# Los Angeles Harbor College
## Patient Teaching Flow Sheet: Nursing 323/325

### Participates In Instruction
- Patient
- Family
- Other

### Patient Learning Needs
- Disease Process
- Diet
- Activity
- Rehabilitation
- Psychosocial
- Signs and Symptoms
- Other

### Problems Affecting Learning:
- Communication Skills: Reading, Vision, Hearing, Writing
- Language Spoken: English, Other (specify)
- Medications: ________________________
- Diagnostic Tests: ________________________
- Special Care Procedures: ________________________
- Preventative Health Practices: _______________
- Other Impairments (Physiological/Psychosocial)
- Other: ________________________

### Assessment of Readiness to Learn

<table>
<thead>
<tr>
<th>Comprehensive Ability</th>
<th>Ability to understand concepts and respond to questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High [ ] Medium [ ] Low [ ]</td>
</tr>
<tr>
<td>Motivation Level</td>
<td>Ask questions [ ] Eager to learn [ ] Extremely Anxious [ ] Uncooperative [ ] Seems Uninterested [ ] Denies need for education [ ]</td>
</tr>
<tr>
<td>Knowledge Level</td>
<td>Knowledge about his/her primary health problems and how to deal with them</td>
</tr>
<tr>
<td></td>
<td>Minimal [ ] Moderate [ ] Sufficient [ ]</td>
</tr>
</tbody>
</table>

### Factors that Affect Teaching:

- Language Barrier
  - [ ] No [ ] Yes Explain: ________________________
- Hearing Deficit
  - [ ] No [ ] Yes Explain: ________________________
- Vision Impairment
  - [ ] No [ ] Yes Explain: ________________________
- Memory deficit
  - [ ] No [ ] Yes Explain: ________________________
- Physical Limitation
  - [ ] No [ ] Yes Explain: ________________________
- Emotional barriers
  - [ ] No [ ] Yes Explain: ________________________
- Cultural/Religious beliefs
  - [ ] No [ ] Yes Explain: ________________________
- Financial/Socioeconomic issues
  - [ ] No [ ] Yes Explain: ________________________
- Age/Development level:
  - [ ] No [ ] Yes Explain: ________________________
- Other: ________________________

Student Initials: ________________________  Date: ____________  Time: ____________