A POLYTECHNIC INSTITUTION

School of Health Sciences
Program: Bachelor of Science in Nursing

Course Outline

NURS 1019
Clinical Techniques — Introduction to Assessment

Start Date: August 19, 2008 **End Date:** September 26, 2008

Total Hours: 70 **Total Weeks:** 6 **Term/Level:** 1 **Course Credits:** 3.5 **(1.66 + 1.86 cr)**

Theory Hours: 29 **Lecture:** 10 **Seminar:** 19 hrs.
1.86 cr **0.6 cr** **1.26 cr**

Clinical Agency: 41 hrs**(1.66 cr)**

NURS 1019 is a pre-requisite for: NURS 1030 Nursing Practicum 1.

Current CPR certificate and CRNBC Membership application. Failure to present this documentation will result in removal from the practicum setting.

Course Description

This course presents essential skills for conducting psychosocial and physical assessment. It includes techniques for taking a health history in order to identify health needs, & perform physical assessments. Opportunity is provided for practice and demonstration of learned skills.

Detailed Course Description

NURS 1019 provides a basis for understanding and conducting a physical examination and health assessment. The aim is to develop the student's beginning ability to take a health history and conduct psychosocial and physical assessments.
This is a six week course that begins with on-line course material, accessible through WebCT. The on-line content is divided into 5 weekly units. Opportunity to practice learned skills is provided in small group, simulation lab and clinical settings.

Evaluation	weight:	Dates / Due Dates:
1. Completion and **presentation** of Assignment 1	30%	Due date week 6, per instructor.
2. Final Exam (multiple choice & short answer)	40%	Tues. Sept. 16. time TBA (wk 5).
3.Demonstration of Assessment Skills	30%	Thursday, Sept.25, time TBA (wk 6)
TOTAL	100%	

The written assignment (handout for oral presentation) must be submitted using **word processing**, and must be **completed** and **submitted** in order to achieve a passing grade in NURS 1019

Your final mark in NURS 1019 is out of 100% and will be calculated by adding your marks obtained in the three evaluation components for the course: Assignment 1, final written exam, and demonstration of assessment skills.

Course Learning Outcomes/Competencies

Upon successful completion of **NURS 1019**, the student will be able to:

1. appropriately use the general (head to toe) and focused assessments.
2. demonstrate correct assessment techniques during physical and psychosocial assessment, recognizing normal findings.
3. recognize abnormal findings in physical assessment.
4. report abnormal findings to RN & instructor.
5. recognize (with instructor guidance) significant patterns of patient behaviour based on evidence solicited.
6. recognize (with instructor guidance) actual and potential patient problems.
7. begin to plan and implement individualized nursing interventions, with instructor guidance.
8. communicate assessment findings systematically to other health professionals.

Verification

I verify that the content of this course outline is current.

Merry van der Gracht — Authoring Instructor

18 June 2008. — Date

I verify that this course outline has been reviewed.

Jain Verner — Program Head/Chief Instructor

June 18, 2008. — Date

I verify that this course outline complies with BCIT policy.

Dean/Associate Dean

Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

Instructor(s)

Level 1 Instructors

Office Location: SE12–418
Office Hrs.: See posted hours at instructor's office

Tammy Lail	
Connie Johnston	451-7189
Cristina Durana	
Mina Amiraslany	432-8788
Corrine Schneider	454-2217
Maureen Hornak	
Judi Campbell	451-6957
Merry van der Gracht	454-2214

Learning Resources

On-line course materials

Pre-reading and weekly units with learning activities are provided on BCIT Web CT platform.

Required Texts:

Assessment

Jarvis, C. (2008). *Physical Examination and Health Assessment* (5th ed.). Philadelphia: W.B. Saunders.
*Elsevier assessment on-line course package is optional

Supplemental Reading:

The following textbooks are compulsory for other courses but will be used as a supplement to **NURS 1019.**

1. **Medical-Surgical Nursing Textbooks:**

Black, J.M. & Hawks, J.H. (2005). *Medical-surgical Nursing: Clinical Management for Positive Outcomes* (7th ed.). Philadelphia: Saunders.

Ross-Kerr, Janet & Wood, Marilynn (2006) Canadian Fundamentals of Nursing (3rd ed) Toronto:Elsevier Mosby

2. **Dictionary**

Taber, C.W. (2001). *Taber's Cyclopedic Medical Dictionary* (20th ed.). Philadelphia: F.A. Davis.

3. **Drug Handbook**

Spratto, J. R. and Woods, A.L. (2008) PDR Nurses Drug Handbook. New York: Thompson Delmar Learning.

4. **Nursing Care Planning texbook**

Doenges, M.E., et al. (2002) *Nursing Care Plans: Guidelines for individualizing Patient Care (6th ed.) Philadelphia: F.A. Davis*

Gulanick, M. et al. (2003) *Nursing Care Plans: Nursing Diagnosis and Intervention* (6th ed.). Mosby.

5. **Med Math**

Boyer, M.J. (2006) *Math for nurses: a pocket guide to dosage calculation and drug preparation (6th ed)* Lippincott

6. **Pathophysiology**

Porth, C. M. (2005). *Pathophysiology: concepts of altered health states* (7th ed.) Philadelphia: Lippincott Williams and Wilkins

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: http://www.bcit.ca/~presoff/5002.pdf.

Cheating, Fabrication, plagiarism, and/or dishonesty:

First Offense: Any student in the School of Health Sciences involved in an initial act of academic misconduct – **cheating, fabrication, plagiarism and/or dishonesty** will receive a zero (0) or unsatisfactory(U) on the particular assignment and may receive a zero (0) or unsatisfactory (U) in the course, at the discretion of the Associate Dean. **Second Offense**: Any student in the School of Health Sciences involved in a second act of Academic Misconduct – **cheating, fabrication, plagiarism and/or dishonesty** will receive a zero (0) or unsatisfactory (U) on the particular assignment, a zero (0) or unsatisfactory (U) in that course and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Makeup Tests, Exams or Quizzes: There will be **no** makeup tests, exams or quizzes. If you miss an exam you will receive zero marks. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the course leader **immediately**.

Ethics: BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam or project for all parties involved and/or expulsion from the course.

Attendance/Illness:
In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. Prolonged illness of three or more consecutive days must have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

Illness: A doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects, or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated.

Attempts:
BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at http://www.bcit.ca/health/nursing state: Applicants who have any combination of two instances of withdrawal or failure in a nursing theory course will be readmitted to the program "with written permission from the Associate Dean, who will detail any special considerations." Applicants who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons, will not be readmitted to the program.

Accomodation:
Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accomodation for Students with Disabilities (Policy # 4501), and contact BCIT's Disability

Resource Centre (SW1-2300, 604 451 6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area. Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

Process Learning Threads

Professionalism: With assistance, students develop an understanding of assessment as a foundation of professional practice. They are accountable for developing assessment guides and strategies for use in the clinical portion of the course.

Communication: Students begin to establish relationships with clients based on shared meaning and partnership. They begin to validate assessment findings and health issues with the patients. They begin to document assessments in assignments and charts.

Systematic Inquiry: Students begin to reason critically about assessment data and patient concerns. They begin to appreciate that health issues can be perceived from multiple perspectives.

Professional Growth: Students take responsibility for their learning and for preparing material assessment guides that are accurate and relevant. They demonstrate responsibility for attaining and maintaining a safe level of skill performance. They are responsible and accountable for their actions.

Creative Leadership: Students are becoming assertive with clients and colleagues as they learn assessment skills. They learn to explain their role to health colleagues and patients.

Technical Skills: Students demonstrate correct assessment techniques during physical and psychosocial assessment to recognize normal findings and significant patterns of illness.

The specific skills included are:

- the health assessment process.
- the health history, functional, nutritional, growth and development, cultural assessment.
- physical assessment — head to toe assessment (the general survey)— measurement of temperature, pulse, respiration, blood pressure, oxygen saturation, height and weight.
- body review — skin, head, neurological system and mental status.
- respiratory, cardiovascular, peripheral vascular and lymphatic assessment.
- assessment of abdomen, urinary and musculoskeletal systems.

assessment of breast and external male and female genitalia on mannequins

Introduction to Assessment: Course Information Package

Information for Students

1. This course has been designed to develop your ability to **talk with** (interview) patients about their health and health concerns and to conduct an effective but **very basic** physical examination of body systems. Emphasis will be placed on developing assessment skills **while establishing partnerships** with patients. Attention to the

communication aspect of the nurse's role will be continually reinforced and form part of the evaluation process.

2. This course will be delivered in the classroom, lab, and clinical settings (Acute and Subacute Medicine). In these settings, students will work in small groups (approximately eight students with one nursing instructor).

3. In the classroom and lab, students will participate in a variety of structured learning activities aimed at developing assessment knowledge and skills. During clinical experiences students will be assigned patients to interview and to conduct basic physical examinations. It is expected that students will ***actively*** participate in both the classroom and the clinical setting.

4. This course is of short duration. Therefore, students **must complete some aspects of this course independently**. You will receive a schedule for all required independent study. Independent learning activities include reading, viewing videos, animations and practice quizzes online and completing written assignments.

Equipment: 1 watch with second hand
1 good quality stethoscope*
pen light

* a good quality stethoscope will have the following characteristics:

Diaphragm and bell are heavy enough to lie firmly on the body surface.
Tubing is thick, stiff and heavy.
Length of tubing is between 12 to 18 inches.
Earpieces fit snugly and comfortably (Angled binaurals point the earpieces toward the nose).

Assignment details

- The process of analysis and synthesis of patient data may be a new experience for you, or a familiar one but in a new context. To accommodate for these differences in experience, Assignment 1 is set up to help nursing students walk through the process of assessment and analysis of patient data.
- The analysis of patient data is an **ongoing** process performed by nurses during the assessment of patients.
- You may work in collaboration with classmates, instructors, and other health professionals to assist you in this learning process.
- Clinical instructors will ask you questions to assist you in the analysis process. These questions are designed to help develop your critical thinking skills so that you will make more accurate and appropriate nursing judgments about a patient's health status and clinical situation.
- By writing narrative accounts of assessments performed on patients, students learn to gather relevant data, make connections (links) between researched data & patient data, and perform assessments based on that data. These data include: researched data, physical assessments, vital signs, medication information, and laboratory values.
- The goal of analysis / synthesis of patient data is to identify patient problems and Nursing interventions (**how you will care for the patient**). Nursing care plans are addressed in NURS1030.

Oral Presentation (Assignment 1): 30 marks. Week 4.
(Refer to the criteria for Patient Presentation, p. 9). This criteria is also the marking guide.

The student will verbally articulate assessment and research findings of an assigned patient. The length of time for each presentation will be between 10 to 15 minutes. Provide a 1 page summary of your patient assessment (word processed).

Below are the areas that need to be addressed in this presentation.

- Provide the initials of the patient, age and admitting diagnosis. Include relevant social history such as marital status, living situation etc. Using the Assessment, Medical Surgical Nursing textbooks and any other pertinent references, provide a brief description of the patient's health problem (definition or description of the disease or illness). Include any contributing factors to this diagnosis. Include pertinent medical history.
- Describe your assessment findings (head to toe, and focused assessments).
- Provide information on the patient's prescribed medications, why they were prescribed & how they relate to the patient's health problems.
- Report the patient's vital signs and relate them to the health problem. What do these vital signs tell you about this patient?
- Report lab values, and describe the relevance of the results to the patient's health problem.
- Conclude with a list of three- five ***actual or high risk patient problems.***

When assessing a patient in the clinical setting, the process that nurses follow is systematic & patient centered. The following should be considered when doing written assessments as well as oral reports to other members of the Health Care Team:

- When researching a patient's health problems, did any information signal you to take a course of action? (e.g. patient reported pain of 8/10; course of action might be to check to see when analgesia was last administered).
- After reviewing your data, look to see if some of the pieces of information would fit together (as in a pattern) and /or what questions might arise from this information? e.g. If **"Falls"** is a problem, consider what might be causing these falls. Or, if "**chest pain**" is a problem, provide reasons / possible explanations for the cause of a patient's chest pain.
- What additional data would you obtain (or would you like to obtain) to try to validate the problem. What further information do you need to collect? Is there any lab data you would like to know? For example, what is the patient's blood glucose level? Hemoglobin? (within normal range?).

The written portion of your patient presentation assignment will consist of a one page, point form handout that you will prepare, and distribute to your classmates and teacher, in conjunction with your presentation. This handout will be an outline of your presentation, and will include:

- Pertinent pathophysiology of pt's diagnosis and relevant medical history.
- Prescribed medications.
- Your assessment of your patient (including head to toe& focused)
- Pertinent lab values
- Patient problem identification.

Assessment Skills Evaluation: Date: Thursday, September 25, 2008 (week 6)

In the assessment skills test, you will be given 30 minutes to individually perform a focused interview and physical assessment of a simulated patient. You will be given a short scenario (case study) to read. You will perform the assessment appropriate for this patient with an instructor observing.

As well as being tested on the "head to toe" assessment, you will also be required to assess one of the following systems: **Neurological, Abdominal, Respiratory, OR Cardiovascular.**

At the end of your skill testing scenario, you will be asked some critical thinking questions related to your assessment findings. For example, the instructor will ask you, "What patient problem(s) can you identify from your assessment of this patient?" and "What is your rationale for identifying this problem?"

Demonstration of assessment skill is worth 30% of your final grade. Your demonstration of specific skills will be graded according to the checklist criteria that you will see prior to the test. If you meet all criteria, you will receive a satisfactory grade and a mark of 30/30. If you are not successful on the first test, you will be given another opportunity to retake this test using one of the other scenarios. If the second skill test is satisfactory you will be given a grade of 15/30. However, if your second test is unsatisfactory, you will receive 0 out of 30 marks.

Glossary of Terms:

- **Actual problem**: any health condition that requires diagnostic, therapeutic, or educational action.
- **Potential problem**: A potential problem describes a risk the patient may face due to a health condition; or side effect of therapeutic treatment. These potential risks may be designated as high risk (requiring immediate action or frequent assessment) or low risk, requiring preventive interventions and periodic assessment.

Journals:

- Please hand in (or email) your journals each week **per your instructor's direction.** Begin writing your journal entries at the end of week 2 (your first week in the Clinical setting). Please refer to the handout titled "Journaling" for detailed information.

Learning Plans:

- Throughout the term, you will find certain parts of the course material and learning objectives challenging. A Learning Plan is an effective way to identify and address your own learning needs, and develop and achieve objectives for the term. Consider this at about midterm (week 3). Discuss your learning plan with your clinical instructor.

Assignment 1:
Patient Presentation (week 4): articulation of patient assessment.
(assignment criteria & marking guide)

Research of Diagnosis: Present research findings on admitting diagnosis as well as medical & social history of patient. Include relevant information only. In your own **words,** give summaries of definitions, considering: etiology, pathophysiology, symptoms, treatment, and patient care. (6 marks)

Provide information on three to four prescribed medications for this patient (as per instructor). Why were they prescribed ? How do they relate to the patient's health problem / history? (3 marks)

Interpret the patient's vital signs and lab values. Are they within normal range? What does this data tell you about the patient? (3 marks)

Based on the information for this patient, what assessments did you perform? What were your assessment findings? Please use a systematic way of articulating your findings. (7 marks)

List **three – five** actual or high risk patient problems. Prioritize these problems (put them in order of priority). (4 marks)

Provide a one-page, point-form, word-processed handout to go with your presentation. This handout should be an outline of your presentation, and provide highlights of your assessment findings. It should be **no longer** than one page. (3 marks)

Present your patient assessment verbally to your Clinical group. You will present the patient you were assigned in Week 5. Take **no more than 15 minutes** to do this. Your presentation should be succinct and clear. (4 marks)

Weekly Schedule

Nurs 1019 - Introduction to Assessment

Prior to attending weekly sessions you must complete the on-line units

If you are not prepared, you will not be allowed to participate in small groups and sim labs. As a result, you may not meet course outcomes, and this could negatively impact your success in the course.

Week 1 Unit 1 Components of Assessment

Tuesday, August 19 2008

0830-1000 Merry Van Der Gracht

Introduction to NURS 1019 (large group – room to be announced)

Course outline:

- assignments
- textbook
- readings
- on-line units
- skill testing
- simulation labs

1000-1030 Kathy Siedlaczek (Web CT)

Small Groups – 8 students and 1 clinical Instructor/group

1030-1230 (room to be announced)

Small groups and clinical instructor : (see course outline for contact numbers)

1. Tammy
2. Connie J
3. Mina
4. Maureen
5. Merry
6. Judi
7. Corrine
8. Cristina

Meet with Clinical Instructor and group in small group practice sessions: 1030-1230 (rooms TBA)

- Introductions and housekeeping
- Clinical schedule

Small Group Practice Sessions:

Begin Review of Unit 1 content:

- Reflective questions from unit 1
- Practice of unit 1 assessment skills

Components of Assessment

- ABC's
- LOC
- Pain
- Safety

Wednesday, August 20, 2008

Group	Sim Lab	Small Group
Group 1 & 2	0830-1030	1030-1430
Group 3 & 4	1030-1230	1230-1630
Group 5 & 6	1230-1430	0830-1230
Group 7 & 8	1430-1630	1030-1430

Content for Sim Lab Sessions:

- ABC's/Vital signs/Pain/Safety

Content for Small Group Practice Sessions:

- Communication/Interview skills
- Culture exercise activity A or B (Merry to provide)

Overview of:

- Health history (subjective assessment)
- Head to toe assessment (Chapter 28 in Jarvis)
- Focused system assessment
- Documentation

Week 2 Unit 2 Respiratory System

Tuesday August 26, 2008

Group	Sim Lab	Small Group
Group 5 & 6	0830-1030	1030-1430
Group 7 & 8	1030-1230	1230-1630
Group 1 & 2	1230-1430	0830-1230
Group 3 & 4	1430-1630	1030-1430

Content for Sim Lab Sessions:

- Practice physical assessment techniques; ABC's & VS
- Practice head to toe assessment
- Practice respiratory focused system assessment

Content for Small Group Practice Sessions:

- Review: ABC's, LOC, pain, & safety.
- Practice vital signs (VS)
- Review H2T (head to toe assessment)
- Review of Anatomy & Physiology of respiratory system
- Detailed focused respiratory system assessment (from checklist)

Wednesday, August 27, 2008

Clinical (as discussed in small groups in week one)

Mornings: 0800 – 1330 *
Afternoons: 1330 – 1800 *
***Note – times vary with each clinical site, check with your instructor**

Content for Clinical Experience

- Hospital and ward orientation / course specific safety training form
- Patient assignment: ABC's and establish partnership with patient.
- Initiate patient conversation & subjective assessment
- Vital signs, review patient charts
- Students should become familiar with bedside equipment (suction & oxygen) as part of the hospital unit orientation.

Week 3 Unit 3 Cardiovascular / Peripheral Vascular System

Tuesday September 2, 2008

Group	Sim Lab	Small Group
Group 7 & 8	0830-1030	1030-1430
Group 5 & 6	1030-1230	1230-1630
Group 3 & 4	1230-1430	0830-1230
Group 1 & 2	1430-1630	1030-1430

Content for Sim Lab Sessions:

- Practice physical assessment techniques; ABC's & VS
- Practice head to toe assessment
- Practice cardiovascular / peripheral vascular focused system assessment

Content for Small Group Session Practice:

- Review: ABC's, LOC, pain, & safety.
- Practice vital signs (VS)
- Review H2T (head to toe assessment)
- Review of Anatomy & Physiology of cardiovascular / peripheral vascular system
- Detailed focused cardiovascular / peripheral vascular system assessment (from checklist).

Wednesday, September 3, 2008

Clinical
Mornings: 0800 – 1330 *
Afternoons: 1330 – 1800 *
***Note – times vary with each clinical site, check with your instructor**

Content for Clinical Experience

- Patient assignment: ABC's and establish partnership with patient.
- Review patient research with instructor
- H2T assessment
- Practice focused assessments as covered in small groups

Week 4 Unit 4 Neurological and Abdominal System

Tuesday September 9, 2008

Group	Sim Lab	Small Group
Group 3 & 4	0830-1030	1030-1430
Group 1 & 2	1030-1230	1230-1630
Group 7 & 8	1230-1430	0830-1230
Group 5 & 6	1430-1630	1030-1430

Content for Sim Lab Sessions:

- Practice physical assessment techniques; ABC's & VS
- Practice head to toe assessment

- Practice Neurological focused system assessment
- Practice Abdominal focused system assessment

Content for Small Group Session Practice:

- Review: ABC's, LOC, pain, & safety.
- Practice vital signs (VS)
- Review H2T (head to toe assessment)
- Review of Anatomy & Physiology of Neurological system
- Review of Anatomy & Physiology of Abdominal system
- Detailed focused Neurological system assessment (from checklist).
- Detailed focused Abdominal system assessment (from checklist).

Wednesday September 10, 2008

Clinical
Mornings: 0800 – 1330 *
Afternoons: 1330 – 1800 *
***Note – times vary with each clinical site, check with your instructor**

Content for Clinical Experience

- Patient assignment: ABC's and establish partnership with patient.
- Review patient research with instructor
- H2T assessment
- Practice focused assessments as covered in small groups
- Practice charting H2T and focused assessments
- Chart vital signs

Week 5 Clinical

Tuesday September 16, 2008

Content for Clinical Experience

- Patient assignment: ABCs and establish partnership with patient.
- Review patient research with instructor
- H2T assessment
- Practice focused assessments as covered in small groups
- Practice charting H2T and focused assessments
- Chart vital signs

NURS 1019 Final Exam (90 minutes)

To be written at clinical site (time to be announced)

***Week 5 patient assignment is week 6 presentation**

Wednesday September 17, 2008

No clinical due to BCIT "The Great Race" (formerly - "Shinerama")

Week 6 Clinical

Tuesday September 23, 2008

Content for Clinical Experience

- Patient assignment: ABC's and establish partnership with patient.
- Review patient research with instructor
- H2T assessment
- Practice focused assessments as covered in small groups
- Practice charting H2T and focused assessments
- Chart vital signs

*4 students to present assignment in pre/post conference

***Practice for assessment skills testing day on Thursday September 25, 2008**

Wednesday September 24, 2008

Content for Clinical Experience

- Patient assignment: ABC's and establish partnership with patient.
- Review patient research with instructor
- H2T assessment
- Practice focused assessments as covered in small groups
- Practice charting H2T and focused assessments
- Chart vital signs

*Remaining 4 students to present assignment in pre/post conference

***Practice for assessment skills testing day on Thursday September 25, 2008**

*Remaining 4 students to present assignment in pre/post conference

Assessment Skill Testing

Thursday, September 25 2008

Nursing 1019 Assessment skill testing
(Rooms and times to be announced)

- **Testing to be done in the sim lab**
- **30 minutes/student with 1 instructor**
- **Time schedule for testing will be posted**

Scenarios will include:
ABC's/vital signs/pain /safety
H2T assessment and 1 of the following focused system assessment:

- **Respiratory**
- **Cardiovascular /Peripheral vascular**
- **Neurological**
- **Abdominal**