teaching and evaluating synthesis in an associate degree nursing program - a developmental experience

carol peterson
shirley connelly
charlotte de pew
mary cowden
goria mayer
TEACHING AND EVALUATING SYNTHESIS IN AN ASSOCIATE DEGREE NURSING PROGRAM — A Developmental Experience

Carol...
TEACHING AND EVALUATING SYNTHESIS IN AN ASSOCIATE DEGREE NURSING PROGRAM_A Developmental Experience
TEACHING AND EVALUATING SYNTHESIS
IN AN
ASSOCIATE DEGREE NURSING PROGRAM
—A Developmental Experience

Carol Willits Peterson, Ph.D., R.N.
Associate Professor of Nursing
Director of Educational Development,
Evaluation, and Research
St. Mary's Junior College
Minneapolis, Minnesota

Shirley Connelly, M.S., R.N.
Assistant Professor of Nursing
St. Mary's Junior College
Minneapolis, Minnesota

Gloria Gilbert Mayer, Ed.D., R.N.
Associate Professor of Nursing
St. Mary's Junior College
Minneapolis, Minnesota

Charlotte Hesley DePew, B.S., R.N.
Instructor of Nursing
St. Mary's Junior College
Minneapolis, Minnesota

Mary Kiliaea Cowden, M.Ed., R.N.
Assistant Professor of Nursing
Co-Director of the Nursing Program
St. Mary's Junior College
Minneapolis, Minnesota

League Exchange No. 107
Pub. No. 23-1573
NATIONAL LEAGUE FOR NURSING • New York
THE LEAGUE EXCHANGE

The League Exchange was instituted as one means for the sharing of ideas and opinions. Many other means are, of course, available—notably, biennial conventions, national and regional conferences, and meetings of state and local leagues for nursing. Further opportunities for the exchange of knowledge and information are afforded in Nursing Outlook, the official magazine of the National League for Nursing, and in other professional periodicals.

It is recognized, however, that the time available at meetings and the pages of professional magazines are limited. Meanwhile, the projects in which NLN members are engaged and which they should be sharing with others are increasing in number and scope. Many of them should be reported in detail; yet, such a reporting would frequently exceed the limits of other media of communication. The League Exchange has been instituted to provide a means for making available useful materials on nursing that would otherwise not be widely available.

It should be emphasized that the National League for Nursing is merely the distributor of materials selected for distribution through the League Exchange. The views expressed in League Exchange publications do not represent the official views of the organization. In fact, it is entirely possible that opposing opinions may be expressed in different articles in this series. Moreover, the League assumes responsibility for only minor editorial corrections.

It is hoped that NLN members will find the League Exchange useful in two ways: first, that they will derive benefit from the experience of others as reported in this series, and second, that they will find it a stimulus to the dissemination of their own ideas and information. There are undoubtedly many useful reports that are as yet unwritten because of the lack of suitable publication media. NLN members are urged to write these reports and submit them for consideration for publication as a League Exchange item.

To the extent that all NLN members draw from, and contribute to, the well of nursing experience and knowledge, we will all move forward together toward our common goal—better nursing care for the public through the improvement of organized services and education for nursing.

Manufactured in the United States of America
ACKNOWLEDGEMENTS

Many of the ideas described here were initiated by Shirley Connelly, who "led the way" in verbalizing the need for obtaining a clearer focus in N238 "Integration of Nursing Concepts." With collaboration from Charlotte Hesley De Pew and input from the total sophomore faculty team, the experience described in the monograph came to be a reality as the nursing faculty continued to revise nursing materials under the Nursing Project, funded by Grant #5D 10 NU 00330 from the Division of Nursing, DHEW. The option experience used with the new evaluative approach was designed and coordinated by Gloria Gilbert Mayer. Implementation of the revised course was coordinated by Mary Killalea Cowden, Co-Director of the Nursing Program. Input and cooperation of the entire sophomore nursing team and the sophomore nursing students made the experience and the evaluation of it a successful endeavor.

Carol Willits Peterson
Director, Nursing Project
Contents

ACKNOWLEDGEMENTS ........................................................................................................ iii
DESCRIPTION OF THE PROBLEM .............................................................................. 1
  The Setting ....................................................................................................................... 1
  Background of the Problem ........................................................................................... 3
  The Problem .................................................................................................................... 4

A NEW APPROACH TO TEACHING AND EVALUATING THE SYNTHESIS QUARTER... 5
  Philosophical Bases of the New Approach .................................................................. 5
  Reorganization of the Course ......................................................................................... 6
  Development of the Clinical Evaluation Tool .............................................................. 6
  Implementation of the Clinical Evaluation Tool .......................................................... 7
  Criteria for Use in Clinical Evaluation Experience ..................................................... 9
  The Option Opportunity ................................................................................................. 10

EVALUATION OF THE NEW APPROACH .................................................................. 13
  Questions Asked ............................................................................................................ 13

CONCLUSIONS AND RECOMMENDATIONS ................................................................. 27
  Conclusions .................................................................................................................... 27
  Recommendations ........................................................................................................ 28

APPENDIX
  Appendix A: Overview of Course N238: Integration of Nursing Concepts .................. 33
  Appendix B: Objectives for Course N238: Integration of Nursing Concepts ............... 35
  Appendix C: Criteria for Selected Aspects of Nursing Care ....................................... 41
  Appendix D: Workbook Materials Related to Clinical Labs 1 and 2 ......................... 45
  Appendix E: Workbook Materials Related to Clinical Labs 3-8 ................................. 55
  Appendix F: Clinical Laboratory Evaluation Tool: Initial Version ............................. 57
  Appendix G: Clinical Laboratory Evaluation Tool: Revised Version ....................... 63
  Appendix H: Description of Student Evaluative Experience ...................................... 67
  Appendix I: Form I: Faculty Ratings of Students ....................................................... 71
  Appendix J: Form II: Student Data and Self-Ratings .................................................. 73
  Appendix K: Form III: Self-Assessment of Independence ......................................... 75
  Appendix L: Examples of Clinically Oriented Written Quiz Items ......................... 77
  Appendix M: Form IV: Evaluation of Option Opportunity .......................................... 81
  Appendix N: Form V: Student Evaluation of Course ................................................ 83
  Appendix O: Form VI: Record of Clinical Evaluation ................................................ 85
DESCRIPTION OF THE PROBLEM

The Setting

An innovative venture in higher education, St. Mary’s Junior College, Minneapolis, Minnesota, opened in 1964 with its goal the preparation of technical practitioners in the allied health fields. The largest of its two-year programs is nursing, which has now graduated 1,200 nursing practitioners in the ten years of the College’s existence.

Evolution of the nursing program has been characterized by sound and innovative curriculum development. A six-quarter program has been designed around Maslow’s theory of the hierarchy of basic human needs. The first two courses focus on the basic concepts in nursing, dealing with the normal physiological, safety, and psychological needs of the individual. A two-quarter sequence then follows the same series of physical needs, emphasizing the nursing care of persons whose basic physiological and physical safety needs are threatened. The fifth quarter in nursing deals with threats to the higher needs as defined by Maslow. A final course integrates previous learnings and introduces the student to greater responsibility in giving direct patient care. The accompanying diagram outlines the specifics of the design of this highly integrated curriculum.

Key to the development of the final course in nursing is the central idea of synthesis. For the purposes of the course, synthesis is defined as the process of putting together elements and parts in such a way as to create a pattern or whole not clearly there before. Applied to nursing in this final course synthesis involves:

(a) Observing patients and communicating carefully with them (or significant others) to determine the manifestations that indicate needs are being threatened.
(b) Using concepts from physiopathology and knowledge about the basic needs to determine which needs are being threatened.
(c) Identifying and explaining the nursing actions that are to be implemented.
(d) Implementing these nursing actions.
(e) Evaluating the nursing actions and updating the description of the patient’s situation.
(f) Arranging all of the elements in each nurse-patient situation within one’s own intellectual system, sharing them with others either verbally or in writing.²

Early in the program (see diagram, p. 2, Course N117, Unit III) the student is introduced to nursing as a helping relationship that is established through observation, communication, and problem solving. In the final nursing course these major ideas about the helping relationship are again focused on helping to develop the key theme, “syn-

Nursing Curriculum

1st Year

N117 Basic Concepts in Nursing Quarter 1
Introduction to N117 Unit

I. Contemporary Nursing
II. Introduction to Basic Needs
III. Nursing as Helping Relationship
IV. Normal Need for Exercise
V. Normal Need for Comfort
VI. Normal Need for Oxygen
VII. Normal Need for Food
VIII. Normal Need for Body Fluids
IX. Normal Need for Elimination
X. Normal Need for Sleep

N127 Basic Concepts in Nursing Quarter 2
Introduction to N127 Unit

I. The Skills of Observation and Communication
II. Normal Need for Human Sexuality
III. Normal Need for Safety A. Overview of Physical Safety
IV. Normal Need for Drugs B. Administration of Drugs
V. Normal Need for Psychological Safety
VI. Normal Need for Love-Belonging
VII. Normal Need for Esteem
VIII. Normal Need for Self-Actualization
IX. Summary of Basic Needs

N138 Threats to Physical Needs Quarter 3
Unit

I. Introduction to the Nursing Care of Patients with Threats to Physical Needs A. Defining Illness and Developing Goals for Nursing Care
B. Responses of the Body to Physical Threats and/or Injury

2nd Year

N218 Threats to Physical Needs Quarter 4
Unit

I. Threats to Need for Nutrition
II. Threats to Need for Fluid and Electrolytes
III. Threats to Need for Elimination
IV. Threats to Need for Exercise
V. Threats to Need for Sexuality

N227 Threats to Higher Needs Quarter 5
Unit

I. Introduction to Threats to Higher Needs
II. Mental Health and Mental Illness
III. Patterns of Behavior: Responses to Threats to the Higher Needs
IV. Using Props to Blur Reality
V. Grief

N238 Integration of Nursing Concepts Quarter 6 Unit

I. Introduction to the Course II. Synthesis and the Nursing Process

thesis in nursing care," which is essentially an advanced or more complex form of the helping relationship. The association between earlier learnings and synthesis is expressed in the student's workbook via these "major ideas":

(a) Nursing is an interpersonal process through which the nurse assists the patient to prevent or cope with the experience of illness or suffering. Nursing is, therefore, an assisting or helping relationship.

(b) Establishing a helping relationship is dependent upon careful observation, communication, and problem solving.

(c) Observation is a process that helps the nurse ascertain a patient's needs.

(d) Communication is a process through which the helping relationship is established and maintained.

(e) Problem solving is a process that enables the nurse to make a judgment about the nursing intervention that will best meet a patient's needs.

(f) Synthesis, or looking at the "whole nurse-patient situation" to achieve a helping relationship, depends upon the ongoing processes of observation, communication, and problem solving.

(g) Applying synthesis to nursing care involves using Maslow's outline of basic human needs to determine which needs are threatened and which one(s) is (are) prepotent.

(h) Synthesis, like problem solving, can either be interfered with or enhanced by personal and/or environmental factors.

(i) As the nurse uses observation, communication, and problem solving to look at the patient's "whole situation," she formulates a nursing care plan for that patient.

(j) The nursing care plan, as well as the nurse's overall plan of action, will be most effective if based on defined objectives.

(k) When this nursing care plan has been implemented, it is necessary to apply stated criteria to evaluate the nursing actions and alter the plan of care if the selected nursing actions were not successful.

In previous nursing courses the student studies the normal basic needs and threats to these basic needs, focusing on one specific need area at a time (note unit titles in the diagram of the curriculum). Essentially the helping relationship is applied with major emphasis on a given need. For the final nursing course the student assesses the satisfaction and/or threat to all the needs of each patient he cares for; identifies the appropriate nursing action; and plans, organizes, implements, and evaluates these nursing actions. Thus, Maslow's hierarchy of basic human needs and the nursing process, or helping relationship, are used by the student as he or she describes and works with the "whole" immediate nurse-patient situation. The elements of this situation then become arranged within his/her own intellectual system in a manner that is uniquely his/her own. This constitutes synthesis as it is defined in the curriculum.

**Background of the Problem**

Prior to the major revision described in this monograph, the final nursing course, N238, "Integration of Nursing Concepts," passed through several phases, each of which caused considerable faculty frustration. Originally the course was designed to apply the synthesis process (assessment, planning, implementing, and evaluating) with in-

* Ibid.
creasing numbers of patients and in work groups (teams) that increased in size and complexity. At first the student was asked to "synthesize" with one patient and then moved on to two and finally a group of patients. A parallel thread in the course was the movement from working alone to working within a group that was assigned to care for a group of patients. In addition to application of synthesis in increasingly complex situations, new content was introduced, dealing with the group process, care plans, patient care conferences, patient teaching, delegating and accepting responsibility and their legal implications, and the process of making the transition to the graduate role. The student also presented an independent nursing care project or study some time during the last few weeks of the course.

Most frustrating to faculty during this period was the evaluation method used in the course. A selected number of points were given for the independent projects; however, the emphasis in the course supposedly was on clinical performance. Clinical evaluation consisted of assigning points based on the completeness of the nursing process used with the assigned patients. However, these points were closely associated with what the student wrote in his clinical summaries instead of being based on thorough observation of his actual performance in the clinical laboratory. In general, there seemed to be too much emphasis on "quantity" of points earned instead of "quality" or mastery of a specified level of performance.

In search of an improved approach to evaluation, a contract system was introduced. With this system the student, with some input from the instructor, contracted for the grade he wanted to achieve. Criteria for the various grade levels included achievement of a specified percentage of the clinical laboratory points and completion of a certain number of "mini-contracts" or small independent projects. Again the clinical laboratory points were based primarily on written papers instead of on performance criteria in the clinical area. Further, the emphasis was again on quantity of work (number of points achieved and number of mini-contracts completed) instead of quality of work, particularly skill in synthesizing in patient care, which was the focus of the course.

The Problem

Originally the theme "synthesis in nursing care" seemed to be a sound basis for this final course in nursing and it seemed to encourage innovative curriculum development. Yet there was increasing dissatisfaction with the design, evaluation method, and outcomes of this course. It became increasingly obvious that there was a need to refocus on synthesis to make it central to all aspects of the course.

Faculty discussions pointed out that minimal expectations of the student utilizing the synthesis process had never been clearly delineated, and the evaluation methods used had failed to actually assess the core of this course. Faculty needed to devise a system of teaching and evaluating a level of synthesis as specified by the curriculum. Discussion of this problem led to concentration on four major issues:

(a) Given an associate degree nursing program based on the Maslow hierarchy of basic human needs, what was the essential content of this final course that focused on synthesis in nursing care?

(b) What were the minimal performance expectations of the sixth-quarter associate degree nursing student using the synthesis process? That is, what competency in synthesizing was expected of this student?

(c) How could the course and system of evaluation be constructed to provide for individual student differences?

(d) How could the actual process of synthesizing in patient care be evaluated?
A NEW APPROACH TO TEACHING AND EVALUATING THE SYNTHESIS QUARTER

Philosophical Bases of the New Approach

Several factors merged to prompt the development described here:

(a) The frustration with the course and the inadequate approach to clinical evaluation prompted unanimous agreement in the faculty team that action was needed.

(b) Existence of a federally funded multimedia curriculum project\(^1\) permitted intensive revision of this course.

(c) Exploration of concepts such as "learning activity package" and "mastery" had made faculty acutely aware of the need to articulate what was essential in a course and then to design instruction and evaluation around that.

An analysis of the problems of the course by a faculty member led to the conclusion that the previous emphasis on synthesizing with increasing numbers of patients and in increasingly complex group situations had confused the issue of what was essential or minimally acceptable performance. It was decided that \textit{minimal success in the course had to be defined in terms of application of the synthesis process in the clinical area.} Emphasis had to be on the total need picture of one or more complex\(^2\) patients instead of on organization of patient care and group dynamics. Although the student might have experiences with more than one patient and in groups, the key question would be "How well does the student practice synthesis in the care of a complex patient?" Thus the focus would be on mastering the synthesis process.

Mastery essentially means that, given enough time and access to effective instruction, the learner can achieve, at the expected level, the objectives specified by the teacher.\(^3\) Discussion of this concept led faculty to decide that "learning for mastery" would become the basis for evaluation in this final course. Criteria would be developed and a tool designed to assess the student's use of synthesis with a complex patient. Thus, to pass the final course in nursing the student would have to demonstrate a specified level of synthesizing with a complex patient. Starting the fifth week of the quarter, students would be evaluated individually. If the required level of performance was not demonstrated, the student would continue to work on his clinical skill with assistance from the instructor and be reevaluated until he demonstrated mastery.

But what about the students who achieved mastery relatively quickly after the fifth week of the quarter? In each class, experienced LPN's, corpsmen, and aides or volunteer workers are mixed with new high school graduates who have never been inside a


hospital. Obviously, at the end of the program, students vary in the degree of competence they have achieved.

To provide for these individual differences an "option opportunity" was created. When a student had passed the synthesis evaluation, he did not have to continue with clinical lab for the remainder of the quarter. If he wanted further clinically related activity, he could arrange with the "option coordinator" (a faculty member with only half a student load) to complete one or more options. This option system is described in greater detail later in the monograph.

Reorganization of the Course

How was the course reorganized to facilitate the concepts described above? The basic course content remained essentially the same; however, the internal organization of the course was altered, and a much stronger emphasis was placed on the synthesis process in nursing care.

As the reader will note (Appendix A, "Overview of the Course"), there was an introductory assembly on synthesis with an early discussion focusing on either a real or simulated experience in synthesis. Nine multisensory learning packages then focused on nursing care concepts related to the synthesis process. Appendix C describes criteria established for the nursing activities covered in these individual packages. For example, the criteria for patient care plans outlined for the student the essentials that had to be included in every patient's care plan. These criteria then served as an evaluation tool for determining the quality of the care plan. The entire content of the course was planned and scheduled, including the pre- and postconference topics, within the first four weeks of the quarter. Such planning provided for more individualized attention clinically, which helped the student apply and master the synthesis process.

Clinical laboratory experience for the quarter was planned to assist the student in mastering synthesis in his clinical performance. Labs 1 and 2 focused on assessing, planning, implementing, and evaluating care for one patient. The remaining clinical labs centered around assessing, planning, implementing, and evaluating care for one, two, or more patients. Care of groups of patients occurred depending upon student needs, experiences available, et cetera. (See Appendices D and E for the workbook materials relating to these clinical experiences.)

Development of the Clinical Evaluation Tool

The clinical evaluation tool (Appendix G) was designed to assess how well the student could synthesize in relationship to all need/threat areas in the care of one complex patient. It was based on all the need/threat areas included in the nursing curriculum (see diagram page 2) and reflected input from both freshman and sophomore nursing faculty members. The forerunner of this evaluation tool was actually a student workbook assignment, "Guidelines for Collecting Data That Indicate a Threat" (see Appendix D), that had been used in the course for some time. This workbook assignment was expanded into an evaluation tool and taken to both freshman and sophomore faculty teams for validation of the content relevant to each need/threat area.

An initial version of the evaluation tool (Appendix F) was too detailed and consequently too cumbersome for student use in the clinical area. In order to refine the tool, three students with different levels of skill in synthesizing were asked to collect data on similar patients. Following each observation, the student reported his/her findings via a
written report and a structured interview with a faculty member. This experience indicated certain common data gathered by all students and provided guidelines regarding what was a reasonable expectation of students during the assessment phase of synthesis.

Although the tool was designed for evaluative purposes, it also served as a laboratory guide. After the student made an assessment of the patient to obtain information indicating the degree of satisfaction or threat to each need area, he or she planned care based on the data obtained in the immediate situation and on the criteria in the evaluation tool itself.

**Implementation of the Clinical Evaluation Tool**

The students' readiness to test out clinically was determined jointly by the instructor and student after the fourth week of the course, that is, after the learning packages were completed and the student had been involved in a number of synthesis experiences in the clinical area using the evaluation tool. Students were expected to become very knowledgeable about the data in the tool. In order to pass the assessment part of the test, the student had to relate in some way to all the data in the testing pool. If the required level of clinical performance was not demonstrated, the student continued to work on his/her clinical skill with assistance from the instructor and was then reevaluated until he/she demonstrated mastery.

Testing in the clinical area was basically conducted as described here. The student's regular clinical instructor made the patient selection for the testing situation. Faculty members decided that, in order to provide a meaningful evaluative experience, a patient had to have:

(a) a nutritional threat as suggested by a modified diet;
(b) a threat to the fluid and electrolyte need as indicated by (1) an intravenous feeding, tube feeding, or nasal-gastric suction and (2) presence of an intake and output regime;
(c) an elimination threat as suggested by either a Foley catheter or deviated route of urinary drainage;
(d) a threat to exercise because of activity restrictions;
(e) some type of oxygen threat;
(f) dressings or some other threat to physical safety;
(g) orientation to time, place, and person.

An effort was made by the instructors to find patients meeting five of these criteria. Several other factors that were considered, however, were (a) the degree to which the various needs were threatened, (b) the complexity of the patient's diagnosis, and (c) the overall behavior of the patient.

Various times during the day were used for the clinical evaluation and anywhere from 30 minutes to one hour was needed in planning for each experience. Instructors found that three testing situations during one day was the maximum amount that could be managed. Although sometimes necessary, it was difficult to have testing in the clinical area while other students were also present for regular clinical experiences.

The instructor communicated thoroughly with the clinical area about the clinical testing. Date and time of the testing were posted as was a description of the type of care the student would be doing. An example of a typical notice of the student's assignment is included below.
Tuesday, May 26, 8:30 A.M. to 11:00 A.M., Jane Doe, sophomore student from St. Mary’s Junior College, will give total care and 9 A.M. medications to Mr. John Smith in room 747, following the clinical assessment and planning.

The student will
(a) assess the patient’s immediate situation with no advance information about the patient other than his name, room number, and age;
(b) plan care based on the patient’s immediate situation; (c) facilitate planning the care by contacting the group leader to obtain a report and further information about the patient; (d) give the planned nursing care and the patient’s 9 A.M. medications; (e) evaluate the care given; (f) chart the appropriate information and report to the group leader.

The student then received the patient’s name, room number, and age, but no other information about the patient. He/she was told to make a patient assessment based on the immediate situation as outlined in the evaluation tool. The patient was told prior to the testing situation that the student would be coming in to converse with the patient, to observe, and to give care within a four-hour period.

After receiving this information, the student then went to the patient’s room for the assessment, which had to be done without the testing tool. The assessment typically took about 30 minutes. After the assessment, the student contacted the group leader or nurse in charge of the patient’s care to indicate that he/she would be back for report in about 30 minutes. The student then met with the instructor to verbally present the findings from the assessment phase. Next, the student outlined the patient care plan and identified resources needed to complete this plan. The student gathered needed information from the chart, Kardex, and the group leader to complete the plan of care. Planned care was then given and evaluated, the necessary charting was done, and a final report was made to the team leader. (Appendix H provides an example of what a student would actually do.)

The testing situation could be stopped anywhere in the process if the student was not following through as indicated in the assessment and plan of care. For example, the student might identify needed care but then implement it unsafely or perhaps evaluate it inadequately. The charting could also be incomplete as indicated in the assessment. If any of these things occurred, the student could be asked to repeat the testing experience.

Following the completion of the care, the instructor evaluated the care given, the charting, and the student’s reporting off. The total process was then discussed with the student. Observations were shared with the student regarding his/her strengths and areas for further growth. The student was told at this time that either he/she passed or needed to repeat the testing experience.

Every student who passed the clinical evaluation received at least a “C” grade for the course. In addition, two written quizzes were given. The first dealt with patient situations in which the student was asked to apply the synthesis process. The second test was more factual, concentrating primarily on the content in the multisensory learning packages. A student could raise his “C” grade by having above average performance on the combined scores of the written quizzes. This approach to grading the course had its unfortunate consequences. For example, one student received a “C” in the clinical evaluation only after three testing experiences, then did well on the written tests, and consequently received a “B” for the course. Another student who performed at a level well beyond that specified by the clinical tool received only a “C” for the course because of getting slightly less than a “B” on the written quizzes.

This problem again reemphasized the need to have the course grade reflect the
heavy emphasis on clinical performance. As a result of this concern, faculty developed criteria for average and above average performance in the synthesis experience. These criteria, developed during the experience for future use, are presented below. It was decided that in the future, the criteria would be weighted so that “above average” performance on the clinical evaluation would influence the final course grade.

**Criteria for use in Clinical Evaluation Experience**

### Assessment

| (1) Completes data collection in the immediate situation as specified in the tool. | X  | X  |
| (2) Includes additional relevant data to further describe the need areas. | X  |  |
| (3) Takes time for data collection in the immediate situation as well as the interpretation and assessment of the data. |  |  |
| (a) 25-45 minutes. | X  |  |
| (b) 20-24 minutes or less (modify time limits depending upon the patient situation). | X  |  |
| (4) Presents the assessment for the need areas with help of structured interview conducted by instructor. | X  |  |
| (5) Presents findings from the assessment phase in an original, organized, integrated way with minimal instructor input. | X  |  |

### Planning

| (1) Plans care considering all need areas to prevent or reduce threat. | X  | X  |
| (2) Identifies additional data that are needed for planning care (if the situation indicates). | X  | X  |
| (3) Considers priority of needs in planning care for a two-hour period of time. | X  | X  |
| (4) Identifies own responsibility in planning safe care. | X  | X  |
| (5) Presents plan of care by means of a structured interview conducted by instructor. | X  |  |
| (6) Presents plan of care in an organized, integrated way with minimal instructor input. | X  |  |

### Implementation

| (1) Gives safe, effective care (includes factors of the environment). | X  | X  |
(2) Completes planned care in two-hour period. X X

(3) Individualizes care for this patient. X

(4) Modifies plan of care when unexpected events occur in the two hours. X

(5) Modifies the environment to improve patient’s environment. X

(6) Carries out care in an organized, integrated fashion. X

(7) Documents assessment and care given in the charting and reporting. X X

Evaluation of care

(1) Considers the patient’s appearance in evaluating satisfaction of basic needs or how care given reduced threats to needs. X X

(2) Asks patient how his/her care could be improved. X X

(3) Considers alternative approaches to care and long-range goals for this person. Communicates these approaches and goals to the nursing team or group. X

(4) Charts assessment and care given completely and accurately. X X

The Option Opportunity

Although synthesis of nursing knowledge and skill in the care of a complex patient was the primary objective of the course, the idea of elective options was also given some consideration in this developmental endeavor. The option program was designed for those students who wanted to participate in further clinically related activities to meet their specific needs or creative desires after completing the prescribed clinical portion of N238 and passing the clinical evaluative experience. Since some students tested out of clinical as early as the fifth week of the quarter, the option program offered a challenging elective experience that provided tutorial guidance for pursuing specific student goals.

The option opportunity offered the student a chance to be involved in some selected aspect of clinical experience on a truly volunteer basis. There was no “push” or external reward for involvement in an option. Hopefully, the student would gain specific knowledge and experience that could be used to assist him/her in coping with nursing in general, with transition from student to graduate, with change, or with the responsibility of involvement in the nursing profession.

If a student chose to participate in an optional activity after he had mastered the required level of synthesis in clinical performance, there was considerable flexibility regarding scope, topic, and degree of involvement. However, to facilitate conduct of the option experience a number of guidelines were established by the “option coordinator” with input from the other faculty team members. These guidelines were as follows:
(a) The student was to meet with the coordinator of the option program or his/her clinical instructor and discuss needs and formulate specific objectives for the experience.

(b) The student had a responsibility to follow through on agreed upon activities.

(c) Changes in activity were to be mutually agreed upon by the student, option coordinator, or instructor.

(d) The student had to define his/her own time commitment and pick an activity compatible with that time.

(e) The option coordinator or instructor had to work with the student to arrange desired activity.

(f) The student was to arrange tutorial sessions with the option coordinator or instructor and communicate progress, problems, successes, frustrations, etc., by a method agreed upon by student and advisor.

(g) Procedures and specific student responsibilities in relation to the activity were to be worked out by the student, instructor, and option coordinator.

(h) The student was required to participate in an evaluation of the option.

During the fourth week of the quarter, two discussion groups were held during which the option coordinator explained the experience and answered questions. This seemed very valuable in clearing up some of the uncertainties the students had. In general, students had a difficult time accepting the concept that this was purely an elective experience, with no grade or extra credit attached to it. After students began testing out in the fifth week of the quarter, office hours utilized to plan the option ranged from 10 to 20 hours a week. The average appointment was 15 minutes long. Usually, every appointment was taken, with other students always waiting outside the door. Arrangements for the actual option experiences were made early in the morning or late in the afternoon.
The Option Opportunity

Rough synthesis of nursing knowledge and skill in the care of a complex patient was the primary objective of the course. The idea of effective options was also given some consideration in this developmental endeavor. The option program was designed for those students who wanted to participate in further clinically related activities to meet their academic needs or creative desires. After completing the prescribed clinical portion of HN500 and passing the clinical performance experience, since some students instated of clinical as early as the first week of the quarter, the option program offered a challenging elective experience that provided internal guidance for pursuing specific student goals.

The option opportunity offered the student a chance to be involved in some selected aspect of clinical experience on a daily or weekly basis. There was no "push" to ensure the required level of involvement in an option. Instead, the student would gain specific knowledge and experience that could be used to assist him/her in coping with nursing in general. The option environment is a setting with a variety of student to graduate level change, or with the responsibility and involvement in the teaching profession.

The student is free to participate in an optional activity after he has mastered the required level of synthesis in clinical performance. There was considerable flexibility regarding grades, hours, and student involvement. The effort to facilitate exchange at the senior experience a number of grade levels were established by the "option coordinator" with input from the senior faculty members. These grade levels varied as follows:

I. Advanced Placement
II. Honors
III. General
IV. Remedial
V. Non-Credit
EVALUATION OF THE NEW APPROACH

Questions Asked

To evaluate the new approach in N238, the following selected questions were identified and a plan for collecting data was designed consistent with these questions.

Question 1: Are the instructors’ perceptions of students’ abilities to synthesize in the clinical area consistent with students’ perceptions of their own abilities in this area?

In an attempt to answer this question, two brief forms were utilized, one for faculty and the other for students (Forms I and II, Appendices I and J). On Form I the faculty member was asked to rate each student on a ten-point scale in terms of his/her ability to synthesize clinically. After rating the student, the faculty member then indicated in what aspect (assessing, planning, implementing, and evaluating) of the synthesis process the student particularly needed improvement. On Form II the student was asked to rate himself in the same two areas evaluated by the faculty member. These ratings were done independently by faculty and students and were completed prior to any testing in the clinical area.

Comparison of teacher and student ratings on the ten-point scale pertaining to overall ability to synthesize clinically yielded some interesting findings. The reader will recall that the students (N=164) involved in this project were sophomores in the final quarter of their program. Data indicated the following: 47 students rated themselves on ability to synthesize exactly as their instructors did; 48 students rated themselves within one point of the teacher’s rating; 41 students rated themselves within two points of the teacher’s rating; 28 students rated themselves within three or more points of the teacher’s rating.

These data obviously suggest that the students and their clinical instructors had quite similar perceptions of students’ overall skill in synthesizing patient care. It was also of interest to determine if students tended to rate themselves lower or higher than their teachers did. Of the 117 students whose self-ratings were different from those of their instructors, 59 rated themselves higher than the way the instructor perceived them and 58 rated themselves lower, making an essentially even split of the group.

Although students tended to see their overall ability to synthesize as faculty members did, were their perceptions of where they needed improvement also consistent with faculty views? For example, if the instructor identified that a student needed help with the assessment phase of synthesis, did the student also view this as his weak area? Of 164 students, only 20 viewed their need as did the faculty members. These findings would suggest that although students may have quite accurate views of their general level of clinical performance, they need assistance in identifying their specific strengths and weaknesses.
Question 2: What factors appear to be related to student readiness to test out of the clinical evaluation of synthesis?

A variety of data was collected from each student for the purpose of attempting to answer this question. At the close of the preceding quarter, students completed Form III (Appendix K), a form used throughout the project in multisensory tutorial instruction to assess students' perceptions of their own level of independence. Then, at the beginning of this final course in nursing, students were asked to rate themselves on ability to synthesize clinically (Form II, Appendix J). In addition to these self-ratings, students were asked on Form II to provide information about the number of other courses they were taking during this final quarter and their previous experience in a work setting "with total care of fairly ill patients" and "caring for multiple patients at one time."

In the analysis summarized in Table 1, students are grouped according to the week they first attempted to test out clinically. These summary statistics are then provided for each subgroup of students:

(a) percentage of students passing the clinical test; (b) average rating on the clinical test; (c) mean score on Form III, "Self-Assessment of Independence," which was designed to assess students' perceptions of their own level of independence; (d) mean self-rating on ability to synthesize clinically; (e) average number of other courses being taken this quarter; (f) percentage of students reporting experience with total care of fairly ill patients; (g) percentage of students reporting experience with care of multiple patients at one time.

<table>
<thead>
<tr>
<th>Time of first attempt to test out</th>
<th>Number of students</th>
<th>% Passing clinical test first time</th>
<th>Mean rating on clinical test$^1$</th>
<th>Mean scores on Form III</th>
<th>Mean self-rating on synthesis$^2$</th>
<th>Average number of other courses</th>
<th>% Exp. with total patient care$^3$</th>
<th>% Exp. with care of multiple patients$^3$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks 5, 6</td>
<td>66</td>
<td>89</td>
<td>2.9</td>
<td>116.2</td>
<td>7.9</td>
<td>1.3</td>
<td>64</td>
<td>77</td>
</tr>
<tr>
<td>Weeks 7, 8</td>
<td>64</td>
<td>94</td>
<td>2.7</td>
<td>112.6</td>
<td>7.4</td>
<td>1.0</td>
<td>56</td>
<td>73</td>
</tr>
<tr>
<td>Weeks 9, 10</td>
<td>34</td>
<td>85</td>
<td>2.4</td>
<td>117.6</td>
<td>6.7</td>
<td>1.3</td>
<td>38</td>
<td>65</td>
</tr>
</tbody>
</table>

$^1$ $F$ statistic = 5.04 (df=2, 145), significant at .05 level.
$^2$ $F$ statistic = 8.57 (df=2, 145), significant at .05 level.
$^3$ $X^2$ = 5.93, df = 2, significant at .10 level, almost significant at .05 level where $X^2 = 5.99$.
$^4$ $X^2$ = 1.82, df = 2, not significant.

Several observations related to the data in Table 1 seem relevant and are worth noting for future reference and/or study.

Only 21% (34) of the students were scheduled for the clinical test during the final two weeks of the quarter. This seems to be a relatively low number of persons who required most of the quarter to prepare for the evaluative experience and is thus an encouraging factor.

Students who were tested during the middle block of time (weeks 7 and 8) had the highest passing rate first time through the clinical test.
The average rating on the clinical test gradually declined over the three testing periods specified. Differences are significant at the 0.05 level as indicated by the F test. Although one might hypothesize that, given a valid instrument, "independence scores" from Form III would progressively decline over the three testing periods, no such pattern was evident.

The first group of students to test out also had the highest mean self-rating on synthesis. This average self-rating gradually declined for the groups with later test-out dates. Since instructors did not have access to students' self-ratings, there was no bias because of that factor. Differences are significant at the 0.05 level.

There was no pattern of "average number of other courses being taken" to suggest a relationship between that variable and readiness to test out clinically.

Work experience with total care of fairly ill patients and experience in the care of multiple patients at one time were two variables that may have influenced readiness to enter into the clinical evaluative experience. Although this was suggested by percentages that declined as the test out time occurred later in the quarter, only those percentages associated with "experience with total patient care" were significantly different as indicated by the chi-square test.

**Question 3:** Do students' clinical performance and their performance on written quizzes dealing with clinical subject matter appear to be related?

As indicated earlier in the monograph, students took two written quizzes during this course in addition to their involvement in the clinical evaluative experience. The first of these quizzes dealt with clinical content and attempted to evaluate the synthesis process via written items. A second quiz focused primarily on the content covered in the multi-sensory learning packages.

Although the clinical examination on synthesis in patient care was conducted on a pass-no pass basis, the instructor was asked to subjectively rate the student, at the time of the first evaluative experience, as either excellent (4 points), above average (3 points), average (2 points), or below average (1 point). A few instructors placed students between two of these categories. It should be reemphasized that these ratings were entirely subjective. There were no criteria available at that time as guidelines for assigning the ratings.

In an attempt to answer Question 3, students were grouped according to the subjective ratings received on the clinical examination. Mean scores on the two written quizzes were then calculated for these subgroups of students. Data are summarized in Table 2.

<table>
<thead>
<tr>
<th>Ratings on clinical Examination</th>
<th>Below average 1.0</th>
<th>Average 2.0</th>
<th>Above average 3.0</th>
<th>Excellent 4.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means Quiz 1&lt;sup&gt;1&lt;/sup&gt;</td>
<td>63.03</td>
<td>64.03</td>
<td>66.97</td>
<td>71.18</td>
</tr>
<tr>
<td>Means Quiz 2&lt;sup&gt;2&lt;/sup&gt;</td>
<td>53.60</td>
<td>54.61</td>
<td>58.36</td>
<td>60.24</td>
</tr>
</tbody>
</table>

<sup>1</sup> F statistic = 3.45 (df=3, 159), significant at .05 level.

<sup>2</sup> F statistic = 3.96 (df=3, 158), significant at .05 level.
Although students in the first two categories (ratings of 1.0, 2.0) were relatively similar in their performance, on both quizzes the “above average” and “excellent” students clinically showed much stronger performance on the written quizzes. Comparison of means for each quiz yielded $F$ values significant at the 0.05 level.

**Question 4:** What use is made of the option opportunity and what factors appear to affect this?

Descriptive data about students are shown on Table 3 (see Appendix M for Form IV related to option experience). Types of options selected fell into several main areas. Many students chose to continue on their regular clinical floor. These experiences consisted of caring for patients in ICU, giving medications to a number of patients, team-leading, and practicing skills. Some students chose to observe surgery (mainly open-heart) or special diagnostic procedures. Other options focused on specific needs of students, either to increase their knowledge in an area in which they felt weak or to give them experience in the clinical area they planned to work in after graduation. Table 4 presents a summary of the options chosen.

Most students (107 out of 164) did not take an option; however, of those who did (43), 33% participated in more than one. This suggests that some students who did take

**Table 3. Identifying Data of Students As Related to Option Opportunity**

(150 Forms Returned)

<table>
<thead>
<tr>
<th>Option taken</th>
<th>Options not taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number (33% took more than one)</td>
<td>43 different students</td>
</tr>
<tr>
<td>Mean age</td>
<td>23.52</td>
</tr>
<tr>
<td>Do have job</td>
<td>(24) (67%)</td>
</tr>
<tr>
<td>Average hours worked</td>
<td>16.6</td>
</tr>
<tr>
<td>Type of Work</td>
<td></td>
</tr>
<tr>
<td>Nurse’s aide</td>
<td>(17) 70%</td>
</tr>
<tr>
<td>LPN</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>OR technician</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>Baton instructor</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>Faculty assistant in OT</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>Parole board recreation counselor</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>Receptionist</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>Office worker</td>
<td>(1) 4%</td>
</tr>
<tr>
<td>Worker for family</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Cashier</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Inspector of water conditions</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Salesgirl</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>General counseling</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Worker in market research</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Bookkeeper</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Audiovisual technician</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Waitress</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Security guard</td>
<td>(1) 1.4%</td>
</tr>
<tr>
<td>Do not have job</td>
<td>(12) 33%</td>
</tr>
<tr>
<td>Married students</td>
<td>(13) 35%</td>
</tr>
<tr>
<td>Single students</td>
<td>(21) 56%</td>
</tr>
<tr>
<td>Divorced students</td>
<td>(3) 8%</td>
</tr>
<tr>
<td>Students who had dependents</td>
<td>(9) 24%</td>
</tr>
</tbody>
</table>
Table 4. Summary of Options Taken

1. Observation of surgical procedures  
   (a) Coronary by-pass surgery (1 student)  
   (b) Open-heart surgery—valve replacement (4 students)  
   (c) General Surgery, pre- and postcare (1 student)  
2. Team-leading on same clinical floor (11 students)  
3. Alcoholic Unit: attended three lectures and sat in on group five days (1 student who was going to work in a psychiatric setting)  
4. Interviewed male students about goals in nursing (1 student)  
5. Remained in clinical setting to get more patient contact (6 students)  
6. Special Care Nursery—this was superb experience because head nurse allowed student to do many things (1 student)  
7. Emergency Room (1 student)  
8. Previewed tapes on aging and attended Midwest Hospital Conference on Aging (1 student who was working in a nursing home after graduation)  
9. Pediatrics: Went every evening for one week; cared for several children and did quite a bit of reading concerning their problems (1 student)  
10. Public Health  
    (a) Worked with hospital Public Health Coordinator (1 student)  
    (b) Public health home visits with public health nurse (1 student)  
11. Observed diagnostic X-ray procedures (5 students)  
12. Diabetic classes and teaching (5 students)  
13. Gave medications to entire floor  
    (a) Gave IM's (1 student)  
    (b) Gave all meds (2 students)  
14. Took first aid course at Red Cross (1 student)  
15. Obstetrics  
    (a) Followed two patients from clinic to delivery (1 student)  
    (b) Labor and Delivery (2 students)  
    (c) Newborn Classes (1 student)  
16. Intensive care experience (3 students)  
17. Visit to doctor's office (1 student)  
18. Participated in starting IV with IV nurse (1 student)  
19. Observed nurse clinician at one of the local hospitals (1 student)  
20. Outpatient Clinic—observation and participation (1 student)

options may have experienced satisfaction from them and chose to take a second one. These data may also reflect the fact that the students who took an option were those who were highly motivated. The students who did not take an option had 4% more outside jobs than students who did take one and worked an average of three and one-half more hours per week than students who chose to participate in this experience. It seems safe to assume that the more one works, the less likely it is that he/she will choose to participate in any optional activity. Twenty-nine percent more single students took an option than did the married students. Yet, 24% of the students who participated in an option had dependents compared
with 14% of the students who did not take one. This may suggest that students who have dependents do not work at an outside job and therefore can take an option, they may be more organized, or they may enjoy the activity itself more. Mean age of the two groups was quite similar.

Students who did not take options were asked to answer four questions. The questions and answers are as follows:

1. What do you plan to do with your extra time?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study for state boards</td>
<td>78</td>
</tr>
<tr>
<td>Work more at job</td>
<td>30</td>
</tr>
<tr>
<td>Study for finals</td>
<td>6</td>
</tr>
<tr>
<td>Spend time with family</td>
<td>4</td>
</tr>
<tr>
<td>Attend study sessions (State Boards)</td>
<td>4</td>
</tr>
<tr>
<td>Look for job</td>
<td>4</td>
</tr>
<tr>
<td>Vacation</td>
<td>4</td>
</tr>
<tr>
<td>Attend general education classes</td>
<td>3</td>
</tr>
<tr>
<td>Take care of personal business</td>
<td>3</td>
</tr>
<tr>
<td>Lecture for Citizens for Life</td>
<td>1</td>
</tr>
<tr>
<td>Live too far to take option</td>
<td>2</td>
</tr>
<tr>
<td>Didn't test out early enough</td>
<td>6</td>
</tr>
</tbody>
</table>

2. What things would you have liked to participate in if you had time?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective course in different nursing specialties</td>
<td>6</td>
</tr>
<tr>
<td>Practice more skills</td>
<td>6</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>5</td>
</tr>
<tr>
<td>Mini-course in A&amp;P, pharmacology, microbiology, pathology</td>
<td>3</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2</td>
</tr>
<tr>
<td>More social activities within school</td>
<td>1</td>
</tr>
<tr>
<td>Alcoholic Unit</td>
<td>1</td>
</tr>
<tr>
<td>Abortion Unit</td>
<td>1</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td>1</td>
</tr>
<tr>
<td>Open-heart surgery</td>
<td>1</td>
</tr>
<tr>
<td>First aid course</td>
<td>1</td>
</tr>
<tr>
<td>Electives in general education</td>
<td>1</td>
</tr>
<tr>
<td>Public Health</td>
<td>1</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow more time for options</td>
<td>5</td>
</tr>
<tr>
<td>Provide chance to work entire shift in hospital</td>
<td>1</td>
</tr>
<tr>
<td>Permit students to go from floor to floor</td>
<td>1</td>
</tr>
<tr>
<td>Place students in different hospitals</td>
<td>1</td>
</tr>
</tbody>
</table>
Get group of students with a common interest and faculty member with same interest into discussion group and/or clinical
Eliminate nursing final
Allow students to improve grades by taking options
Make students more aware of options
Provide more structure
Provide opportunity to work and be paid for it

4. If you had more time, would you have taken an option?
   30 Yes; 5 No

Answers secured on the evaluation form (Form IV, Appendix M) by students who did participate in an option are as follows:

1. Did the option occur in a different clinical setting? 25 Yes; 8 No
2. Describe your feeling about the setting:
   Feeling expressed  
   Number of students
   Comfortable  20
   Enjoyed it  1
   Inadequate  1
   Tense  1
   Liked it  1
   Enlightening  1
   Uncomfortable  1

3. Average time spent on option: 14 hours
4. Were you satisfied with the option? 27 Yes; 2 No
5. Would you recommend this option for other students? 27 Yes; 1 No
6. Did you receive guidance you needed? 27 Yes; 2 No
7. Average time spent planning for option: one hour per student
8. Time spent in home study? Average of three hours, 6 students indicated “none”
9. Did you read at all about option? 19 Yes; 4 No
10. Did you meet your objectives? 20 Yes; 1 No
11. Would you do it again? 22 Yes; 0 No.
12. Thing you liked best (most frequently named factors):
   Independence
   Deciding for oneself
   Feeling of trust by faculty
   The nursery and the babies
   Chance to do things on own
   Freedom to do what we wanted
   Chance to explore area of interest
   Time to work in unfamiliar area
   Freedom to choose
   Writing of own objectives
13. Thing you liked least or suggestions (most frequently named factors):
   Provide opportunity to test out earlier
   Avoid separation of lab group members
Don't have students return for written tests after testing out
Provide students with a list of possible options for ideas
Provide more incentive than just self-fulfillment
Make options required
Present option experience with more structure
Push students more to do them
Have some reward for doing them

The options themselves seemed to vary greatly, depending upon the individual and his/her particular interest. It appeared that students who did take an option, studied and read about them, met their objectives, felt comfortable with the format, and spent a considerable amount of time doing the option (average 14 hours). The thing most students liked best about the option experience was the independence and freedom it allowed. In many instances, this was the first time students had any significant choice concerning their nursing subjects. The students who did not take an option overwhelmingly said they planned to study for state boards, which were to be given the Monday after the student graduated.

**Question 5:** What are the advantages and disadvantages of the new approach as perceived by the students?

At the close of the course, students were asked to complete a brief form (Form V, Appendix N) that asked them to reflect specifically on the clinical evaluation experience and requested identification of advantages and disadvantages of the course in general. Responses on those questionnaires are summarized below.

1. (a) Did you use the synthesis guide in regular clinical experiences before you were actually tested with it? (N=156)
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>143</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

   (b) Was it helpful?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>142</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

   Please explain your answer to part b.

   **Explanation for “yes” answers**

   Number of times mentioned

   - Helped with organization and evaluation of nursing care plan
     38
   - Helped to see how all need areas fit together; helped focus on whole patient, not just single manifestation or threat
     24
   - Assisted greatly in preparing one for evaluative experience; helped minimize tension, unfamiliarity, etc., in testing situation
     16
   - Guide facilitated comprehensive assessment
     14
   - Guide helped bring everything together and foster self-confidence
     9
   - Helped in understanding of synthesis process itself; made you put it into regular practice
     7
   - Made it easier to see why things were done
     4
Manifestations provided were helpful reminders in problem-solving process  
Helped me decide the patient's most important needs  
A formal guide that is needed before synthesis becomes automatic  
Made one aware that he/she was already using synthesis; clarified one's actions  
Emphasis on synthesis helpful; should be started earlier  
Gave patient a chance to express feelings  
Helpful after we understood what we were supposed to be doing and learning  
Gave simple factual details as a guide  
Would have been more helpful if there had been focus and organization within the group  
Helped in writing my papers  
Memorized it to use it  
Test would have been easier if I had memorized and used guide sooner  
Used it in my head, not on paper  
Forced me to begin and continue to look at patient in all need areas  
No explanation given  

\textit{Explanation for "no" answer}  
By last quarter you have already established your own personal guide

2. Did the clinical test help you synthesize?  
128 Yes 19 No 9 No response  
Please explain your answer.

\textit{Explanation for "yes" answers}  
Made one put everything together and see patient as a whole  
Made me do a good assessment on all need areas and then integrate information into a whole picture  
Helped with personal organization and thus gave me confidence  
Related closely to what we had done in regular clinicals  
Helped one think in an orderly manner according to need areas  
Made you aware of assessing the patient as you would, actually working as an R.N.  
Placed one in a situation where you found out if you could really synthesize
Helped you organize patient care and verbalize your thoughts rather than write them down  3
Surprised me that things suddenly came together               2
Made me more aware of what to look at for information          2
Made me feel I knew something; was a reinforcing experience   2
Received helpful criticism, clarification, feedback            2
Best clinical ever experienced                                1
Made me work at synthesis process                             1
Made one conserve energy and time in planning, implementing, and evaluating  1
Had to be accomplished or we would not be complete             1
Helped me implement most of my nursing skills                 1
Forced synthesis and thinking on one to one basis involving student, instructor, and patient  1
Test helpful, but you had to be able to synthesize first       1
Synthesis had become routine because of previous use          1
Helped me to see all the important parts in the nursing process 1
Demonstrated the "whole thing," not only synthesis but also being able to work together  1
Facilitated remembering and understanding because you applied what you had learned  1
Made me keep the emphasis on the patient, even though it was a test            1
No explanation given                                          38

Explanation for "no" answers

Made me very nervous, very anxiety producing, pressure and stress were interferences  7
Felt I had been using synthesis for some time                  3
Testing situation unimportant compared with day-to-day emphasis on synthesis in papers, pre- and postconferences, etc.  2
Knew how to synthesize in fall quarter, when had to write so many papers; this quarter I received more skill training than anything else 1
It was a test; that's it                                        1
Used the regular guidelines from the workbook assignment for lab  1
Was idealistic and ridiculous                                   1
Regular clinical experience would have been more beneficial  1
Seemed irrelevant; must be done in real work setting to get an accurate picture of one's ability to synthesize 1
Clinical test was interrupted, which was confusing and tension producing 1
3. Name one advantage and one disadvantage of the way N238 was taught this quarter.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Number of times mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing out and option opportunity allowed more overall freedom and</td>
<td>41</td>
</tr>
<tr>
<td>independence in the course</td>
<td></td>
</tr>
<tr>
<td>Testing out permitted extra time to study for State Boards</td>
<td>29</td>
</tr>
<tr>
<td>Allowed student to proceed somewhat at own pace and thus more flexibly</td>
<td>17</td>
</tr>
<tr>
<td>Testing out provided good real-life situation to prepare us for role as</td>
<td>5</td>
</tr>
<tr>
<td>R.N.'s</td>
<td></td>
</tr>
<tr>
<td>Effective in teaching synthesis, brought everything together</td>
<td>5</td>
</tr>
<tr>
<td>Testing out good because student learned from step-by-step process and</td>
<td>4</td>
</tr>
<tr>
<td>gained more confidence</td>
<td></td>
</tr>
<tr>
<td>Allowed for freedom in clinical experience—for example,</td>
<td>4</td>
</tr>
<tr>
<td>working alone or in groups</td>
<td></td>
</tr>
<tr>
<td>More of an individualized learning experience</td>
<td>3</td>
</tr>
<tr>
<td>Provided good options</td>
<td>3</td>
</tr>
<tr>
<td>Papers were a lot of work, but made me learn much more than in any other</td>
<td>2</td>
</tr>
<tr>
<td>quarter</td>
<td></td>
</tr>
<tr>
<td>Helped me see total patient and to focus on the patient and his needs</td>
<td>2</td>
</tr>
<tr>
<td>Was clinically oriented instead of so much theory</td>
<td>2</td>
</tr>
<tr>
<td>For the first time it was excellent</td>
<td>1</td>
</tr>
<tr>
<td>Time well planned and utilized for the good patient care experience</td>
<td>1</td>
</tr>
<tr>
<td>and testing out</td>
<td></td>
</tr>
<tr>
<td>MT lab assistant helpful</td>
<td>1</td>
</tr>
<tr>
<td>Had few lectures</td>
<td>1</td>
</tr>
<tr>
<td>Testing out was better way of measuring clinical experience</td>
<td>1</td>
</tr>
<tr>
<td>Synthesis guide was helpful</td>
<td>1</td>
</tr>
<tr>
<td>Liked having relatively few MT lessons</td>
<td>1</td>
</tr>
<tr>
<td>More relaxed atmosphere</td>
<td>1</td>
</tr>
<tr>
<td>Provided good nursing tests</td>
<td>1</td>
</tr>
<tr>
<td>Provided good feedback about what you learned</td>
<td>1</td>
</tr>
<tr>
<td>Allowed person to learn to think through problems</td>
<td>1</td>
</tr>
<tr>
<td>MT lessons well organized</td>
<td>1</td>
</tr>
<tr>
<td>Testing out a difficult process but a very valuable experience</td>
<td>1</td>
</tr>
<tr>
<td>More care of the patient; could see patient as a whole</td>
<td>1</td>
</tr>
<tr>
<td>Provided opportunity to ask for experience that we felt we needed</td>
<td>1</td>
</tr>
<tr>
<td>Synthesis itself, but it should have been started sooner</td>
<td>1</td>
</tr>
<tr>
<td>Learned more this quarter than any other quarter</td>
<td>1</td>
</tr>
<tr>
<td>Fewer MT lessons and less test pressure</td>
<td>1</td>
</tr>
<tr>
<td>Gave student a chance to prove himself/herself</td>
<td>1</td>
</tr>
<tr>
<td>Finished earlier</td>
<td>1</td>
</tr>
<tr>
<td>No advantage stated</td>
<td>25</td>
</tr>
</tbody>
</table>
Disadvantages

Written tests: too close to end of quarter, unnecessary, unrealistic after testing out, too hard to grade, outrageous, unclear instructions, etc. 37

Not enough clinical experiences, such as team leading, working a full shift, rotating between floors, peds, etc. 16

Less contact with classmates and instructors because of varying test-out times 6

Extremely varied testing experiences between students, unfair, not always a good patient, etc. 6

With overall requirements less stringent and the opportunity to test out early and not do an option, there was a tendency to be lazy, use time poorly, etc. 6

Options not set up and conducted as effectively as could have been 6

If tested out late, no chance to do options and little time to study for State Boards 5

MT lessons too vague, ineffective 4

Lack of communication between faculty and students regarding what was expected of us 4

Grades should depend on clinical test with elimination of written quizzes 4

Grading system poor in general 4

Synthesis should be introduced earlier in program 4

Quarter was not well organized, especially the tests 3

Learned very little, hardly worth the tuition for the number of credits 2

Too much leeway in clinical lab regarding absenteeism, not making up missed labs, etc. 2

Quarter was tension producing 2

Would prefer not having test out approach, but having instructor observe you, and you and instructor mutually agree upon mastery 2

Not enough small group discussion 1

Testing out should have come before final exam week 1

No stimulation in course 1

Not enough planned learning experiences, e.g., lectures, etc. 1

Testing out was a farce; if handled differently, might have been okay 1

Poor to test on material we've already had; tests at end of quarter should concentrate more on overall knowledge, diseases, etc., to help us make transition to State Boards 1

Testing out should have been earlier and options required 1

Too much work when you have State Boards right after graduation 1

Testing out early you didn't get other experiences synthesizing in clinical area 1
Disadvantages

Have to decide between studying for State Boards and doing an option for further clinical experience; you couldn’t have both

No preparation in all of nursing for State Boards, which is student’s main concern

Can’t think of any disadvantages

No disadvantages given

Number of times mentioned

1 1 3 33

Conclusions

Conclusions can be drawn, both from the evaluative data collected during the interprofessional experience and from faculty who were seriously involved in the experience described in this monograph. The data summarized in Chapter 2, “Evaluating the New Approach,” lead to the following general conclusions:

1. Students and faculty members agree quite closely on their rating of the students' overall ability to synthesize clinically. Although students seemed quite able to rate themselves in a general manner, they appeared to be less able to say in what aspect of the synthesis process they needed assistance.

2. Comparison of three groups of students, categorized according to the time in the semester when they were allowed to test out clinically, suggests that previous work experience with local care of acute in-patients and experience caring for multiple patients at one time may be related to readiness to test out clinically.

3. The students rated “above average” and “average” students' clinical experiences with the clinical experience. The students also had the best experience on both written exams and clinical experience.

4. Although the option opportunity was used by a minority of students (37%), it basically was a valued experience.

5. The vast majority of students chose the synthesis guide (evaluation form) in their regular clinical experiences. They were used for their experience. Most of the guide for this purpose was used by almost all of the students (95%)

6. Most students saw the synthesis guide as helping them with the synthesis process. Frequently used functions for them were that the testing experience helped them put everything together and make a final assessment.

7. The most frequently identified characteristics of the new approach in 1238 were: multiple levels of education and independence, self-learning, skills-driven models for State Boards, and promotion to practicing as an integral part of a team and with more flexibility.

8. The Disadvantages sheet often reflects problems with the written test, inadequate clinical time, and interdisciplinary teams in their testing experiences.

Faculty discussions during such or the lack of clinical focus are some issues that students would like to know about the experience. Other issues mentioned include that they:

- Address issues related to clinical laboratory and other clinical evaluation must be resolved through a very accurate presentation in adequate activities for synthesis.
- Evaluation helps lead to the student orientation, but the clinical learning needs improve, with the current approach on the synthesis process.
- The testing evaluation tool and process will need to determine the exact level of
Written texts are not visible in the image.
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Conclusions can be drawn, both from the evaluative data collected during this developmental experience and from faculty who were actually involved in the experience described in this monograph. The data summarized in Chapter 3, "Evaluation of the New Approach," lead to the following general conclusions:

(a) Students and faculty members agree quite closely on their rating of the students’ overall ability to synthesize clinically. Although students seemed quite able to rate themselves in a general sense, they appeared to be less able to say in what aspect of the synthesis process they needed assistance.

(b) Comparison of three groups of students, categorized according to the time in the quarter when they were allowed to test out clinically, suggests that previous work experience with total care of quite ill patients and experience caring for multiple patients at one time may be related to readiness to test out clinically.

(c) The students rated "above average" and "excellent" on the clinical evaluative experience also had the best performance on both written quizzes.

(d) Although the option opportunity was used by a relatively small percentage (26%) of students, it basically was a valued experience.

(e) The vast majority of students did use the synthesis guide (evaluation tool) in their regular clinical experiences before it was used for their evaluative experience. Use of the guide for this purpose was rated by almost all of the students as "helpful."

(f) Most students saw the clinical test as helping them with the synthesis process. Frequently cited reasons for this were that the testing experience helped them "put everything together" and facilitated "good assessment."

(g) The most frequently identified advantages of the new approach in N238 were more overall freedom and independence in the course, extra time for study for State Boards, and provision for proceeding somewhat at one’s own pace and with some flexibility.

(h) Disadvantages most often named were problems with the written test, inadequate clinical time, and inconsistency among the testing experiences.

Faculty discussions during and at the end of the quarter also led to some general conclusions about the experience. Faculty members concluded that the

(a) Approach to clinical laboratory and the clinical evaluation tool itself enabled them to have a very accurate perception of students’ abilities to synthesize.

(b) Evaluation tool helped the student diagnose his/her own learning needs.

(c) Approach of the course and the clinical evaluation process did put the desired emphasis on the synthesis process.

(d) Clinical evaluation tool and process helped to determine the expected level of
mastery appropriate for the associate degree nursing student in this program.

(e) Revised course and the clinical evaluation process provided flexibility in working with students with a wide range of differences and needs.

(f) Effective use of the evaluation tool and its validity are dependent upon the patient population in a clinical area meeting most of the criteria specified for patient selection.

**Recommendations**

Recommendations clustered around two themes—the course in general and the option opportunity.

**General Recommendations**

(a) Consideration should be given to further utilization of faculty assistants to guide students in the regular clinical activities when the instructor is involved in a clinical evaluation situation.

(b) Because of the time and organization required for each faculty member to evaluate 20 students so completely in the clinical area, use of some carefully planned simulation should be explored in the future.

(c) To facilitate more descriptive evaluation of synthesis in the clinical area, the criteria for "above average" and "average" performance developed during this experience should be utilized in the future.

(d) Designate certain days for clinical testing to facilitate having more clinical areas and better patient selection available for the evaluative experiences.

(e) Review the criteria for patient selection in clinical testing and determine if they are realistic in relation to the clinical areas available to faculty members and students.

(f) Because of the immense challenge of working so intensely with 20 students in a relatively short period of time, limit the number of times an individual student can retake the clinical test to three, unless unusual circumstances occur needing special consideration by faculty.

(g) During a clinical evaluative experience, limit the total testing time to four hours.

(h) Since students express a need for earlier emphasis on synthesis, explore the possibility of testing for clinical synthesis, of at least some need areas, earlier in the program.

**Recommendations Pertaining to Option Opportunity**

(a) The option experience appeared to serve a needed purpose. It allowed students choice and independence not provided in other quarters. However, more students might participate in the option opportunity if several available option alternatives were presented initially with the understanding that individual requests would also be permitted. This would demonstrate to the student what an option experience means and for the noncreative, non-self-directed student, this is crucial.

(b) Further brainstorming in the area of motivation needs to be done. Utilizing this experience as an organized independent course worth one credit, attaching some external reward to it, or making it a requirement of all students might be considered. Other ways to encourage students to utilize the option opportunity should be explored.

(c) Options in several different clinical areas, i.e., obstetrics, pediatrics, geriatrics, skill practice, first aid, public health, medical-surgical specialties, were requested by the students. Special multisensory learning packages could be utilized to present depth
in an area or serve as an introduction to an area. Clinical experience could then be ar-
ranged in certain hospitals as a follow-up.

(d) If a student chose to or had to stay in his clinical area for the entire quarter, perhaps a one day option in the form of a field trip or an observational experience could be arranged. Then the student could return to his clinical area and share his experience.

(e) Inservice coordinators from the various community hospitals might prove to be in-
valuable help in setting up the option experience. This would give the hospital person-
nel a chance for input into the curriculum and might assist the faculty in finding clinical
experiences.

(f) If the option opportunity became a required experience or there was increased
motivation attached to it, increasing the number of students requesting options, then a
full time faculty person would be needed to arrange the experiences. Coordination of
the experience was a complex job that was fairly time consuming.

In conclusion, the option opportunity was one way the faculty tried to make the
educational experience meaningful to students. Although it had many flaws, it permitted
realization of the basic assumption that students can and should experience some
selection, freedom, and independence in their educational process, no matter what type
of program is involved.
General Recommendations

(a) To facilitate more descriptive evaluation of synthesis in the clinical area, the concepts of "above average" and "average" performance developed during this experience should be utilized in the future.

(b) Designate certain days for clinical testing to facilitate having more clinical areas and better patient selection available for the evaluative experiences.

(c) Review the criteria for patient selection in clinical testing and determine if they are realistic in relation to the clinical areas available to faculty members and students.

(d) Because of the immense challenges of working so intensely with 20 students in a relatively short period of time, limit the number of times an individual student can return the clinical test to three, unless unusual circumstances occur needing special consideration by faculty.

(e) During a clinical evaluative experience, limit the total testing time to four hours.

(f) Since students express a need for earlier emphasis on synthesis, explore the possibility of testing for clinical synthesis of at least some need areas, earlier in the program.

Recommendations Pertaining to Option Opportunity

(i) The option experience appeared to serve a needed purpose. It allowed students to choose and experience independence not provided in other quarters. However, more students might participate in the option opportunity if several alternative option alternatives were presented initially with the understanding that individual requests would also be on hold. This would demonstrate to the student whether an option experience means and for the noncreative, non-self-directed student, this is critical.

(ii) Further diversification in the area of motivation needs to be done. Utilizing this experience as an organized independent course work or disattaching some external reasons in it, or redefining the requirement of all students might be considered. Other ways to encourage students to utilize the option opportunity should be explored.

(iii) Options in several different clinical areas (i.e., obstetrics, pediatrics, geriatrics, skull practice, first aid, public health, medical surgical specialties) were requested by the students. Special internship training packages could be provided to present those
APPENDIX A:

Overview of Course H23B: Integration of Nursing Concepts

Week 1: Unit 1

I. Introduction to the degree

II. Synthesis and the nursing process
   (a) Introduction to synthesis
   (b) A real or simulated experience in synthesis
   (c) Role of objectives in synthesis
   (d) Synthesizing to formulate a nursing care plan
   (e) Methods of organizing patient care
   (f) Evaluating nursing actions—an important part of synthesis
   (g) Evaluation of the group dynamics process
   (h) The patient data conference—provision for continuity
   (i) A director for patient teaching
   (j) Legal limitations for assuming and delegating responsibility
   (k) Making the transition to the graduate—A step in the process
   (l) Assessing care for one patient
   (m) Planning, implementing, and evaluating care for one patient
   (n) Assessing, planning, implementing, and evaluating...
APPENDIX A:

Overview of Course N238: Integration of Nursing Concepts

I. Introduction to the course

II. Synthesis and the nursing process
   (a) Introduction to synthesis
   (b) A real or simulated experience in synthesis
   (c) Role of objectives in synthesis
   (d) Synthesizing to formulate a nursing care plan
   (e) Methods of organizing patient care
   (f) Evaluating nursing actions—an important part of synthesis
   (g) Evaluation of the group dynamics process
   (h) The patient care conference—provision for continuity
   (i) A design for patient teaching
   (j) Legal implications for accepting and delegating responsibility
   (k) Making the transition to the graduate—A step in the process
   (l) Assessing care for one patient
   (m) Planning, implementing, and evaluating care for one patient
   (n) Assessing, planning, implementing and evaluating

Where taught

Discussion 1
Assembly 1
MT lesson 1
MT lesson 2
MT lesson 3
MT lesson 4
MT lesson 5
MT lesson 6
MT lesson 7
MT lesson 8
MT lesson 9
Clinical lab 1
Clinical lab 2
Clinical labs 3-8
or remainder of quarter
Discussion Plan for Quarter

**Topic 1. Synthesis and the Nursing Process—Pre- and Postconference Topics or Afternoon Discussion Topics**

It is assumed that necessary discussion of the various topics in N238 will take place in either pre- and postconferences or the scheduled weekly discussions that instructors plan with their students during the final 4-6 weeks of the quarter.

A suggested outline for these is as follows:

1. Application of synthesis process to one patient
2. Role of objectives in synthesis and the formulation of nursing care plan
3. Methods of organizing patient care
4. Evaluating nursing action
5. Evaluation of the group dynamics process
6. Planning a patient care conference
   - Planning for patient teaching
   - Implications for accepting and delegating responsibility
   - Making the transition to the graduate

**Note:** This plan may be adjusted by the individual instructor based on the progress and needs of her groups. However, these discussion threads should definitely be given attention during the quarter.
APPENDIX B:

Objectives for Course N238: Integration of Nursing Concepts

1. Review the course description, general objectives, and overview outline of N238.

2. Review the general definition of synthesis.

3. Identify examples of synthesis from personal experiences.

4. Define synthesis in the general sense.

5. Explain what is meant by synthesis in nursing.
   (a) Observing patients and communicating with them (or significant others) to determine the manifestations that indicate that needs are being threatened.
   (b) Using concepts from physiopathology and your knowledge of the basic needs to determine which needs are being threatened.
   (c) Identifying and explaining the nursing actions that are to be carried out.
   (d) Implementing these nursing actions.
   (e) Evaluating your nursing actions and updating your description of the patient’s situation.
   (f) Arranging all of the elements in each nurse-patient situation within your own intellectual system, sharing them with others either verbally or in writing.

6. Review what is meant by “nursing process.”
   (a) Observation.
   (b) Communication.
   (c) Problem solving.

7. Explain the relationship between “synthesis” and “nursing process.”

8. Identify factors that enhance synthesis.

9. Identify factors that interfere with synthesis.

10. Identify common errors in synthesis.

11. Explain how synthesis relates to the activities of N238.

12. Given a case study in which he/she must form a whole picture of the patient’s immediate situation, the student will be able to
   (a) List questions that he feels a need to have answered in order to care for his patient safely.
   (b) Identify data that he anticipates are necessary to have in order to answer these questions.
(c) Identify relevant direct and indirect sources of patient data.
(d) Collect data from direct and indirect sources about this patient.
(e) Identify thoughts, feelings, and questions he/she has about caring for this patient safely.
(f) Make brief notes that will help him/her gain and maintain an understanding of this patient’s immediate situation.
(g) Identify the manifestations and physiopathology apparent in this patient, which indicate that physical and/or psychological needs are or are not likely to be threatened in the immediate situation.
(h) Using Maslow’s outline of basic human needs, identify the needs that appear to be threatened in this patient.
(i) Identify the needs(s) that is (are) prepotent at this time.
(j) Explain why the selected need(s) is (are) prepotent.
(k) Identify the nursing actions that are appropriate for this patient in his immediate situation.
(l) Explain why each of the nursing actions is appropriate for this particular patient.
(m) Describe how these nursing actions can be individualized for this patient.
(n) After collecting pertinent data, identify additional questions he/she needs to have answered in order to care for this patient safely.
(o) Describe how the new pertinent data, which became available later, were incorporated into his/her initial understanding of this patient’s whole situation.
(p) Identify variables that influenced his/her understanding of this patient’s immediate situation.
(q) Make a written and/or verbal presentation that demonstrates his/her understanding of this patient’s immediate situation.

13. Explain what an objective is.
14. Identify and explain the specifications for a good objective.
15. Given a list of objectives, select the behavioral objectives from the list.
16. Explain why the use of behavioral objectives is important in the synthesis process.
17. Explain how students can use objectives in guiding their own activities.
18. Given a patient situation, write two behavioral objectives in terms of what the patient must do.
19. Explain how objectives are used in planning, giving, and evaluating patient care.
20. Explain what is meant by a nursing care plan.
21. Identify and explain the purposes of the nursing care plan.
22. Identify the essential components of a nursing care plan.
23. Identify the differences between a short range nursing care plan and a long range health care plan.
24. Identify how nursing care plans are used in the hospital setting by the nursing care group.
25. Describe each of the following methods of organizing nursing care groups: case, functional, team, and primary care methods.
26. Identify specifically the role assignments that are characteristic of each of the four methods.
27. Identify advantages and disadvantages of each of the above methods.
28. List three general criteria that can be used to evaluate nursing actions.
29. Evaluate the nursing actions in a real or simulated situation, using the three general criteria.
30. Propose alternative actions if those actions that have been taken do not meet the criteria.
31. Define "group."
32. Explain what is meant by "group dynamics."
33. Identify situational factors and personal characteristics that influence how a person will function in a group.
34. Identify positive effects that individuals commonly experience as a result of participation in a group.
35. Identify negative effects that individuals may experience as a result of participation in a group.
36. Identify the two major goals common to most groups.
37. Name the three categories of roles individuals may take in a group:
   (a) Group task roles.
   (b) Group building and maintenance roles.
   (c) Self-centered roles.
38. Identify the types of behaviors (specific roles) that illustrate each of the role categories.
39. Identify ways in which the individual student can contribute to effective group functioning in his or her group.
40. Identify ways in which the student group achieves synthesis.
41. Identify and give examples of criteria that can be used to evaluate a group's effectiveness in accomplishing its major goals.
42. Evaluate his/her own group orally or in writing.
43. Describe factors influencing the effectiveness of communication within patient care groups.
44. Identify other ways in which group dynamics are used in nursing in the patient care groups.
45. Define "health care teams."
46. Define comprehensive patient care.
47. Describe what is meant by patient care conference.
49. Identify ways in which the patient care conference helps health care practitioners deliver comprehensive patient care.
50. Identify the purposes of any patient care conference and/or nursing care conference.
51. Identify factors that contribute to successful care conference.
52. Describe members of the patient care group according to their level or type of preparation and according to the contributions each might make in care conference.
53. Describe what is meant by a plan of care as developed through a patient care conference.

54. Identify the purposes of such a plan of care.

55. Define continuity of care.

56. Identify characteristics that distinguish short range aspects of a care plan from long range aspects.

57. Explain what is meant by each criterion listed in the work assignment entitled "Plan and Implement Informal or Formal Health Teaching."

58. Given a situation, use the criteria for patient teaching and design a plan for patient teaching.

59. Identify guidelines for delegating and accepting responsibility within the patient care group.

60. Identify controversial issues and experiences related to delegation and acceptance of responsibility.

61. Discuss approaches to these issues, using the guidelines for delegating and accepting responsibility.

62. Describe specific instances in which individuals accepted responsibility.

63. Describe specific instances in which individuals delegated responsibility.

64. Identify which guidelines for delegating and accepting responsibility were applied in the above situations.

65. Identify which of the guidelines for delegating and accepting responsibility should have been applied in the above situations but were not.

66. Identify other specific situations in which the nurse can or should anticipate the need to apply the guidelines.

67. Describe individual members' feelings about delegating and accepting responsibility for patient care.

68. Review the types of actions and decisions in which they are now involved.

69. Discuss the implications of these actions and decisions for
   (a) The patient.
   (b) The individual nurse practitioner.
   (c) The larger nursing care group.
   (d) Nursing as an organized profession.
   (e) Other health care personnel and groups.

70. Describe how continuity of care applies to the broader community.

71. Describe the relationships between "continuity of care" and "comprehensive patient care."

72. Describe the relationship of continuity of care to synthesis.

73. Identify personnel within the hospital setting who may be responsible for continuity of patient care.

74. Identify members of patient care groups who are responsible for that care that originates in resources of the broader community.

75. Differentiate between direct and indirect ways of providing continuity of care.
76. Give examples of ways in which community based patient care may extend into the hospital.

77. Describe "progressive patient care."

78. Describe what you have done to provide for continuity of care for the patient.

79. After assessing your patient's total situation, discuss the possibility of a referral for this patient and/or his family with your instructor who will assist you in communicating your ideas to personnel on the station if that seems appropriate.

80. Describe various roles of the nurse technician as they might be defined
   (a) In a hospital based patient care group providing continuity of care.
   (b) In a patient care group based in the broader community.

81. Identify major issues in the nursing profession.

82. Identify major issues in the general health care system.

83. Identify and explain the functions of larger groups in which nurses can become involved to deal with the important trends and issues in health care.

84. Identify what may be expected of a new graduate in technical nursing.

85. Describe your own feelings as you anticipate your initial work experience as a nurse technician.

86. Identify ways in which, as a new graduate, you might effectively communicate with a prospective employer concerning mutual expectations.

87. Identify ways in which, as a new graduate, you might effectively communicate mutual expectations with personnel in the setting in which you are employed.

88. Identify actions you might take in preparation for your initial work experiences.

89. Identify resources that might be helpful to you in the transition process after you have begun work in your new position.

90. Given a patient assignment of one patient, the student will
   (a) Collect data using the "Patient Assessment Guide" and "Guidelines for Collecting Data that Indicate a Threat."
   (b) Incorporate assessment of data into a plan in writing by using Parts I and II of the "Laboratory Guide."
   (c) Implement the plan.
   (d) Evaluate orally or in writing the plan, using parts III and IV of the "Laboratory Guide."

91. Given a patient assignment (after clinical lab 2) of one or more patients, the student will
   (a) Collect data using the guide sheets from Labs 1 and 2.
   (b) Use the "Laboratory Guidelines for Problem Solving" for assessing these data, considering the whole picture of the patient situation.
   (c) Use the same guide to plan the care for the patient or patients before implementing the care.
   (d) Implement the plan and revise the plan for the second day if necessary.
   (e) Use the same guide to evaluate the plan.
APPENDIX C:

Criteria for Selected Aspects of Nursing Care

Criteria for Patient Care Plans

1. State patient goals or objectives for each problem perceived. Be specific by stating basic physiological or psychological behavior. The objective is something the patient moves toward such as:
   (a) To keep joints movable.
   (b) To promote venous return and lymphatic flow.
   (c) To prevent excessive demineralization of bony structures.

2. The plan reflects the individuality of the patient through prescribed nursing actions that take individual differences into account, e.g., what one finds restful, another will not.

3. A prescription for nursing care directives should be included.
   *Example: Encourage fluids*—should include how much, what goes down best, what does patient like, what kind of fluids may he have—iced or hot? Must sodium or potassium content of the fluids be considered?

4. The plan should reflect concern for the patient's future, e.g., plan for the education of the patient, for the instruction of the family members, for continued nursing services in the home.

5. A plan should be current and flexible in modifying goals and approaches.

6. The objectives of the care plan should be realistic and achievable.

Criteria for Nursing Care Based on Satisfaction of Basic Human Needs

Evaluate nursing care considering the satisfaction of the basic human needs. The patient or patients will appear:

1. Free from pain.
2. Clean and groomed.
3. Rested.
4. Well nourished.
5. Hydrated.
6. Breathing at normal rate and depth.
7. Using range of motion.
8. Free of elimination difficulties.
9. Free from infection.
10. Free from injury.
11. Free from stress and anxiety.

Criteria for Evaluating the Effectiveness of a Group

1. Does the group demonstrate independence?
2. Is there minimum conflict within the group about goals?
3. Does the group demonstrate self-knowledge, that is, where it stands and where it is headed?
4. Does the group seek out and use available resources?
5. Does the group demonstrate a capacity to learn?
6. Is the group able to express feelings?

Following one of your experiences as a member of a student group that is sharing responsibility for the care of a number of patients:

1. Identify specific activities of group members that were directed toward group maintenance.
2. Identify specific activities of group members that were directed toward achievement of the group's goals.
3. Evaluate the effectiveness of the student group, using the above criteria.

Criteria for Patient Care Conference

Purposes of Care Conference

1. To plan care.
2. To collaborate with other resources, that is, to share ideas, approaches, what you want to to accomplish, etc.
3. To promote cooperation among staff, doctors, other departments, patients, family—all working toward a similar goal.
4. To educate nursing personnel and the patient.
5. To evaluate effectiveness of approaches and care plans.
6. To provide job satisfaction.

To Plan

1. Determine who needs to be reviewed at a care conference.
2. Schedule
   (a) In advance if possible.
   (b) Specifics on assignment sheets.
   (c) At most convenient time of day.
   (d) Coverage for those attending conference.
3. Hold the conference in a location convenient for those attending.
4. Clarify who of the nursing personnel is to attend. Invite any other resource persons.
5. Make out care conference assignments in advance.

Criteria for Planning and Implementing Informal or Formal Health Teaching

1. Assess the person's need for health instruction.
2. Identify the content that the person (patient) needs to know to maintain own health care. Specify these learning needs in terms of behavioral objectives.
3. Identify the person's present perception and knowledge.
4. Identify the person's readiness for learning.
5. List teaching methods available.
6. Identify the best teaching methods for the person.
7. Evaluate the person's understanding of the health instruction.
8. Evaluate the teaching method.
To evaluate effectiveness of educational and care plans

5. To improve patient satisfaction

6. To plan for educational needs

To plan

7. To advance if necessary

(b) in advance if possible

to advance if possible

(c) special interest groups

d) special interest groups

8. Criteria for Planning and Implementing Interventions

Criteria for Planning and Implementing Interventions

1. Does the group meet the identified need?

2. Does the group meet the identified need?

3. Does the group meet the identified need?

4. Does the group meet the identified need?

5. Does the group meet the identified need?

6. Does the group meet the identified need?

7. Does the group meet the identified need?

8. Does the group meet the identified need?

Criteria for Patient Care Conference

Criteria for Patient Care Conference

1. To plan care

2. To collaborate with other resources, i.e. in medical teams, approaches, what you need to do to accomplish, etc.

3. To promote cooperation among clinical practitioners, programs, departments, patients, and those working toward a similar goal

4. To educate nursing personnel and the patient
APPENDIX D:

Workbook Materials Related to Clinical Labs 1 and 2

Basic Lab Guide from Workbook

Topic II. Synthesis and the Nursing Process

Assessing care for one patient (clinical lab 1).
Planning, implementing, and evaluating care to one patient (clinical lab 2).

Related Ideas

Review all central and supporting ideas that pertain to synthesis.

Objectives

Clinical lab 1

90. Given a patient assignment of one patient, the student will

(a) Collect data using the "Patient Assessment Guide" and "Guidelines for Collecting Data that Indicate a Threat."

(b) Incorporate assessment of data into a plan in writing by using parts I and II of the "Laboratory Guide."

Clinical lab 2

90. Given a patient assignment of one patient, the student will:

(c) Implement the plan.

(d) Evaluate orally or in writing the plan, using parts III and IV of the "Laboratory Guide."
### Workbook Assignment: Laboratory Guide on the Synthesis Process

**I. The Immediate Situation**

(a) Include an introductory statement identifying your patient's first name, age, sex, and his primary physical problem(s) in the immediate situation.

(b) After the cephalo-caudal observation of the patient, identify what you need to answer in order to prepare for care of this patient.

*(c)* Using Maslow's outline of basic human needs, identify the needs that appear to be threatened in this patient.

*(d)* Identify the manifestations and pathophysiology, apparent in this patient, that indicate that physical and/or psychological needs are or are likely to be threatened.

*(e)* Identify the nursing actions that are appropriate for this patient.

*(f)* Describe how these nursing actions are unique for this patient.

*(g)* **Underline** the need(s) that is (are) prepotent in this patient at this time. Explain rationale for your decision.

*c,d,e,f,g—incorporate into outline below.*

<table>
<thead>
<tr>
<th>Needs</th>
<th>Manifestations of threat to need</th>
<th>Unique nursing actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid and electrolytes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human sexuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love and belonging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esteem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-actualization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**II. The Plan—Organization**

(a) Identify the organization of the nursing actions to be taken during your lab period and the rationale for your plan.

**III. The Evaluation—The Implementation and Evaluation**

(a) Assess the satisfaction of the needs threatened (consider how the patient looked and what he said).
(b) How did this nursing plan take into account the patient’s safety?
(c) How did this nursing plan conserve on your time and energy?
(d) What alternative approaches could you or would you have used?

IV. Long Range Plans

Identify long range plans you might have considered for this patient. Assess the patient’s adaptation to his illness. Verify this with behaviors or conversation of the patient.
**Workbook Assignment: Patient Assessment Guide**

<table>
<thead>
<tr>
<th>Cephalo-caudal approach</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hair</strong></td>
<td></td>
</tr>
<tr>
<td>Texture</td>
<td></td>
</tr>
<tr>
<td>Shine</td>
<td></td>
</tr>
<tr>
<td>Shed easily</td>
<td></td>
</tr>
<tr>
<td>Clean</td>
<td></td>
</tr>
<tr>
<td>Combed</td>
<td></td>
</tr>
<tr>
<td><strong>Eyes</strong></td>
<td></td>
</tr>
<tr>
<td>Bright or dull</td>
<td></td>
</tr>
<tr>
<td>Expression</td>
<td></td>
</tr>
<tr>
<td>Color of sclera</td>
<td></td>
</tr>
<tr>
<td>Lids</td>
<td></td>
</tr>
<tr>
<td>Sunken or bulging</td>
<td></td>
</tr>
<tr>
<td>Circles under eyes</td>
<td></td>
</tr>
<tr>
<td>Pupils—dilated or constricted</td>
<td></td>
</tr>
<tr>
<td>Equal and more together</td>
<td></td>
</tr>
<tr>
<td>React to light</td>
<td></td>
</tr>
<tr>
<td>Exudate</td>
<td></td>
</tr>
<tr>
<td><strong>Nose</strong></td>
<td></td>
</tr>
<tr>
<td>Movement of nares with breathing</td>
<td></td>
</tr>
<tr>
<td>Congested</td>
<td></td>
</tr>
<tr>
<td><strong>Mouth</strong></td>
<td></td>
</tr>
<tr>
<td>Condition of mucous membranes, gums, and lips</td>
<td></td>
</tr>
<tr>
<td>Clean teeth</td>
<td></td>
</tr>
<tr>
<td>Condition of dentures</td>
<td></td>
</tr>
<tr>
<td>Breathe through mouth</td>
<td></td>
</tr>
<tr>
<td>Pursing of lips with expiration</td>
<td></td>
</tr>
<tr>
<td>Becomes breathless when speaking</td>
<td></td>
</tr>
<tr>
<td><strong>Face</strong></td>
<td></td>
</tr>
<tr>
<td>Expression</td>
<td></td>
</tr>
<tr>
<td>Muscle tone and tenseness</td>
<td></td>
</tr>
<tr>
<td>Color of skin</td>
<td></td>
</tr>
<tr>
<td>Whiskers</td>
<td></td>
</tr>
<tr>
<td>Diaphoresis</td>
<td></td>
</tr>
<tr>
<td><strong>Neck</strong></td>
<td></td>
</tr>
<tr>
<td>Pulsation of neck veins</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td></td>
</tr>
<tr>
<td>Movements in breathing</td>
<td></td>
</tr>
<tr>
<td>Difficulty swallowing</td>
<td></td>
</tr>
<tr>
<td><strong>Trunk</strong></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
</tr>
<tr>
<td>Fat or thin</td>
<td></td>
</tr>
<tr>
<td>Shape of chest</td>
<td></td>
</tr>
<tr>
<td>Movement of chest when breathing</td>
<td></td>
</tr>
<tr>
<td>Posture</td>
<td></td>
</tr>
<tr>
<td>Alignment in bed</td>
<td></td>
</tr>
<tr>
<td>Cephalo-caudal approach</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Chest congestion</td>
<td></td>
</tr>
<tr>
<td>Abdominal movement with breathing</td>
<td></td>
</tr>
<tr>
<td>Abdominal enlargement</td>
<td></td>
</tr>
<tr>
<td>Perineal area—clean, swelling of tissue,</td>
<td></td>
</tr>
<tr>
<td>discharge, Foley</td>
<td></td>
</tr>
<tr>
<td><strong>Limbs</strong></td>
<td></td>
</tr>
<tr>
<td>Color of nails and nailbeds</td>
<td></td>
</tr>
<tr>
<td>Temperature of extremity</td>
<td></td>
</tr>
<tr>
<td>Compare temperature of one extremity</td>
<td></td>
</tr>
<tr>
<td>with the other</td>
<td></td>
</tr>
<tr>
<td>Shape of fingers—tapered, clubbed</td>
<td></td>
</tr>
<tr>
<td>Prominence of veins</td>
<td></td>
</tr>
<tr>
<td>Reddened areas, swelling, bruises, and</td>
<td></td>
</tr>
<tr>
<td>interruption of intact skin</td>
<td></td>
</tr>
<tr>
<td>Skin turgor and dryness</td>
<td></td>
</tr>
<tr>
<td>Muscle tone</td>
<td></td>
</tr>
<tr>
<td>Deliberate movements</td>
<td></td>
</tr>
<tr>
<td>Coordination of movements</td>
<td></td>
</tr>
<tr>
<td>Edema</td>
<td></td>
</tr>
<tr>
<td>Length of nails and grooming</td>
<td></td>
</tr>
<tr>
<td>Peripheral pulses</td>
<td></td>
</tr>
<tr>
<td>Sensation</td>
<td></td>
</tr>
<tr>
<td>Contractures</td>
<td></td>
</tr>
<tr>
<td>Presence of edema</td>
<td></td>
</tr>
<tr>
<td>Voice quality</td>
<td></td>
</tr>
</tbody>
</table>

The immediate situation
Chest appearance and quality level
Condition of the neck
Presence of cyanosis
Respiratory function
Facial color
Cyanotic or pale
Color in skin
Distended and taut
Duration of signs
Inclination
Cyanosis
Mouth breath
Cough
Sputum
Auscultation
Heart and lungs
Temperature
Breath sounds
Edema
Tubulation
Workbook Assignment: Guidelines for Collecting Data That Indicate a Threat

I. Oxygen

The immediate situation
Cough (productive or nonproductive)
Quality of respirations (rate, depth, sound or type)
Edema
Presence of oxygen equipment in use or in the environment
Character of speaking
Blood pressure and temperature
Pulse and pulse deficit
Color of skin, nails, and veins
Level of consciousness (time, place, and person)
Posture and position
Anxiety—restlessness
Warmth of extremities
Wound or decubiti
Energy level

II. Nutrition

The immediate situation
Appearance and energy level
Dentures
Condition of jaw or teeth
Skin and mucous membranes
Muscle tone
Nauseated or anorexia
Body size in proportion to age and weight
Skin turgor
Posture or position
Failure to grow
Disposition, ability to concentrate
Presence of food in the room
Intake record and/or menu for the day
Presence of naso-gastric suction
Consider tube feeding
Sound and smells in the environment
Temperature
NPO signs

Other
Blood loss
Blood gases
EKG
Chest X-ray and other X-rays
Hgb, prothrombin time
Enzymes
Response to activity
Medication (narcotics)
Type of medications

Other
Diet, appetite, and digestion
Constipation
Metabolic rate
Resistance to disease
Socio-cultural factors
Hemoglobin
Medication—for example, those that increase or decrease peristalsis
Vitamins
III. Fluid and Electrolytes

The immediate situation

Presence of I.V.—solution and rate of flow, condition of I.V. site and I.V. system
Intake and output record
Presence of water pitcher in room
Condition of skin and mucous membranes
Appears weak and tires easily
Skin turgor and dryness
Thirst
Odor of breath
Eye sockets
Position and anxiety
Diaphoresis or other body losses
Nausea and/or vomiting
Temperature, pulse, and character of respirations
Blood pressure
Neck vein distention
State of alertness, orientation
Presence of drains or tubes
Presence of lesions or breaks in the skin
Presence of edema
Voice quality

Other

Blood loss
Medications (diuretics, corticoids)
Na, K, Cl, CO₂, Ca
Body and urine pH
Hematocrit
CVP
Changes in sensory perception such as tingling, numbness, and skeletal function
Specific gravity of urine
Weight
Appetite—low Na diet

IV. Elimination

The immediate situation

Presence of Foley catheter—note color, consistency, and amount of urine
Output record
Perspiration
Odor in room
Distended abdomen
Deviation of route
Incontinence
Commode, urinal, bedpan

Other

Diet
Privileges—amount of activity
Attitude
Lack of privacy
Urinalysis (increased specific gravity and abnormal constituents in urine)
Dysuria
Nocturia
Pain (consider locations)
Diarrhea
Constipation
Fecal retention
Surgery—hemorrhoids
Bowel habits
Increased BUN
V. Physical Safety

The immediate situation

The environment—furniture and articles within easy reach; things such as signal cord, urinal, and bedpan in appropriate place; clean patient unit. Siderails up and bed in appropriate position. Use of restraints such as posey belts

Machines and cords, e.g., cooling blanket, pressure mattress

Application of heat or cold

Break in continuity of skin, mucous membrane

Presence of dressings

Any sensory impairment (blind, deaf)

Confused—state of orientation

Mobility of patient

Decreased circulation to a part

Weak

Constricting apparel

Increased temperature

Surgical interventions—tubes, catheters, I.V. infusions, etc.

Tongue blade present

VI. Exercise

The immediate situation

Degree of mobility, range of motion stiffness, coordination

Muscle tone

Weak and tired

Type of activity

Decreased sensory perception

Presence of traction on a part or crutches or cane in environment, walker, wheelchair, brace

Other

Increased uric acid

Medications (consider diuretics, iron preparations, and antacids)

Other

Improve body mechanics

Depressed or absent reflexes

Presence of radioactive material

Amount of activity tolerated

Resistance to infection (consider increased and/or decreased WBC)

Disease (consider effects of, such as amputation)

Increased blood pressure

Glucose level—effect on healing

Age and familiarity to hospital

Medications such as narcotics, side effects

Decreased hemoglobin
VII. Comfort

The immediate situation
- Does patient have pain?
- Appearance—how does patient look?
- Restless and anxious
- Position in bed
- Diaphoresis
- Pruritis
- Temperature and chills
- Presence of tubes, catheters, dressings, etc.

Environmental factors
- Air and warmth
- Restriction of mobility
- Wrinkled and damp bed linen
- Light or darkness
- Noise
- Roommate's condition

Other
- Insomnia
- Any unmet need

VIII. Sexuality

The immediate situation
- Altered body image
- Mental retardation
- Growth impairment

Other
- Altered ego
- Sterility
- Dependence

IX. Psychological Safety—Love-Belonging, Esteem, Self-Actualization

The immediate situation
- Any presence of external symbols of religion
- Reaction to admission, adjustment to hospital routines, etc.
- Presence of anxiety, fear, worry (e.g., facial expression, tone of voice, behavior of patient)

Other
- Behavioral changes, stubborn—monopolizes nurse's time, quiet, withdraws from situations
- Divorced or stressed relationships within family
- Family responsiveness
- Patient's response to staff
The immediate situation

Presence of familiar objects that make a person "feel at home" or are symbolic of love, such as family present, telephone and its use, cards, flowers, etc.

Reading, needlework, games, business related to work, etc.

Feelings expressed about self or others

Loss of a body part

Other

Staff's response to patient

No visitors

Role change because of physical and/or mental factors—such as change of jobs or loss of job leading to change in lifestyle

Seeing psychiatrist or social worker

Appetite

Interaction with others

Patient's role in family
APPENDIX E:

Workbook Materials Related to Clinical Labs 3-8

Basic Lab Guide from Workbook

Topic II. Synthesis and the Nursing Process

Assessing, planning, implementing, and evaluating care for one, two or more patients.

Related Ideas

Review all central and supporting ideas that pertain to synthesis.

Objectives

91. Given a patient assignment (after clinical lab 2) of one or more patients, the student will
(a) Collect data using the guide sheets from labs 1 and 2.
(b) Use the “Laboratory Guidelines for Problem Solving” for assessing these data, considering the whole picture of the patient situation.
(c) Use the same guide to plan the care for the patient or patients before implementing the care.
(d) Implement the plan and revise the plan for the second day if necessary.
(e) Use the same guide to evaluate the plan.
Workbook Assignment: Laboratory Guidelines for Problem Solving in the Synthesis Process

1. What’s happening in the body—what is the existing pathophysiology? Consider:
   (a) Cephalo-caudal observation of patient.
   (b) Signs and symptoms manifested.
   (c) Diagnosis.
   (d) Laboratory findings.
Identify and support the reasons for the primary needs that you see are threatened.

2. What do you have to know to take care of this patient safely?
   (a) Why the medications?
   (b) Why the treatments?
   (c) Why the diet?
   (d) Why the activity or inactivity?

3. How are you going to plan your care based on the primary needs being threatened? (Consider the priority and selection of appropriate nursing activities, both independent and dependent, that reflect the relationship to the basic need or needs being threatened.) Be sure to explain the rationale for your plan.
   (a) Include how the nursing actions are unique for this or these patients. Anticipate special equipment you will need or modification needed by this particular patient.
   (b) Consider short term and long term goals in your planning.

4. Evaluate your plan of care for one patient, two, or a group of patients in regard to how the plan took into account
   (a) The satisfaction of the needs threatened (consider how the patient looked and what he/she said).
   (b) Your time and energy.
   (c) Continuity of care—use of Kardex, referrals, discharge planning, etc.
   What effort was shown in regard to providing for this?
   (d) Alternative approaches you could or you would have used.
APPENDIX F:

Clinical Laboratory Evaluation Tool: Initial Version

I. Faculty Guidelines for Use of Clinical Evaluation Tool—Assessment and Planning of Care for Patient in the Immediate Situation

The Student Must

1. Assess and speak to all data in the need areas related to the immediate situation.
2. Identify what additional information and resources are necessary before formulating nursing care.
3. Outline a nursing care plan, considering priority of need areas based on the threats. Should verbally support the rationale for his or her care plan.
4. Implement safe patient care.
5. Evaluate patient care on the basis of how the patient looks and what patient says about himself and his care.
6. Chart accurately the observations he has made of the patient.

Note: In order to achieve a pass on the clinical evaluation, the student must have adequately carried out 1-4 of the guidelines.

II. Clinical Lab Evaluation of Assessment and Plan of Care in Immediate Situation

<table>
<thead>
<tr>
<th>Physical assessment of immediate situation</th>
<th>Plan of care in immediate situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oxygen</strong></td>
<td><strong>Oxygen</strong></td>
</tr>
<tr>
<td>1. Character and quality of respiration (abdominal or chest, rate, depth, sound)</td>
<td>1. Plan to maintain or improve breathing</td>
</tr>
<tr>
<td>2. Cough (type—productive or non-productive)</td>
<td>2. Plan to promote or decrease cough; proper care of secretions</td>
</tr>
<tr>
<td>3. Color of skin and nailbeds</td>
<td>3. Promote circulation by positioning, backrubs, bed sox, etc.</td>
</tr>
<tr>
<td>Physical assessment of immediate situation</td>
<td>Plan of care in immediate situation</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>4. BP, TPR</td>
<td>4. Recognizing significance of and report</td>
</tr>
<tr>
<td>5. Level of consciousness—orientation to time, place, and person</td>
<td>5. Plan care appropriate to L.O.C.</td>
</tr>
<tr>
<td>6. Response to activity, pain, shortness of breath</td>
<td>6. Plan rest periods; increase activity to strengthen. Exercise balance to conserve O₂</td>
</tr>
<tr>
<td>7. Posture and positions</td>
<td>7. Recognize faulty positioning—plan to correct</td>
</tr>
<tr>
<td>8. Warmth of extremities, edema</td>
<td>8. See 3</td>
</tr>
<tr>
<td>9. Anxiety—restlessness</td>
<td>9. Recognize significance; improve O₂ supply if necessary</td>
</tr>
<tr>
<td>11. Presence of decubiti or wound</td>
<td>11. See 3</td>
</tr>
<tr>
<td>12. Presence of O₂ equipment</td>
<td>12. Plan to check equipment; assess patient’s need for and patient’s response</td>
</tr>
<tr>
<td>13. Any constriction or pressure points</td>
<td>13. Remove if possible</td>
</tr>
</tbody>
</table>

**Nutrition**

1. Patient’s appearance: body size and weight, skin turgor, skin and mucous membranes, dentures, position and posture
2. Presence of food in room; menu for the day
3. Intake and output record
4. Nausea, vomiting
5. Temperature
6. Energy level
7. Disposition, ability to concentrate
8. Presence of naso-gastric suction
9. Presence of feeding tube
10. Sounds and smell in environment

**Nutrition**

1. Recognize significance of poorly nourished person; plan to maintain or promote nutrition, to prevent trauma to skin and mucous membranes
2. Assist patient in selecting foods
3. Plan to assess I and O record
4. Recognize significance of; plan nursing actions to alleviate manifestations and to protect patient while manifestations exist
5. Recognize significance of temperature and nutritional need. Consider ways to increase food and fluids
6. Plan nursing actions to provide rest and exercise
7. Recognize significance of; plan nursing actions to protect patient if necessary
8. Plan to check equipment, observe contents, and observe patient
9. Plan safety in administering feeding
10. Plan to eliminate unnecessary sounds and smells in the environment
<table>
<thead>
<tr>
<th>Physical assessment of immediate situation</th>
<th>Plan of care in immediate situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluid and electrolytes</strong></td>
<td><strong>Fluid and electrolytes</strong></td>
</tr>
<tr>
<td>1. Condition of skin and mucous membranes</td>
<td>1-8: Recognize manifestations of fluid and electrolyte imbalance. Plan nursing actions to prevent imbalance. Plan nursing actions to restore or maintain balance. Plan nursing actions to protect patient who is experiencing fluid and electrolyte imbalance.</td>
</tr>
<tr>
<td>2. Edema</td>
<td>9-12: Recognize how fluid and electrolytes are lost; Plan nursing actions to prevent or restore loss of fluid and electrolytes.</td>
</tr>
<tr>
<td>3. State of orientation, energy level</td>
<td>13. Plan nursing action to maintain I.V. at proper rate according to person's age, condition and Dr.'s orders. Plan nursing action to maintain I.V. site.</td>
</tr>
<tr>
<td>4. Thirst</td>
<td></td>
</tr>
<tr>
<td>5. Intake and output record</td>
<td></td>
</tr>
<tr>
<td>6. Neck vein distention</td>
<td></td>
</tr>
<tr>
<td>7. TPR, BP</td>
<td></td>
</tr>
<tr>
<td>8. Odor of breath</td>
<td></td>
</tr>
<tr>
<td>9. Presence of drains or tubes</td>
<td></td>
</tr>
<tr>
<td>10. Presence of lesions or break in skin</td>
<td></td>
</tr>
<tr>
<td>11. Presence of H₂O in room</td>
<td></td>
</tr>
<tr>
<td>12. Diaphoresis or other body losses</td>
<td></td>
</tr>
<tr>
<td>13. Presence of I.V., type of solution, present rate, condition of I.V. site and I.V. system</td>
<td></td>
</tr>
<tr>
<td><strong>Elimination</strong></td>
<td></td>
</tr>
<tr>
<td>1. Presence of Foley</td>
<td>1. Plan nursing action to maintain cleanliness, prevent trauma, and promote drainage.</td>
</tr>
<tr>
<td>2. Color and amount of output—character and frequency</td>
<td>2. Recognize normal or abnormal characteristics of elimination products and report</td>
</tr>
<tr>
<td>3. Presence of perspiration</td>
<td>3-5: Recognize normal amount of output, plan nursing action to maintain or improve</td>
</tr>
<tr>
<td>4. Output record</td>
<td>6. Plan nursing action to remove odor of elimination wastes from room</td>
</tr>
<tr>
<td>5. Distended abdomen</td>
<td>7. Plan nursing action to protect skin from fecal or urinary waste products</td>
</tr>
<tr>
<td>6. Odor</td>
<td></td>
</tr>
<tr>
<td>7. Deviation of route or incontinence</td>
<td></td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td><strong>Exercise</strong></td>
</tr>
<tr>
<td>1. Range of motion</td>
<td>1-9: Plan nursing action for a person whose motion is restricted by traction, cast, paralysis, weakness, fatigue, pain, etc.</td>
</tr>
<tr>
<td>2. Energy level</td>
<td></td>
</tr>
<tr>
<td>3. Posture</td>
<td></td>
</tr>
<tr>
<td>4. Coordination</td>
<td></td>
</tr>
<tr>
<td>5. Stiffness</td>
<td></td>
</tr>
<tr>
<td>6. Muscle tone</td>
<td></td>
</tr>
<tr>
<td>Physical assessment of immediate situation</td>
<td>Plan of care in immediate situation</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>7. Mobility</td>
<td>10. Plan nursing action to maintain person's optimal level of activity and rest</td>
</tr>
<tr>
<td>8. Sensory function</td>
<td></td>
</tr>
<tr>
<td>9. Traction or cast to a part, crutches or cane in environment</td>
<td></td>
</tr>
<tr>
<td>10. Type of activity</td>
<td></td>
</tr>
</tbody>
</table>

**Comfort and cleanliness**

1. Pain
2. Restlessness, anxiousness
3. Pruritis
4. Position in bed
5. Presence of tubes, dressings, etc.
6. Restriction of mobility
7. Fever, chilling, diaphoresis
8. Facial expression
9. Environmental factors (bed, etc.)
10. Body odor, discharge

**Rest and sleep**

1. Energy level
2. Irritability, restlessness
3. Insomnia
4. Alertness
5. Amount of rest and sleep obtained
6. Character of sleep (long periods, easily aroused, movement, etc.)

**Sexuality**

1. Altered body image, breast surgery, other surgery
2. Dependence
3. Menstruation
4. Age of individual or state of sexual development

**Physical safety**

1. Application of heat or cold
2. Body mechanics
3. Breaks in continuity of skin
4. Orientation

**Comfort and cleanliness**

1-10: Recognize manifestations of discomfort and uncleanness. Plan nursing action to prevent or alleviate discomfort or uncleanness

**Rest and sleep**

1-6: Recognize manifestations, person's need for rest. Plan nursing action to promote rest

**Sexuality**

1-4: Recognize possible threats to human sexuality; begin to assess person's response to the threat.

**Physical safety**

1-7: Recognize manifestations that indicate threats to physical safety. Plan nursing actions to alleviate or reduce the threat.
<table>
<thead>
<tr>
<th>Physical assessment of immediate situation</th>
<th>Plan of care in immediate situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Sensory impairment (blind or deaf), impaired touch</td>
<td>8. Clean patient and unit, siderails up, bed in appropriate position; bedpan and urinal in appropriate place; non-constricting apparel, furniture and articles within easy reach.</td>
</tr>
<tr>
<td>6. Strength of person</td>
<td>9-11: Same as 1-7</td>
</tr>
<tr>
<td>7. Mobility of person</td>
<td>11. Age</td>
</tr>
<tr>
<td>8. Environment</td>
<td></td>
</tr>
</tbody>
</table>

**Higher needs**

1. Presence of external symbols of religion
2. Reaction to admission, hospital routine
3. Presence of anxiety, fear, worry
4. Tone of voice
5. Presence of familiar object that makes person feel at home or is symbol of love
6. Feelings expressed about self or others (expressions of feelings about self or how others see him)
7. Loss of body part
8. Presence of family, friends—how often, when, who?
9. Relationships with roommate, staff
10. Does he ask questions?

**Higher needs**

1-10: Recognize manifestations of threat to higher needs.
Plan to begin nursing actions to reduce the threat.
APPENDIX G:

Clinical Laboratory Evaluation Tool: Revised Version

<table>
<thead>
<tr>
<th>Comments</th>
<th>Assessment</th>
<th>Plan of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T ______ (↑ temp. apply to nutrition, F&amp;E, oxygen, physical safety)</td>
<td></td>
<td>Plan for all need areas regarding what you will do to maintain or improve the function and decrease the threat</td>
</tr>
<tr>
<td>P ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R ______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oxygen**

1. Character and quality of respirations
   - (a) abdominal or chest
   - (b) rate and depth
   - (c) sound
   - (d) posture or position of patient

2. Color of skin and nailbeds

3. Orientation to time, place, and person

4. Warmth of extremities

5. Presence of oxygen equipment

**Nutrition**

1. Patient’s appearance
   - (a) body size to weight
<table>
<thead>
<tr>
<th>Comments</th>
<th>Assessment</th>
<th>Plan of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) muscle tone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) energy level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Appetite or intake vs. diet</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Fluids and electrolytes</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Condition of skin and mucous membranes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Thirst or dryness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Intake and output record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Body losses of fluid and electrolytes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5) Presence of I.V. (a) type of solution (b) rate of flow (c) condition of I.V. site and I.V. system</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Elimination</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Presence of Foley (a) color and amount of output</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Avenue and pattern of elimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Exercise</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Range of motion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Traction or cast to a part, crutches or cane in environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Comfort and cleanliness</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Position in bed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Restful environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Presence of tubes, dressings, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Rest and sleep</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Amount of rest and sleep obtained</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Character of sleep</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td>Assessment</td>
<td>Plan of Care</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Sexuality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Altered body image</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Age of individual or state of sexual development</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Application of heat or cold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Sensory impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Medical-surgical intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Higher needs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Reaction to admission, hospital routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Presence of behavior that indicates anxiety, fear or worry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Presence of familiar object that makes person feel at home or is symbol of love and/or psychological safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Feelings expressed about self or others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Loss of body part</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Relationship with roommate, staff, and family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Conclusions</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>1. Age of patient (yr)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Age of normal of same sex and same height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Early appearance of menstruation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Condition of health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Personal history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Personal habits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. General condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Condition of skin and hair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Condition of nails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Condition of teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Condition of mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Condition of nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Condition of eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Condition of ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Condition of throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Condition of breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Condition of abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Condition of lower limbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Condition of upper limbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Condition of back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Condition of spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Condition of muscles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Condition of tendons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Condition of joints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Condition of bones</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

1. Abnormal weight gain or loss
2. Acne or other skin conditions
3. Changes in menstrual cycle
4. Psychiatric history
5. Family history
6. Smoking or alcohol use
7. Diet and exercise habits
8. Stress levels
9. Sleep patterns
10. Medical conditions

**Strengths:**

1. Positive attitude
2. Strong work ethic
3. Extensive knowledge in the field

**Weaknesses:**

1. Lacks confidence in certain areas
2. Struggles with time management
3. Needs improvement in communication skills

**Areas for improvement:**

1. Improve public speaking skills
2. Enhance leadership qualities
3. Expand knowledge in emerging technologies

**Overall:**

Appropriate to role of patient

**Next steps:**

1. Monitor weight and diet
2. Increase physical activity
3. Seek professional help for stress management
APPENDIX H:

Description of Student Evaluative Experience

Student nurse Carol arrived on the nursing station at 8 A.M. to take her clinical test. After receiving her assignment, Mr. KinRoid, a 60-year-old man, she went into room 309 to meet the patient. Carol spent about 45 minutes observing and talking to Mr. KinRoid in an attempt to assess his needs.

Carol identified the following need areas as threatened.

**Psychological Safety**

1. Patient stated he had surgery on an artery that supplies blood to his right leg.
2. Stated he was afraid the surgery would not be successful.
3. Stated he needed to get back to work soon for he had limited insurance coverage.

**Oxygen**

1. Surgery on artery.
2. Right foot cool to the touch, skin pale, decrease in sensation on squeezing the toes.
4. Red X over area of pedal pulse on his right foot—pedal pulse strong.

**Fluid and Electrolytes**

1. Naso-gastric tube connected to intermittent suction. 100 cc of greenish fluid in suction bottle.
2. Intravenous fluid was electrolyte #2 in 5% dextrose, running at 80 cc per hour at present. No swelling, redness, or tenderness at intravenous site.
3. A balanced intake and output sheet.
4. Mouth and lips dry.
Rest and Comfort

1. Restless—patient states he has been on bedrest since surgery. Also may be restless from pain.
2. Incisional pain—patient states he hasn’t had a pain medication in about four hours.

Physical Safety

1. Surgical incision and dressing on abdomen—no drainage.
2. Right foot cool to the touch and decrease in sensation.
3. Poor alignment of right foot in bed.
4. Intravenous infusion.

Nutrition

1. Naso-gastric tube to suction.
2. Nothing per mouth—no water at bedside.
3. Patient appeared tired and weak.
4. Right foot cool to the touch, pale with decrease in sensation.
5. Intravenous fluid of electrolyte #2 in 5% dextrose at 80 cc/hour the only fluid and calories patient is receiving (640 cc of fluid and 128 calories every 8 hours).

After Carol identified the need areas threatened, she talked with her instructor about her immediate assessment of the patient. Besides identifying the needs threatened, Carol also indicated which of Mr. KinRoid’s needs were met and why. The Clinical Laboratory Evaluation Tool was used by the instructor in her conversation with Carol.

Carol then indicated other resources she needed to go to for information before setting out on her patient plan. She went to the team leader, chart, and Kardex and received the following information.

Mr. KinRoid is a 60-year-old business man with a history of peripheral vascular disease. He had a vein stripping two years ago. He has had no other hospitalizations. Two weeks ago he went to his doctor because of tingling sensations in his right leg and foot. Three days ago an angiogram was done. He was found to have 90% occlusion at the bifurcation of the aorta and right iliac artery. Yesterday he had surgery, an aortic to iliac by-pass graft, to bypass the occlusion.

These were Mr. KinRoid’s first postop day orders:

- NPO except for ice chips.
- I&O
- NG tube to intermittent suction; irrigate prn with normal saline.
- BP and TPR q4h
- Popliteal and pedal pulses q4h on right leg.
- Bed rest.
Incisional care—wash with aqueous zephiran and change dressing q.d. or prn.
Compazine I.M. q4h prn.
Demerol I.M. q4h prn.
I.V.—electrolyte # 2 on 5% dextrose 80 cc/hour.

After synthesizing all the information, Carol planned her care for the patient. Before carrying out her plan, she shared it with the instructor. Her plan was based on the priority of needs.

Administer Demerol I.M. for pain.
Regulate and observe I.V.
Close observation of any circulatory changes in the right leg and foot during morning.
Give patient bed bath.
Assist patient with complete oral care.
Give backrub.
Promote circulation to extremities—proper alignment and position.
Turn, cough, and hyperventilate.
Wash incision with aqueous zephiran and change dressing.
Offer small amounts of ice chips.
Observe naso-gastric drainage for color and amount. Check potency of suction—irrigate pm with normal saline.
Allow time for Mr. KinRoid to verbalize his concerns about surgery, his leg, finances, etc.
Keep patient informed about his progress.

After Carol completed care for Mr. KinRoid, she notified her instructor. The instructor evaluated the care given by Carol by seeing and visiting the patient, looking at Carol’s charting, and then talking with the person to whom Carol reported the care she had given.

After the instructor had gone through these steps in evaluating Carol’s care, Carol and the instructor sat down and discussed the strengths and areas in which growth could take place as far as the delivery and evaluation of patient care.
1. Reassess—patient states he has been on bed rest for 3 days and is suffering from pain.

2. Intra-abdominal pain—patient states he has been experiencing abdominal discomfort for the past 2 days.

Physical Safety

- Administer Omeprazole 40 mg PO TID— protect stomach and decrease gastric pressure.
- Right lateral decubitus position.
- Close operation of the ostomy bag and foot control on leg rest.
- Right alignment of right arm on bed.

Additional Information

- Give patient bed rest.
- Assist patient with continence care
- Give patient a nasogastric tube.
- Prevent complications of aspiration— protect glomerular and bronchial mucosa.
- Nasogastric tube placement.
- Intravenous fluid bolus 500 mL 0.9% saline.
- Intravenous fluid bolus 500 mL 0.9% saline.
- Intravenous fluid bolus 500 mL 0.9% saline.
- Intravenous fluid bolus 500 mL 0.9% saline.
- Intravenous fluid bolus 500 mL 0.9% saline.

After completing care for Mr. Kinfield, the nurse took the following information:

Mr. Kinfield is a 50-year-old business man with a history of peripheral vascular disease. He had a vein stripping two years ago. He has had no other hospitalizations.

Two years ago he went to his doctor because of tingling sensations in his right leg and arm. Three days ago an angiogram was done. He was found to have 90% occlusion at the bifurcation of the aorta and right innominate artery. Yesterday he had surgery, an aortic bypass by bypass graft. He typed the occlusion.

These were Mr. Kinfield's last postop day orders:

- No ICU
- No need for intermittent suction; irrigate pat with normal saline.
- Foot and TPR q4h
- Pulpal and pedal pulses qah on right leg
- Bed rest.
APPENDIX I:

Form I: Faculty Ratings of Students

PLEASE DO BEFORE STARTING CLINICAL TESTING
INSTRUCTIONS TO SOPHOMORE NURSING FACULTY ON DATA COLLECTION

On the attached sheet please list all of your lab students on the left-hand side. Then rate each student's ability to synthesize clinically at this point. Number 10 on the scale is the highest and means the student is very able to synthesize clinically as specified in N238; thus a rating of "1" would mean the student was very weak in clinical synthesis at this point. Each student is to be rated individually. This is not an effort to rank students or compare one with the other.

After rating the student, check the aspect or aspects of the synthesis process where you think this particular student needs more work to bring him/her up to the expected level.

You may also make a comment about each student if you wish.

After completing, please return immediately to D407. Thank you again for your cooperation.

<table>
<thead>
<tr>
<th>Name of student</th>
<th>Rating to represent each student's ability to synthesize clinically</th>
<th>Student particularly needs more work in</th>
<th>Comments (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Assessment</td>
<td>Planning</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of student</td>
<td>Rating to represent each student's ability to synthesize clinically 10 = highest on scale 1 = lowest on scale</td>
<td>Student particularly needs more work in</td>
<td>Assessment</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>4.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX J:

Form II: Student Data and Self-Ratings

To: Sophomore Nursing Students

Explanation and Instructions

We are trying some different approaches in teaching and evaluating synthesis in N238 this year. To get feedback about these changes we are asking selected questions of both students and faculty. Some questions deal with your self-perceptions about your ability and progress; others ask you for background information. Again we ask for the fine cooperation you have given us the past two years on questionnaires.

1. Name________________________ (For keeping track of the data only. Information on this questionnaire will not influence your evaluation. Your instructor will not see these until after the end of the quarter. When you are finished with them, she will seal them in a brown envelope for return to a secretary.)

2. What courses besides nursing are you taking this quarter?

3. Are you working this quarter? _____ no _____ yes
   If yes, how many hours per week?
   If yes, what type of work?

4. Have you worked for pay in the hospital or a similar health care institution prior to this quarter? _____ no _____ yes.
   If yes, what was the nature of your job?
   If yes, _____ part-time, how long
   _____ full-time, how long
If yes, check if you have had experience with

________ total care of fairly ill patients

________ caring for multiple patients at one time

5. This quarter you are actively involved in integrating all of your previous knowledge and skills into the care of patients. As you know, we are emphasizing synthesis in your clinical labs. Using the idea of “synthesis” in patient care as it is used in N238, please rate your present ability to synthesize in patient care. Circle a number on the scale below, remembering that 10 refers to the highest ability to synthesize and 1 the lowest.

(very weak 1 2 3 4 5 6 7 8 9 10 (very able to synthesize in care of patients)

in ability to synthesize in care of patients)

6. The process of synthesizing can be divided into the various aspects listed below. Please check those areas where you feel you need the most help. Check more than one if applicable.

____ Assessing and interpreting the patient’s immediate situation

____ Planning appropriate nursing action

____ Implementing the plan of care

____ Evaluating the care given

7. Comments—anything you would like to say to add to the information above.
APPENDIX K:

Form III: Self-Assessment of Independence

Instructions

Listed below are statements that characterize you or any student in varying ways. On each of the characteristics rate yourself as you perceive yourself now as a student. For example, on item 1, if you feel you are strong on “taking responsibility for correct interpretation and completion of assignments,” you would rate yourself high on this item. If you feel this is not so for you at this time, you would give yourself a lower rating. Remember, 10 is the highest rating and 1 the lowest.

Now indicate, by selecting a rating for each item, how you perceive yourself at this time as a student. Please circle your answer.

1. Taking responsibility for correct interpretation and completion of assignments.
   1 2 3 4 5 6 7 8 9 10

2. Setting and keeping of own goals and deadlines.
   1 2 3 4 5 6 7 8 9 10

3. Completing supplemental and enrichment assignments.
   1 2 3 4 5 6 7 8 9 10

4. Meeting course requirements with minimum of direction and/or guidance.
   1 2 3 4 5 6 7 8 9 10

5. Having curiosity about things observed, heard, or read.
   1 2 3 4 5 6 7 8 9 10

6. Demonstrating independence in seeking assistance, from an appropriate person, when it is needed.
   1 2 3 4 5 6 7 8 9 10

75
7. Using feedback about your own progress to adjust your goals and approach to studying.
1 2 3 4 5 6 7 8 9 10

8. Viewing learning experiences as challenging.
1 2 3 4 5 6 7 8 9 10

9. Feeling comfortable with independence in a course or assignment.
1 2 3 4 5 6 7 8 9 10

10. Participating in discussions.
1 2 3 4 5 6 7 8 9 10

11. Feeling comfortable considering a number of viewpoints on a given subject.
1 2 3 4 5 6 7 8 9 10

12. Organizing and synthesizing (relating, bringing together ideas) information obtained from a course.
1 2 3 4 5 6 7 8 9 10

13. Being comfortable with a changing, flexible environment.
1 2 3 4 5 6 7 8 9 10

14. Listening skillfully.
1 2 3 4 5 6 7 8 9 10

15. Stating own ideas when they differ from those of others.
1 2 3 4 5 6 7 8 9 10
APPENDIX L:
Examples of Clinically Oriented Written Quiz Items

Question 1

In the following situation consider what additional information is needed in making an accurate assessment of Betty in the immediate situation.

What needs are threatened in this situation? Support your reasoning for the decision.

The Situation

Betty is an 18-year-old teenage patient, whom you are assigned to for your clinical lab assessment. You obtain the following clinical readings:

BP 170/90
P 100—weak and irregular
T 101.2
R 24 shallow, abdominal respirations

When you walk into the room you note that Betty is slumped over the bedside stand playing a game of solitaire.

Her skin and nailbeds appeared ashen and mottled. Her extremities were cool to the touch. She appeared oriented to time, place, and person.

Betty appeared tired with decrease in muscle tone. She is 5’3” tall, weighs 130 lbs., and appears generally a little edematous.

Her diet menu was on the table—40 gm protein 1 gm sodium diet. Betty states the diet is intolerable and that she has no appetite at all. Her friends had brought her a bag of potato chips and a beef sandwich, which she had eaten.

The condition of the skin was dry, but the mucous membranes were moist. She had no complaints of dryness in spite of her fluid restriction of 800 cc per day. At 3 P.M. you note her intake is 500 cc and her output 240 cc. Because her nausea and vomiting of yesterday had subsided, the I.V. had been discontinued.

She left a voided specimen of urine in the bathroom to be measured.
You note the urine was very light yellow in color. The specific gravity was 1.006 and the output was 50 cc.

Betty was on bedrest with bathroom privileges. She seemed to have full range of motion in extremities, but seemed to move very slowly and tired easily.

She was in a private room that was very neat and orderly. Betty seemed to have difficulty sleeping at night, suggested by the data that she slept at three-hour intervals.
Question 2

In the following situation evaluate the nursing actions carried out based on these two criteria:
1. The satisfaction of the needs threatened.
2. How did this nursing plan take into account the patient’s safety?

Situation

The group leader assigns you to care for Mr. Herbert from 7 to 3:30 P.M. In her report to you she says, “Mr. Herbert, 164 bed 1, 74-year-old cholecystectomy of Drs. Olson & Hay, had a restless night. He returned from P.A.R. (recovery room) at 2:30 P.M. yesterday afternoon and has needed pain medication every 4-5 hours since. His naso-gastric tube is draining all right; his I.V. is on time. He voided once at 8 P.M.—350 cc I think.”

You check the Kardex and find the following information:

Medications: Demerol 100 mg I.M. q4h prn
Codeine gr. iss subq q4h prn
Ampicillin 250 mg I.V. q6h 6-12-6-12
I.V.—D5W 1/3 N.S. with vitamins B&C 75 cc/hour (maintenance)
D5W 1/2 N.S. with 20 meq. KCl—replace N/G suction cc/cc q4h

Treatments: NPO
Bedrest with bathroom privileges
N/G suction
TCH q2h
Ted socks
Catheterize if unable to void within 12 hours postsurgery
IPPB qid with normal saline in nebulizer

When you go to see Mr. Herbert you find him lying in a semifowlers position with his knees and hips flexed. The I.V. is in the dorsal aspect of his lower right arm; his right arm is folded across his chest. His left forearm is resting on his forehead. The N/G tube is taped to his nose and pinned to his gown; it is attached to a Gomco intermittent suction machine, set on low. There are approximately 100 cc in the suction bottle. Mr. Herbert has beads of perspiration on his nose and forehead. His hands are cool and damp, his facial color is pale. He has pale pink earlobes and nailbeds. His vital signs are: BP 160/96, P 104 and thready, T 100° (R), Respiration 24 and shallow. The siderails are up; his linen is rumpled and feels damp. The urinal is hanging on the siderail and is empty. You ask him to take 10 deep breaths and cough. He begins diaphragmatic breathing and then clears his throat, expectorating a small amount of yellow mucus. As he coughs he grimaces, clutches his stomach. You ask if he is having pain and he says, “Of course, each time it hurts more; that shot just doesn’t do much good. Why don’t you give me something strong.” You note that his stomach is flat and feels soft when you palpate it.

You decide that his chief prepotent need is comfort. Your objectives for Mr. Herbert include:

1. Mr. Herbert will cough from his trachial-bronchial tree.
2. You will attempt to alleviate Mr. Herbert’s pain with medications, positioning, and support to the incisional area.
It's now 3 P.M. Mr. Herbert has turned from left side to back, to right side to left side on a 2 hour schedule. The total I.V. fluid infused in 8 hours has been 550 cc. His N/G tube has drained 250 cc/8 hours and has been totally replaced. He has been voiding in 100-150 cc amounts; his total output was 600 cc. He received his Demerol 100 mg at 8:30 A.M. and 1:45 P.M. He breathes deeply using his diaphragmatic and intercostal muscles, but he still coughs by clearing his throat in short, rasping exhalations. His bed linen is dry and rumpled. Mr. Herbert states he has intense incisional pain on coughing, although he splints the incision with a pillow. His facial color is pale pink, his nails are pink, and his fingers and toes are warm and dry. He has been sleeping for short intervals this afternoon. He was walked in his room with the N/G tube clamped for 10 minutes as Dr. Olson ordered that he ambulate t.d. The 12:00 dose of ampicillin was given at 12:45 P.M. as the I.V. infiltrated at 11:30 A.M. and was restarted at 12:30 P.M. Mr. Herbert bathed himself in bed. He was given a backrub and his Ted socks were off for ½ hour during the bath. At 3 P.M. his temperature was 99°F (R), pulse 96 and thready, respirations 24 and shallow, BP 154/92. As you leave you pull his siderails up. Mr. Herbert is dozing on his back. His I.V. is infusing at 75 cc/hour. You place his urinal on the bedside stand.
APPENDIX M:

Form IV: Evaluation of Option Opportunity

Name ________________________________

1. What option did you participate in? Describe completely.

2. Did this option include a different clinical setting from your usual lab floor? yes ____ no _____. What one if different?

3. Describe your feelings about the setting.

4. How long did you work on option? hours ____ days ____ weeks _____. Describe time commitment, i.e., three hours a day, two days a week, etc.

5. Were you satisfied with the option in general? yes ____ no _____. Explain.

6. Would you recommend this option for other students? yes ____ no _____. Explain.

7. Did you receive the guidance you needed? yes ____ no _____. Explain.

8. Was option coordinator your advisor also? yes ____ no _____. If not, who was your advisor. Name ___________________________. Title __________________________.

81
9. Approximately how many hours did you spend in conference with option coordinator __________, with advisor __________, other __________.

10. How much home study did you do for the option sequence? _______ hours.

11. Do you feel like you met your objectives for this experience? Yes _____ No _____. Explain.

12. Did you do extra readings for option opportunity? Yes _____ No ______. What?

13. What did you like best about the option opportunity?

14. What did you like least about the option opportunity?

15. Would you do it again?
   Why or why not?

16. How would you like it changed?

17. Any additional comments.
APPENDIX N:

Form V: Student Evaluation of Course

1. (a) Did you use the synthesis guide in regular clinical experiences before you were actually tested with it?
   
   yes
   no

   (b) Was it helpful?
   yes
   no

   Please explain your answer to part (b).

2. Did the clinical test help you synthesize?
   
   yes
   no

   Please explain your answer.

3. Name one advantage and one disadvantage of the way N238 was handled.
   
   Advantage

   Disadvantage
Appendix B: Student Evaluation of Course

1. Did you use the university's guide to legal clinical experiences before you were selected? (circle)
   [ ] Yes
   [ ] No

2. What helped the most?
   [ ] Yes
   [ ] No

3. What did you like least about the clinical experience?
   [ ] Yes
   [ ] No

4. Would you do it again?
   Why or why not?

5. Did the clinical test help you understand?
   [ ] Yes
   [ ] No

6. How would you like it changed?
   Please explain your answers.

7. Any additional comments
   Please explain advantages and any disadvantages of the way N39 was handled.

8. Advantages
   [ ] 
   [ ] 
   [ ] 

9. Disadvantages
   [ ] 
   [ ] 
   [ ]
APPENDIX O:

Form VI: Record of Clinical Evaluation
Completed by Faculty Member Immediately After Evaluative Experience

1. Student name ___________________________ Clinical lab group A  B
   Hospital _______________________________ Floor __________________________

2. Date of test ____________________________ Passed ________ Not passed ______
   If student did not pass, explain why.

3. Exact time of test ____ A.M., P.M. _______ end ____ A.M., P.M.
4. How long did you prepare for giving test?
5. Was test given during regular clinical period? yes _____ no ______
   If not, what day was it?
6. Was patient on regular clinical floor? yes _____ no ______
   If not, what floor was used?
7. Patient's diagnosis
   age ______ sex ______

8. Brief description of patient. ____________________________________________
   Circle appropriate thing: I.V., Foley, tubes, what kind ______________________
   oriented—disoriented ___________________________________________________
   obvious O₂ need, explain _______________________________________________
   Diet _________________________________________________________________
   Altered elimination pattern, describe ______________________________________
   Psych.-soc. needs, explain ______________________________________________
Other descriptive characteristics of patient

9. Were there any doubts that the student passed or didn't? yes _____ no ________
   Explain if there were.

10. What clinical evaluation tool did you use? old one in workbook ______ new one
    __________. How did it work for this student and patient and situation? Explain.

11. Did any unusual things happen during test, either to the patient or student? Explain.

12. Did you feel comfortable using the tool and giving the examination, in general? Explain.

13. How would you rate the student (subjective feelings)?
   (a) Excellent (b) Above average (c) Average (d) Below average
   (use descriptive terms)

14. Extra things that the student did (if you documented these on the evaluation tool, so
    state and don't repeat).

15. Other comments or notes about this testing situation.
8. Were there any difficulties in the student's handling or design? Explain.

9. When ethical issues arose, did you feel at ease in your role? How did it affect your role in the situation? Explain.

10. Did you feel that you were able to effectively relate to the student or student? Explain.

11. What were some challenges you faced in the role of a teacher in this situation? Explain.

12. How would you rate the student's objective handling?
   (a) Excellent
   (b) Above average
   (c) Average
   (d) Below average
   (Use descriptive terms)

13. What challenges did the student face in your classroom? (Include any evaluation tools used and any data or notes)

14. Other comments or remarks about the teaching situation