



APR 17 2002

Course Outline

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 1019**Clinical Techniques — Introduction to Assessment****Start Date:** January, 2002**End Date:** February, 2002**Course Credits:** 3.5**Term/Level:** 1**Total Hours:** 50**Total Weeks:** 5

Hours/Week:	Lecture:	Lab:	Shop:	Seminar:	Other:
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Prerequisites**NURS 1019 is a Prerequisite for:**

Course No.	Course Name
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Course No.	Course Name
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NURS 1030	Nursing Practicum 1
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Course Calendar Description

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

Course Goals

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.

Evaluation

1. Analysis of Assessment Data: Practicum Assignment. Three written assignments based on assessments done in practicum in Weeks 2, 3 & 4 are required.	20%	All assignments must be completed for a passing grade.
2. Demonstration of Assessment Skills.	30%	
3. Multiple Choice Exam.	50%	
TOTAL	100%	

Course Learning Outcomes/Competencies

1. Recognize the difference between a comprehensive and focused assessment and when these are used.
 2. Demonstrate correct assessment techniques during physical and psychosocial assessment with the aim of recognizing normal findings.
 3. Begin to recognize significant patterns in assessed data.
 4. Begin to relate assessment findings to nursing action.
 5. Demonstrate ability to communicate assessment findings in a professional manner.
 6. Begin to recognize how to individualize health status assessment based on development and cultural needs.
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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, self-care and wellness, growth and development, cultural assessment.
- physical assessment – the general survey – measurement of temperature, pulse, respiration, blood pressure, height and weight.
- body review – skin, head, neurological system and mental status.
- respiratory, cardiovascular, peripheral vascular and lymphatic assessment.
- heart and chest sounds.
- assessment of abdomen, urinary, and musculoskeletal systems.
- assessment of breast and external male and female genitalia on mannequins.

Course Record

Developed by: Linda Barratt, RN, MA Date: September, 1999

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.

Jain Verner
Program Head/Chief Instructor

DECEMBER 17, 2001

Date

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



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Program: Bachelor of Technology in Nursing

Option:

NURS 1019

Clinical Techniques — Introduction to Assessment

Instructor(s)

Level 1 Instructors	Office No.: SE 12 418	Office Phone: Cristina Durana	TBA
	Office Hrs.: See posted hours at instructor's office	Jenifer Bartlett	451-6952
		Fairleth McCuaig	451-6956
		Connie Johnston	451-6946
		Susan Row-Sleeman	432-8908
		Lori Miller	TBA

Learning Resources: Text(s) and Equipment

Texts:

A. Required:

Jarvis, C. 2000. *Physical examination and health assessment*. (3rd ed.). Philadelphia, PA: W.B. Saunders.

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

1. A nursing fundamentals text.

Kerr, J., & Sirotnik, M. (Eds.) (1997). *Canadian Fundamentals of Nursing*. Toronto, ON: Mosby — Yearbook Inc.

OR

DuGas, B.W., Esson, L., & Ronaldson, S.E. (1999). *Nursing Foundations: A Canadian Perspective*, 2nd ed.). Scarborough, ON: Prentice Hall Canada Inc.

2. A medical-surgical nursing text.

Black, J.M., & Matassarin-Jacobs, E. (1997). *Medical-surgical nursing: Clinical management for continuity of care* (5th ed.). Philadelphia: Saunders.

Phipps, W. J., Sands, J. K., & Marek, J. F. (1999). *Medical-surgical nursing: Concepts & clinical practice* (6th ed.) St. Louis: Mosby.

3. A medical dictionary.

Learning Resources: (continued):

Video Tapes:

The numbers in the omit sections refer to the approximate time, in minutes and seconds, these sections appear on the tape. The numbers on the far right refer to the total running time of the tape.

VC 5433	Examination Techniques — (will be shown in class)	15 mins
VC 5434	The General Survey	10 mins
VC 5435	Skin, Hair and Nails — (view all of tape)	15 mins
VC 5437	Head and Neck Omit: Salivary glands 1.40–2.03; Trachea and thyroid position 3.02–3.27; Palpating the thyroid 4.25–5.57	10 mins
VC 5438	Eyes Omit: Cranial nerves 6.24–7.01; Cardinal fields of gaze, cornea reflex, cover and uncover test and use of ophthalmoscope 7.55 to end	14 mins
VC 5439	Ears Omit: Use of otoscope 3.07–5.10; Weber, Rinne and Schwabach tests 6.56 to end	11 mins
VC 5440	Nose, Mouth and Pharynx Omit: View nasal cavity 4.05–4.55	11 mins
VC 5450	Neurological System: Mental Status, etc. View the Mental Status section only	18 mins
VC 3507	*Physical Assessment Heart and Lungs; Part 2 This is lung assessment only. (view all of tape) *Not necessary at this time. May be viewed in later terms. A simpler video will be used.	28 mins
VC 5442	Heart Omit: Palpation of chest and cardiac border 3.34–6.09. Auscultating Chest S2, unexpected splitting 10.42–12.00. Pathological S3 and S4 12.50–15.00	21 mins
VC 5443	Vascular System Omit: Jugular veins and Bruits 7.50–11.10	16 mins
VC 5434	The General Survey (view vitals signs only)	
VC 5445	Abdomen Omit: Vascular sounds and friction rub 7.20–9.40; Percuss liver, spleen and air bubble 11.10–12.40; Palpate liver, spleen, kidney, pulsations, rebound tenderness and reflexes 13.55–18.10	19 mins
VC 5448	Musculoskeletal System (view all of tape)	28 mins

Learning Resources: (continued)

Equipment: 1 watch with second hand
1 good quality stethoscope*
pen light
1 good quality hand held audio tape recorder and tapes (this may be borrowed from the lab at BCIT)

* 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.
- Ear pieces fit snugly and comfortably.
- Angled binaurals point the ear pieces toward the nose.

* *Try different stethoscopes before you purchase one.*

BCIT Policy 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 both the classroom and practicum setting (Acute Medicine and Extended Care Units). In these settings, students will work in small groups (approximately 8 students with 1 nursing instructor).
3. In the classroom students will participate in a variety of structured learning activities aimed at developing assessment knowledge and skills. During practicum 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 practicum setting.
4. This course is of short duration. Therefore, students **must complete aspects of this course independently**. You will receive a schedule for all required independent study. Independent learning activities include reading, viewing videos and completing written assignments.
5. Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing or evaluation. As much as possible, students will be given adequate notice of such changes.

Participation/Attendance

1. **Regular attendance in lecture, seminars and laboratory periods is required of all students.** If a student is absent for any cause other than illness for more than ten percent (10%) of the time prescribed for any subject, he/she **may be prohibited** from completing the course (4.07, 10 BCIT Policy Manual).
2. If a class or practicum experience is missed the student is responsible for the missed content.

Clinical Techniques-Assessment: Course Failure

A student who is unsuccessful in the assessment course goes on to the Nursing Practicum 1 – NURS 1030 on a **provisional pass**. This provisional pass must be cleared by Week 4 of the clinical practicum (NURS 1030).

Written Assignment Details (Weeks 2, 3 and 4)

Analysis of Assessment Data: Practicum Assignment

Preamble

The assessment process involves the simultaneous enactment of two interrelated processes: data gathering and diagnostic reasoning. In other words, before, during and following the process of data collection nurses engage in the critical thinking process of diagnostic reasoning (analysis and synthesis of data). This process is crucial to the accurate identification of patient concerns, problems, issues, evaluation of outcomes and in the making of appropriate clinical judgements. It is also part of the assessment phase of the nursing process. This assignment is done weekly in weeks 2, 3 and 4 and is based on assessments completed on assigned patients in practicum areas.

Purpose of this Assignment

The purpose of the assignment is to assist students to develop knowledge and skill in the analysis and synthesis of assessment data by analyzing and synthesizing assessment data collected during their practicum experience with assigned patients.

How to do this Assignment

1. The process of analysis and synthesis (diagnostic reasoning) may be a new experience for you or a familiar one but in a new context. To accommodate for these differences in experience this assignment is set up as a **walk through the process**. You will analyze patient data by responding to a series of questions. Answer these questions thoroughly and to the best of your ability.
2. The analysis of data is a recurring, ongoing process during the assessment phase and therefore should be repeated many times during the data collection process. In each assignment you will analyze data before, during and following collection of assessment data.
3. These assignments are to help you **develop** knowledge and skill in the analysis and synthesis of assessment data. They are not a test of your ability to enact these processes. You are therefore encouraged to work in collaboration with classmates, instructors and other health care professionals to assist you in this learning process.
4. You will not be graded on these assignments. You will be awarded 20 marks (20%) toward your final grade for completing the **three** assignments during weeks two, three and four. The third assignment must be satisfactory in order to receive the 20 marks. *If the third assignment is unsatisfactory, a fourth assignment may be negotiated with your practicum instructor. A satisfactory fourth assignment will receive 10 marks. These assignments are due on the day stated by your practicum instructor. You may ask for an extension, but a specific date for the submission of the assignment must be set. Late assignments or those submitted past the negotiated date will not receive a grade.
5. Practicum instructors may ask you to answer additional questions to assist you in the analysis process. Try not to think of these as extra work but as helping you to more fully develop your reasoning skills so that you will make more appropriate and accurate nursing judgements about a patient's health status.

6. Be sure to hand in your assessment findings with your analysis. Assessment finding include: physical and interview data; clustered data; and identification of patient problems.

Analysis of Assessment Data: Questions

1. Before you even met with your patient did you receive information from your instructor or other health care professionals that you thought was a * *cue*? If so, what was that *cue(s)* and what action did you initiate as a result of this *cue*?

Did you make any *inferences* about your assigned patient when you received this information? If so, what were those inferences? How did they influence how you proceeded with your assessment of the patient?

- * A *cue* is a piece of information that signals the nurse to take some action in the assessment process. For example actions taken could be: a decision to collect more data, a decision to compare data collected with existing norms, a decision to do more research, a decision to seek assistance or immediate help because the "*cue*" alerts you to an existing or pending emergency situation.
- * An *inference* is a step of the mind, an intellectual act by which one concludes that something is so in light of something else's being so, or seeming to be so (Paul, 1992, p. 651).

2. It is suggested you answer the following questions immediately after you have assessed your patient's health status.

While you conducted your health assessments were you aware of any information "*cues*" that signaled you to take a course of action? If so, describe the course of action you took. What were those pieces of information? Did some of these pieces of information seem to fit together (as in a pattern)? What inferences about your patient's health status did you make, based on those emerging patterns? Did you discover if your inferences were correct? If so, briefly describe how you validated your inferences. If you did not validate them (in some way) what do you think stopped you or interfered with this process? Lack of confidence? Lack of knowledge? Did you not know how you were to do it?

3. Now that you have collected a substantial amount of assessment data it is suggested you review all of the data to get a sense of the "*whole*" and any patterns emerging.

Answer the following questions when you have collected a substantial amount of assessment data, e.g., when you get home from your practicum experiences.

What pieces of information seem to fit together now? Write these down organizing them into clusters of information. What inferences can you make about these clusters of information? Are these inferences different from your initial inferences you made while you were actually involved in the assessment process with your patient? If they are different, how do you account for these differences? How will you find out if your current inferences are correct? If your current inferences do not seem valid, what do you think you need to do? What data seems to be missing? How will you gain additional data?

If you are confident your inferences are correct or valid, formulate some tentative conclusions. These conclusions can be expressed as a patient concern, a patient issue, a clinical judgement, a nursing diagnosis or a positive outcome.

4. Complete each assignment by reflecting on the process of data collection, analysis and synthesis. Record your thoughts and feelings about the experience and consider what you could do to improve your assessment and analysis skills in practicum.

Now that you have worked through this diagnostic reasoning process and have arrived at some conclusions you *may* be ready to proceed to the next step in the nursing process which is to decide on appropriate nursing interventions. During your practicum experiences you may be expected to use this process in the planning of nursing care.

Demonstration of Assessment Skills

Demonstration of assessment skill is worth 30% of your final grade. ***You must pass this component to pass the course.*** Your demonstration of specific skills will be graded satisfactory/unsatisfactory according to criteria on a checklist which you will see prior to the test. If you meet all criteria, you will receive a satisfactory and be granted 30 marks (30%) of your final grade. If you do not meet all the criteria you will receive an unsatisfactory and no numerical grade will be given. You will be given a **provisional pass into NURS 1030 and the assessment skill will be retested by your instructor. This will be done in the clinical area and must be completed by Week 4.**

For all skills demonstration tests, you will be asked to perform a focused interview and physical exam of one body system, e.g., respiratory. You will also conduct an interview of one section of the health assessment, e.g., health history.



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Class Schedule

NURS 1019

Clinical Techniques – Introduction to Assessment

Date	Material Covered	Course Site and Rooms
January 8, 2002	WEEK 1	
Common hour	Tuesday Introduction to NURS 1019 <ul style="list-style-type: none"> • course delivery methods • course outline • overview of the course 	Common Hour (all students) BCIT (January 8) 0830–1020 SE12–204
Group work	Assessment for Health and Illness <ul style="list-style-type: none"> • purpose of assessment • types of assessment • health assessment and the nursing process • critical thinking and the diagnostic reasoning process Establishment of partnerships Reading: Chapters 1, 26 and 27. *Please note that your small group rooms are not the same each week.	Group Work (January 8) 1030–1230 Fairleth SE12 309 Jenifer SE6 112 Susan NE1 402 Connie SW3 2765 Cristina SW1 3150 Lori SE12 418–421
January 9, 2002	Wednesday	
Common hour	Introduction to Basic Interviewing Skills Reading: Chapter 4	Common Hour BCIT (January 9) 0830–0930 SE6 205
Group work	Assessment of the Whole Person <ul style="list-style-type: none"> • Assessment of Developmental Tasks • Transcultural Considerations • Complete Health History • Mental Status Assessment • Nutritional Assessment Reading: Chapters 2, 3, 5, 6 and 7	Group Work (January 9) 0930–1230 Fairleth SE12 309 Jenifer SE12 306 Susan NE1 321 Connie SW1 2045 Cristina SW1 2575 Lori SE12 418–421 1330–1530 Fairleth SE12 309 Jenifer SE12 301 Susan NE1 325 Connie SW1 2004 Cristina NE1 2007 Lori SE12 418–421

Date	Material Covered	Course Site and Rooms
January 15, 2002 and January 16, 2002 Common hour	WEEK 2 Tuesday and Wednesday Introduction to physical examination techniques <ul style="list-style-type: none"> inspection, palpation, percussion, auscultation video on examination techniques Reading: Chapter 8	(January 15) Tuesday: Common Hour BCIT 0830–0930 SE12 204
Group work	<i>Practice</i> Physical Examination Assessment Techniques <ul style="list-style-type: none"> General Survey – Measurement of Height and Weight Assessment of Skin, Hair and Nails Assessment of Head and Neck Assessment of Eyes, Ears, Mouth and Throat Assessment of Neurologic System Reading: Chapters 9, 10, 11, 12, 13, 14 and 21	Group Work (January 15) Tuesday: Group Work 0930–1130 Fairleth SE12 301 Jenifer SW1 2045 Susan SE6 360 Lori SE12 418–421 1230–1430 Fairleth SE12 308 Jenifer SE12 306 Susan SE12 309 Lori SE12 418–421 Tuesday: Practicum 1100–1600 Connie LGH Cristina MSJ
Practicum	<i>Patient assignment to achieve the following:</i> <ul style="list-style-type: none"> establishment of a partnership with patient initiation of an interview assessment of developmental tasks complete health history completion of a general survey mental status assessment nutritional assessment. Hand in a written summary of this assessment.	(January 16) Wednesday: Group Work 1130–1530 Connie SE12 412 Cristina SE12 412 Wednesday: Practicum (times as per area) Jenifer LGH Fairleth BGH Susan BGH Lori LGH

Date	Material Covered	Course Site and Rooms
January 22, 2002 and January 23, 2002	WEEK 3	(January 22)
Common hour	Tuesday and Wednesday Thorax and Lungs, Heart and Neck Vessels Review location and types of breath sounds <ul style="list-style-type: none"> • bronchial, bronchovesicular, vesicular • adventitious sounds (crackles and wheezes) Video <ul style="list-style-type: none"> • landmarking for breath sounds • listening for breath sounds Reading: Chapter 16	Tuesday: Common Hour BCIT 0830–0930 SE12 204
Group work	Practice Assessment of Thorax and Lungs <ul style="list-style-type: none"> • landmarking and listening for breath sounds Assessment of Heart and Neck Vessels <ul style="list-style-type: none"> • landmarking and listening for apical rate • temperature, pulse, respiration and blood pressure Assessment of the Peripheral Vascular System and Lymphatic System Skill – T, P, R and blood pressure; auscultate for breath sounds and apical rate Prepare a written guide to assist you in your practice interview. Reading: Chapters 9, 17, and 18	Tuesday: Group Work (January 22) 0930–1130 Fairleth SE12 301 Jenifer SW1 2045 Susan SE6 360 Lori SE12 418–421 1230–1430 Fairleth SE12 308 Jenifer SE12 306 Susan SE12 309 Lori SE12 418–421
Practicum	Patient assignment to achieve the following: <ul style="list-style-type: none"> • establishment of a partnership with patient • expanding and improving accuracy of last week's assessment • assessment of Skin, Hair and Nails • assessment of Head and Neck (including eyes, ears, nose and throat) • assessment of Neurologic System • assessment of Thorax and Lungs • assessment of Heart and Neck Vessels • assessment of Peripheral Vascular System • assessment of Lymphatic System. Hand in a written summary of this assessment.	Tuesday: Practicum 1100–1600 Cristina MSJ Connie LGH Wednesday: Group Work 1130–1530 Cristina SE12 412 Connie SE12 412 Wednesday: Practicum Fairleth BGH Susan BGH Jenifer LGH Lori LGH

Date	Material Covered	Course Site and Rooms
January 29, 2002 and January 30, 2002	WEEK 4	(January 29)
Common hour	Tuesday and Wednesday	Tuesday: Common Hour
	Assessment of the Abdomen, Breasts and Regional Lymphatics	BCIT 0830–0930 SE12 204
	Musculoskeletal System	
	<ul style="list-style-type: none"> landmarking for abdominal sounds location of bladder for palpation video on self-breast examination (10 minutes) 	
	Reading: Chapters 15, 19 and 20	
Group work	<i>Practice</i>	Tuesday: Group Work
	Assessment of the Abdomen	January 29 0930–1130
	<ul style="list-style-type: none"> auscultate for abdominal sounds 	Fairleth SE12 301
	Assessment of the Male and Female Genitalia	Jenifer SW1 2045
	<ul style="list-style-type: none"> focused interview palpate bladder practice breast examination on a model 	Susan SE6 360
	Assessment of Anus, Rectum and Prostate	Lori SE12 418–421
	<ul style="list-style-type: none"> focused interview 	1230–1430
	Assessment of the Musculoskeletal System	Fairleth SE12 308
	<ul style="list-style-type: none"> test muscles and joints for strength, symmetry and ROM 	Jenifer SE12 306
		Susan SE12 309
		Lori SE12 418–421
	Reading: Chapters 22, 23 and 24	Tuesday: Practicum
		1100–1600
		Connie LGH
		Cristina MSJ
Practicum	<i>Patient assignment to achieve the following:</i>	Wednesday: Group Work
	<ul style="list-style-type: none"> establishment of a partnership with patient expanding and improving accuracy of last week's assessments assessment of Abdomen assessment of Male and Female Genitalia assessment of Musculoskeletal System assessment of Vital Signs. 	1130–1530
		Connie SE12 412
		Cristina SE12 412
		Wednesday: Practicum
		Susan BGH
		Fairleth BGH
		Jenifer LGH
		Lori LGH
	Hand in a written summary of this assessment.	

Date	Material Covered	Course Site and Rooms
February 5, 2002 and February 6, 2002	WEEK 5	(February 5)
	Tuesday and Wednesday	Tuesday: Common Hour
	Tube assessment (general overview) Referral system	BCIT 0830–0930 SE12 204
	Common hour	Tuesday: Group Work 0930–1130 Fairleth SE12 301 Jenifer SW1 2045 Susan SE6 360 Lori SE12 418–421
	Group work	1230–1430 Fairleth SE12 308 Jenifer SE12 306 Susan SE12 309 Lori SE12 418–421
Practicum	Emergency assessments Observe doll with tube attachments Preparation for evaluation of assessment skills Practice interviews Conduct selected return demonstration of assessment skills Final review of course; come prepared with suggestions Course evaluation	Tuesday: Practicum 1100–1600 Connie LGH Cristina MSJ
	Reading: Review Chapters 26 and 27	Wednesday: Group Work 1130–1530 Connie SE12 412 Cristina SE12 412
	Use patient assignment to continue to practice and improve on skills learned in this course.	Wednesday: Practicum Jenifer LGH Fairleth BGH Susan BGH Lori LGH
February 14, 2002	WEEK 6	
	Thursday – Evaluation Day	
	0830-0920 } Multiple Choice Exam 1030-1230 } Test demonstration of assessment 1330-1530 }	Town Square C & D SE12 416/417
	A schedule for individual test demonstration will be posted.	