



Available online at www.sciencedirect.com

SciVerse ScienceDirect

journal homepage: www.elsevier.com/locate/coll



The teaching of physical assessment skills in pre-registration nursing programmes in Australia: Issues for nursing education



Melanie Birks, PhD, MEd, BN, DipAppSci(Nsg), RN, FACN^{a,*},
Ainsley James, MN, GradCert.HEd, GradCert.Paeds, BN, RN^b,
Catherine Chung, BN, GradDipN(Emerg), Cert IV, RN^b,
Robyn Cant, PhD, MHlthSc, GradDipHEd^c, Jenny Davis,
BHIM (Hons), BAppSci (Nsg), GradDip Crit Care, GradDip Periop,
GradCert HEd, Cert IV T&A, RN, RM, MACN^d

^a School of Nursing and Midwifery, Learning and Teaching Education Research Centre, Central Queensland University, Noosa Campus, QLD 4566, Australia

^b School of Nursing and Midwifery, Monash University Churchill, Victoria 3842, Australia

^c School of Nursing and Midwifery, Monash University Berwick, Victoria 3806, Australia

^d School of Nursing and Midwifery, Central Queensland University, Noosa Campus, Queensland 4566, Australia

Received 15 August 2012; received in revised form 26 April 2013; accepted 1 May 2013

KEYWORDS

Health assessment;
Nursing assessment;
Physical assessment
skills;
Undergraduate
nursing education

Summary Health assessment is a fundamental aspect of the professional nursing role. The teaching of skills in physical assessment is therefore a large component of pre-registration nursing programmes. As the nursing curriculum becomes more crowded with what is deemed to be essential content, there is a need to rationalise what is taught in preparatory nursing programmes to ensure readiness for practice. The study outlined in this paper, as part of a larger project, explored the teaching of physical assessment skills in pre-registration nursing programmes across Australia. Fifty-three academics completed the 121 item online survey, indicating whether each skill was taught with practice, taught with no practice or not taught at all. The results suggest that only half the skills were being taught by more than 80% of the academics and 23 skills (19%) were taught by more than 90%. Of the 121 skills commonly taught – 69 skills (57%) were taught with student practice and 29 (24%) were taught with no student practice. The results of this study raise questions about the teaching of physical assessment in pre-registration nursing programmes. The suggestion is not that skills that are

* Corresponding author. Tel.: +61 7 54407034.
E-mail address: m.birks@cqu.edu.au (M. Birks).

used regularly or infrequently should be removed from the curriculum, rather, the authors propose that consideration be given to whether the teaching of skills that are never likely to be used is occurring at the expense of comprehensive mastery of core skills.

© 2013 Australian College of Nursing Ltd. Published by Elsevier Ltd.

Introduction

Physical assessment skills are fundamental to the conduct of health assessment for all health professionals. In order to provide safe, effective care to patients, nurses must be proficient in compiling a health profile, including the conduct of a physical assessment. Nursing education programmes are constantly attempting to respond to a complex, dynamic health care environment. In this context the prioritisation of content within the constraints of accreditation requirements and academic calendars can be challenging. This paper explores the teaching of physical assessment skills in pre-registration nursing programmes. The results of the study indicate variation in the type of skills taught and the way in which this content is delivered, raising questions about the teaching of physical assessment skills in these preparatory nursing programmes.

Background

Preparatory nursing education programmes seek to provide graduates with a comprehensive knowledge and skills base for practice. Physical assessment skills are considered a fundamental component of all undergraduate nursing education programmes. Holistic nursing care requires patient assessment, planning and delivery conducted on the basis of information obtained from physical assessment and the health history interview (Endacott, Jevon, & Cooper, 2009). The Australian Nursing and Midwifery Council competency document includes a prescription for nurses to: "Conduct[s] a comprehensive & systematic nursing assessment" (ANMC, 2006). These established regulatory and competency standards determine the minimum standard required for an individual to register for practice as a nurse.

Nurses' who have a higher level of education have been shown to provide better nursing care, with higher levels of safety for their patients (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Such competent performance requires integration of nursing knowledge and skills accounting for better decision making and improved clinical reasoning and performance (Fennessey & Wittmann-Price, 2011). The complexity of the nursing role necessitates the inclusion of numerous skills in the pre-registration curriculum. Programme curricula noted to have a huge amount of physical assessment content however, demand that choices be made about what is actually taught (Giddens, 2007; Secrest, Norwood, & Dumont, 2005). Some studies of nursing curricula distinguish between physical assessment skills and advanced physical assessment skills, suggesting that selective skills may be used in particular contexts (Edmunds, Ward, & Barnes, 2010; Lesa & Dixon, 2007). Influenced by practice setting and patient population, cardiac nurses mainly use skills related to the cardiac system (Edmunds et al., 2010) while the curricula of nurse practitioners demands teaching of advanced practice physical assessment skills (Kelley, Kopac,

& Rosselli, 2007; Price, Han, & Rutherford, 2000). This situation suggests that given time pressures on undergraduate programme teaching hours, the skills that are required of generalist nurses in practice should be given priority in this curriculum.

During clinical placements, factors such as limited staff resources, reduced availability of diverse opportunities and variation in clinical teachers' ability, further limit learning opportunities for students. Where registered nurses themselves face obstacles in their use of physical assessment skills in the workplace, their ability to support students in the consolidation and continued practice of those skills is impeded. Barriers to patient assessments include nurses' perceived lack of knowledge, a lack of confidence in skills (Lont, 1992) and lack of experience in nursing generally (Yamauchi, 2001). Others report a lack of peer support and some skills considered to be outside the nursing domain (Edmunds et al., 2010; Lesa & Dixon, 2007). There is ongoing discussion in the literature about whether physical assessment is the domain of medicine or nursing or else a shared professional responsibility across the health professions (Fennessey & Wittmann-Price, 2011; Lesa & Dixon, 2007; West, 2006). Socialisation, role confusion and ambiguity in practice settings further influence nurses' use of physical assessment skills (Lillibridge & Wilson, 1999).

The context of dynamic healthcare environments, changing practice settings, emerging technologies and workforce pressures necessitate regular reviews of nursing education, practice and scope (Daly & Carnwell, 2003; Duff, Gardiner, & Barnes, 2007). Following this line of thinking, the current study aimed to examine the relevance of physical assessment skills taught in pre-registration nursing programmes to clinical practice in nursing. In this report we present the findings of the first phase of this larger study; a survey of Australian nursing academics to examine the physical assessment skills that were taught in these programmes. The subsequent phase of this study exploring the use of physical assessment skills by registered nurses working in clinical environments has been reported elsewhere (Birks, Cant, James, Chung, & Davis, 2012).

Method

A cross-sectional survey was conducted utilising an online questionnaire. This involved use of an existing valid instrument developed by Giddens (in Giddens & Eddy, 2009) for surveying hospital and community nurses in the USA. The original survey instrument was altered by changing terminology as necessary to appropriately reflect Australian customary language. Response options were based on a scale of 1 (skill taught with student practice); 2 (skill taught without student practice) and 3 (skill not taught). A demographic question set was developed and added. This section asked about postcode of employment, age, sex, currency of nursing practice, nursing and teaching

دانلود مقاله



<http://daneshyari.com/article/2646858>



- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات