

Part 1

Professional nursing practice

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Nursing as a profession.

--Profession, is a calling that requires special knowledge, skill and preparation.

---Profession : An occupation that requires advanced knowledge and skills and that it grows out of society's needs for special services.

---A professional nurse , is a person who has completed a basic nursing education program and is licensed in his country to practice professional nursing.--



Criteria of Profession

- To provide a needed service to the society.
- To advance knowledge in its field.

To protect its members and make it possible to.

practice effectively.

Personal Qualities of a Nurse:

- Must have a Bachelor of Science degree in nursing.
- Must be physically and mentally fit.
- Must have a license to practice nursing in the country.

Roles of a Professional

Caregiver/ Care provider

- 1.the traditional and most essential role
- 2.functions as nurturer, comforter, provider -
- 3.moothering actions” of the nurse
- 4.provides direct care and promotes comfort of client
- 5-activities involves knowledge and sensitivity to what matters and what is important to clients
- 6-show concern for client welfare and acceptance of the client as a person

Teacher

- 1.provides information and helps the client to learn or acquire new knowledge and technical skills
- 2.encourages compliance with prescribed therapy.
- 3..promotes healthy lifestyles
- 4.interprets information to the client

3. Counselor

- 1.helps client to recognize and cope with stressful psychologic or social problems; to develop an improve interpersonal relationships and to promote personal growth
- 2.provides emotional, intellectual and psychological support
- 3.focuses on helping a client to develop new attitudes, feelings and behaviors rather than promoting intellectual growth.
- 4.encourages the client to look at alternative behaviors recognize the choices and develop a sense of control.

4. Change agent

initiate changes or assist clients to make modifications in themselves or in the system of care.

5. Client advocate

1.involves concern for and actions in behalf of the client to bring about a change.

2.promotes what is best for the client, ensuring that the client's needs are met and protecting the client's right.

3.provides explanation in clients language and support clients decisions.

Manager

- 1.makes decisions, coordinates activities of others, allocate resource
- 2.evaluate care and personnel
- 3.plans, give direction, develop staff, monitors operations, give the rewards fairly and represents both staff and administrations as needed.

Researcher

1. participates in identifying significant researchable problems
2. participates in scientific investigation and must be a consumer of research findings
3. must be aware of the research process, language of research, a sensitive to issues related to protecting the rights of human subjects.

Dimensions of Nursing Practice

The Four Dimensions of Nursing Practice are as follows:

Nursing Practice (Practice, Ethics, Resource Utilization).

A. practice

1 Independence.

2 No charge ضرورية activities required.

3 Leadership, Charge Nurse/Unit Level.

4 Leadership at Service, Service Line, or Medical Center Level; looking for organized processes or systems.

B. Ethics

1. Assumes responsibility for Individual judgments/actions.
2. Serves as resource in identifying ethical issues.
3. Leadership in anticipating risks, resolving ethical issues and dilemmas *معضلة*, analyzing trends, and taking appropriate action.

c. Resource Utilization

- 1. Effectively plans/directs flow of patient care and nursing resources.**
- 2. Identifies potential problems involving resources or pt safety and takes action to avert يتجنب.**
- 3. Manages and analyzes resources, evaluates options and takes actions that impact organization outcomes beyond the unit/practice area.**

2. Professional Role-Leadership (Education/Career Development, Performance).

A. Education/Career

Development

مهنة

1. Seeks knowledge for individual competency (individual plan/reads health care literature).
2. Participates in educational activities to enhance role performance at the unit/team level.
3. Implements educational plan to meet changing needs of program/service.

B. Performance

1. Incorporates feedback into personal development (self-assessment).
2. Self-evaluation and evaluation of others.
3. Self-evaluation and evaluation of program or service effectiveness (recommending/implementing changes).

3.Collaboration (Collegiality, Collaboration

1- Collegiality مشاركة

1. Attends/participates in staff meetings and in-services.
2. Educates colleagues, preceptor المعلم and mentoring roles.
3. Coaches يتدرب مع مدرب in team building: active involvement in group accomplishments; sharing expertise outside of the facility.

2- Collaboration يتعاون

- 1.Team participation, interpersonal skills, develops collaborative plans of care.
- 2 .Uses group process to identify, analyze, and resolve care problems
- 3.Leadership and decision-making role in use of group process for interdisciplinary problem-solving beyond unit/practice setting.

(Quality of Care, Research). **4. Scientific Inquiry** استعلام

1. Quality of Care

1. Use QI findings to guide OWN practice (NOT the RN providing quality care).
2. Participates in QI activities (data collection, analysis, recommendations, etc) at the Unit level.
3. Initiates/Leads QI activities at the program, service, and/or facility level.

2.-Research

- 1 .Awareness of research; uses to validate/change own practice.
- 2 .Uses research to validate or change Work group/Team practice.
3. Demonstrates leadership in collaboration with others in research activities, across programs/services, to validate & improve practice

Characteristics of a Profession

- 1-.A basic profession requires an extended education of its members, as well as a basic liberal متحرر foundation.
- 2.-A profession has a theoretical body of knowledge leading to defined skills, abilities and norms.
- 3-.A profession provides a specific service.
- 4.Members of a profession have autonomy in decision-making and practice.
- 5 .The profession has a code of ethics for practice.

Characteristics of Nursing:

- 1 .Nursing is caring.
- 2 .Nursing involves close personal contact with the recipient of care.
- 3.Nursing is concerned with services that take humans into account as physiological, psychological, and sociological organisms.
- 4.Nursing is committed to promoting individual, family, community, and national health goals in its best manner possible.
- 5.Nursing is committed to personalized services for all persons without regard to color, creed عقيدة , social or economic status.
- 6.Nursing is committed to involvement in ethical, legal, and political issues in the delivery of health care.

part2=

Socialization to professional

1- Socialization.

2 Issues in socialization

3 Professional associations

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Socialization ●

-The professional socialization of nurses has been the ● subject of discussion for several years. This term refers to the process through which novice لمبتدىء practitioners are merged into the profession to become professional practitioners.

● Within this system newcomers are instructed in the ways and attitudes of the organization and gradually adopt the attitudes, values and unspoken messages within the organization.

● A central concept, which in its widest application refers to all those complex and multi-faceted processes and interactions that transform the human organism into an active participating member of a society.

Socialization is the noun form of the verb socialize.'
means:

- 1 To place under group or government control; especially, to regulate according to socialist principles.
- 2 To convert from an antisocial to a social attitude; make friendly, cooperative, or sociable.
- 3 To convert or adapt to the needs of a social group.
- 4 To take part in social activities.

Professional Socialization

- 1 .Gaining an identity in nursing.
- 2.Internalizing the values and norms of the profession.
- 3.Becoming equipped with a process for continued learning.
- 4.Gaining a process for accommodation to changing ideas and knowledge.

Socialization of the Nurse

Role development or socialization involves exposure to new ideas about nursing, health, wellness, illness, and caring for clients and challenging of old ideas.

A lifelong process shaped by:

- Nursing Curriculum.
- Organization.
- Nursing program attended.
- Process of gaining knowledge, skills, and behaviors.
- Involves a change in attitudes and values.

-Nurses who graduate from a nursing program and enter the workforce undergo a process of professional socialization in the development of their nursing practice role.

-Making the transition from graduate nurse to professional nurse poses issues and challenges for the new graduate nurse.

-This application to practice not only encompasses new clinical skills and techniques but also includes coping with issues of relationships with patients and families, and an organizational structure that may be new to them.

-Internship programs are the predominant means of facilitating the transition.

Client systems

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General systems theory

1. A system may be defined as any set of two or more interdependent parts which has a relatively high degree of closure, connectivity, and stability
2. Any pair of persons or objects can be considered as a potential system since at some level of specificity it can usually be demonstrated that "everything is related to everything else."

Qualities of system

Connectivity :

1. The degree of internal interdependence of a system , is reflected by exchanges occurring between the parts making up a system.
2. If two or more parts of a system are highly interdependent, they must engage in a large number of interactions. If no interactions occur between the parts of a system, they are not interdependent and therefore they do not make up a system.
3. Direct measurement and comparison of interactions is extremely difficult in most situations, however.

A system can be said to consist of four things.

- = Objects, the parts, elements, or variables within the system. These may be physical or abstract or both, depending on the nature of the system.
- = Attributes *صفة مميزة*, the qualities or properties of the system and its objects.
- = A system had internal relationships among its objects.
- = Systems exist in an environment.

System theory

Input

Every system has input.

Output

Every system has output. It is fair to say that a system may be evaluated by determining if its output results in the achievement of its objective.

Internal Environment

= Its internal environment is that part of its environment over which it has **some control**. If some aspect of the internal environment is causing some difficulty for the system, that aspect can be altered.

External Environment

= A system's external environment is that part of its environment over which it has **no control**. If some aspect of the external environment is causing some difficulty for the system, that aspect cannot be altered.

Third lecture

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Family systems

1. Families are SYSTEMS of interconnected and interdependent individuals.
2. To understand the individual, we must understand the family system of that individual. People cannot be understood in isolation from one another.
3. As members of a family system every member is interconnected.

Paradigms of family System Theory are 5: نموذج

Family Roles: Patterns of interaction become ingrained راسخ habits that make change difficult .

Family Rules: Each family has certain rules that are self-regulating and peculiar خاص to itself. The family is a purposeful system; it has a goal. Usually the goal is to remain intact as a family.

Boundaries: For families to function well, subsystems must maintain boundaries.

Adaptation: Despite resistance to change each family system constantly adapts to maintain itself in response to its members and environment.

Systems change through the family life cycle.

Changes in family systems are caused by both normative (predictable life cycle changes) and non-normative (crisis) stresses.

Meaning of Community Based practice ●

1. Focuses on entire populations and sub-populations that have similar health concerns or characteristic Population-based interventions include everyone who is in the “population-of interest” or the “population-at- risk.”

2. Is guided by an assessment of population health status that is determined through a community health assessment process.

Priorities and plans are set as a result of an analysis of health status (risks, problems, assets, etc.) within populations.

3. Considers the broad determinants of

health. Broad health determinants as described by the Public Health Agency of Canada include:

- = Income and social status.
- = Social support networks.
- = Education and literacy.
- = Employment/working conditions.
- = Social environments.
- = Physical environments.
- = Personal health practices and coping skills.
- = Healthy child development.
- = Biology and genetics endowment **موهبة طبيعية**.
- = Health services.
- = Gender, and
- = Culture.

4. Considers all levels of prevention, with a focus on primary prevention.

= Primary prevention activities solve problems before they exist.

= This kind of practice keeps the problems from occurring in the first place and seeks to reduce health and social inequality.

= Primary prevention activities focus on resilience **سهولة التكيف وفقاً لتغير طارىء أثر بلاء ملم** and protective factors with the hope of reducing the number of, and exposure to, risk factors.

5. Considers all levels of practice by including a community focus, a systems focus, and an individual/family focus.

1. Community-focused practice is aimed at entire populations within a community or sometimes toward target groups within those populations.
2. Systems-focused practice does not deal directly with individuals and community but with systems that have an impact on health such as policies, laws, organizations, and power structures.
3. Individual/family focused practice is aimed at developing positive attitudes, beliefs, and behaviors in individual.
4. This practice level targets individuals alone or as part of a family, class, or group.

Ethical dimensions of nursing and health care.

Ethical dimensions of nursing and health care.

- = Subject matters of ethics.**
- = Values.**
- = Moral concepts in nursing practice.**
- = Ethical nursing principles.**
- = Application of ethics to nursing practice.**
- = Research on nursing ethics.**

Ethics is one of the four traditional branches or areas of philosophy (along with logic, metaphysics ما نظرية المعرفة and epistemology). وراء الطبيعة

Ethics itself is frequently thought of as having three areas, although the boundaries between them are not completely distinct:

normative ethics.

applied ethics.

meta-ethics

Normative ethics

Normative ethics: the branch of ethics that attempts to discover general rules or principles of moral behavior; it tries to answer general questions about how we should behave, how we ought to act.

Examples

If doing x will benefit someone without harming anyone else, then it is morally right for you to do x.

If doing x violates someone's moral rights, then it is immoral for you to do x.

Applied ethics: the branch of ethics that asks relatively concrete questions about the morality of specific actions and policies; branches of applied ethics include:

Medical ethics (abortion, euthanasia, قتل من يشكو مرضاً عضالاً بطريقة خلية من الأم ,
human cloning, استساخ genetic engineering, fair distribution of prescription
drugs and medical treatment...).

Business ethics

corporate responsibility,
moral rights and
obligations of employees,
diversity وتنوع and
discrimination تمييز في
المعاملة

Sexual ethics

(homosexuality, adultery
(بغاء , , prostitution زنا)

Values

Values defined as "Important and lasting beliefs or ideals shared by the members of a culture about what is good or bad and desirable or undesirable".

Values have major influence on a person's behavior and attitude and serve as broad guidelines in all situations. Some common nursing values are fairness, innovation and community involvement.

Values influence ethical decision making in three ways:

1. Values frame a problem and people view a problem on the basis of the values they bring to the situation.
2. Values supply alternatives that humans consider as possible problem resolutions and are determined on the basis of the values they apply to their potential actions; and ,
3. Values directing judgment or reasoning in resolving a problem are framed by what they wish to uphold or promote.

Primary Nursing Values

1. Providing safe, compassionate, competent and ethical care
2. Promoting health and well-being
3. Promoting and respecting informed decision-making,
4. Preserving dignity شرف
5. Maintaining privacy and confidentiality.
6. Promoting justice
7. Being accountable

Forth lecture

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Foundation of moral competence

Moral competence in nursing practice requires familiarity with and commitment to nursing values.

Indicators of moral competence in nursing practice.

- loving kindness حنان .
- Compassion. شفقة.
- sympathetic joy سعة.
- Equanimity. اتزان.
- Responsibility.
- Discipline. تدريب.
- honesty, إخلاص وصدق and respect for human values, dignity and rights. كرامة.

The primary and basic ethical principles are the following:

I: Respect for Persons the most fundamental principle of professional behavior.

II: Respect autonomy

Respecting a client's rights,
values and choices

III: Non-maleficence

Non-maleficence means
duty to do no harm .

IV: Beneficence.

Beneficence is doing or active promotion of good.

This is done by:

- 1- Providing health benefits to the clients.
2. Balancing the benefits and risks of harm.
- 3- Considering how a client can be best helped.

V: Justice: Justice is the promotion of equity or fairness in every situation a nurse encounters.

Ethical principles include

- = Beneficence - to do good.
- = Non-maleficence - to do no harm.
- = Respect for Autonomy. استقلال
- = Fairness.
- = Truthfulness.
- = Justice.

The secondary ethical principles that can be incorporated with the primary principles when interpreting ethical issues and making clinical decisions are the following:

Veracity دقة صدق, duty to tell the truth

Confidentiality ,duty to respect privileged امتياز information

Fidelity إخلاص, duty to keep promises

Applying the Ethics of Caring to Practice

The nurse, in all professional relationships practices with compassion and respect for the inherent dignity, **كرامة** worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

- Respect for human dignity.
- Relationships to patients.
- The nature of health problems.
- The right to self-determination.
- Relationships with colleagues and others

Computer science in nursing practice

1-Computer in health care delivery and nursing. 2-Computer in clinical practice. 3-Computer for professional growth/networking. 4-Computer in nursing administration.

Electronic Medical Records Systems

1 An Electronic Medical Record (EMR) is a medical record in digital format.

2 Electronic Medical Record keeping facilitates access of patient data by nurses at any given location, building automated **يشغل أوتوماتيكيا** checks for drug and allergy interactions, clinical notes and laboratory reports.

3 The term Electronic Medical Record can be expanded to include systems which keep track of other relevant medical information. Although an EMR system has the potential for invasion of a patient's medical privacy.

4 EMRs can serve a great purpose when monitored effectively

Classifications of the levels of Electronic Health Care Record (EHCR)

- 1.The Automated Medical Record:** which is a paper-based record with some computer-generated documents.
- 2.The Computerized Medical Record (CMR):** which makes the documents of level 1 electronically available.
- 3.The Electronic Medical Record (EMR):** which restructures and optimizes the documents of the previous levels ensuring inter-operability of all documentation systems.
- 4.The Electronic Patient Record (EPR):** which is a patient- centered record with information from multiple institutions and,
- 5.The Electronic Health Record (EHR):** that adds general health-related information to the EPR that is not necessarily related to a disease

Change

- **Learning Objectives**
- **At the end of this part, the student should be able to:**
 - Define Concepts
 - Describe the concepts of change
 - Discuss the steps of change.
 - Identify the elements of change.
- List the characteristics of planned change

Concept of change

- Change is defined as "Any variation or alteration; a passing from one state or form to another".
- A change concept is a general notion or approach to change that has been found to be useful in developing specific ideas for changes that lead to improvement.

- Creatively combining these change concepts with knowledge about specific subjects can help generate ideas for tests of change.
- After generating ideas, run Plan-Do-Study-Act (PDSA) cycles to test a change or group of changes on a small scale to see if they result in improvement. If they do, expand the tests and gradually incorporate larger and larger samples until you are confident that the changes should be adopted more widely

Elements of Change

- In order to succeed, we need to understand the three most important elements in changing a behavior

-Readiness to change :availability of resources and knowledge to successfully make a change.

– **Barriers to change** : anything preventing people from changing.

– **Expect relapse** : What might trigger a return to a former behavior.

Planned change

- Change is a planned process. A planned action to make things different is defined as change intervention.
- A change agent is a person (or persons), who acts as a catalyst محفز and assumes the responsibility for managing the change process.

- Planned change occurs with successful implementation of a Strategic Plan, plan for reorganization, or other implementation of a change of this magnitude.”
- Planned change occurs when leaders in the organization recognize the need for a major change and proactively organize a plan to accomplish the change. تخطيط القادة عندما يشعرون
بضرورة التغير

characteristics of A planned change

- A planned change is qualitative in nature.
A change in the frequency or in the technique of change points out only a quantitative change

- Every planned change has a direction.
The change has a basic purpose and rationale.
- The means used for bringing about the change influence the quality and direction of change.
- In any change process, the adoption rates vary. تختلف معدلات استجابة للتغير.

Steps in Planned Change

- Recognize the need for change
- Develop the goals of the change
- Select a change agent
- Diagnose the current climate المناخ
- Select an implementation method
- Develop a plan
- Implement the plan
- Follow the plan and evaluate it

Unplanned change

Unplanned change usually occurs because of a major, sudden surprise to the organization. This causes its members to respond in a highly reactive and disorganized fashion.”

- **Chaos** فوضى
- The first concept comes from Chaos, which is defined *as* "the irregular, unpredictable behavior of deterministic, non-linear dynamical systems." Chaos is fast replacing bureaucracy as the new science of organizations.

characteristics of chaos.

1. that the system is dynamical, means that it changes over time.
2. that the behavior of the system is aperiodic and unstable means that it does not repeat itself.
3. although chaotic behavior is complex, it can have simple causes.
4. because the system is nonlinear, it is, as we have already seen, sensitive to initial conditions. (Nonlinearity means that the output of the system is not proportional to the input and that the system does not conform to the principle of additivity, i.e., it may involve synergistic reactions in which the whole is not equal to the sum of its parts.
5. because the system is deterministic **حتمي**, chaotic behavior is not random even though its

Future perspectives

Learning Objectives

At the end of this unit, the student should be able to:

Discuss the effects of the following factors on nursing practice:

- Changing demography.
- Health care costs.
- Technology.
- Shift to community.

The effects of the following factors on nursing practice:

1. Changing demography.
2. Health care costs.
3. Technology.
4. Shift to community.

Changing demography.

Demographics

Future demographic changes will alter the face of health care. The population aged 65 or older will increase dramatically, while the number of 20- to 64-year-olds will grow more slowly.

In addition, providing care to a more culturally diverse population will challenge traditional health care delivery mechanisms.

Increasing costs

- The proportion of income spent on health in virtually all developed countries has progressively increased.
- As spending on healthcare systems has increased, there has been a parallel increase in concerns about value for money in healthcare, leading to new considerations of cost effectiveness and definitions of value, which are reflected across Arab

Cost-effectiveness and value for money

- Value-for-money concerns are prevalent throughout healthcare systems.
- There is an increasing emphasis on determining the level of benefit at which interventions are effective enough to justify funding,
- as attention is increasingly focused on how to gain the most possible value from the healthcare purchasing budget.

Technology

- Innovative health technologies can provide a real solution to growing healthcare costs by delivering greater cost-efficiency and economic productivity.
- Innovative use of simple technologies which are used outside of Iraq may offer one way to increase cost-efficiency.

Shift to community

- To effectively shift care out of hospitals and re-provide these services in the community, a whole-system approach is needed.
- Hospital restructuring cannot happen in isolation but must go hand-in-hand with reinvestment strategies.

- Internationally, there is much focus on integration and co-ordinate care as a means to improve continuity, reduce fragmentation within the health and social care systems and deliver good patient outcomes.
- Nurses play pivotal role in supporting better Coordinated care.

- integrated care models have been successful, there is evidence to show that close collaboration between local authorities, commissioners, service providers and frontline staff have been instrumental in that success.

Problems to shift to community care

- a lack of strategic workforce planning and limited resources
- Inadequate education preparation and training for community nurses.
- Insufficient training being made available for nurses who are transferred from hospital setting to the community.
- Cuts to district nursing community specialist practitioner posts, leading to an increase in workload pressures and rising wait times to access community services.
- Short-sighted community service cuts, which do not save money in the medium to long term.

Health teaching in nursing practice

Learning Objectives

At the end of this unit, the student should be able to:

- Define concepts
- Identify the importance of health education on community health.
- Identify the criteria of assessment the client's learning abilities.
- Describe the steps of planning health teaching.
- Outline the procedure of planning client education.
- Discuss the teaching strategies.
- Discuss the process of evaluation teaching and learning.
- Identify the purposes of learning documentation.

Health education is a process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal

Health education is an approach for teaching patients and families to deal with past, present, and future health problems. This knowledge enable them to make informed decisions , to cope more effectively with temporary or long term alterations in health and lifestyle, and to assume greater responsibility for health

Learning is defined as a process resulting in some modification of relatively permanent of the behavior, i.e. Way of thinking, feeling, doing of the learner.

Planning health teaching.

- **Steps of planning**
- Assess the learners.
- Formulate objectives.
- Select and organize content.
- Choose the appropriate teaching methods.
- Design assignment.
- Decide how to evaluate learning.

Assessment of learning abilities

Health Education- Assessment Guide

Demographic Data: The top part of the Guide contains identifying information about the patient, the nurse, and the sources of the data used in the Guide. Location refers to the place where the patient is located ,hospital ward, out-patient clinic, or home

Physiological Data: Most of the physiological information can be obtained from the medical record or from an interview of the patient. The brief history of the present illness should include why the patient is in the hospital or seeking health care.

The Patient:

- The patient section provides a social and psychological view of the patient.
- The information in this section can indicate support for or barriers to learning.
- Educational background indicates the types of learning materials that can be used,

Family Profile

- As is stated on the Guide, the family profile is a word picture of the family members living in the patient's home.
- It is well established that patients who have the support of family members in the learning process will have better and longer lasting outcomes. Therefore, it is imperative that the family members be included in the teaching learning situation as much as possible.

Resources Available to the Patient

- By identifying the resources available to the patient, the nurse can determine the extent to which a patient needs to learn certain behaviours.
- For example, if the patient's bedroom is on the second floor of the house, the patient will need to learn to climb the stairs or the family will need to make some arrangements for the patient to be cared for on the ground floor.

Factors Affecting Change

- It is important for the nurse to make a judgment about those factors which will help the patient make a change (positive) and those factors which will interfere (negative) with the patient making a change.
- An example of a positive factor would be a supportive husband and an example of a negative factor would be a patient's denial that there was anything wrong.

Planning teaching learning activities

- It is always ideal to have a written plan that includes the following:
- **Subject:** (what is to be taught") .
- **Intended audience**(Who is your audience?)
- **Date Time and Place .**
- **Goal statement &Specific objectives .**
- **Activities:** Identify the activities to accomplish the objectives.

- **Teaching learning methods:** Identify how the content will be presented; Using a variety of methods addresses unique needs of the learners and makes the teaching more interesting. Include and combine such methods as lectures, discussions, demonstrations, role playing, and films.
- **Assignments:** Readings, presentations, papers, practice experience, and demonstrations are among many possible ways to reinforce and synthesize the learning

- **Course out-line of topics and dates.**
- **Evaluation method and criteria:** Results of pre and post testing, return demonstrations, learner's behaviour changes or actions taken, and other criteria can be used to determine whether objectives have been met. Criteria need to be clearly defined to indicate satisfactory performance.

Teaching strategies

Individual teaching

- Often called one-to-one teaching, individual instruction is ideal for continued assessment of the learner and technical skill training.
- It promotes sharing of confidential information and problems,

Advantages:

- An active learner role that builds motivation and flexibility.
- The teacher can respond to the learner's problems and needs in a timely fashion.
- The teacher can help the learner to build problem solving skills.

Disadvantages

- Lack of sharing with and support from other patients and their families.
- Time consuming for the staff time for instruction

Group Teaching

- Group teaching is carried out with several patients or family members, who have similar learning needs.
- Small group of 2-5 clients may be able to offer some of the advantages of individual teaching.
- Medium sized groups of 6-30 clients, may be effectively used for prenatal care, paediatric care, safety, diabetes.
- Large group of 30 or more clients are appropriate for lectures and films

Advantages of group teaching are

- It is economical of time and resources.
- It helps clients learn from one another through their own experiences.
- It fosters positive attitude development

Disadvantages of group teaching are:

- Lack of individual attention,
- Teaching content may not address specific needs of client and families.
- A medium to large group is not appropriate for skill training.
- Patient who are physiologically or emotionally unstable are poor candidate for group teaching.

Case Method

- Providing an opportunity for clients to apply what they learn in the classroom to real-life experiences has proven to be an effective way of both disseminating and integrating knowledge.

Integrating Technology

- Today, educators realize that computer literacy is an important part of a client's education. Integrating technology into a course when appropriate is proving to be valuable for enhancing and extending the learning experience for faculty and students.
- Many educator have found electronic mail to be a useful way to promote client / client or educator/ client communication between class meetings.

Documenting patient teaching

- documentation of patient teaching should take place throughout the entire teaching process , Documentation of patient teaching can be done via flow-charts, checklists, care plans, traditional progress notes, or computerized documentation.

- Documentation is done for several purposes.
 - Documentation promotes communication about the patient's progress in learning among all health care team members.
 - Good documentation helps maintain continuity of care and avoids duplication of teaching.
 - It legally protect the nursing staff as well as the clients.

What to document

- The patient's learning needs.
- The patient's preferred learning style and readiness to learn.
- The patient's current knowledge about his or her condition and health care management.
- Learning objectives and goals as determined by both you and the patient.
- Information and skills you have taught