Teaching Tomorrow's Nurse: A Nurse Educator Reader

Edited by Susan Kooperstein Mirin

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Preface

Will this article provide useful information that will help our readers—nurse educators—improve the quality of their work? Editors and editorial advisors of NURSE EDUCATOR always ask that question when reviewing articles. In the case of each article in this anthology they answered yes.

Except for two article "reprints," the contributions to this book are original articles submitted to NURSE EDUCATOR, the nursing education journal that is distributed to 32,000 nursing educators. All—including the reprints—met the criteria for acceptance in the journal and were recommended for publication by NURSE EDUCATOR's advisory board. They are presented here—in this anthology—because they contain information too valuable to wait for publication in the bimonthly issues of the journal.

Feedback from both formal research and informal sources proves the validity of the journal's preference for practical, usable content. Perhaps the words of a dean whom I ran into recently at a committee meeting best reflect the validity of this standard. "I can't thank you enough for this," she exclaimed, opening a recent issue and pointing fiercely at the title of an article on constructing tests. "I've made certain that each of my faculty has a copy—it's exactly the kind of information they need."

Such responses reinforce our commitment to straightforward content that helps readers achieve excellence in their work. This commitment does not mean that we fail to recognize the importance of theoretical and philosophical knowledge to nursing education. Rather, we look for practical, readable articles based on sound theoretical foundations. In addition, articles accepted are often directly related to current developments within the profession, the health care system, and society.

The selections presented here are directed to faculty members in schools of nursing. Certain chapters may prove particularly useful to new nurse educators, and students preparing for careers as nurse educators may find this book helpful as a supplement to their education text. Educators responding to NURSE EDUCATOR readership surveys have continually expressed a need for information on clinical teaching, preparing students for expanded practice, and the adult learner. This collection attempts to meet that need.

We hope this book will help you deal with the multiple demands inherent in preparing your students to function as professional nurses capable of meeting current and future health needs.

Susan K. Mirin

I

Preparing Students for Contemporary Practice

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Health Assessment in the Baccalaureate Curriculum

by Mary Craig-Billingsley

The rationale for and description of the development of a two-year health assessment course in an undergraduate curriculum are presented. Guidelines for anticipating and dealing with possible factors, such as agency or student resistance, faculty recruitment, and the role of the physician in such an undertaking are discussed. A working curriculum model is outlined.

Professional nursing is changing rapidly. Perhaps the most significant trend for nursing is the movement to redefine nursing's role in terms of the theoretical data, clinical judgment, and skills necessary for safe and effective practice. Nursing educators are faced with the dilemma of how to respond to or lead this movement as the direction picks up momentum.

This trend, although popularized by the publicity surrounding the nurse-practitioner movement, was actually begun and nurtured by the development of the nursing process. This adaptation of the scientific method generally begins with the important step of assessment and, with its other facets of planning, implementing, and evaluating, forms the theoretical basis of modern nursing care.

Evidence of the widespread acceptance of the nursing process can now be found in the standards developed by various state nurses' associations. For example, the Massachusetts Nurses' Association, in describing professional nursing functions, stated that "using the nursing process, the professional nurse discerns deviations from normal health and normal health practices"[1]. Thus the mandate and expectation of skilled assessment has been given to the whole profession. As the trend continues, nursing education must take responsibility for preparing nurses to assume this expanding role competently.

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Five years ago the Department of Nursing at the University of Lowell, Lowell, Massachusetts, added health assessment to its curriculum. This article describes the process of developing this program and presents a teaching model that is operating successfully.

RATIONALE

What are we trying to do? Why should health assessment skills be included in nursing education? There is still some controversy about the place of expanded skills in various levels of nursing. I believe that general health assessment vis-ā-vis classical history taking and physical examination skills should be taught at the baccalaureate level. Specialty skills, diagnosis, and medical management protocols and rationales belong in postgraduate and master's degree programs.

Thus it is the objective of the health assessment portion of the curriculum to teach students to perform histories and physical examinations on a variety of patients in a number of settings. The emphasis is on discerning normal from abnormal. (With the wildly divergent parameters within the realm of normal, one acknowledges the naivete of that statement. However, although it may be unattainable, it remains a goal.) The purpose is to generate valid data upon which to base nursing intervention decisions. Of course, in reality, nurses are often called upon to make medical judgments on patients. In the community, the public health nurse frequently must decide whether to administer a PRN drug or to bring a client to medical attention. In acute care wards of community hospitals, nurses on evening and night shifts have long been without in-house medical backup and are often required to assess changes in the patient's medical status independently. Our course acknowledges this fact and offers the nurse the skills necessary to base such decisions on personally generated immediate data instead of on intuition or trial and error.

ISSUES

The Larger Picture

As with any curriculum development project, content and process must fit into the conceptual framework and philosophy. To accommodate this type of emphasis, the beliefs about professional nursing probably should include emphasis on values of self-direction for nursing judgment and high-level decision making in order to facilitate optimum well-being of clients. The importance of scientific inquiry generating maximum data should be emphasized throughout the program. Students are often prepared in primary, secondary, and tertiary modalities; therefore health assessment must be integrated into all three.

It is particularly important to begin incorporating the health assessment thread in this basic way to assure its natural inclusion in every part of the nursing curriculum. Although entering students enthusiastically anticipate learning the more traditional aspects of nursing, they are generally unfamiliar with the expanded role movement. Unfamiliar and unexpected content is too easily mentally compartmentalized and dismissed as irrelevant to "real" nursing. When the "expanded role" emphasis is reflected in the philosophy, objectives, and daily coursework, it is easier to incorporate into student practices.

Faculty Reaction

Once the place of assessment in the philosophy and conceptual framework and the continuity of the assessment thread throughout the curriculum is assured, the next issue is providing faculty. Experience has indicated that it is not necessary for each faculty member to be prepared as a nurse practitioner to implement this project. Moral support and an open mind to this rather major curriculum change are more vital to its success. Literature documents that the introduction of practitioners and expanded skills is highly threatening to traditional staff nurses and it may appear to be no less ominous to highly educated nursing professors. Negative attitudes should be confronted and dealt with to facilitate a smooth transition with minimum waste of energy. A hostile faculty can easily sabotage efforts for a year or longer. If hostility is ignored, the invariable sequela is a hostile student body; negative feelings of faculty are highly contagious.

Preventive measures such as well-orchestrated group meetings to share information, solicit faculty input on implementation, and discuss possible staff development are highly recommended. The services of a process consultant are an excellent investment if feelings run high. The frustration in attempting this innovation in the face of strong opposition cannot be overestimated.

Educating Faculty in Assessment Skills

A faculty course in physical assessment is, in principle, a good idea. However, in practice, there are several problems. Most faculty see the value of such training, but their existing workload conflicts with their enthusiasm for it. One dean at a large university decreed that all faculty would attend a daily late-afternoon lecture and devote their "professional" day to an assessment practicum for one academic year. As a hapless instructor to this group, I can verify faculty members' hostility at this imposition. The dean felt it a generous opportunity—and indeed it was—but it was simply not workable without released time.

Another option is a short-term lecture series, which imparts content. However, without a heavily precepted practicum it is of little use in answering students' specific questions.

Faculty may be invited to attend student lectures and practicums, an option that offers the advantage of no additional cost to the department and the humanistic education principle of students and faculty learning together. Faculty then know precisely what the students have been taught and can further structure clinical experiences to meet learning needs. Negative aspects include an additional strain on faculty work load and the idea that some faculty do not find it desirable or productive to attend classes with students. Of the options, however, joint classes may be most workable.

Recruiting is another method of adding strength to the program. As faculty change, potential instructors should be informed of the curricular emphasis and their feelings and openness on the subject should be evaluated. As more graduate schools offer courses in assessment, new instructors who have had such courses or actual practitioner background will become more available.

At Lowell the strength of the assessment thread grew through the use of a combination of the cited options. Faculty were initially given a short course in assessment, some newer members attended the students' course, and most-recent hires have graduate coursework in assessment or a practitioner certificate. By far the most important factor, however, has been the active faculty receptiveness and willingness to experiment with additional ways of extending these skills into every possible aspect of students' learning experiences. Faculty have been able to cope with uncertainty in answering occasional questions. Students thus learn early about interdependence among professionals. They develop skills in exact clinical notation so that they can accurately describe their findings to a resource person.

Who Will Teach Physical Assessment?

The scarcity of qualified educators plagues most efforts to teach the expanded role. This problem is even more difficult at the university level as faculty must be prepared at the master's level to qualify for a position. Other complicating factors are that many practitioners are not interested in teaching; even a willing practitioner realizes that it takes years of experience to be able to teach confidently and supervise students in assessment findings.

One solution is to have physicians teach this course, a practice that has been very helpful in the past. However, there are theoretical and practical problems. First, despite excellent intentions, physicians simply do not understand nursing education. This outcome is the product of multiple forces—historical, sociological, and psychological. It is my experience that, with few exceptions, physicians envision the course only as a medical school

offering, which can be confusing to students trying to forge a nursing identity. Practically, hiring M.D.s as part-time nursing faculty can lead to a morale problem for other members. Physicians tend to be extremely highly paid relative to nurse instructors and are not usually expected to attend meetings, advise students, or perform other less attractive duties associated with teaching. If faculty resist integration of physical assessment at all, the prospect of the school's seeming reversion to the outdated practice of physicians as teachers of nurses may be the final straw.

If the decision is made to use physicians either with nurses or alone, it is vitally important to clarify the organizational structure immediately and make certain that nursing is in authority and controls the curriculum content. Periodic meetings to orient nonnursing faculty to the philosophy, goals, and objectives of the course should be mandated.

A workable compromise could be a nurse-practitioner as a full-time faculty member to structure and take responsibility for the course and its integration. Additional part-time nurse-practitioners could be added to staff the learning laboratory, with one physician employed as a resource person for a few hours per week. It is important that students do not associate the organization and content of the course with a physician and medicine. The more visibly it is staffed and directed with nurse role models, of course, the more realistic and serious it will be to students.

The full-time nurse-practitioner arranges to attend team meetings to facilitate two-way communication with all faculty. Team members are kept aware of the physical assessment content the students can be held responsible for, either through team meetings or actual class/lab attendance. The nurse-practitioner, conversely, learns what student skills need reinforcement.

The nurse-practitioner in charge of the course must have a firm identity as a nurse and of course believe in the importance of assessment in the nursing process. Concurrent or recent practice adds further credibility to the concept and a working understanding of the principles of change is also helpful. Smooth clinical integration of this sensitive content depends to a large extent on the nurse-practitioner's tact, competence, and nonthreatening approach.

Clinical Agencies

Planning practical experience for students is a significant point to be considered. In many areas of the country the expanded role is not accepted by physicians or nurses. A realistic decision must be made as to whether this content should be taught in the face of environmental hostility. On the basis of philosophical beliefs in the role of nursing, and in the knowledge that many graduates practice away from the region of the school, some nursing faculties elect to proceed with an assessment course despite a less-than-

supportive atmosphere. Using the principles of change and moving ahead slowly and carefully can ultimately produce success both in student learning and helping the local health care system progress to a more current consciousness. Nursing leaders in the community should be informed of the rationale and goals of the assessment phase of the curriculum, as well as the progress of the students. Initially the students practice and refine skills on each other; later the community may provide a rich source of clientele. Sometimes alienated from the health care delivery system, the students' community health patients are naturally in need of personalized comprehensive health assessments. Indeed, leaders in housing projects and human service organizations may recognize the valuable potential and request student input in previously inaccessible agencies.

Further evidence of progress comes when nursing administrative staff members in affiliated agencies accept and are cautiously interested in integrating similar skills into their own practice. Medical personnel still have little real understanding of the rationale for nurses performing assessments, but are generally tacitly impressed by the level of skill.

Concurrently, the waters may be tested in the acute care agencies. Sometimes there are already inservice education programs in full swing and staff and students can be mutually supportive in polishing and trusting their assessments, which makes implementation much easier.

In acute care agencies where such trust does not exist, change theory and patience must be invoked. Provided the nursing administration does not absolutely forbid such practices, students can get enough warm support and strokes from faculty to make the experience a valuable and integral part of their nursing practice.

After all the steps in planning the project have been dealt with, the implementation process should be smoother.

ACTUAL INTEGRATION OF HEALTH ASSESSMENT CONTENT

Actual implementation of the model described in this article takes place in the junior and senior years of a collegiate program. The ideal course should be given over two years both to allow mastery of skills and to reinforce the knowledge that the content is basic to nursing. The original curriculum is essentially an integrated upper-division nursing department. Physical assessment content and process are carefully coordinated with emphases, topics, and relative sophistication of nursing science and psychosocial nursing lectures.

The holistic view of man is consistently reinforced throughout the curriculum. Faculty rap sessions can be useful in dealing with the inherent problem of maintaining the holistic value while teaching content is intially divided into psychosocial and physical aspects. Fortunately, this fear appears to be mainly a theoretical problem, in my experience. Students are

openly presented with the apparent dichotomy. They seem to deal well with the rationale that, while the whole is greater than the sum of the parts, it is still necessary to understand the parts to cope with the complexity of the combination. Again, it is the faculty that integrates the curriculum. Without instructor reinforcement of all the varied theoretical aspects throughout the clinical areas, the concept is unworkable.

Following is a curriculum abstract which has proved popular and successful[2]. It is not static, and additions must be made regularly as the community and professionals become more comfortable with the concept. This abstract does not offer education for nursing's future role. It is curriculum content for *today's* nurse.

CURRICULUM ABSTRACT

Semester 1

Curricular emphasis: overview; beginning psychomotor skills; nursing process; assessment—psychosocial and physical; low levels of Maslow's hierarchy of needs.

Physical assessment emphasis: beginning assessment skills to meet man's physiological and safety needs.

One hour per week lecture—systems-oriented slide/lecture and film didactic sessions. Content involves interviewing, history taking (jointly with psychiatric faculty), basic health assessment of head, eye, ear, nose, mouth, breast and axillae, thorax, heart, abdomen, peripheral vascular, neurological, integumentary, and reproductive systems.

Two hours per week learning laboratory—students practice cumulatively the skills acquired during the semester. The labs are equipped with five hospital beds, seven examining tables with hospital curtains dividing each. Necessary equipment—oto-ophthalmoscopes, reflex hammers, tuning forks—are provided for use in the lab and for overnight sign-out. Stethoscopes are available, but most students purchase their own. The lab is staffed by four nurse-practitioners and physicians per 30 to 45 students.

Students are expected to incorporate skills into clinical practice as they are acquired. For example, students teach and perform breast exams on patients during bed baths. Cardiac assessments are made at the time apical pulses are auscultated. Although the head-to-toe total assessment is taught in the lab, students are urged to selectively assess pertinent systems in the acute and community areas.

Semester 2

Curricular emphasis: nursing process; development from birth to adulthood; nursing care of mothers, infants, and children.

Physical assessment emphasis: physical assessment of infants and children, differentiation between range of normal and common abnormalities in those ages.

One hour lecture per week—coordinated with nursing science lectures. Nursing assessment of: the neonate, congenital anomalies, preschool and school-aged children, adolescents; communicable diseases; applied genetics.

Two hours laboratory—continued practice in examination skills on classmates and children. Students must pass an individual practical and oral examination precepted by a physician or nurse-practitioner to successfully finish the course. Additional assignments include classical histories and physicals on children and young adults.

Students are required to integrate physical (as well as psychosocial) assessment into obstetric and pediatric learning experiences. Beginning with the neonate, students acquire an appreciation for physiological as well as developmental changes in the aging process. Community health visits often include some facet of health assessment.

Semester 3

Curricular emphasis: nursing process—nursing care of adults and the elderly with common medical surgical problems.

Physical assessment emphasis: advanced physical assessment of adults and the elderly; acute and primary care settings.

Lecture: One hour per week—Health assessment aspects of nursing care of common adult health problems are coordinated to accompany advanced medical-surgical nursing lectures. Topics include advanced cardiac evaluation, advanced pulmonary assessment, nursing assessment of the eye in the older adult, gynecology screening, assessment of the bones and joints in the elderly, nursing assessment of the neurologically impaired adult, and assessment of the alcoholic.

Practicum: Students arrange to examine clients from the adult or elderly age range in the university laboratory precepted by the nurse-practitioner. These clients may be from the student's community health caseload or from

their personal acquaintances. Permission slips are secured prior to the appointment. Students present the history, exam, and the assessment findings verbally following the exam. Classical write-ups are passed in, with nursing diagnoses and preliminary care plan based on the assessment.

Further, the practitioner/instructor rotates through the clinical medical-surgical areas to assist students in integrating theoretical skills into practice. At each visit each student verbally presents her patient to the instructor and includes assessment results. Student and instructor together examine selected pertinent findings on the patient for validation.

Semester 4

Curricular emphasis: nursing process; synthesis; leadership.

Physical assessment emphasis: synthesis of previous and current learning in acute, primary, and rehabilitative settings; leadership.

One hour per week—nursing grand rounds, under the supervision of the nurse-practitioner—students identify, select, and take responsibility for small group seminars based on learning needs. Leaders post topics and bibliographies in advance, then present case histories with health assessment feelings. The group formulates nursing diagnoses, care plans, and long- and short-term goals based on the assessment information. Evaluation criteria are established.

Practicum takes place in the health assessment laboratory. Community, rehabilitation agencies, and acute care units precepted by nurse-practitioner. Clients may be any age and at any point on the health/illness continuum. Students perform any aspect of the health assessment as indicated by the situation. The findings and resultant diagnoses and plans of all assessments are recorded and handed in for evaluation.

EVALUATION OF THE PROGRAM

Such a model must be evaluated at several levels. The clear statement of educational goals and behavioral objectives makes it possible to identify the short-term success or failure. If one accepts a premise of decision theory that states that higher level assessments lead to higher level decisions, then, by definition, the project must be worthwhile.

However, the key to evaluation of teaching these skills at such expense and controversy lies in long-term follow-up of graduates. A study to compare the quantitative and qualitative use of the skills in nursing practice one, two, and three years postgraduation is under way. The results of this study