



## An evidence based approach to undergraduate physical assessment practicum course development



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### ABSTRACT

Physical assessment is an important component of professional nursing practice. New nurse graduates experience difficulty transitioning the traditional head to toe physical assessment into real world nursing practice. This study was conducted to provide current data concerning physical assessment competencies utilized consistently by registered nurses. This quantitative study used a 126 item survey mailed to 900 Registered Nurses. Participants used a Likert-type scale to report frequency of use for physical assessment competencies.

Thirty seven competencies were determined to be essential components of the physical assessment, 18 were determined supplemental, and 71 were determined to be non-essential. Transition of the new graduate nurse into professional practice can be enhanced by focusing content in physical assessment practicum courses on the essential competencies of physical assessment.

Faculty for the university has analyzed data from this study to support evidence based changes to the undergraduate nursing program physical assessment practicum course.

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### Introduction

Nurses work on the front line of patient care and represent the largest segment of health care workers (Institute of Medicine, 2010). The Institute of Medicine (2010) recommended transformation of current nursing education into programs that prepare graduates to care for individuals in the 21st century. Current high turnover rates among new nurse graduates highlight the importance of transition to practice from an academic setting (Institute of Medicine, 2010). Nursing faculty are challenged by the demand for new nurse graduates prepared to transition into practice and meet the needs of the population (Institute of Medicine, 2010).

Benner et al. (2010) called for the community of nursing educators to remain focused on the need to redesign nursing education in a manner that would close the practice-education gap. Students expressed frustration relating a disconnection between what they

learned in the classroom setting versus the actual demands of bedside practice (Benner et al., 2010). Clinical instructors at one mid-southern university frequently reported the inability of students to adapt the traditional head to toe assessment taught during the physical assessment practicum to meet the needs of patients during clinical rotations. This inability to transition academic instruction into clinical practice exemplified the need to provide students with physical assessment competencies that would transition into real world practice. Faculty at the university identified the physical assessment practicum course as an opportunity to bridge the gap between the classroom and clinical setting.

Physical assessment competencies are an important component of professional nursing practice. Content taught to undergraduate nursing students during the physical assessment practicum courses has been discussed in the nursing literature (Giddens, 2007; Giddens and Eddy, 2009; Fennessey and Wittmann-Price, 2011). Historically, content for the physical assessment practicum course at the university was presented using the traditional head to toe nursing assessment format common to many undergraduate nursing programs. During physical assessment practicum each of the competencies of the head to toe assessment received the same emphasis and supervised practice time. However, faculty agreed many physical assessment competencies taught in the practicum

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course were beyond the day to day scope of practice for the new graduate nurse. Successful completion of the practicum course required students to demonstrate skilled competency of the traditional head to toe assessment of a patient during a 60 min proctored check-off. As a result, students frequently struggled to adapt the 60 min head to toe nursing assessment to the clinical setting. To address this problem, faculty determined that focusing on the essential competencies of physical assessment and eliminating advanced assessment competencies would allow students to more easily transition into practice.

The purpose of this study was to obtain current data relevant to the physical assessment competencies utilized by registered nurses living and practicing in the state where the university is located. Data from the study would be used to modify the physical assessment practicum course to prepare student's for their transition into nursing practice. The research question that guided the study was "Are the actual components of physical assessment used by nurses in the clinical setting reflective of what is taught in the physical assessment practicum course?"

## Literature review

Physical assessment is a relatively new concept in nursing practice with nurse practitioner's being the first to incorporate this competency into their practice during the 1960's (Lesá and Dixon, 2007). According to Lesá and Dixon (2007), nursing practice evolved and physical assessment competencies were incorporated into nursing curriculum in the mid 1970s. This practice was supported by the American Nurses Associations' 1973 Congress for Nursing Practice release of Standards of Practice for Direct Nursing Performance (Zambas, 2010). Historically, nursing programs developed physical assessment course content based on medical education models (Zambas, 2010; Fennessey and Wittmann-Price, 2011).

Physical assessment courses are now a component of undergraduate nursing education in the United States, Australia, Canada (Lesá and Dixon, 2007) and New Zealand (Zambas, 2010) and has been taught as a subject in nursing education in Japan since the 1990s (Shinozaki and Yamauchi, 2009). Shinozaki and Yamauchi (2009) assert the need to establish minimum physical assessment competencies taught in nursing education. In the United Kingdom undergraduate nursing education does not include physical assessment (Lesá and Dixon, 2007).

Physical assessment is an important component of contemporary professional nursing practice. Fennessey and Wittmann-Price (2011) identified assessment to be both the first step in the nursing process and the foundation for each sequential step in the nursing process. Competent physical assessment is fundamental to successful identification of appropriate nursing diagnosis, creation of patient centered goals, planning, as well as implementation of interventions and evaluation of patient outcomes (Fennessey and Wittmann-Price, 2011). Time spent in communication with patients during physical assessment promotes development of the nurse patient relationship (Fennessey and Wittmann-Price, 2011) and assists the nurse to identify the patient's lived experience of disease related signs and symptoms (Zambas, 2010). A more holistic plan of care that reflects the patient's voice will result from the nursing assessment process (Zambas, 2010).

According to Zambas (2010), physical assessment plays a major role in the nurse's ability to recognize significant changes in the patient's physiological status. The frequency with which nurses perform physical assessment permits early detection of deteriorating patient health. Collaboration and communication of assessment findings between nurses and physicians allows for early intervention and increases positive patient outcomes (Fennessey and Wittmann-Price, 2011).

Tanner (2010) points to the content-laden curriculum of typical undergraduate nursing programs as having failed to engage students in a manner that prepares them for their role in the clinical practice of nursing. Tanner (2010) provides discussion of studies by Giddens (2007) and Secrest et al. (2005) that demonstrate nurses in clinical practice routinely use only one third to one fourth of physical assessment skills typically taught in undergraduate nursing physical assessment practicum courses. Authors of both studies advocate teaching students to correctly perform the most often used techniques and providing additional assessment techniques as needed in specific situations (Tanner, 2010).

Stanley and Dougherty (2010) call for a shift from the content-heavy curriculum of undergraduate nursing programs toward one focused on key concepts. In so doing, student focus remains on salient information applicable to their clinical practice immediately upon graduation. Stanley and Dougherty (2010) also reflect on the nursing student as a consumer that views education as a commodity providing them with tools needed for employment. These consumers are described as wanting to be taught key concepts of nursing that may be applied directly to their practice of nursing (Stanley and Dougherty, 2010). Benner et al. (2010) noted the need to modify nursing curriculum to close the education practice gap and enhance the student's transition into practice.

## Methods

A quantitative study involving the administration of a survey to Registered Nurses was conducted. A random sampling of 900 surveys was mailed out to Registered Nurses residing in Arkansas, with active licensure. The primary investigator collected responses. Data was entered into Microsoft Excel Spreadsheet for analysis.

### Participants and sampling

A letter of introduction and informed consent were attached to the survey and mailed to randomly selected participants. A sample pool of 900 was randomly selected from a list of 29,897 Registered Nurses with active licensure residing in Arkansas. Participants had the choice to complete the survey on line or complete and return by mail using a postage paid envelope. For the purposes of this report, participants having completed graduate and postgraduate studies were omitted.

### Instrument

The "Survey of Examination Techniques Performed by Nurses", developed and utilized by Jean Giddens, was selected for use in this study. The survey was validated by content experts for inclusion of all pertinent domains of knowledge (Giddens, 2007). Demographic data included employment status (part-time or full-time), work setting, highest degree obtained in nursing, and years of experience as a registered nurse. The survey allowed participants to report frequency of use for 126 physical assessment competencies using a Likert-type scale.

Participants selected one of the following options for each of the surveyed skills:

- 0 = Do not know how to do this
- 1 = Know how, but have never done in clinical practice
- 2=perform rarely (few times in my career)
- 3=perform occasionally (a few times a year)
- 4=perform frequently in clinical practice (every 2–5 times I work)
- 5=perform in clinical practice every time I work

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