Teaching Experience Paper For The Community Teaching Plan

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Introduction

The respective teaching experience paper revolves around the community teaching plan formed for diabetic patients ranging from 50 years to 75 years. The setting chosen for the implication of the community teaching plan is a long-term care facility. The community teaching plan explicates the secondary prevention for vulnerable people suffering from diabetes in a long-term care facility. The teaching experience paper illuminates the conduction of the community teaching plan in a long-term care facility by explaining significant components. These components include a brief introduction of the teaching experience paper, summary, epidemiological rationale, evaluation of teaching experience, community response to teaching, areas of strengths, and improvement.

Summary Of The Teaching Plan

The topic of the community teaching plan is secondary prevention in people suffering from diabetes. The people addressed in this teaching plan range from 50 years to 75 years old in long-term care facilities. I was quite nervous to present in front of the group of elders. It was my first experience conducting a community teaching plan in front of older people. The respective teaching plan included visual aids, explanatory presentations, and face-to-face interaction with the patients. The visual aids included in the teaching plan are pamphlet presentations and PowerPoint presentations. The use of pamphlets in the teaching plan acted as a benchmark for the whole presentation. A question-answer session is held at the end of the presentation to clear the participants' queries. The target audience of our teaching plan is vulnerable patients (aged 50 years to 75 years) in long-term care facilities. Eleven vulnerable residents participated in the teaching plan. These eleven participants included seven males and four females. One patient was on oral hypoglycemic drugs, while the other ten patients were taking insulin. At first, I distributed informative pamphlets to these participants. I gave them 5 minutes to go through the pamphlet. The older patients were immediately inclined towards the pamphlets handed over to them. The pamphlets included secondary interventions for controlling diabetes in old age.

The secondary interventions included patient self-care, compliance towards drug therapy, diet control, Glycosated Hemoglobin Estimates, and daily blood glucose monitoring. The patient's self-care included a controlled diet, regular exercise, and weight control. I especially emphasized foot and eye examinations every six months. Additionally, I also stressed visiting the doctors every six months to

get an overall checkup done by their doctor. I gave them instructions on appropriately using insulin. After giving a verbal presentation of the pamphlet, a PowerPoint presentation was given to the participants. The PowerPoint presentation included explanatory details of the secondary interventions in the pamphlets. I also included routine checkups of the blood sugar body, renal function test, Lipid profile test, Urine for microalbuminuria, and ketones as secondary prevention guidelines for these participants. Dietary charts and glucose algorithms were included in the PowerPoint presentations to make the participants easy to understand. These secondary preventions primarily revolve around the ways to control the aftereffects of diabetes in people aged 50 years and above.

The PowerPoint presentation is conducted in 20 minutes. I included the healthcare staff working in the facility during the presentation. I involved the staff during my presentation so that they could spread the information to others and give their best care to these vulnerable residents. The participants were keen enough to provide their queries during the presentation. I gave the answers to some short queries; however, I politely asked the rest of the participants to wait until the presentation concluded. After concluding the presentation, I answered the questions of the participants in the question-answer session. All of the participants were satisfied with the presentations. After the question-answer session, a feedback paper was distributed to the participants. The participants filled out the feedback paper pretty quickly. Additionally, the participants gave positive verbal feedback on the teaching plan.

Epidemiological Rationale

According to a survey conducted by the U.S. Department of Health, more than 25 % of the elderly population aged around 65 years (Control & Prevention, 2011) in the United States are suffering from the diabetes epidemic. Diabetes is a life-long disease that gives rise to significant chronic cardiovascular and microvascular problems. Older people are most vulnerable to diabetes. However, long-term care facilities do not focus on secondary interventions for older people.

The elder residents (ranging from 50 to 75 years) in long-term care facilities who are suffering from diabetes have more falls than residents without diabetes. (*Diabetes Mellitus Is Associated With an Increased Risk of Falls in Elderly Residents of a Long-Term Care Facility | The Journals of Gerontology: Series A | Oxford Academic*, n.d.) Furthermore, these residents have higher rates of cardiovascular problems, visual impairments, functional impairments, neurological complications, and kidney issues. (Travis et al., 2004). The major issue faced during secondary interventions in these vulnerable residents is the frequent staff turnover in the long-term care facilities. This causes unfamiliarity amongst the staff and vulnerable residents. This causes the staff members to overlook the glycemic trends of these vulnerable residents (*Nursing Home Staff Turnover and Retention: An Analysis of National Level Data – Christopher Donoghue, 2010*, n.d.). Therefore, it is significant to organize a teaching plan on this topic to spread awareness in these long-term care facilities.

Evaluation Of Teaching Experience

It was my first experience conducting a community teaching plan in a long-term care facility. I never thought that the older residents would be so enthusiastic about participating in the presentation. The participants gave their undivided attention to my teaching plan the entire time. During my presentations, I came to know that these older patients were not familiar with many secondary interventions, which could be fatal to them if not addressed properly. Most of the participants asked questions related to “Glycosated Hemoglobin Estimations”. Only two participants were aware of “Glycosated Hemoglobin Estimations”. According to my assessment, these vulnerable residents (participants) were not given any type of awareness or educational programs related to diabetes and its consequences. However, I was relieved that they actively participated in question-answer sessions to clear their queries related to secondary interventions for controlling their diabetes.

The technique of using visual aids such as pamphlets and PowerPoint presentations served as a strong foundation for making the teaching plan the most effective. The participants liked the visually pleasing and comprehensive pamphlets. The pamphlet acted as a summarized version of my entire teaching plan. The most important thing that I noticed was that these participants kept these pamphlets to save with them so they could use the information in the future in case they forget any vital information. Everyone thanked me for the informative teaching session. The entire session was full of enthusiastic conversations and actively engaging participants. Overall, the teaching experience with older patients went very well.

Community Response To Teaching

The community response towards the teaching plan is a good one, with mostly positive reviews from the participants (vulnerable residents suffering from diabetes). These participants were positively alert towards the entire teaching plan. They took a keen interest in the teaching aids, especially the pamphlets. However, the healthcare staff did not pay much attention to the presentation. I analyzed this after having some questions and answers with two of the staff members after concluding the PowerPoint presentation. They were not able to answer the questions related to my presentation. Among the participants, the male participants had difficulty understanding some secondary interventions. I must admit that female participants were more easygoing in understanding the presentation than the male participants. The positive response given by the participants was beyond my expectations. When I read the feedback papers, I was overwhelmed by the encouraging reviews from these participants. According to the participants’ feedback, they found my teaching plan very effective and knowledgeable. It provided awareness to the participants. After reading the feedback papers, I learned that the patients were more surprised to learn about the significance of their eye and foot examinations. They also expressed their views during the question-answer session.

Areas Of Strengths And Improvements

The major strength of my community teaching plan was the use of visual aids such as PowerPoint presentations, dietary charts, and pamphlets. The participants were very attentive to understanding all the information given in the teaching plan.

However, everything is never perfect in this world. My teaching plan also had its weak links. Many aspects of the presentation require improvement. For instance, I required more time to discuss the interventions with the participants. For future considerations, I would like to take a short quiz on the participants to understand their level of knowledge regarding the topic. I felt that the participants of this teaching program had very basic knowledge of diabetes and its consequences. Therefore, I should have avoided complex terminologies for the patients to avoid any confusion.

Conclusion

In a nutshell, the community teaching plan turned out to be a great success. At the end of the presentation, the participants had understood the dangerous consequences of diabetes. Furthermore, they have acquired ample knowledge of secondary interventions to control their diabetes through this community teaching plan. The active participation, undivided attention, and comprehension of the participants fulfilled the goal of my teaching plan.

References

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