**Teaching Project Outline Format**

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1. **Assessment of Needs and Rationales (30%)**

**a. Group/Aggregate description (10% = 4 x 2.5% each)**

i. What is the health teaching need-

Social distancing, also referred to as physical distancing, means keeping a space between you and another person of at least 6 feet. Not only is it about keeping a 6 feet distance, but also not gathering in groups and staying out of crowded places (Social Distancing, Quarantine, and Isolation, 2020).

ii. Who identified the need-

The Coronavirus or COVID-19 is affecting everyone and it is necessary for all people in society to practice social distancing. According to the CDC, the virus is contracted between close contact from person to person through respiratory droplets (Social Distancing, Quarantine, and Isolation, 2020).

iii. How was the need identified-

It was recognized in many different observations such as grocery stores, that people are not being completely compliant with the practice. Although these places have precautions in place at the registers and entrances it does not account for while shopping and how close people get to each other while they are shopping. Some people are taking precautions using carts as a distancing tool, but it is not utilized enough for a majority of people to be compliant.

iv. What does the evidence say about this group and their teaching needs (application of evidence based practice- cite research)-

Many people are having trouble with complying to social distancing. In the early warnings, there was a low compliance to social distancing and as more stay at home orders were made this made it easier for people to comply because they had nowhere to go. Researchers conducted a survey on reasons for non-compliance, it was found that many people were getting “cabin fever” from staying at home all day feeling restless and confined and needed to get out to release (De Witte, 2020). Other reasons for non-compliance included they believed that other precautions such as hand washing was good enough and others just wanted to resume their normal everyday lives. Further education is needed to address these reasons for non-compliance to social distancing.

**b. Assessment of readiness** (There may be possible constraints in assessing this area due to limited group availability or the setting). (10% = 5 x 2% each)

i. Readiness- This group is highly intelligent, educated, and able to understand difficult subjects as evidenced by their entrance into nursing school and continued success with difficult classes.

ii. Motivation- During this current epidemic, most people are eager to learn what they can do to mitigate the risks of catching or spreading Covid-19. As future healthcare providers, this group is eager to learn health promotion and infection prevention techniques.

iii. Experiential background (previous teaching?)- We have all had to teach some topics to students in previous classes. We have also had to learn to teach patients during previous clinicals.

iv. Current status (age intellectual level and/or educational level, etc)- The ages of the members of the group range from 18 to 41 years old. They all have a high school education and some college. They are all college juniors and seniors.

v. Interest and actual and/or potential barriers to learning- Possible educator barriers: Fear of public speaking, limited professional experience, limited experience on timing a presentation, and lack of feedback from learners.

Possible learner barriers: Lack of motivation, lack of interest, and lack of focus.

**c. Two Community/Group Diagnoses** (10% = 2 x 5% each)-

1. Deficient knowledge related to information misinterpretation evidenced by inaccurate follow-through of social distancing.

2. Noncompliance related to difficulty changing behavior evidenced by citizens behavior indicative of failure to adhere to society's new rules.

(Doenges & Moorhouse, 2013)