhances the student's interaction with the material being learned.

The instructor's role in the learning process is altered through the use of programmed instruction. This can

be viewed as another advantage of programmed instruction. The instructor retains the ability to control what is to be learned by the student through the development of the programmed material, but the instructor is relieved of the redundancy of classroom lecture. This results in less time spent in the classroom which benefits the student due to the instructor's availability for counseling and guidance.

Programmed instruction could be used during the orientation of new graduate nurses as a method of presenting baseline information and concepts. The instructors could then be relieved of teaching these classes. This would increase their availability on the nursing units to aid the new graduate nurse in integrating those concepts into the delivery of care in the clinical setting.

#### Problem of Study

This study investigated two problems. First, is programmed instruction an effective alternative method to classroom lecture when teaching the development of nursing care plans to new graduate nurses? Secondly, do the learners prefer one method of instruction over the other?

#### Justification of Problem

Classroom lecture is the traditional method of instruction. Material is presented when the instructor determines that a majority of the students are ready to

master the material to be learned or the material is presented during a pre-determined time based on the curriculum sequence. Material in the programmed instruction format can be introduced to the student when the instructor has determined that the individual student is adequately prepared to learn the material; therefore, providing an individualized approach to instruction.

The learning activities of classroom lecture are controlled by the teacher and the student is dependent on the teacher. The student's learning potential may be curbed due to this dependence (Flanders, 1963). Programmed instruction, when used as an alternative, provides a student the opportunity to direct her own learning as well as being expressly involved with the learning process. The student proceeds through the material at her own rate of learning. The student must interact with the material in order to proceed through the program.

The sequential programmed material provides the student with continuous evaluation and reinforcement of what is to be learned. The program provides feedback, either positive or negative, on the appropriateness of the student's response (Provus, 1963). Frequently, with classroom lecture, this feedback is lacking. The instructor as well as the students are unaware of misunderstood information or if

learning has taken place until final examinations are taken (Heidgerken, 1965).

Lecture is time consuming especially when information presented can be learned from a textbook (Heidgerken, 1965). When programmed instruction is used in place of classroom lecture, instructor's time becomes more free. The instructor is relieved of the repetitious task of classroom lecture. The instructor has more time to devote to students who require interaction or reinforcement from the instructor (Provus, 1963).

#### Theoretical Framework

Programmed instruction is deep rooted in educational and psychological learning theory. Procztar (1972) stated programmed instruction "takes the form of the practical application of laws established in accordance with the rules of scientific method" (p. 25).

Although Skinner, who studied behavior, was not the first to describe programmed instruction, he is considered the father of programmed instruction. As a starting point for his experiments in behavior, Skinner used three laws identified and defined by Pressey (1927). The first tenet is "law of recency" which states the correct answer is retained in the learner's mind because it was the last answer chosen. The learner cannot progress through the

programmed material without answering correctly. Second is the "law of exercise." In this law, the correct answer is rewarded by allowing the learner to progress while an incorrect response is penalized because the learner is required to repeat the material. This leads to the third law which is the "law of effect." This law points out that the repetition of the correct answer accelerates the learning process. From Skinner's studies of behavior comes the theoretical basis for programmed instruction (Procztar, 1972, p. 47).

According to Hill (1977), Skinner's objective was to treat learning as any other area in which behavior was to be changed (p. 104). The student progresses from the familiar to the unfamiliar in logical sequences. Reinforcement must be used to shape behavior. For teaching to be effective, reinforcement must be frequent. The learning is arranged so there are many opportunities for reward and satisfaction. Material is divided into multiple units to ensure maximum use of reinforcers which provide the learner with immediate verification of success. The learner proceeds at his/her own rate of learning. For behavior to be changed the student must be actively involved.

### Assumptions

The assumptions of this study were:

1. The material on the development of nursing care plans could be presented through the programmed instruction method.
2. Learning is a persisting change in behavior which can be achieved through a process of operant conditioning.
3. The learner recognizes the need to master the skills included in the programmed instruction.

### Research Questions

There were three research questions in this study:

1. Will graduate nurses using a programmed instruction technique on the development of nursing care plans gain as much knowledge as graduate nurses receiving a classroom lecture on the same topic?
2. Will there be a difference in the attitude of the graduate nurse towards the programmed instruction method before using the material and after the completion of the text?
3. How do the attitudes toward the method of instruction compare between the group receiving the programmed instruction and the group receiving the classroom lecture?

### Definition of Terms

For purpose of clarity, the terms in the study were defined as follows:

Attitude--the predisposition of the individual to evaluate some symbol, object, or aspect of this world in a favorable or unfavorable manner (Katz, 1960) that can be measured through a Likert-type scale.

Classroom lecture--a structured setting in which an instructor verbally presents the material to be learned by a group of students.

Graduate nurse--a nurse who has been graduated with a bachelor of science degree, a diploma, or an associate degree with a major in nursing and is eligible to write the licensing examination; the terms learner and student were also used to identify the graduate nurse.

Knowledge--a body of facts that is acquired or developed which can be measured through a written objective examination.

Learning--the acquisition of knowledge which causes a measurable persistent change in behavior.

Nursing care plan--data that are organized in a concise manner that communicates problems of the hospitalized patient, expected outcomes of those problems, and the appropriate nursing actions to aid in the resolution of the problems within a designated time period.

Programmed Instruction--printed learning material arranged in small sequential steps which requires learner response and provides the learner with an evaluation of the response; the linear format was used in this study.

#### Limitations

Two limiting factors were acknowledged in advance of the study. They were:

1. The availability of subjects was viewed as a limitation since the population of this study was limited to graduate nurses employed in one specific hospital complex. Therefore, the results of this study can be generalized only to the graduate nurses that comprised this sample.
2. The pre-existing knowledge the graduate nurse may have had regarding the development of nursing care plans was also viewed as a possible limiting factor in the study. The pre-existing knowledge could be directly related to the type of nursing program or school in which the graduate nurse was educated. Measures were taken to control this extraneous variable and are discussed with sampling techniques.

#### Summary

Programmed instruction is viewed as an alternative to classroom lecture. It was the aim of this investigator to

explore whether programmed instruction could be used as an equally effective method of teaching graduate nurses the development of nursing care plans. Also, their preferences towards method of instruction were investigated.

Chapter 2 will be a review of literature. Procedures for collection and treatment of data will be discussed in Chapter 3. Chapter 4 will contain the analysis of data. A summary of the study will be found in Chapter 5.

## CHAPTER 2

### REVIEW OF LITERATURE

Programmed instruction is a method of instruction derived from research in the psychology of learning. In this method of instruction, the content to be learned is divided into small steps. It is organized in a logical sequence. Each step builds upon the preceding one. Learners proceed at their own pace from basic to more advanced subject matter. Responses are required after each step and the learners receive immediate confirmation of the correctness of the answers. This confirmation is known as a reward or reinforcement. Geis and Anderson (1963a) stated that learning occurs when a given behavior is produced in individuals and is followed by a reinforcement of that behavior.

Since Skinner (1958) first discussed his theories on learning and teaching based on the principle of operant conditioning, numerous programmed instruction texts have been developed. According to Lewis (1963), "the practice of writing and using programs have proceeded far beyond the research that supports them" (p. 665). The review of literature revealed a limited amount of research on the

effectiveness of programmed instruction. The application of programmed instruction in nursing education is even more limited. This review of literature will be divided into two sections. The first is the historical development of programmed instruction, while the second section covers programmed instruction for health care education. Emphasis is placed on the use of programmed instruction in nursing education.

#### Historical Development

According to Procztar (1972), Descartes is given credit for inspiring the advent of programmed instruction. However, the theoretical foundations for programmed instruction are based on research done by psychologists on stimulus-response or conditioned reflex.

The best known for this type of study is Pavlov and his experiments with dogs (Procztar, 1972). On the basis of Pavlov's study of reflexes, a human training system was developed which later came to be known as operant conditioning or stimulus-response learning (Procztar, 1972). According to Huckabay (1980), operant conditioning is learning that requires a precise behavior in response to a specific stimulus. This behavior is voluntary and observable. The behavior is reinforced with repeated exposure to the stimulus. Others such as Thorndike and Watson repeated Pavlov's

experiments with rats; similar stimulus-response behavior was produced (Proctzar, 1972).

Pressey (1927) described a device to test student knowledge automatically. The student was unable to proceed with the test until a correct answer was given. Therefore, the student was informed of the correctness of the answer. Pressey observed that learning took place due to three laws which are: (1) "law of recency," (2) "law of exercise," and (3) "law of effect" (p. 45). These laws were the starting point of Skinner's (1954, 1958) study of behavior.

Proctzar (1972) wrote that Skinner studied behavior through the laboratory experimentation of pigeons. Skinner found that behaviors that were rewarded were repeated by the animal. The bird progressed at its own pace which increased with anticipation of a reward. The animals learned from being active. This activity aided in changing their behavior. This led Skinner (1954) to suggest that from knowledge gained through his experiments, similar techniques could be used with human learners.

Skinner (1954) wrote that all the organisms that he observed showed "amazingly similar properties of the learning process" (p. 89). He continued by writing that this was achieved through the analysis of the effects of the reinforcement and the development of a mechanism to

manipulate the reinforcement. Skinner concluded that there must be an interrelationship among responses.

In the 1954 article, Skinner stated that in the classroom, there is little or no reinforcement of the learning process. In addition, there is a lack of continuity in the progression from the basic to the more complex behaviors to be learned. Frequently, behaviors are not even interrelated. Skinner viewed programmed instruction as a means of providing immediate reinforcement to responses as well as a logical progression through the content to be learned. This was that start of the "Skinnerian" linear program which takes all students through small steps of content and requires the learner's response. The effectiveness depends upon the frequency of response and reinforcement.

Provus (1963) wrote that

...learning comparable to that observed with conventional instruction has been noted in a wide range of subjects that have been presented to the students through programmed instruction. (p. 10)

Provus added that programmed instruction can be effective if the information to be learned is logical and sequential.

Novak (1977) contended that the laws described by Skinner and other behaviorists are seen only in the experimental setting and not the classroom. Novak argued that

empirical data do not support stimulus-response theories, and that

a colossal inferential leap is made in the suggestion that if pigeons can be trained to operate (peck) on specific sequences . . . humans can be conditioned to exhibit desired behaviors by properly designed contingencies through which they will be rewarded. (p. 70)

He further wrote that the theory is "almost useless as a source of guidance" in curriculum development (p. 70).

Novak did, however, support the behaviorist's emphasis on the observed behaviors as a means of evaluating knowledge gains.

Hill (1977) wrote that the whole value of programmed instruction has not been realized. According to Hill, programmed teaching will be more readily used with the increased availability of computers.

#### Programmed Instruction for Health Care Education

Programmed instruction was introduced into health care education in 1961 at Dartmouth Medical School and by 1965, there were 25 programmed texts available for use by medical schools (Lysaught, 1965). Studies comparing programmed instruction and classroom lecture began to appear.

Elder, Meckstroth, Nice, and Meyers (1964) found that the programmed instruction method was as effective as the lecture method for presenting material on radiation protection. Similarly, Owens, Anderson, Hall, and Smart (1965) reported that electrocardiography could

be taught through the use of teaching machines. There were no significant differences in the test results of students exposed to the programmed instruction and those exposed to traditional classroom lecture. The students were favorable towards the programmed instruction and expressed a preference over the lecture method of instruction. Manning, Abrahamson, and Dennis (1968) had similar findings in their comparison of programmed text, textbook, lecture-demonstration, and lecture-workshop. They did find that students using the programmed text and the textbook took less time than the lecture methods to achieve the same amount of knowledge gain.

Dental students were the subjects of the study conducted by Emling and Gellin (1976). They found that programmed text, slide-tape, and lecture were equally effective in teaching facts. The results of their study demonstrated that academic ability level of the subject does not influence the effectiveness of the method of instruction. It must, however, be recognized that all dental students participating in Emling and Gellin's study were above average.

According to Geis and Anderson (1963b), there were three major considerations that led to the development of programmed instruction for nursing education. They were: (1) students are not at the same level of achievement;

(2) traditional instruction of skills requires significant amounts of instruction time; and (3) achievement of an ideal correlation between theory and practice is difficult. Geis and Anderson cited some disadvantages to the traditional classroom lecture. One of the primary disadvantages, according to them, is that the instructor has no assurance that what was taught was what the student learned. Another disadvantage cited was that the instructor frequently needs to use valuable class time to review material that some students have mastered in order to have all students on the same level of learning. Geis and Anderson (1963b) viewed programmed instruction as a means of overcoming these disadvantages.

Although several programmed instruction texts have been written to be used in nursing education, few studies have been reported concerning the effectiveness of programmed instruction. Crayton and Lysaught (1964) concluded that students using a programmed instruction on radiation therapy learned as well as students being instructed in the classroom.

Hart (1966) found that the students using a programmed instruction on metrology achieved significantly higher scores than students taught through classroom lecture. Pearman and Suleiman (1966) also successfully used a programmed instruction text to instruct students in the

preoperative nursing care of the amputee. Pearman's and Suleiman's findings indicated that the group exposed to the programmed instruction tended to do better on the posttest in comparison to the group receiving the classroom lecture. Puleo (1968) also found that the learning of ward management was significantly higher in the group completing the programmed instruction.

Guimei (1977) compared programmed instruction, lecture-discussion, and traditional lecture. She found no significant difference between programmed instruction and lecture-discussion, but there was a significant difference between programmed instruction and classroom lecture in favor of the programmed method. Ogundeyin (1980) used three different types of printed texts to determine the effectiveness of programmed instruction in teaching the development of nursing care plans and found no significant difference between the groups.

Student attitudes related to programmed instruction have not been published by nurse investigators. Puleo (1968) intended to study subjects' attitudes, but did not do so. Hart (1966) reported that some criticism was received due to the boredom experienced because of the repetition of the material.

Summary

The research of several psychologists contributed to the development of programmed instruction. Skinner's writings were the first to give programmed instruction impetus. He viewed classroom teaching as having several disadvantages that are nonexistent with programmed instruction.

Educators today are not in agreement about the effective use of programmed instruction. The review of literature revealed research findings that demonstrated programmed instruction as effective as classroom lecture when knowledge gained was measured. In some studies, the knowledge gained by subjects using programmed instruction was significantly greater than those receiving a classroom lecture.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This study attempted to explain the relationship between two methods of instruction, programmed instruction and classroom lecture, and their impact on graduate nurses' learning how to develop nursing care plans. The study used a two group before-after experimental design. The method of teaching was manipulated for each group. The experimental group received the programmed instruction, whereas the control group was exposed to the classroom lecture. Participants were arbitrarily assigned to the groups, but treatment was randomly assigned to the groups to satisfy the third characteristics of the experimental design.

The independent variable in the study was the method of instruction. The dependent variables were the amount of knowledge gained and the degree of attitude towards the method of instruction.

The major extraneous variable that was identified was the pre-existing knowledge the graduate nurse may have had regarding the development of nursing care plans. Control for this variable is discussed with sampling.

### The Setting

The study was conducted in a hospital complex totaling 1,173 beds. It is a part of a medical center located in a large metropolitan area in southeast Texas. The complex is comprised of approximately 50 nursing units providing care to patients assigned to such services as cardiology, pediatrics, orthopedics, obstetrics, gynecology, and general medicine and surgery.

The Nursing Education Department (inservice) of this hospital complex is responsible for the orientation of new graduate nurses to the practice setting. The 13-member department is composed of registered nurses with the following educational preparation: Doctor of Nursing Science--2, Master of Science--3, Bachelor of Science--7, and Diploma--1. The study was conducted within this department.

### Population and Sample

An estimated 125 graduate nurses are employed each year by this hospital complex. A majority of the graduate nurses have been graduated from one of the eight schools of nursing located in or near this large metropolitan area.

The new graduate nurses are provided with an orientation that will last three to eight weeks depending on the individual needs of each person. Both classroom and clinical experiences are provided to enable the nurse

to make a successful transition from the educational setting to the service setting.

The convenience sample of subjects for the study, selected from graduate nurses hired during a two week time period, was composed of 30 graduate nurses in their first two weeks of employment. Clinical assignment and sex of the graduate nurses did not influence sample composition.

Pre-existing knowledge regarding development of care plans was viewed to be related to types of programs in which the graduate nurses were educated. Therefore, matching was used to divide the graduate nurses into two groups according to types of nursing programs, BSN or ADN, from which they graduated. This information was obtained from employment applications. Once two groups of 15 graduate nurses each had been formed, treatment was assigned randomly through the use of a coin. Group one was designated as the experimental group, and group two was the control group.

#### Protection of Human Subjects

Clearance for subjects' participation in this study was initially obtained from the Human Research Review Committee at Texas Woman's University (Appendix A). The Associate Administrator over the Department of Nursing within the hospital complex used in the study was approached for clearance. Subjects were advised of the following

before they were asked to sign a permission form to conduct the study:

1. General purpose of the study
2. Amount of time required for participation
3. Results would have no impact on their employment in the involved facilities
4. Confidentiality would be maintained

Once the consent forms had been signed, pre-numbered forms requesting some demographic information were handed out. The number on the information sheet was the code number used in the study during the data collection procedure (Appendix B).

#### Instruments

The amount of knowledge gained regarding the development of nursing care plans was measured at an interval level. It was measured with an instrument developed by this investigator. The instrument was an objective test and incorporated a case study which was reflected in the questions (Pre/Posttest--Development of a Nursing Care Plan, see Appendix C).

The level of measurement for the student's attitude towards the method of instruction was ordinal. A Likert-type scale was developed to measure this variable (Pre/Posttest--Attitudes Toward Teaching Methods, see Appendix D).

A pilot sample of 10 graduate nurses who were not part of the final sample was used to establish reliability of the instruments used in this study. The selection for the pilot sample included equal representation from the BSN and ADN programs. The Kuder-Richardson Formula 20 was used to establish an internal consistency estimate of reliability ( $\underline{r} = .54$ ) for the objective pre/posttest, the instrument measuring the amount of knowledge gained. Coefficient alpha was used to estimate the reliability ( $\underline{r} = .70$ ) of the attitude pre/posttest.

A four member panel reviewed the instruments for content validity. The panel was composed of an assistant director of nursing, a nursing supervisor, a head nurse, and a nursing education coordinator.

The programmed instruction used in this study was developed based on Lysaught (1963) and Markle (1969). The program was written in the linear format. Content of the program included: (1) the purpose of nursing care plans and the definition of terms; (2) the identification of problems; (3) the establishment of goals or expected outcomes that include deadlines for resolution; (4) the planning of nursing action; and (5) the evaluation of care through re-assessment and patient response. It was designed to be completed in less than one hour (see Appendix E).

A class outline for the classroom lecture also was developed. Identical content was included in the lecture and was designed for one hour in length. Examples that appear in the programmed instruction were utilized in the classroom lecture (see Appendix F).

#### Data Collection

For this study, a two hour period of time from 10:00 am to 12:00 noon was allotted when the classroom lecture and the programmed instruction could be completed simultaneously. This was done to prevent contamination of either group.

The first half hour was used to obtain all 30 participants' signed consents. Also during this time, subjects completed the demographic information sheets. The subjects were then divided into group one, experimental, and group two, control, by a pre-determined coding system. Subjects in both groups were told by the investigator that each packet for group one contained two pretests, a method of instruction, and two posts. Subjects were instructed that once situated in their test sites, they could open their packets and begin. Packets for Group two contained only two pretests and two posttests, since their method of instruction was the classroom method. The investigator informed all 30 subjects that Group one would proceed to another classroom and group two would remain where they were. Group

one was then moved to another classroom where an assistant aided them in getting situated.

During the following hour, while group one self-administered their programmed instruction, group two attended the classroom lecture on the development of nursing care plans. The classroom lecture was given by the investigator, a member of the Nursing Education Department (Inservice) of the hospital complex. The last half hour of the time period was used by all participants to complete the posttests and return all packets to the investigator.

#### Treatment of Data

The amount of knowledge gained by both groups was an interval level of measurement. Descriptive statistics were comprised of means and standard deviations. The inferential analysis was done using a two-way analysis of variance. The level of significance was set at  $p \leq .05$ .

To analyze both groups' attitudes toward programmed instruction before and after the treatment, which was an ordinal level of measurement, this investigator had intended to use the Wilcoxon Matched Pairs Test for inferential analysis. However, a two-way analysis of variance was used because the reliability of the instrument was high and the level of significance was set at  $p \leq .05$ . Descriptive statistics included median and range.

Both groups' attitudes toward the method of instruction used, programmed instruction versus classroom lecture, were measured at an ordinal level and were analyzed using median and range as the descriptive statistics. The Mann-Whitney U Test was used for inferential analysis. Level of significance was set at  $p \leq .05$ .

#### Summary

This chapter has presented the design of the study. The setting and population were described as well as the method of sample selection. Details of the instruments and method of administration were discussed. The statistical tests applied to the raw data were presented.

## CHAPTER 4

### ANALYSIS OF DATA

In this chapter, the demographic characteristics of the graduate nurses comprising the sample for this study are given. The collected data were analyzed using the statistical tests previously described and the findings are presented.

#### Description of Sample

Thirty graduate nurses participated in this study. The graduate nurses ranged in age from 19 to 32 years of age with the mean age of 22.9 years. There were 27 females and 3 males in the sample.

Each group, Group 1--Experimental and Group 2--Control, was comprised of 4 graduate nurses educated in an ADN program and 11 graduate nurses from a BSN program. All had been graduated within the preceding month of the study (see Table 1).

#### Findings

The results of this study are presented in the order in which the research questions were posed. These areas pertained to the areas of knowledge gained and attitudes.

Table 1

## Demographic Characteristics of 30 Graduate Nurse Participants

Characteristics	Group 1-- Experimental (N=15)	Group 2-- Control (N=15)	Total (N=30)
<u>Age</u>			
19	0	1	1
21	1	0	1
22	5	7	12
23	8	5	13
25	0	1	1
26	0	1	1
32	1	0	1
<u>Sex</u>			
Female	12	15	27
Male	0	3	3
<u>Type Program</u>			
ADN	4	4	8
BSN	11	11	22

Knowledge Gained

The first research question was: Will graduate nurses using a programmed instruction technique on the development of nursing care plans gain as much knowledge as graduate nurses receiving a classroom lecture on the same topic?

The means and standard deviations of the pretest and the posttest scores of the groups were calculated for the

19 item objective instrument. Group 1 had a pretest mean of 11.67 with a standard deviation of 2.4. The posttest mean for Group 1 was 12.33 and the standard deviation was 2.9. The pretest mean of Group 2 was 10.20 with a standard deviation of 2.3, while the posttest mean was 11.47 and the standard deviation was 2.6 (see Table 2).

Table 2

Means and Standard Deviations by Groups for 30 Graduate Nurses' Knowledge Pretest and Posttest Scores

Groups	Pretest		Posttest	
	$\bar{X}$	SD	$\bar{X}$	SD
Group 1--Experimental (N=15)	11.67	2.4	12.33	2.9
Group 2--Control (N=15)	10.20	2.3	11.47	2.6

Raw scores showed some increase in knowledge in both groups. A two-way analysis of variance between groups revealed no significant difference. An analysis across trials revealed a significant increase in knowledge (Table 3). A Neuman-Keuls Post Hoc Test revealed an interaction between the pretest of the control group and the posttest of the experimental group (Table 4). Therefore the knowledge gain was found not to be statistically significant. Thus, neither method of instruction was more effective than the other.

Table 3

Two-Way Analysis of Variance for Knowledge Gains for  
Experimental and Control Groups of 30  
Graduate Nurses

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	20.42	1	20.42	1.86	.183
Across Trials	14.02	1	14.02	6.75	.015
Error	58.13	28	2.08		
Total	92.57	30			

Table 4

Neuman-Keuls Post Hoc Test Table of Ordered Means  
of Knowledge Tests

X	10.20	11.47	11.67	12.33	<u>q</u> .05	<u>S<sub>E</sub></u> (q)
10.20		1.27	1.47*	2.13*	3.90	1.45
11.47			.20	.86	3.53	1.31
11.67				.66	2.92	1.09

\* $p \leq .05$

Attitude

The second research question concerned the graduate nurses' attitudes toward programmed instruction: Will there be a difference in the attitude of the graduate nurse towards the programmed instruction method before using the material and after the completion of the text?

The 19-item attitude scale had a possible score of 95 that would demonstrate a highly favorable attitude towards programmed instruction. The pretest range of scores was 47 to 70 with the median being 57.0. The range of scores for the posttest was 47 to 71 and the median was 57.83. The two-way analysis of variance showed no significant difference between the pretest or the posttest results of the attitude scale (Table 5). This indicates that there was no change in the subjects' attitudes toward programmed instruction after the treatment.

The third research question dealt with the graduate nurses' attitudes toward the method of instruction: How do the attitudes toward the method of instruction compare between the group receiving the programmed instruction and the group receiving the classroom lecture.

On the 19-item attitude scale, there were 10 items regarding classroom lecture and 9 items referring to programmed instruction. This allowed for a possible score of

Table 5

Two-Way Analysis of Variance for Attitude of the  
Experimental and Control Groups of 30  
Graduate Nurses

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Groups	4.27	1	4.27	0.07	.789
Across Trials	13.07	1	13.07	0.77	.386
Error	472.33	28	16.87		
Total	489.67	30			

50 and 45, respectively. The pretest scores for classroom lecture ranged from 22 to 40 with a median of 32.83. The range for the posttest scores was 28 to 42 with a median of 33.0. The programmed instruction pretest scores ranged from 21 to 38 with a median of 28.50 while posttest scores ranged from 23 to 37 and the median was 29.17. The Mann-Whitney U test was used for inferential analysis of the data which disclosed no significant difference between the attitudes toward the method of instruction used, programmed instruction versus classroom lecture.

Summary

Although the raw scores indicated that there was an increase in knowledge for both groups with the experimental group scoring higher, statistical tests revealed no significant difference between the pretests and the posttests for either group. There was not any significant difference between the means of the posttests.

The attitude of the graduate nurse towards programmed instruction was not altered after the completion of the programmed text. There was no significant difference found between either method of instruction.

## CHAPTER 5

### SUMMARY OF THE STUDY

This study focused on the comparison of programmed instruction with classroom lecture in teaching the development of nursing care plans. The research questions posed were as follows:

1. Will graduate nurses using a programmed instruction technique on the development of nursing care plans gain as much knowledge as graduate nurses receiving a classroom lecture on the same topic?
2. Will there be a difference in the attitude of the graduate nurse towards the programmed instruction method before using the material and after the completion of the text?
3. How do the attitudes toward the method of instruction compare between the group receiving the programmed instruction and the group receiving the classroom lecture?

This chapter summarizes the methods to answer the research questions. The findings are discussed and related to other research studies. Conclusions and implications of the

findings are presented and recommendations for further study are given.

### Summary

New graduate nurses employed in a hospital complex were the participants in this study which used a two group before-after experimental design. A convenience sample was comprised of 30 graduate nurses in their first two weeks of employment. The graduate nurses were matched according to the type of nursing program from which they were graduated, either ADN or BSN. The treatment was randomly assigned through the use of a coin.

Two hours were allotted for the pretest and posttest collection of data as well as the assigned method of instruction. The instruments, developed by this investigator, consisted of an objective test measuring knowledge gained in the development of nursing care plans and a Likert-type scale measuring attitudes toward teaching methods. In addition to these data, participants completed a demographic information sheet prior to the pretest.

The methods selected for analyzing the data reflected the level of measurement and included both descriptive and inferential statistics.

### Discussion of Findings

The findings of this study are not consistent with published studies on the comparison of programmed instruction and traditional classroom lecture. Hart (1966), Pearman and Suleiman (1966), Puleo (1968), Guimei (1977), and Ogundeyin (1980) found that there was a significant increase in the amount of knowledge gained through the use of programmed instruction. This study revealed no significant increase in knowledge of the development of nursing care plans for either group.

These findings may indicate that there was an extraneous variable not realized prior to the study. The participants had recently graduated from a college or university. All the graduate nurses were in their first two weeks of employment and had been involved in the orientation to the practice setting which included classroom and clinical experiences. The morning of the study, all subjects were on their clinical units involved in patient care. In addition, within a month, all the graduate nurses would be writing the licensing examination. It is believed by this investigator that the participants may have been experiencing an increase in their levels of stress. Chrisman and Riehl (1974) defined stress as "the dynamic force which produces strain or tension within an organism"

(p. 251). This may have affected the graduate nurses' participation and performance in this study.

According to Dohrenwend and Dohrenwend (1980), any changes or anticipated changes in a person's life can lead to increased levels of stress. Guzzetta (1979) wrote that some degree of stress is needed for a person to learn while increased levels hinder the learning process. It is viewed that stress affects the learner's receptivity and ability to learn (Guzzetta, 1980). Diethelm and Jones (1947) found that stress decreased active attention, slowed learning, and hindered retention of learned material. The possible fact that the participants in this study had increased levels of stress related to changes in their lives may have influenced the results of this study.

Attitude studies regarding programmed instruction have not been published. Results of this study indicate that there was no significant difference between the attitudes toward programmed instruction and classroom lecture.

#### Conclusions and Implications

Based upon the findings and within the limitations of this study, the following conclusions and implications are offered.

The results of this study indicated that the graduate nurses on the pretest could develop a nursing care plan with

an average of 57% accuracy and on the posttest the accuracy was 63%. This implies that follow-up educational programs are needed to increase the accuracy in the development of nursing care plans by the participants in this study.

There was no significant knowledge gain for either group. Further investigation is required to determine the effectiveness of programmed instruction in comparison with classroom lecture. Also, the sequencing of this material presentation during the orientation process may need to be altered and be presented at a later time.

The response to the method of instruction was not significantly different for either programmed instruction or classroom lecture. This indicates that programmed instruction texts would probably be accepted by orienting personnel, but further study of teaching methods is needed.

The findings of this study indicate the need to evaluate methods of teaching undergraduate nursing students the process of developing nursing care plans. In addition, the various programmed instruction texts available for nursing education should be evaluated for their effectiveness in enabling the learner to achieve the stated objectives of the texts.

Recommendations for Further Study

The findings of this study generated the following recommendations:

1. Follow the participants in the study to determine if accuracy in the development of nursing care plans increased with clinical experience.
2. Replicate this study with a larger sample at a later time during the orientation process.
3. Replicate this study using a sample of undergraduate student nurses who have not been introduced to the development of nursing care plans.

APPENDIX A

APPROVALS

TEXAS WOMAN'S UNIVERSITY  
HOUSTON CAMPUS  
HUMAN RESEARCH REVIEW COMMITTEE  
REPORT

STUDENT'S NAME Cheryl N. Lindy

PROPOSAL TITLE "Programmed Instruction versus Classroom  
Lecture in Teaching the Development of Nursing Care Plans"

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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To protect individuals we have covered their signatures.

TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING  
DENTON, TEXAS 76204

DALLAS CENTER  
1810 INWOOD ROAD  
DALLAS, TEXAS. 75235

HOUSTON CENTER  
1130 M. D. ANDERSON BLVD.  
HOUSTON, TEXAS 77025

AGENCY PERMISSION FOR CONDUCTING STUDY\*

THE St. Luke's Episcopal & Texas Children's Hospitals

GRANTS TO Cheryl Marie Lindy

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Can programmed instruction be used as an equally effective alternative to classroom lecture in teaching graduate nurses the development of nursing care plans during their orientation to the practice setting? Ten subjects will be required for the pilot study. The sample for the study requires 30 graduate nurses who have recently been graduated from a college or university and are eligible to write the licensing examination, but have not done so. Fifteen nurses will be taught using programmed instruction and 15 nurses will be taught using classroom lecture. Pre-posttests will be administered to measure knowledge. Subjects will be asked to complete a attitude scale measuring their attitude towards the methods of instruction. The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other \_\_\_\_\_

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To protect individuals we have covered their signatures.

APPENDIX B

CONSENT FORM AND DEMOGRAPHIC INFORMATION SHEET

## TEXAS WOMAN'S UNIVERSITY

Consent to Act as a Subject for Research and Investigation:

(The following information is to be read by the subject):

1. I hereby authorize Cheryl Novak Lindy  
(Name of person who will perform investigation)

to perform the following investigation:

This is a study to compare two methods of instructing graduate nurses how to develop nursing care plans. An objective test and an attitude scale developed by Cheryl Lindy will be given to me during my regular working hours. The instruction and the completion of a pretest and a posttest will take approximately 2 hours. After completing the posttest, nothing more will be asked of me for this study.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Cheryl Novak Lindy.
3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts:  
I am aware that there exists a risk of embarrassment through public disclosure of the results. In order to assure my rights, the investigator named above will be the only person to view my name and the results of the objective test and the attitude scale. My name will never be connected with the results of this study or known to anyone other than the investigator listed above.

As there is a risk to the invasion of my privacy, I realize I may refuse to complete the objective test or the attitude scale, leave answers blank, or withdraw from the study at any time.

- (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:  
Although there will be no direct benefit to me, results of this study will be used to determine the most effective method of instruction to use during

orientation when instructing new graduate nurses how to develop nursing care plans.

- (c) I understand that - No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.
- 4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
SUBJECT

WITNESS \_\_\_\_\_

Code No. \_\_\_\_\_

## DEMOGRAPHIC INFORMATION SHEET

Please fill in the information requested.

Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_

College or university graduated from \_\_\_\_\_  
\_\_\_\_\_

Date of graduation \_\_\_\_\_

Degree conferred \_\_\_\_\_

Clinical assignment \_\_\_\_\_

APPENDIX C

DEVELOPMENT OF A NURSING CARE PLAN

Code No. \_\_\_\_\_

## DEVELOPMENT OF A NURSING CARE PLAN

## CASE STUDY

History and Physical

Mrs. B. T. is a 43 year old white female who collapsed while rearranging furniture who was brought to the hospital by her husband on 4/19. The patient regained consciousness during the examination, but was confused and disoriented. The patient did not respond to verbal commands.

The patient has four children ages 5, 7, 12, and 16. The family has recently relocated in the area. They had been living in South America for the past five years. Mr. T. is employed by an oil company.

Husband stated the patient has "mild" diabetes which requires no medication and has been controlled by a 1200 calorie diabetic diet. To the husband's knowledge, the patient has no history of headaches or other chronic illness.

The patient's mother is a diabetic and takes daily "shots." Mr. T. does not know of any family history of heart disease, stroke, or cancer.

Medications: Ortho-novum 1/80 for 5 years  
Vital signs: BP 160/105 Temp. 100.2 (rectally)  
Pulse 80, Resp. 16  
Eyes: Pupils respond to light and equal in size  
Ears: Drums intact  
Nose: No drainage  
Neck: No nuchal rigidity  
Extremities: Flaccid paralysis on right side, minimal deep tendon reflexes, and no response to pain; has gross motor function and responds to pain stimuli on left side; bilateral Babinski present  
  
Chest: Lungs clear; heart sounds normal  
Abdomen: Negative  
Impression: Left side cerebral thrombosis; paralysis of right side; expressive aphasia and possible receptive aphasia

## CASE STUDY--page 2

Admission Orders

Goal of treatment--prevention of any extension of the  
CVA

Admit to Neuro Intensive Care Unit (NICU)

Routine NICU orders (includes such things as vital  
signs, pulmonary care, bowel/bladder care, etc.)

Head of bed up 45°

NPO

Dextran 40--infuse 500cc in 1 hour followed by 45cc/hr

Decadron 4 mg IV q6h x 4 doses then 2 mg IV x 8 doses

Passive range of motion exercises QID

C & A q4h

Regular Insulin--sliding scale	+1 - 0	+3-10 units
	+2 - 0 units	+4-15 units

Hospital Course (excerpts for nurses' notes and progress  
record)

- 4/20 Observation made in the nurses' notes:  
Reddened areas noted on both heels as well as on both  
elbows. Each area is 1 inch in diameter
- 4/21 Notation from progress record:  
BP stabilized at 150/90 with neurovital signs  
unchanged. Right sided flaccid paralysis remains the  
same. Some purposeful movements with left side.  
Intensive rehabilitation program initiated. Speech  
therapy begun. Liquid diet to be started. Decadron  
orders changed. Transferred to general flood care.
- 4/21 Notation from nurses' notes  
Liquid diet started. Patient experiencing difficulty  
swallowing
- 4/23 Entry in nurses' notes  
Discussed with husband possible financial problems  
related to long convalescence. Husband verbalizes no  
concern over cost due to adequate insurance coverage.
- 4/25 Notation from progress record  
Tolerating mechanical soft diet. Up on tilt table.  
Flash cards and gestures being used to communicate  
with patient
- 4/30 Notation from progress record  
Progressing rapidly. Plan for discharge within 2 weeks

## PRE/POSTTEST--DEVELOPMENT OF A NURSING CARE PLAN

Please select the one best answer for each of the following questions.

- \_\_\_ 1. Which of the following are the components in obtaining a data base?
- |                |                |
|----------------|----------------|
| 1. observation | 4. examination |
| 2. interview   | 5. teaching    |
| 3. counseling  |                |
- |            |                 |
|------------|-----------------|
| A. 1, 3, 5 | C. 1, 2, 4      |
| B. 2, 4, 5 | D. all of these |
- \_\_\_ 2. Once the data base has been obtained, what following information must be obtained before a care plan can be initiated on Mrs. B. T.?
1. physician orders
  2. additional physical findings
  3. further knowledge regarding Mrs. B.T.'s diabetes
  4. physician's expectations for treatment
  5. no further information is required
- |           |               |
|-----------|---------------|
| A. 1 only | C. 1, 2, 3, 4 |
| B. 1, 4   | D. 5 only     |
- \_\_\_ 3. From the history and physical, what are the problems that can be identified that would be appropriate on the nursing care plan?
1. hyperglycemia
  2. decreased muscle tone and contractures
  3. left side cerebral thrombosis
  4. communication
  5. anxiety
- |            |                 |
|------------|-----------------|
| A. 1, 2, 4 | C. 1, 2, 4, 5   |
| B. 2, 3, 4 | D. all of these |
- \_\_\_ 4. Which problem(s) would be categorized as an "actual" problem?
1. hyperglycemia
  2. decreased muscle tone and contractures
  3. left side cerebral thrombosis
  4. communication
  5. anxiety
- |            |                 |
|------------|-----------------|
| A. 3 only  | C. 4, 5         |
| B. 3, 4, 5 | D. all of these |



D. expected outcome is not specific or realistic;  
deadline is not realistic

- \_\_\_ 9. During Mrs. B. T.'s first 24 hours in NICU, which of the statements would be included in the discharge plan?
1. ambulatory with assistance
  2. coping with altered body image
  3. neurologically stable
  4. free of decubiti and contractures
  5. optimal respiratory function
- A. 1, 2, 4                      C. 2, 3, 5  
B. 3, 4, 5                      D. all of these
- \_\_\_ 10. Which would be the best nursing response when reddened areas were noted on 4/20?
- A. do nothing
  - B. wait until M.D. orders what needs to be done
  - C. update care plan expanding nursing actions
  - D. revise deadline
- \_\_\_ 11. Which statement is false?
- A. The patient response becomes the base for evaluating the appropriateness and effectiveness of the prescribed nursing action.
  - B. The expected outcomes and deadlines are used as guidelines for re-assessment of problems and documentation of patient response.
  - C. Patient response is recorded on the nursing care plan.
  - D. The patient response is a statement of the patient's reaction to the nursing action.
- \_\_\_ 12. When Mrs. B. T. developed difficulty swallowing on 4/21, how should it have been noted on the care plan?
- A. difficulty swallowing due to unknown cause
  - B. difficulty swallowing due to ? vagus nerve damage
  - C. potential aspiration due to difficulty swallowing
  - D. difficulty swallowing which may lead to aspiration
- \_\_\_ 13. The specific and realistic expected outcome would be:
- A. no difficulty swallowing
  - B. no vagus nerve damage
  - C. no aspiration
  - D. prevention of aspiration





APPENDIX D

ATTITUDES TOWARD TEACHING METHODS

Code No. \_\_\_\_\_

## PRE/POSTTEST--ATTITUDES TOWARD TEACHING METHODS

Please respond to the degree to which you agree or disagree with the statement by placing a check mark in the appropriate column.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. I find it hard to concentrate during classroom lecture.					
2. Classroom lecture in my opinion is the most effective method of learning.					
3. I believe learning can be achieved through the use of programmed instruction.					
4. I often get bored when writing a programmed instruction.					
5. I feel comfortable with self-directed learning activities.					
6. I feel programmed instruction negates the relationship between instructor and learner.					
7. I believe classroom lecture is the only method that should be used to disseminate information.					
8. I feel classroom lecture is the best method of teaching nursing concepts.					
9. I feel isolated when writing a programmed instruction.					

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
10. During classroom lecture, I find a variation of external stimuli, i.e., use of A-V materials, enhances learning.					
11. Programmed instruction I feel, adapts to my rate of learning.					
12. I feel classroom lecture cannot be adapted to the needs of the learner.					
13. I find programmed instruction is an inefficient use of my time.					
14. I believe classroom lecture can provide information that cannot be found in a text.					
15. I am unable to function to the best of my ability because of the inflexibility of programmed instruction.					
16. I am not aware of the degree of learning being achieved during classroom lecture.					
17. I feel classroom lecture does not provide me with an opportunity to experience satisfaction and rewards associated with learning.					

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
18. I think classroom lecture is an efficient use of my time.					
19. I think programmed instruction allows for a greater degree of individualized interaction between the instructor and me.					

APPENDIX E

PROGRAMMED INSTURCTION

Introduction to

DEVELOPING A SYSTEMATIC PLAN OF CARE

a programmed instruction course  
for staff nurses

Prepared by: Department of Staff Development  
St. Luke's Episcopal  
and  
Texas Children's Hospitals  
Houston, Texas  
1977

## INTRODUCTION

This course is designed to give the staff nurse within the hospital setting a basic understanding of an approach to systematic patient care planning.

The need for such planning is becoming more and more apparent as we as a profession are accepting more accountability for the patient care we deliver.

This method of care planning you will be studying is described by Marlene Mayers. It has been tried and found to be simple and viable in maintaining high standards of patient care.

We expect that at the completion of your involvement with the program you will be able to:

1. Describe the importance and benefits of systematic problem solving in planning nursing care.
2. Identify the elements of an effective nursing care plan as described by Mayers.
3. Discuss rationale for the development of standards of care in relation to nursing care planning.
4. Develop systematic plans of nursing care.

CONTENTS

- I Nursing Care Planning
- II Elements of an Effective Nursing Care Plan
- III The Data Base
- IV Patient Problems
- V Expected Outcomes and Deadlines
- VI Discharge Criteria
- VII Nursing Actions
- VIII Documentations of Patient Response Related to Nursing Care Plan

## A WORD BEFORE YOU BEGIN

The information in this book has been put into a special form, called a "program." You may have seen other programs before. If not, this way of presenting information may seem new to you, but you will soon get the hang of it.

If you glance through your book, you will find that the information is broken down into short units called "frames." Most of the frames ask you to do something--write a word or a phrase, make a check mark, or fill in a blank. When you have done what a frame asks you to do, you can check your response by looking at the correct answer below, to the right of the frame that follows. Then go on to the next frame.

A program asks questions, but it is not a test! the answers are next to the questions. When you are right, you will know it immediately, and you will be right nearly all the time. The purpose of a program is to give you information efficiently, not to test or trick you.

Here are a few hints on how to get the most out of this program:

Write down every answer. This will help you remember each item of information and will also give you something to compare with the answers in the answer column. Some of the frames are so simple that you will be tempted to just think the answer. Don't think it. Write it down.

Cover the answer until you have done what a frame asks you to do. Use a card or a sheet of paper as a mask. Lay it on the page so that it exposes the frame you are working on, but covers the material below it. When you slide the mask down to the next frame, you can compare the answer you have completed with the correct one in the answer column to the right of the new frame. But don't look until you have written your own answer!

Correct any mistakes. If your answer is wrong, write in the correct answer. And make sure you understand where you went wrong.

Try not to look back. In most cases you will not have to. Ideally, the only time you should look back is when you make a wrong answer and can't figure out why it is wrong.

Take your time. The program is designed so that you can pace yourself and move ahead at whatever speed suits you best. At the beginning of each chapter is a rough estimate of the time it takes to complete. Try not to start any chapter unless you have sufficient time to complete it without interruption.

TURN THE PAGE AND  
BEGIN THE PROGRAM.

## CHAPTER I--NURSING CARE PLANNING

This chapter will introduce you to the basics of nursing care planning. Specifically it discusses 2 topics:

1. What is a nursing care plan?
2. Purpose of a nursing care plan.

Estimated time to complete this chapter: 5 minutes

- 
1. A nursing care plan is a summary of data concerning a specific patient which is organized in a concise and systematic manner, which facilitates over all medical and nursing goals and which clearly communicates the nature of the patients problems and the nature of the related medical and nursing orders.
    - a. A nursing care plan should indicate nursing problems identified in caring for the patient. (Check one.)  
 true  
 false
    - b. Which of the following are communicated in a nursing care plan. (Check appropriate boxes.)  
 medical and nursing goals  
 patient problems  
 medical and nursing orders
    - c. Information outlined on a nursing care plan should be  
 very detailed  
 concise and systematic
- 

ANSWERS TO FRAME 1 ARE ON TOP OF NEXT PAGE.

CHECK THEM, THEN GO ON TO FRAME 2.

2. The nursing care plan should clearly and specifically communicate the nature of the patient's problems.

a. problems on the nursing care plan should relate to the  
(Check one).

nurse

patient

b. information outlined on the nursing care plan should be  
(Check one.)

specific

general

- a. False  
b. Patient problems, medical and nursing orders.  
c. Concise and systematic

3. The primary purpose of a nursing care plan in a hospital setting is to communicate relevant data rapidly and efficiently to other team members regarding the required strategies for care which contribute to overall patient goals.

a. In a hospital setting the primary purpose of a nursing care plan is to  
(Check one).

provide for effective communication

provide a means for learning about the patient's health problems and the rationales for solving them.

b. All communication should be directed toward accomplishing patient. \_\_\_\_\_.

- a. patient  
b. specific

END OF CHAPTER

- a. provide for effective communication  
b. goals

## CHAPTER II--ELEMENTS OF AN EFFECTIVE NURSING CARE PLAN

This chapter of the program is an introduction to 9 components felt to be very necessary in the development of an effective nursing care plan.

Estimated time to complete this chapter: 10 minutes

1. The list that follows outlines the elements of an effective nursing care plan. Look it over, but don't try to memorize it. You will work with each individually in the frames that follow,

- Past Medical History
- Physicians Orders
- Standards of Care
- Usual Problems
- Unusual Problems
- Discharge Plan
- Expected Outcomes
- Nursing Actions
- Patient Response

NO RESPONSE REQUIRED

2. The patient's past medical history and other related pertinent information obtained from the physician or the present history and physical should give you some expectations for the course of current hospitalization or treatment regimen. It should help answer such questions as: "Is this likely to be a routine case or can we expect complications?", "What previous medical problems has the patient encountered?", "Does the physician believe the patient will be able to return to his usual way of life or will it be altered-and if so, in what way?"

- a. Just knowing the admitting diagnosis of a patient gives enough information to initiate a complete plan of care  
(Check one.)

true

false

B. The patient's \_\_\_\_\_ should provide a frame of reference for planning effective and relevant care.

<p>3. The <u>physician orders</u> include these specific activities delegated to nursing such as medications and treatments and coordination of other patient care services. The physician orders should never be considered as a total plan of care, but a <u>part</u> of the total plan.</p> <p>a. A total plan of care can be developed around physicians orders (Check one.)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p>b. Nursing orders and responsibilities are just as important as physicians orders in developing a total plan of patient care.</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>a. False</p> <p>b. Past medical history.</p>
<p>4. The <u>Standards of Nursing Care</u> are nursing orders that are appropriate for the care of patients with a specific disease entity who are progressing within the expected norms. The standards of care are predetermined and organized to assist a patient in solving usual, expected problems. (Fill in the blank.)</p> <p>a. Another term for nursing orders is _____ (Check one.)</p> <p>b. Standards of care are organized in relationship to</p> <p><input type="checkbox"/> expected problems</p> <p><input type="checkbox"/> unexpected problems</p>	<p>a. no</p> <p>b. yes</p>
<p>5. An <u>Usual problem</u> is a typical, expected difficulty or concern within the normal range. It is a problem with which a patient is coping satisfactorily. Usual, routine, expected problems are managed according to established Standards of Nursing Care.</p> <p>a. If a patient problem can be managed according to predetermined nursing standards it is known as a (Check one.)</p> <p><input type="checkbox"/> unusual problem</p> <p><input type="checkbox"/> usual problem</p>	<p>a. Standard of nursing care</p> <p>b. expected problems</p>

<p>b. A typical, expected difficulty or concern with which the patient is coping is known as a _____.</p> <p>c. What would determine if post-operative pain was a usual problem or not? _____.</p>	
<p>6. An unusual problem is a difficulty or concern that is atypical or not usually expected, or else one with which a patient is not coping satisfactorily. Specific strategies for resolving unusual problems must be developed.</p> <p>a. An unexpected problem with which the patient is not coping satisfactorily is known as an _____.</p> <p>b. Standards of Nursing Care offers satisfactory resolution of unusual problems</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>a. usual problem</p> <p>b. usual problem</p> <p>c. whether patient was coping</p>
<p>7. Discharge Plan refers to statements of measureable patient centered objectives or expected outcomes that are achieved by the time the patient is discharged from our care. The discharge plan provides the overall or long tange frame of reference against which to measure the success of failure of the total care regimen.</p> <p>a. Statements of expected or intended patient behavior at the time of discharge are known as _____.</p> <p>b. Discharge plan could also be termed</p> <p><input type="checkbox"/> short term goals</p> <p><input type="checkbox"/> long term goals</p>	<p>a. unusual problems</p> <p>b. no</p>
<p>8. An expected outcome is a statement of the intended or realistically expected, correction or solution of a problem by a certain point in time. Expected outcome is a short-term criterion that must be met before the over-all criteria for discharge can be achieved.</p> <p>a. A statement of intended behavior or outcome representing a correction of an identified problem is called an _____.</p> <p>b. Indicate by the numbers 1 and 2 which logically occurs before the other</p> <p>____ discharge plan achieved</p> <p>____ expected outcomes met</p>	<p>a. discharge plan</p> <p>b. long term goals</p>

9. Nursing actions are those specifically itemized nursing activities that are designed to solve a problem by a projected point in time. Nursing actions or orders should say 1) what is to be done 2) how it is to be done and 3) when it should be done.

a. Nursing activities outlined to solve patient problems are called nursing actions.

yes

no

b. Three (3) items that should be included in all nursing actions are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. expected outcome  
b. 2  
1

10. The patient response is a statement of the patient's response or reaction to prescribed nursing action. Statements of response are made in the patient's chart on the nurses notes. The patient response provides a basis for effectiveness of the nursing care plan.

a. The \_\_\_\_\_ can be used to measure effectiveness of the plan of care.

b. Statements of response should be recorded

on the nursing care plan

in the chart

a. yes  
b. what  
how  
when

END OF CHAPTER

a. patient response  
b. chart

## CHAPTER III-OBTAINING A DATA BASE

This chapter deals briefly with obtaining a meaningful data base through assessment. Before patient problems can be identified certain information must be obtained and this can only be done by completing a thorough physical and psychosocial assessment of the patient.

Estimated time to complete this chapter: 5 minutes

<p>1. The data base is a collection of information that leads to nursing diagnosis and treatment. It is comprised of historical information, the findings of the physical and psychological examination related to a specific patient. Each individual data base differs from all others since each patient present a unique set of problems.</p> <p>a. The data base consists of information needing to be taught to the patient during his/her hospitalization.</p> <p><input type="checkbox"/> true</p> <p><input type="checkbox"/> false</p> <p>b. The purpose of collecting data base information is to diagnose and treat the patient.</p> <p><input type="checkbox"/> true</p> <p><input type="checkbox"/> false</p>	
<p>2. A data base is obtained through a systematic nursing assessment. Assessment is a deliberate, problem-solving process which is the first essential step toward identification of problems. Assessment involves the 3 following components: a) interview b) physical examination and c) observation. Only by utilizing these 3 components will your assessment of a patient be complete.</p> <p>a. Identification of patient problems can only be done after a complete patient _____.</p> <p>b. A complete patient assessment gives a nurse a _____ to diagnose and treat problems.</p> <p>c. The 3 components involved in an assessment are: (Check 3.)</p> <p><input type="checkbox"/> observation                      <input type="checkbox"/> examination</p> <p><input type="checkbox"/> interview                              <input type="checkbox"/> teaching</p> <p><input type="checkbox"/> counselling</p>	<p>a. false</p> <p>b. true</p>

3. An example of a systematic assessment is our nursing admission and history form. It was developed to do the following:

- provide a format which assures consistency in data collection.
- individualize nursing care.
- maximize the amount and quality of information that one can obtain from the patient in a short period of time.
- provide baseline information about the patient's functional abilities which can be utilized later to identify changes over time in functional status, as well as to evaluate the effectiveness of care.
- facilitate the establishment of an early relationship with the patient.
- provide a basis for decision-making regarding management of nursing care.

- a. assessment
- b. data base
- c. observation interview examination

a. One example of a systematic assessment that we routinely utilize is \_\_\_\_\_.

b. The information we obtain by using our nursing admission and history form is known as a \_\_\_\_\_.

c. Obtaining a data base is the 1st step toward identification of patient \_\_\_\_\_.

END OF CHAPTER

- a. admission and history form
- b. data base
- c. problems

## CHAPTER IV - PATIENT PROBLEMS

This chapter discusses systematic identification of patient problems. It is essential in any problem-solving process to define explicitly the presenting problem in order for subsequent steps to become clear, and to follow in logical sequence. During this chapter you will distinguish between usual and unusual problems and actual, potential and possible problems.

Estimated time to complete this chapter: 15 minutes

1. Basic to this systematic approach to care planning is the requirement that a clear statement of patients problems be made. A patient problem will be described as either "usual" or "unusual". A usual problem is an actual or potential difficulty or concern with which a patient is coping satisfactorily. An unusual problem is an actual or potential difficulty or concern with which a patient is not coping satisfactorily.

- a. If the patient is not coping with the difficulty or concern the problem would be described as \_\_\_\_\_.
- b. If the patient is coping with the difficulty or concern the problem would be described as \_\_\_\_\_.

2. In addition to making a clear, concise and definitive statement of the patient's difficulty, the nurse should set forth in a brief statement his/her perception of the cause of the problem. For a patient who has a low fluid intake; the nurse might enter an unusual problem statement such as; "low fluid intake (900 cc daily) due to weakness and fatigue and inability to handle water glass." Another patient with a low fluid intake might have this kind of statement: "low fluid intake (900 cc daily) due to life time habit of inadequate fluid intake." Obviously, the nursing action prescribed for the first patient would be quite different from the second patient. These examples clarify why the cause of the problem should also be stated.

- a. The nurse's perception of the cause of the problem should be included in the statement of the problem.

yes     no

- a. unusual
- b. usual

b. The key words in writing your perception of the cause of the problem is (Check one.)

- now that
- needs to
- due to

3. A further guide to writing problem statements is to deal with them in terms of the three (3) major categories into which all types of patient's problems may fall. These three categories are actual, potential, and possible. Actual problems are those patient concerns and difficulties which in the nurse's judgement, are present at the time the assessment is made. A potential problem is a difficulty or concern that a patient has unusually high risk of developing or experiencing. A possible problem is one which may or may not be an actual or potential problem but more information is necessary before it can be ruled in or out as a problem.

- a. yes
- b. due to

a. Please match the following

- \_\_\_\_\_ actual problem
- \_\_\_\_\_ potential problem
- \_\_\_\_\_ possible problem

- A. a problem requiring more collection of data before it can be ruled in or out as a problem.
- B. concerns or difficulties present at the time the assessment is made.
- C. concerns or difficulties that a patient has a very high chance of developing.

b. The identification and categorizing of patient problems is dependent on a thorough patient \_\_\_\_\_.

4. Actual problems are not prefaced by the word "actual" when written on the nursing care plan. They are assumed to be actual if they are not indicated otherwise. Which is an acceptable example of an actual problem. Circle appropriate letter(s).

- a. B  
C  
A
- b. assessment

<p>a. actual acute grief due to death of husband in same accident.</p> <p>b. acute grief due to death of husband in same accident.</p>	
<p>5. Any potential problem when written on a care plan, should be prefaced by the word "potential". Which are acceptable examples of a potential problem? Circle appropriate letter(s)</p> <p>a. pressure areas of back and hips due to casting and traction of both legs.</p> <p>b. potential postpartum vaginal hemorrhage due to atonic uterus.</p> <p>c. potential injury from falling due to poor coordination and weakness.</p>	b
<p>6. A possible problem should be preceded by the word "possible" when entered in a care plan. Which are acceptable examples of possible problems? Circle appropriate letter(s).</p> <p>a. concern regarding meaning of diagnosis</p> <p>b. potential postoperative bleeding due to hemophilia</p> <p>c. possible financial problems due to long convalescence.</p>	b c
<p>7. Basic to this approach to patient care planning is the assumption that, for all practical purposes, at a given point in time a patient may be progressing physiologically and psychologically within expected norms and may therefore have no unusual problems to be written on the nursing care plan. Remember usual problems are outlined in the standards of care and need not be re-written onto the individual nursing care plan. The preprinted standards become one section of the overall care plan which makes it necessary for us to write only unusual problems.</p> <p>a. Is it realistic for us to expect a patient to progress within established norms during a hospital study?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p>b. Which problems should be written on the nursing care plan?</p> <p><input type="checkbox"/> usual <input type="checkbox"/> unusual</p>	c

8. After an assessment of the patient is done and you have determined that the patient is progressing within the expected norms outlined in the standards of care on the nursing care plan you can write "no unusual problems noted." Following is a case which portrays a patient who is coping satisfactorily and does not have any unusual problems.

- a. yes  
b. unusual

Harry J., age 17, is admitted on 9/20 for an emergency appendectomy after several hours of abdominal pain.

On 9/21, postoperative day I, you visit him and assess his status. After doing a nursing history, following through on two or three possible concerns and explaining to him the care he will be receiving, you conclude that Harry has no unusual problems and that he is coping satisfactorily with the usual problems of postoperative pain, ambulation, intake, and so forth. He apparently has a supportive family and his hospitalization costs are covered by his family's health insurance plan. Harry verbalizes realistic plans for keeping up with his schoolwork.

As a result of your assessment and analysis, you would make the following notation on the patient's nursing care plan.

Date	Problems
9/21	No unusual problems at this time.

If your assessment determined that a patient was coping and progressing within norms what would you write on the nursing care plan under problems? \_\_\_\_\_

9. As previously discussed, many patients are coping well with their problems. It is thus superfluous for nurses to write down these usual problems. Rather, the nurse should determine by use of a nursing history or other method that a patient has been assessed and that he has no unusual problems at this time. It is better for valuable nursing time to be spent defining unusual problems and designing meaningful nursing care. Priorities of this nature must be set if nurses are to meet their responsibilities to all patients and, in particular, to patients who have overwhelming problems.

no unusual problems noted or equivalent

For purposes of clarity and efficiency, an unusual problem statement must meet the following criteria.

- It must be a statement of an unexpected, unusual, or atypical difficulty or concern being experienced by a patient.
  - It must be a difficulty or concern, typical or atypical, with which the patient is not coping in ways consistent with the overall expected outcomes or objectives for his recovery or maintenance.
  - It must be defined as the result of a systematic assessment by the responsible registered nurse.
  - It must be categorized as either an actual, potential, or possible problem.
  - It must contain a brief statement of the nurse's perception of the cause of the problem.
  - It must have implications for care which are not already covered by physician's orders or routine nursing care orders.
- a. An unusual problem outlines difficulties or concerns with which the patient is coping
- true
- false
- b. An unusual problem should be categorized as either actual, potential or possible.
- true
- false
- c. The nurse's perception of the cause of the problem should be included in the statement.
- true
- false

10. Unusual problem statements must be brief and specific but give a precise indication of the nature of the problems that must be solved. Which of the following are acceptable unusual problem statements?

- a. Decubitus ulcer (2 inch diameter and  $\frac{1}{2}$  inch deep) over coccyx due to immobility and poor nutrition
- b. Extreme anxiety
- c. Low caloric intake
- d. Too frequent request (about every two hours) for pain medication due to anxiety and general discomfort.

- a. false
- b. true
- c. true



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## CHAPTER V --EXPECTED OUTCOMES &amp; DEADLINES

This chapter will present a guide as to how to establish expected outcomes and deadlines. Once the expected outcomes and deadlines have been written, they will aid in the evaluation of Nursing action.

Estimated time to complete this chapter: 15 minutes

<p>1. After you have identified and stated an unusual patient problem, the next step is to write a concise and specific statement of intended or <u>expected outcome</u>. An expected outcome is a statement of the intended or the realistic expected correction of the patient's problem by a certain time. These statements are achievable by the patient through nursing intervention.</p> <p>a. The desired result of nursing action is called _____.</p> <p>b. An expected outcome is a statement of a nursing goal. (Check one)</p> <p><input type="checkbox"/> true</p> <p><input type="checkbox"/> false</p>	
<p>2. The <u>expected outcome</u> becomes a way to measure the effectiveness or the appropriateness of the prescribed nursing action. The <u>expected outcome</u> and the <u>projected time of correction</u> provides the basis for ongoing patient care evaluation.</p> <p>List the two components necessary to evaluate nursing action.</p> <p>a. _____</p> <p>b. _____</p>	<p>a. an expected outcome</p> <p>b. False. Expected outcomes are statements of patient goals.</p>
<p>3. Every <u>expected outcome</u> must have a <u>projected deadline</u>. The <u>deadline</u> provides a built-in check to evaluate the nursing action.</p> <p>a. Not all expected outcomes require a deadline.</p> <p><input type="checkbox"/> true</p> <p><input type="checkbox"/> false</p>	<p>a. expected outcome</p> <p>b. projected time of correction.</p>

<p>b. Which of the following must be established for all unusual problems?</p> <ol style="list-style-type: none"> <li>1. expected outcomes</li> <li>2. deadlines</li> <li>3. a &amp; b</li> </ol>	
<p>4. As you check through the patient care plan, the deadlines should be reviewed to determine which patient problems must be assessed during this shift for progress toward the expected outcome. When assessing the patient if it is decided that he is responding satisfactorily to the nursing action, the nursing action will remain the same.</p> <p>a. The deadline noted on the _____ indicates to you when the <u>patient problems</u> are to be assessed.</p> <p>b. If the expected outcome is being achieved, the plan of care remains the same.</p> <p><input type="checkbox"/> true</p> <p><input type="checkbox"/> false</p>	<p>a. false</p> <p>b. 3</p>
<p>5. If the patient does not seem to be responding to the nursing action or his problem is worsening, the nursing action must be revised in such a way that the expected outcome is met. In either case, a note must be made on the nurses' observations sheet indicating the findings of the assessment.</p> <p>a. When would you revise the nursing action?</p> <p>b. A note must be made on the nurses' observation sheet: Circle correct number(s)</p> <ol style="list-style-type: none"> <li>1. When problems are resolved</li> <li>2. When problems have worsened</li> <li>3. When problems remain unchanged</li> <li>4. All the above</li> </ol>	<p>a. nursing care plan</p> <p>b. true</p>
<p>6. Not all expected outcomes can have a projected date of correction. If unable to determine a deadline date, <u>checking intervals</u> are set and recorded in the <u>deadline</u> column. These intervals are set to check to see how the patient is progressing towards correction of the identified problems. Often, it is necessary to set a checking interval in addition to the projected date of correction.</p>	

- a. Intervals set to determine how the patient is progressing towards resolution of problems are called \_\_\_\_\_.
- b. The deadlines established with expected outcomes indicate checking intervals and \_\_\_\_\_.

a. When the patient problem is not responding to the action.

b. 4

7. When writing the expected outcome, you should ask, "What do I observe that makes me believe this patient has a problem?" The observations that are made to determine if a patient has a problem will help you to state the expected outcome. For example, if on assessment of a patient with gastroenteritis, the patient is found to have poor skin turgor, dry mucous membranes and is experiencing nausea and vomiting the expected outcome could be stated as:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>
9/20	Dehydration due to nausea and vomiting	restoration of good skin turgor; moist mucous membranes; relief of nausea & vomiting	check q8h

The more specific the outcome is written, the more certain the effectiveness of evaluating the patient's progress towards resolution of his problem.

- a. Which of the following will aid in writing the expected outcome?
  - 1. how the patient looks
  - 2. what the patient says
  - 3. how his family behaves
  - 4. all the above
- b. Which of the following expected outcomes are more specific?
  - 1. Decrease in symptoms of anxiety
  - 2. Quiet and relaxed in bed.

a. checking intervals

b. projected dates of correction

8. Expected outcomes fall into four major categories:

- 1. What patient can verbalize.
- 2. What patient can demonstrate
- 3. Observable signs and symptoms of health or illness
- 4. Environmental factors affecting the patient

These categories should be used as a guideline for establishing expected outcomes.

- a. Which of the following are well defined expected outcomes?
1. Verbalization of the effects of coumadin therapy
  2. Coping with inability to function independently
  3. Free of signs and symptoms of hyperglycemia
  4. Knows about diabetes mellitus

a. 4  
b. 2

- a. 1,3,4
- b. 2,3,4
- c. 1,2,3
- d. all of the above

- b. What the nurse expects to observe, hear and see demonstrated is called an expected outcome.

- true  
 false

9. The expected outcomes for actual problems represent either short term or long term goals. Short term goals are those which the patient can realistically achieve prior to discharge. Goals which the patient will continue to strive toward after discharge are long term goals. These goals should be reflected in the discharge plan.

a. c  
b. true

- a. Short term and long term goals are statements which represent expected outcomes for actual problems.

- true  
 false

- b. Long term goals should be reflected in the \_\_\_\_\_.

10. When actual problems are identified, the expected outcomes should be statements of correction. Also, a deadline date for total or partial correction must be set. If it is unrealistic to set a deadline date, it is necessary to set a checking interval. Example:

a. true  
b. discharge plan

Date	Problem	Expected Outcome	S/L Deadline
9/20	low fluid intake (800cc-900cc) due to lifelong habit of not drinking	Fluid intake 2,500cc/day - 9/23 1,200cc - 9/20 1,800cc - 9/21 2,500cc - 9/22	X check q24 <sup>o</sup>

- a. The above expected outcome is not a statement of correction

- true  
 false

- b. At what interval will the effectiveness of the nursing action be determined? \_\_\_\_\_

## 11. Example 2.

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>S/L</u>	<u>Deadline</u>
9/20	Decubitus ulcer (2 inch diameter, 1/2 inch deep) over coccyx due to immobility.	No decubitus ulcer	X	9/22 check daily

- a. false  
b. q24h

- a. The above expected outcome is a realistic correction of the patient problem.

true

false

- b. The deadline is realistic

true

false

## 12. Example 3

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>S/L</u>	<u>Deadline</u>
9/20	Acute grief response due to death of husband in same accident	coping with grief	X	9/21

- a. The above expected outcome is specific

true

false

- b. The deadline is realistic

true

false

- a. false: it is an expected outcome but not realistic. A realistic outcome would be a decrease in the size and depth of the ulcer.  
b. false

13. Expected outcomes for potential problems are statements of prevention or maintenance. Checking intervals are set for documenting prevention, maintenance, or early detection. Example:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>
9/20	Potential pressure areas due to casting of both legs.	No redness over bony prominences of sacrum, coccyx and buttocks.	check every eight hours

- a. The expected outcome for a potential problem can be a statement of (a) \_\_\_\_\_ (b) \_\_\_\_\_, or (c) \_\_\_\_\_.
- b. The above expected outcome is a statement of \_\_\_\_\_.

- a. false. The expected outcome should include specific observations that would indicate that the patient was coping with grief i.e., verbalize loss, express emotions, take interest in personal needs.
- b. false. It is unrealistic to state a date when the patient will be coping. It would be more realistic to set a checking interval.

14. Example 2:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>
9/20	Potential postpartum hemorrhage due to atonic uterus		

- a. Which of the following is the most realistic expected outcome for the problem above?
  - 1. No hemorrhage
  - 2. Early detection of signs and symptoms of hemorrhage.
- b. Which of the following is the appropriate deadline?
  - 1. 9/22
  - 2. check every 8 hours
  - 3. check every 24 hours

- a. prevention, maintenance, early detection ✓
- b. prevention

15. An expected outcome can not be written for a possible problem because it is impossible to write a statement of intended outcome if a specific problem has not been identified. However, it is possible to set a deadline as to when more information should be obtained. When more information is obtained, the problem may be actual or potential. Then you would write the expected outcome.

Example:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>
9/20	Possible financial problems due to long convalescence		9/22

- a. An expected outcome can not be written for a possible problem because \_\_\_\_\_.
- b. A deadline is indicated to enable the nurse to know \_\_\_\_\_.

- a. 2
- b. 2 Remember a checking interval is always set for potential problems.

END OF CHAPTER

- a. a specific problem has not been identified.
- b. when more information is needed.

## CHAPTER VI-DISCHARGE PLAN

The purpose of this chapter is to discuss effective writing of long-range goals which are known as the discharge plan or discharge criteria.

Estimated time to complete this chapter: 5 minutes

1. A very important part of the nursing care plan is statements of the long-ranged expected outcomes or goals. These long-ranged goals are called the Discharge Plan or Discharge Criteria. A discharge plan can be written for discharge from an intensive care unit or from the hospital. In either case, they should indicate what is expected to be verbalized, demonstrated or observed at the time of discharge.

a. Long range goals are called \_\_\_\_\_.

b. The discharge plan applies only to goals that are to be met at the time of discharge from the hospital.

true

false

2. As soon as enough information is available about the patient, the discharge plan should be written. The criteria should be measurable through observation by you. The Discharge plan can be divided into two areas: 1) expected outcomes from teaching and 2) health status.

The area concerning teaching refers to the expected attitudes, competencies, and behaviors that should be observed at the time of discharge. Health status refers to the level of wellness the patient should achieve before discharge.

Example - CVA patient with L sided paresis.

Expected outcomes of teaching:

1. can demonstrate active and passive range of motion exercise
2. can demonstrate ability to perform activities of daily living
3. coping with altered body image
4. can verbalize use of take home medications.

- a. discharge plan
- b. false

Health Status:

1. skin free of decubiti
2. free of contractures
3. bowel function regulated

The Discharge Plan can be divided into two areas.  
They are:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. Which of the following are examples of health status?

1. afebrile
2. can verbalize signs and symptoms of hypoglycemia
3. can demonstrate irrigation of colostomy
4. wound clean and dry
5. cessation of signs and symptoms of diarrhea

- a. 1,2,3
- b. 1,4,5
- c. 2,4,5
- d. all of them

d. Which of the following are examples of expected outcomes of teaching?

1. vital signs stable
2. can verbalize need for sodium restricted diet
3. extubated
4. can verbalize need for remaining under medical supervision
5. can demonstrate ability to manage own care

- a. 1,3,5
- b. 2,4,5
- c. 1,3,4
- d. all of them

3. At the time of the patient's discharge, there should be a note indicating which of the discharge criteria were met and which were not. For those criteria not met, there should be a statement as to why they were not met and plans made to achieve them post-discharge through referrals or follow-up medical care.

The discharge note should indicate the nurse's perception of the patient's status as it relates to the discharge criteria or the discharge plan.

true

false

- a. knowledge and behavior
- b. health status
- c. b
- d. b

## CHAPTER VII --NURSING ACTION

Nursing action, the third and last major element of the nursing care plan, is a statement of the specific nursing intervention that will be reviewed in this chapter.

Estimated time to complete this chapter: 5 minutes

- |  |                                      |
|--|--------------------------------------|
| <p>1. A <u>nursing action</u> is a specifically recommended, individualized nursing activity designed to solve the patient's problem by a projected point in time. Nursing action must be written in a concise specific statement. If many nursing actions are required for the management of one problem, the actions should be itemized. Nursing actions should not include orders written by other members of the health care team. The nursing action statements should be signed by the prescribing nurse.</p> <p>a. A nursing activity designed to resolve a patient's problem is called a _____.</p> <p>b. Which of the following statements is not true.</p> <ol style="list-style-type: none"> <li>1. The nurse prescribing the action should sign the statement.</li> <li>2. For problems requiring many actions, the actions should be numbered or lettered.</li> <li>3. Doctor's orders should be included with the nursing actions for a specific problem.</li> <li>4. Nursing action statements must include specifics.</li> </ol> |                                      |
| <p>2. When writing the nursing action for actual problems, the nurse specifically outlines the nursing intervention needed to help the patient resolve his problem. Nursing action requiring well coordinated follow-up should be delegated to one nurse. Delegation of nursing action is done after consultation with the nurse and only with his/her positive acceptance of the responsibility.</p>  | <p>a. nursing action</p> <p>b. 3</p> |

Example:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>	<u>Nursing Action</u>
3/25	Decubitis ulcer ( 2 inch deep) over coccyx due to immobility	Decrease in size	Check daily	a. Turn from side to side and rub q2h b. Avoid lying on back c. see P & P on Decubitus care

a. The nursing action for the above problem are specific.

- true  
 false

b. What is missing in the above nursing action?  
\_\_\_\_\_

3. Nursing action for potential problems are written just as those for actual problems. These actions are directed towards preventing the actual problem.

Example:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>	<u>Nursing Action</u>
9/20	Potential post-partum hemorrhage due to atonic uterus	early detection	check q8h	observation for signs and symptoms of hemorrhage: R. Folk RN

- a. true  
b. the nurse's signature

a. The above nursing action is directed towards preventing an actual problem.

- true  
 false

b. The nursing action is specific.

- true  
 false

4. For problems stated as "possible" more information is needed before the nurse can decide if an actual or potential problem exists. Nursing action for possible problems are related to how, when, and from whom more information should be obtained. The deadline column indicates a time frame in which the information should be obtained.

- a. true  
b. false; the nursing actions should include the signs & symptoms the prescribing nurse wants the staff to be looking for i.e. boggy uterus,

Example:

<u>Date</u>	<u>Problem</u>	<u>Expected Outcome</u>	<u>Deadline</u>	<u>Nursing Action</u>
9/20	possible financial problems due to long convalescence		9/22	Discuss with wife and make appropriate referrals (delegate to B. Hughes, RN.) M. Paul, RN

a. The nursing action is stated clearly.

true

false

b. The nurse delegated the nursing action to a specific nurse because \_\_\_\_\_

b. (cont.)  
excessive bleeding and signs and symptoms of shock. Also, included should be frequency pads are to be checked and uterus is to be massaged.

END OF CHAPTER

a. true

b. the follow-up action needs to be well coordinated.

CHAPTER VIII - DOCUMENTATION OF PATIENT RESPONSE RELATED TO THE NURSING CARE PLAN

Documentation of how the patient is progressing towards resolution of his problems is referred to as being the patient response. The chapter will outline how the nursing care plan should be reflected on the nurses' observation sheet.

Estimated time to complete this chapter: 10 minutes

<p>1. The patient response is a written statement of the patient's reaction to the nursing action. The statement should be a reflection of your perception of the patient's status relative to the criteria listed in the expected outcomes. This statement is written on the nurses' observation sheet. The patient response is never recorded on the nursing care plan.</p> <p>a. A reflection of how you perceive the patient's status is called the _____.</p> <p>b. The patient response is recorded on the _____.</p>	<p>a. patient response</p> <p>b. nurses' observation sheet</p>
<p>2. Entries in the nurses' notes about the patient response becomes the rationale for ruling a problem as resolved, for revising nursing actions which are not progressing towards the expected outcomes, or for continuing the same approach. When patient response statements are recorded at regular intervals, the record will contain useful, pertinent statements of the patient's status.</p> <p>a. Which one of the following statements is false?</p> <ol style="list-style-type: none"> <li>1. The patient response becomes the base for evaluating the appropriateness and effectiveness of the prescribed nursing action.</li> <li>2. The patient response is always written with reference to the expected outcome.</li> <li>3. The expected outcome statement is a guide for the nurses' assessment and documentation of the patient response.</li> <li>4. The patient response is recorded on the nurse's observation sheet as well as the nursing care plan.</li> </ol> <p>b. Observed patient responses to the prescribed care form the evaluative statements which are documented in the nursing notes.</p> <p><input type="checkbox"/> true</p> <p><input type="checkbox"/> false</p>	

3. Patients who are progressing within the standards of care will not have expected outcomes statements on the care plan. The patient response statements should reflect that the patient is progressing as outlined in the standards.

Example: Patient who had a tonsillectomy

9/20 Tolerating diet. No signs or symptoms of hemorrhage. Requires no pain medication. Can verbalize instructions given concerning follow-up care. M. Paul, RN

- a. The patient response for patient's progressing within the standards of care do not need to be documented.

true  
 false

- b. The above example is an example of the nurse's evaluation of the effectiveness of nursing action.

true  
 false

a. 4  
b. true

4. Actual problems - patient responses

Example: Decubitus Care

9/20 Decubitus ulcer, coccyx, 2½ inch diameter, ¼ inch deep. Dr. notified of increase in size. M. Paul, RN

Which of the following would be the best nursing response to the increasing decubitus size:

- a. do nothing  
b. wait until the doctor orders decubitus care.  
c. update care plan with new size and add new items for nursing action  
d. revise checking interval.

a. false  
b. true

5. Potential Problem - patient response

Example: Potential post-partum hemorrhage

9/20 Pad changed every hour. Fundus firm with prescribed massage schedule. Vital signs stable. Not experiencing any signs of discomfort, anxiety, or restlessness. M. Paul, RN

The above patient response indicates that the nursing action is effective and appropriate.

true  
 false

c

6. Since possible problems have no expected outcomes, there is no standard for evaluating the patient response. It is necessary to indicate that the prescribed nursing action has taken place on or before the deadline. Also, there should be a statement indicating why or why not the possible problem is an actual problem.

Example: possible financial problems

9/20 Discussion with family and patient reveal that the illness and convalescence are causing significant financial problems. R. Hayes, social worker has been notified and will follow up today. Plan to check with patient in one week.  
B. Hughes, RN

To indicate the need for follow-up on the care plan, the nurse would change the deadline from 9/20 to 9/27 and note in the nursing action column "Recheck progress toward solving problem"

- a. With possible problems, the nurses' notes should reflect that the expected outcome has been achieved.
- true
- false
- b. The rationale for ruling in or ruling out the possible problem should be noted
- true
- false

true

END OF CHAPTER

- a. false. Indicate that the prescribed nursing action has taken place.
- b. true

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APPENDIX F

OUTLINE FOR CLASSROOM LECTURE

ST. LUKE'S EPISCOPAL HOSPITAL/TEXAS CHILDREN'S HOSPITAL

Course: INTRODUCTION TO DEVELOPING A  
SYSTEMATIC PLAN OF CARE

Nursing Education  
CLASS OUTLINE

Time: 1 hour

Instructor: \_\_\_\_\_

Goal: Provide a basic understanding of a systematic  
approach to planning care for the hospitalized  
patient

Equipment: Overhead projector

OBJECTIVE	CONTENT	ACTIVITIES	EVALUATION
<p>At the completion of this course, the participants will be able to:</p> <p>1. Define what a nursing care plan is.</p> <p>2. State the purpose of a nursing care plan</p>	<p>I. Introduction</p> <p>A. Purpose of class -- see goal</p> <p>B. Overall class objectives</p> <ol style="list-style-type: none"> <li>1. Describe the importance and benefits of systematic problem solving in planning nursing care</li> <li>2. Identify the elements of an effective Nursing care plan (NCP)</li> <li>3. Discuss rationale for the development of standards of care in relation to nursing care planning</li> <li>4. Develop systematic plans of care</li> </ol> <p>II. Nursing care planning</p> <p>A. Define NCP</p> <ol style="list-style-type: none"> <li>1. Summary of data organized in a concise &amp; systematic manner</li> <li>2. Facilitates medical and nursing goals</li> <li>3. Communicates                             <ol style="list-style-type: none"> <li>a. Patient problems</li> <li>b. Medical &amp; nursing orders</li> </ol> </li> </ol> <p>B. Purpose of NCP</p> <ol style="list-style-type: none"> <li>1. Communicates relevant data to team members regarding strategies of care required to achieve patient goals</li> </ol>		

ST. LUKE'S EPISCOPAL HOSPITAL/TEXAS CHILDREN'S HOSPITAL

Course: INTRODUCTION TO DEVELOPING..... Nursing Education Time: \_\_\_\_\_  
 Section: \_\_\_\_\_ CLASS OUTLINE Instructor: \_\_\_\_\_  
 Goal: \_\_\_\_\_ Equipment: \_\_\_\_\_

OBJECTIVE	CONTENT	ACTIVITIES	EVALUATION
3. List the elements needed in organizing an effective NCP	C. Elements of NCP -- discuss each briefly 1. Past medical history 2. Physician orders 3. Standards of care a. Predetermined nursing orders b. Appropriate for the care of patients with a specific disease entity 4. Usual problem -- typical, expected difficulty; within normal range 5. Unusual problem -- atypical or not expected problem 6. Discharge plan 7. Expected outcome 8. Nursing action 9. Patient response	Transparency #1	#1
4. Identify the three components of assessment	III. Identification of patient problems A. Data base 1. Leads to nursing diagnosis & treatment 2. Obtained through systematic assessment a. Interview b. Physical examination c. Observation		

ST. LUKE'S EPISCOPAL HOSPITAL/TEXAS CHILDREN'S HOSPITAL

Course: INTRODUCTION TO DEVELOPING...

Nursing Education

Time: \_\_\_\_\_

Section: \_\_\_\_\_

CLASS OUTLINE

Instructor: \_\_\_\_\_

Goal: \_\_\_\_\_

Equipment: \_\_\_\_\_

OBJECTIVE	CONTENT	ACTIVITIES	EVALUATION
<p>5. List &amp; discuss the 3 categories of problems</p>	<p>B. Patient problems</p> <ol style="list-style-type: none"> <li>1. Usual &amp; unusual</li> <li>2. Stated in a clear concise &amp; definitive manner including nurse's perception of problem</li> <li>3. Categories                             <ol style="list-style-type: none"> <li>a. Actual -- present at time of</li> <li>b. Potential -- at risk</li> <li>c. Possible -- further info. needed</li> </ol> </li> <li>4. Usual problems                             <ol style="list-style-type: none"> <li>a. Outlined in standards of care</li> <li>b. Do not re-write on NCP</li> <li>c. Example</li> </ol> </li> </ol>	<p>transparency # 2</p> <p>transparency # 3</p>	
<p>6. State the rationale for developing expected outcomes and establishing deadlines</p>	<p>IV. Expected outcomes</p> <ol style="list-style-type: none"> <li>A. Purpose -- discuss</li> <li>B. Categories of expected outcomes                             <ol style="list-style-type: none"> <li>1. What the patient verbalizes</li> <li>2. What the patient can demonstrate</li> <li>3. Observable signs &amp; symptoms</li> <li>4. Environmental factors affecting the patient</li> </ol> </li> <li>C. Deadlines -- discuss purpose and use including checking intervals and patient response</li> </ol>		

ST. LUKE'S EPISCOPAL HOSPITAL/TEXAS CHILDREN'S HOSPITAL

Course: INTRODUCTION TO DEVELOPING...      Nursing Education      Time: \_\_\_\_\_  
 Section: \_\_\_\_\_      CLASS OUTLINE      Instructor: \_\_\_\_\_  
 Goal: \_\_\_\_\_      Equipment: \_\_\_\_\_

OBJECTIVE	CONTENT	ACTIVITIES	EVALUATION
7. Write discharge plans that are measurable and achievable	D. Actual problems 1. Statements of correction 2. Example E. Potential problems 1. Statements of prevention &/or maintenance 2. Example F. Possible problems V. Discharge plan A. Characteristics 1. Long-range goals 2. Met either by the time of discharge from ICU setting, transfer time or time of discharge from hospital 3. Patient-oriented 4. Measurable and achievable	transparency # 4	
8. Differentiate between discharge plans that are statements of the expected outcomes of teaching and those that are statements of health status	B. Expected outcomes of teaching 1. Includes expected a. Attitudes b. Competencies c. Behaviors 2. Examples C. Health Status 1. Level of wellness 2. Examples	transparency #5	

ST. LUKE'S EPISCOPAL HOSPITAL/TEXAS CHILDREN'S HOSPITAL

Course: INTRODUCTION TO DEVELOPING...

Nursing Education

Time: \_\_\_\_\_

Section: \_\_\_\_\_

CLASS OUTLINE

Instructor: \_\_\_\_\_

Goal: \_\_\_\_\_

Equipment: \_\_\_\_\_

OBJECTIVE	CONTENT	ACTIVITIES	EVALUATION
<p>9. Develop statements for nursing action that meets the criteria for stating nursing action</p>	<p>VI. Nursing action</p> <p>A. Criteria for nursing action</p> <ol style="list-style-type: none"> <li>1. Concise &amp; specific</li> <li>2. Itemized</li> <li>3. Should not include orders of other health care providers</li> <li>4. When well coordinated follow-up is required, action should be delegated to a specific nurse</li> <li>5. Signed by prescribing nurse</li> </ol> <p>B. Actual problems</p> <ol style="list-style-type: none"> <li>1. Actions to resolve problem</li> <li>2. Example</li> </ol> <p>C. Potential problems</p> <ol style="list-style-type: none"> <li>1. Actions to prevent or maintain</li> <li>2. Example</li> </ol> <p>D. Possible problems</p> <ol style="list-style-type: none"> <li>1. How, when, &amp; from whom more info. is needed</li> <li>2. Example</li> </ol>	<p>transparency # 6</p>	<p>66</p>
<p>10. Write nurses' notes that indicate that the effectiveness &amp; appropriateness of care is being evaluated</p>	<p>VII. Patient response</p> <p>A. Description</p> <ol style="list-style-type: none"> <li>1. Base for evaluating nursing action</li> <li>2. Patient's reaction to prescribed care</li> <li>3. Recorded on Nurses' notes not NCP</li> </ol>		

ST. LUKE'S EPISCOPAL HOSPITAL/TEXAS CHILDREN'S HOSPITAL

Course: INTRODUCTION TO DEVELOPING...      Nursing Education      Time: \_\_\_\_\_  
 Section: \_\_\_\_\_      CLASS OUTLINE      Instructor: \_\_\_\_\_  
 Goal: \_\_\_\_\_      Equipment: \_\_\_\_\_

OBJECTIVE	CONTENT	ACTIVITIES	EVALUATION
	<p>4. Written with reference to expected outcome</p> <p>B. Actual problem -- example</p> <p>C. Potential problem -- example</p> <p>D. Possible problem -- example</p> <p>VIII. Summary</p> <p>A. Purpose of NCP</p> <p>B. Reiterate key terms</p> <ol style="list-style-type: none"> <li>1. Usual &amp; unusual problems</li> <li>2. Expected outcome</li> <li>3. Deadlines &amp; checking intervals</li> <li>4. Nursing action</li> <li>5. Patient response</li> </ol>	transparency # 7	

ELEMENTS OF THE NURSING CARE PLAN

PAST MEDICAL HISTORY

PHYSICIAN ORDERS

STANDARDS OF CARE

USUAL PROBLEMS

UNUSUAL PROBLEMS

DISCHARGE PLAN

EXPECTED OUTCOME

NURSING ACTION

PATIENT RESPONSE

TRANSPARENCY # 2

ST. LUKE'S EPISCOPAL & TEXAS CHILDREN'S HOSPITALS  
NURSING CARE PLAN

UNUSUAL PROBLEMS	EXPECTED OUTCOMES	DEADLINES	NURSING ACTIONS
<p>(ACTUAL PROBLEMS)</p> <p>LOW FLUID INTAKE (800-900cc) DUE TO LIFELONG HABIT OF NOT DRINKING</p>			
<p>DECUBITUS ULCER (2" DIAMETER 1/4" DEEP) OVER COCCYX DUE TO IMMOBILITY</p>			
<p>ACUTE GRIEF RESPONSE DUE TO DEATH OF HUSBAND IN SAME ACCIDENT</p>			
<p>(POTENTIAL PROBLEMS)</p> <p>POTENTIAL PRESSURE AREAS DUE TO CASTING OF BOTH LEGS</p>			
<p>POTENTIAL POST-PARTUM HEM- ORRHAGE DUE TO ATONIC UTERUS</p>			
<p>(POSSIBLE PROBLEMS)</p> <p>POSSIBLE FINANCIAL PROBLEMS DUE TO LONG CONVALESCENCE</p>			

TRANSPARENCY # 3

ST. LUKE'S EPISCOPAL & TEXAS CHILDREN'S HOSPITALS  
NURSING CARE PLAN

UNUSUAL PROBLEMS	EXPECTED OUTCOMES	DEADLINES	NURSING ACTIONS
9/20 No UNUSUAL PROBLEMS AT THIS TIME		9/21	SEE STANDARD OF CARE FOR THE CARE OF THE PATIENT HAVING SURGERY M. FRANKS R.N

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ST. LUKE'S EPISCOPAL & TEXAS CHILDREN'S HOSPITALS  
NURSING CARE PLAN

UNUSUAL PROBLEMS	EXPECTED OUTCOMES	DEADLINES	NURSING ACTIONS
(ACTUAL PROBLEMS) LOW FLUID INTAKE (800-900cc) DUE TO LIFELONG HABIT OF NOT DRINKING	FLUID INTAKE 2,500cc/DAY 1,200cc - 9/20 1,800cc - 9/21 2,500cc - 9/22	9/23 CHECK Q24H	
DECUBITUS ULCER (2" DIAMETER 1/4" DEEP) OVER COCCYX DUE TO IMMOBILITY	DECREASE IN SIZE AND DEPTH	CHECK Q24H	
ACUTE GRIEF RESPONSE DUE TO DEATH OF HUSBAND IN SAME ACCIDENT	COPING WITH GRIEF I.E. VERBALIZES LOSS, EXPRESSES EMOTIONS, TAKES INTEREST IN PERSONAL NEEDS	WITH EACH CONTACT	
(POTENTIAL PROBLEMS) POTENTIAL PRESSURE AREAS DUE TO CASTING OF BOTH LEGS	NO REDNESS OVER BONY PROMIN- ENCES OF SACRUM, COCCYX, & BUTTOCKS	Q8H	
POTENTIAL POST-PARTUM HEM- ORRHAGE DUE TO ATONIC UTERUS	EARLY DETECTION OF SIGNS & SYMPTOMS OF HEMORRHAGE	Q1H X 8HRS. THEN Q4H X 24H	
(POSSIBLE PROBLEMS) POSSIBLE FINANCIAL PROBLEMS DUE TO LONG CONVALESCENCE		9/22	

TRANSPARENCY # 5

**DISCHARGE PLAN****EXPECTED OUTCOME OF TEACHING:**

1. PATIENT CAN DEMONSTRATE ACTIVE AND PASSIVE RANGE OF MOTION EXERCISES
2. PATIENT CAN DEMONSTRATE ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING
3. PATIENT CAN VERBALIZE USE OF TAKE HOME MEDICATIONS
4. PATIENT IS COPING WITH ALTERED BODY IMAGE

**HEALTH STATUS**

1. SKIN FREE OF DECUBITI
2. FREE OF CONTRACTURES
3. BOWEL FUNCTION REGULATED

ST. LUKE'S EPISCOPAL & TEXAS CHILDREN'S HOSPITALS  
NURSING CARE PLAN

UNUSUAL PROBLEMS	EXPECTED OUTCOMES	DEADLINES	NURSING ACTIONS
(ACTUAL PROBLEMS)			
LOW FLUID INTAKE (800-900cc) DUE TO LIFELONG HABIT OF NOT DRINKING	FLUID INTAKE 2,500cc/DAY 1,200cc - 9/20 1,800cc - 9/21 2,500cc - 9/22	9/23 CHECK q24H	1. GIVE POSITIVE REINFORCEMENT 2. ENCOURAGE PATIENT TO HELP KEEP RECORD OF INTAKE. B. WILLIS R.N.
DECUBITUS ULCER (2" DIAMETER 1/4" DEEP) OVER COCCYX DUE TO IMMOBILITY	DECREASE IN SIZE AND DEPTH	CHECK q24H	1. TURN q2H TO SIDES ONLY--NO LYING ON BACK. 2. SEE P & P ON DECUBITUS CARE J. HOLLY R.N.
ACUTE GRIEF RESPONSE DUE TO DEATH OF HUSBAND IN SAME ACCIDENT	COPING WITH GRIEF I.E. VERBALIZES LOSS, EXPRESSES EMOTIONS, TAKES INTEREST IN PERSONAL NEEDS	WITH EACH CONTACT	1. ASSURE THAT IT IS OK TO EXPRESS EMOTIONS 2. POSITIVE APPROACH WITH REGARDS TO INVOLVEMENT IN ADL- S. WHITE R.N.
(POTENTIAL PROBLEMS)			
POTENTIAL PRESSURE AREAS DUE TO CASTING OF BOTH LEGS	NO REDNESS OVER BONY PROMINENCES OF SACRUM, COCCYX, & BUTTOCKS	q8H	1. MASSAGE AREAS AT LEAST q8H 2. MAINTAIN CLEAN DRY SHEEP SKIN P. SANDS R.N.
POTENTIAL POST-PARTUM HEMORRHAGE DUE TO ATONIC UTERUS	EARLY DETECTION OF SIGNS & SYMPTOMS OF HEMORRHAGE	q1H x 8HRS THEN q4H x 24H	1. CHECK AMOUNT OF LOCHIA & MASSAGE UTERUS 2. MONITOR V.S. & OBSERVE FOR BOGGY UTERUS R. FOLK R.N.
(POSSIBLE PROBLEMS)			
POSSIBLE FINANCIAL PROBLEMS DUE TO LONG CONVALESCENCE		9/22	DISCUSS WITH WIFE AND MAKE APPROPRIATE REFERRALS (DELEGATE TO B. HUGHES, R.N.) M. PAUL R.N.

TRANSPARENCY # 7

## PATIENT RESPONSE

## (ACTUAL PROBLEM)

9/20 DECUBITUS ULCER, COCCYX, 2 $\frac{1}{4}$  INCH DIAMETER,  
 $\frac{1}{4}$  INCH DEEP. DR. NOTIFIED OF INCREASE IN  
SIZE. M. PAUL R.N.

## (POTENTIAL PROBLEM)

9/20 PAD CHANGED EVERY HOUR. FUNDUS FIRM WITH  
PRESCRIBED MASSAGE SCHEDULE. VITAL SIGNS  
STABLE. NOT EXPERIENCING ANY SIGNS OF  
DISCOMFORT, ANXIETY, OR RESTLESSNESS.  
N. LOVE R.N.

## (POSSIBLE PROBLEM)

9/20 DISCUSSION WITH FAMILY AND PATIENT REVEAL THAT  
THE ILLNESS AND CONVALESCENCE ARE CAUSING  
SIGNIFICANT FINANCIAL PROBLEMS. R. HAYES,  
SOCIAL WORKER HAS, BEEN NOTIFIED AND WILL  
FOLLOW-UP TODAY. PLAN TO CHECK WITH PATIENT  
IN ONE WEEK. B. HUGHES R.N.

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