

# FACULTY DEVELOPMENT OF ASSESSMENT SKILLS\*

NORA I. PARKER  
Professor, Faculty of Nursing  
University of Toronto

Over the past decade, interest in the contribution that nursing can make to primary health care has mounted. This development has some marked implications for nursing education made explicit in the recommendation of the Report of the Committee on Nurse Practitioners (1972) that "the basic preparation of nurses, both at diploma and university levels, be suitably modified to reflect this broadened concept of nursing" (p. 14).

This recommendation and other developments in health care have resulted in an examination of curricula by various schools of nursing to determine what modifications, if any, are necessary. At the University of Toronto Faculty of Nursing in 1972-73 a sub-committee of the curriculum committee examined in some detail the question of whether the graduates of the basic baccalaureate programme are prepared to perform the functions listed in the Report of the Committee on Nurse Practitioners and whether the instructional objectives suggested in that Report (pp. 37-40) for consideration in the development of programs for the preparation of nurse-practitioners are presently incorporated in the Basic Baccalaureate programme. At that time, there was general agreement that it would be necessary to build in additional content and learning experiences relating to objectives 1 and 2 (history-taking and physical assessment).

In the 1973-74 academic year an ad hoc committee approached this question from another angle. This committee examined the preparation then given in the nurse-practitioner programme at this University in order to make recommendations as to what additional theory and skills might be necessary for the preparation of the baccalaureate to function in a primary care role. The committee considered that, with the exception of additional physical assessment and history taking skills, the preparation given in the basic baccalaureate programme would enable the graduate to function in that role.

Data obtained from a study (Jones and Parker 1973) of the learning needs of baccalaureate students functioning in primary care settings supported the conclusions of the two committees referred to

\*Supported in part by National Health Grant No. 606-22-32 made by Health and Welfare, Canada.

above. This conclusion has been reached by other university schools of nursing (Brown 1974, Graham 1974, Logan 1974).

In order to implement the expressed belief of the Faculty that basic preparation for primary care nursing should be at the baccalaureate level, it was evident that curriculum modification would be necessary to provide opportunities for students to achieve objectives relating to physical assessment and history taking. It was apparent, however, that this decision led to several critical questions, namely, how were the skills to be taught and who would teach them.

### *EXPERIENCE OF OTHER FACULTIES*

A review of the literature shows that, although there are a number of references to the inclusion of assessment skills in baccalaureate curricula and articles on the preparation of the nurse for primary care, there is little to indicate what is being or has been done to prepare faculty members to teach the necessary knowledge and skills, or indeed, whether physicians rather than nursing faculty will teach such skills. In an early reference, Fagin and Goodwin (1972) indicate that the faculty at Lehman College faced this question and unanimously agreed that the faculty themselves would first learn the skills. Further, there was agreement that the planning and clinical learning for faculty would need to be shared with the faculty of the medical school. The details regarding this preparatory stage are not described, but the authors state that it included an "intensive program" requiring a considerable investment of faculty time and that faculty skills must be maintained and improved through continued practice. McGivern (1974), a faculty member at Lehman College, writes that to learn the assessment skills traditionally part of medicine requires instruction from a physician, but reiterates the faculty's position that this medical input should be provided only to faculty. This stand is based on the belief that "we cannot expect students to learn what faculty members do not know". On the other hand, the view that high quality physician-teachers must be involved in the student's learning experiences is expressed by Januska et al. (1974). Such contrasting views can possibly be attributed to the differing thrust of the programmes, as Januska et al. are reporting on the development and initiation of a family nurse practitioner track in a Master's programme. Their rationale includes factors such as preparing the graduate to work closely with physicians and facilitating the acceptance of the family nurse practitioner concept within the medical community. It would seem that these factors would also merit consideration in preparing the undergraduate student to function in a primary care role.

Hagopian and Kilpack (1974) report on steps taken at the University of Rochester to incorporate selected practitioner skills in their programme beginning with the neurological examination in first year. Directors of the medical and paediatric nurse practitioners course taught faculty the skill six weeks before the students were to be taught the same skill. Some of the faculty had the opportunity to practice with physician supervision. The authors state that faculty achieved a "modicum of skill" before beginning to work with students. Emphasis was on the nursing application of the knowledge as opposed to medical diagnosis. Another approach to faculty preparation is noted in an article in which Hayes et al. (1974) report that faculty assumed responsibility for self-development in assessment skills by working in local family practice units.

Although 'acceptance' and 'credibility' are important concerns which will influence decisions as to who is to teach physical assessment skills, there seems to be a fair degree of consensus that nursing faculty should have major responsibility in assisting students to develop such skills (Brown 1974; Faculty of Nursing, The University of New Brunswick, 1974; Logan 1974). The rationale is clearly stated by Graham (1974) and is related to concern that such skills be an integral part of the nursing process and used to enhance nursing care. Thus, the preparation of faculty in these skills becomes a major concern for university faculties. Efforts to provide opportunities for such preparation may be complicated by another factor, that of faculty anxiety in learning such skills. A number of the reports previously cited (Januska; McGivern) comment on the difficulties experienced by teachers in becoming more secure in the area of physical assessment. In contrast, Hagopian and Kilpack report that students approached the new learning with eagerness, "not hampered by rituals nor bound by the barriers of the traditional roles assigned to the nurse and to the doctor".

This is a report of the initial efforts at this Faculty to prepare teaching staff in the area of physical assessment.

#### *A PROGRAMME TO PREPARE FACULTY*

In a report of the progress of the educational programme for nurse practitioners at this university (University of Toronto, Faculty of Medicine and Faculty of Nursing, 1974: 12) it was noted that the Faculty of Nursing had already recorded the belief that basic preparation for primary care nursing should be at the baccalaureate level. The application for grant renewal for 1974-75 had therefore proposed that the next phase of the programme would include the preparation of nurse-instructors who would contribute to the inclusion of defined content in baccalaureate programmes (University of

Toronto, Faculty of Medicine and Faculty of Nursing, 1973: 1). The plan presented was to mount a course during the summer of 1974 with a maximum enrollment of 12 students, consisting of faculty from Canadian university schools of nursing, principally University of Toronto. A further specification regarding the programme was that the length would be determined by the content. This content was to be identified by the curriculum committee of the nursing school in consultation with the curriculum sub-committee of the educational programme. It was further stated that "potential candidates will be a major source of input to the planning and that planning will include arrangements for continuing practice."

In keeping with the above statement in the grant application, faculty members who were to take the course and representatives of the faculty curriculum committee met with the educational coordinators of the nurse practitioner programme and two of the physicians who taught in the programme. Following discussion of the purpose of the course, what faculty hoped to gain from it, its length, and so on, the following objectives were developed for the summer course:

1. To learn how to take and record a complete history using a problem-oriented approach.
2. To learn to assess a patient by means of inspection, percussion, palpation, and auscultation to differentiate normal from abnormal pathology.
3. To increase our knowledge of anatomy, physiology, pathophysiology, and etiology, and to apply it to aid in the recognition of the normal as well as certain common health problems.
4. To obtain sufficient practice in skills learned during the intensive study period to acquire a degree of confidence in one's judgment.
5. To have the opportunity during the academic year to maintain and further develop the acquired skills.

In addition, faculty identified individual learning needs. On the basis of the general objectives and individual interests, the coordinators drew up a tentative programme schedule. A second meeting was then held to review the overall plan and consider further suggestions. Because of constraints on the time of both the staff from the nurse practitioner programme and the faculty who were to take the course, the length was limited to six weeks. At the same time it was recognized that in terms of the stated objectives, a longer period might be preferable. Following these planning meetings, each course participant was provided with an individual timetable which provided for both classroom sessions with the entire group and clinical learning

Figure 1.

QUESTIONNAIRE ITEMS DISTRIBUTED TO COURSE PARTICIPANTS

Faculty of Nursing Course June - July 1974

1. How successful do you think you were during the six week course in meeting the following objectives developed by the group for the course?

Very      Moderately      Unsuccessful  
Successful      Successful

- a) To learn how to take and record a complete history using a problem-oriented approach
  - b) To learn to assess a patient by means of inspection, percussion, palpation, and auscultation to differentiate normal from abnormal pathology
  - c) To increase our knowledge of anatomy, physiology, pathophysiology and etiology and to apply it to aid in the recognition of the normal as well as certain common health problems
  - d) To obtain sufficient practice in skills learned during the intensive study period to acquire a degree of confidence in one's judgement.
2. If you indicated *moderately successful* or *unsuccessful* in answering question #1, please explain why you feel this way.

*Objective (a):*

*Objective (b):*

*Objective (c):*

*Objective (d):*

---

experiences in which the numbers varied. One day a week was, in the main, left open to be devoted to individual learning. All course participants were provided with a large amount of study material.

This course with the same objectives and a very similar format was repeated in 1975. One variation was to schedule an open period at the end of the course as a clinical practice period. A variety of settings was chosen for this final period. Eight faculty were enrolled in the 1974 course and 11 in the 1975 period (4 of the total were from other than University of Toronto).



3. How would you rate the following aspects of the curriculum and what suggestions do you have for improvement?
- (a) Content: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_  
Suggestions for improvement:
- (b) Learning experiences:
- i) Teaching methods: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_  
Suggestions for improvement:
- ii) Study materials: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_  
Suggestions for improvement:
- iii) Clinical practice: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_  
Suggestions for improvement:
- (c) Organization of the course: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_  
Suggestions for improvement:
4. The final objective developed by the group for the course was "to have the opportunity during the academic year to maintain and further develop the acquired skills".
- a) Do you feel the course has provided you with sufficient skills to be used as a base during on-going practice?
- yes \_\_\_\_\_ to a fair extent \_\_\_\_\_ no \_\_\_\_\_
- b) What type(s) of on-going experiences during the academic year do you feel would allow you to maintain and further develop the acquired skills?
5. If you have other comments about this course or general suggestions that you feel would be helpful in planning a future course of this nature, please indicate below  
(Added in 1975:)
6. Do you think this course would be more beneficial to you if it were spread out over one year?
- 

## EVALUATION

On the assumption that the participants in the course had had considerable experience in self-evaluation and in determining their own learning needs, no plans were made for assessing performance at the termination of the course, rather it was decided to attempt to assess whether the participants judged that they had been successful in meeting the defined objectives, how they would rate the course in terms of content, teaching methods, study materials, clinical practice and organization. In support of this approach, it was noted that even

TABLE 1: PARTICIPANTS' PERCEPTIONS OF SUCCESS  
IN MEETING  
FOUR COURSE OBJECTIVES

	Objectives				Total
	a	b	c	d	
Very Successful	3	2	3	1	9
Moderately Successful	11	11	11	12	45
Unsuccessful	—	1	—	1	2
Total	14	14	14	14	56

prior to the course, students had identified the need for ongoing practice. It was also hoped that ideas for future planning would be presented. In line with these thoughts a questionnaire (Fig. 1) was developed by the programme coordinators and the chairman of the Faculty Curriculum Committee for use in 1974. The same questionnaire with one additional question was used in 1975.

### RESULTS

All of the participants in the 1974 course and 6 of those enrolled in 1975 completed the questionnaire. Although responses have been tabulated the most useful aspect of the evaluation may be found in the comments of participating faculty.

### ACHIEVEMENTS OF OBJECTIVES

As evident in Table 1, the majority of the participants felt they had been at least moderately successful in meeting the four objectives. The individual who felt she had been unsuccessful in the objective related to the area of physical assessment indicated that she had "gained considerable skill within this objective but to be skilful is going to take time". The person who perceived herself as unsuccessful in objective d, felt that in 6 weeks she had not had sufficient practice to meet this objective and saw the need for continued verification of physical findings by a physician.

The majority of the comments made in response to the second question were concerned with the need for more practice, either during the course or after its completion. Most indicated, in relation to one objective or the other, that more practice could have been built into the course even though the time was limited. The need for ongoing practice, either to maintain or to further develop the acquired skills, was suggested by 8 participants in relation to history-taking and by 11 in relation to physical assessment.

TABLE 2: RATING OF CURRICULUM COMPONENTS

Curriculum Component	Rating			
	Good	Fair	Poor	N.A.
Content	11	2	—	1
Teaching Methods	9	4	—	1
Study Materials	11	3	—	—
Clinical Practice	14	—	—	—
Organization	11	1	—	2

### *EVALUATION OF COURSE CONTENT, LEARNING EXPERIENCES AND ORGANIZATION*

The course participants were asked to rate various components of the course and the organization of these components as 'good' 'fair' or 'poor'. Responses are shown in Table 2.

There was a very positive overall response to the course; in particular, 100% of the respondents rated the clinical practice sessions as good. There was no category of "Excellent" included on the questionnaire and some individuals included this adjective in commenting on practice sessions.

Although 11 of the 14 faculty who completed questionnaires rated the study materials as good, all but three people felt the uses to which they were put could have been improved. These comments are related to teaching methods and the content of some classes, as these were apparently a reiteration of the content contained in the study materials. Most felt that prior study of the materials should have been assumed and the class time devoted to clinical illustrations, questions and exploring content at greater depth. Those who felt the study materials were only 'fair' felt they were superficial. Some of the study materials focused on medical management and participants felt such materials were not helpful as the stated objectives did not include 'medical management'.

Suggestions for improving the content of the course included the following:

1. Greater depth.
2. Concentration on assessment, history-taking.
3. Recognition of previous knowledge so that class time is used wisely.
4. Less repetition of content.
5. Geriatric content.

In relation to teaching methods, the largest number of suggestions was again in relation to the time spent in class repeating content of the handout materials. There seemed to be a consensus that either the



class time could be reduced with practice time increased, or a different use should be made of class time, for example, use of case studies and clinical illustrations. Some mentioned that 'role playing' sessions had been helpful.

As previously noted, the evaluation of the clinical practice was very positive. One person stated, "clinical rounds with Dr. A ——— were excellent learning experiences because of student involvement, tips on examining and teaching reconditions encountered. Dr. B ——— taught in much the same way". However, there were some thoughts as to how this area of the curriculum could be strengthened still further:

- |   |     |
|---|-----|
| 1. More extensive practice in assessing   | — 5 |
| 2. Smaller clinical groups  | — 3 |
| 3. Use of other students to practice skills                                     | — 3 |
| 4. Increase time for evaluation and sharing experiences                         | — 2 |
| 5. Better orientation prior to clinical practice for both students and teachers | — 2 |

Comments were received as well about the use of certain clinical facilities; these would be useful only in relation to this locality and are therefore not included in this report.

#### *ORGANIZATION OF THE COURSE*

In response to the question concerning the organization of the course, 11 of the 14 respondents rated the organization as 'good' and 2 did not check any rating but included comments that related to content rather than organization. One participant rated the organization as 'fair' and commented that "An overall plan was not visible, systems were introduced in random order. Scheduling was adequate". Several who rated the organization as 'good' made suggestions for some strengthening; for example, that the organization provide for more practice on each other at the beginning of the course and more practice with validation of findings at the end.

#### *FURTHER COMMENTS AND SUGGESTIONS*

The faculty who responded to the opportunity to include other comments, or suggestions that would be helpful in future planning, offered a number of ideas that would appear very worthwhile. These included the following:

1. More emphasis on the normal at the beginning of the course before getting into abnormal. (Several suggested that as a means of implementing this idea, the participants might practice on each other).
2. Provide problem solving materials with utilization.

3. Emphasize assessment not management.
4. Have students submit reports of histories and physicals done to be evaluated.

In addition to these suggestions, the need for more practice during and following the course was reiterated.

Some of the participant faculty took this as an opportunity to express their appreciation of the course, and the helpful attitudes of the coordinators and teachers. Similar positive comments were made at some point in responding to the questionnaire by all who completed it. Generally, the course was seen as a very valuable learning experience.

#### *SUMMARY*

The final objective developed by the faculty for the course was "to have the opportunity during the academic year to maintain and further develop the acquired skills". There appears to be an assumption inherent in this objective that the skills will not be acquired during the course; however, faculty felt strongly that on-going practice would be necessary to maintain skills acquired. In view of this, the participants were asked whether the course had provided them with a base for on-going practice and what types of experiences they felt would be necessary to maintain and further develop acquired skills.

Of the 14 respondents, 9 felt the course had provided a base for on-going practice, and several added that it had provided an "excellent base for further learning". The remainder responded with "to a fair extent". In 1975, an additional question asked whether the course would be more beneficial if spread over a year. For a variety of reasons, most felt this would be a disadvantage and saw the need for a concentrated course like the summer course provided through the nurse-practitioner project.

With respect to the type of on-going experiences this group saw as necessary, a large majority (11) stated they needed continued practice using history-taking and physical assessment skills, interpreting findings, and having validation by a physician. Of these, some mentioned the setting in which this should take place — family practice and community clinic (5) or hospital (2) — while others felt the setting was not important but stated they would like more practice with the "normal". Where there was mention of time, it was felt that practice would need to be on a regular basis, preferably once a week.

Because of the stated need expressed in the fifth objective of the course and in the responses to this last question, in the 1974-75 academic year arrangements were made by the Faculty to have a physician conduct weekly sessions with the group that took the summer

course as well as some additional faculty members. A similar arrangement was made for the 1975 group with weekly sessions involving practice in the skills. In many of these practice sessions, faculty worked in pairs, examining each other, with the physician validating their findings. This approach evoked considerable anxiety initially which had to be worked through before the sessions could proceed smoothly. Of the original group of faculty who are still on staff, 4 have also made arrangements for continued practice on their own.

In the application for grant renewal, the project was to be considered successful "if there is evidence of progress in introduction of required content into university nursing education; this will include such evidence as extent of planning, teaching included, continuing practice of course graduates, etc." (University of Toronto 1973). In addition to contributing to the teaching of physical assessment skills in the undergraduate programme, faculty who participated in the summer course also developed a plan for the integration of the skills in the programme thus contributing to planned curriculum change. The plan as developed by that group was implemented in the first year of the Basic Baccalaureate Course. This has implications for succeeding years so that on-going revision will result. Thus on the basis of both teaching and curriculum modification, the project has met the criteria for success.

### REFERENCES

- Brown, B. G. Exploration of the "expanded role" of the nurse in a primary care setting, *Nursing Papers* 6(2) :41-49, 1974.
- Canada. Department of Health and Welfare. *Report of the Committee on nurse practitioners* (T. J. Boudreau). Ottawa: Department of National Health and Welfare, 1972.
- Faculty of Nursing, The University of New Brunswick. Statement of current position on the expanding role of the nurse. *Nursing Papers* 6 (2) : 7-9, 1974.
- Fagin, C. M. and Goodwin, B. Baccalaureate preparation for primary care. *Nursing Outlook* 20 :240-244, 1972.
- Graham, L. E. Letter to the editor. *Nursing Papers* 6(2) :5-6, 1974.
- Hagopian, G. and Kilpack, V. Baccalaureate students learn assessment skills. *Nursing Outlook* 22 :454-56, 1974.
- Hayes, P., Field, P. A., McClure, R. E., Niskala, H. and Stinson, S. The expanded role of the nurse: A position paper. *Nursing Papers* 6(2) :34-36, 1974.
- Januska, C., Davis, C. D., Knollmueller, R. N., and Wilson, P. Development of a family nurse practitioner curriculum. *Nursing Outlook* 22 :103-108, 1974.
- Jones, P. E. and Parker, N. I. The identification of learning needs by means of critical events. *Nursing Papers* 5(2) :18-27, 1973.
- Logan, E. Expanding the role of the nurse. *Nursing Papers* 6(2) :15-18, 1974.
- McGivern, D. Baccalaureate preparation of the nurse practitioner. *Nursing Outlook* 22 :94-98, 1974.

University of Toronto Faculty of Medicine and Faculty of Nursing. *An educational programme for nurse practitioners: Progress report*. Phase 2, January 1 — December 31, 1973. University of Toronto, 1974.

University of Toronto Faculty of Medicine and Faculty of Nursing. *An educational programme for nurse practitioners*. Application for renewal of support, National Health Grant, No. 606-22-32. University of Toronto, 1973.

### **Perfectionnement des professeurs en matière d'évaluation de la condition physique du client**

L'évolution des services de santé a rendu nécessaire un ré-examen des programmes des écoles de nursing universitaires: à savoir, quelles sont les modifications qu'il faudrait apporter pour bien préparer les diplômés à exercer dans les milieux de soins primaires. A l'école de nursing de l'université de Toronto, il était manifeste que le programme devait être modifié si l'on voulait que les étudiants puissent atteindre des objectifs comme l'évaluation de l'état physique et l'historique des antécédents. Le présent article fait rapport du travail initial qui a eu lieu à cette faculté en vue de préparer les professeurs à enseigner ces compétences supplémentaires.

Dix-neuf professeurs, dont quatre appartenant à d'autres universités, ont participé à deux brefs cours d'été. L'évaluation a indiqué que ces cours pouvaient être considérés comme une réussite dans le sens où ils constituaient une base. La majorité des participants, toutefois, ont été d'avis que la pratique suivie de ces compétences était essentielle. Les participants ont aussi élaboré un plan pour les intégrer au programme de 1er cycle.