Evaluating Physical Assessment Skills in an Online RN-BSN Program ☆

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In 2012, the American Association of Colleges of Nursing (AACN) sent to schools of nursing a white paper clarifying the organization's position on clinical learning activities for RN to BSN programs. The white paper, titled "Expectations for Practice Experiences in the RN to Baccalaureate Curriculum" laid out guidelines for clinical learning experiences for schools offering RN to BSN programs. For one school of nursing in Texas, the AACN white paper led administration and faculty to the conference table to discuss the implications of the paper's recommendations for its' online RN to BSN program.

While this Texas school had long required "field experiences" within the RN to BSN program, faculty were unsure these field experiences met the defined AACN specifications. Administration and faculty were also acutely aware of a planned professional accreditation site visit within two years by the Commission on Collegiate Nursing Education (CCNE) and were very motivated to ensure the curriculum exceeded standards and essential expectations. This paper will share the journey of this Texas school and where the school is today in ensuring the changes precipitated by white paper continue in the RN to BSN curriculum.

Reviewing the RN to BSN curriculum

Students, educators, and administrators have embraced the RN to BSN education model as a cost-effective educational pathway for many individuals to become wage-earning registered nurses and complete their undergraduate education. The first half of this education model, the associate degree nursing (ADN) programs, are highly accessible through a network of community colleges throughout the United States

and are affordable with lower operating costs than four-year universities (AACN, 2018). The growth of the second half of the model, represented by universities offering degree completion programs, is driven by a growing demand for BSN prepared nurses in most healthcare sectors (AACN, 2018).

This Texas RN to BSN curriculum offers a 30-semester credit hour degree plan. In considering the 2012 AACN practice experience guidelines, faculty turned to an important resource in conducting a review of the curriculum, which was the Differentiated Essential Competencies (DECs). The DECs is the third generation of Texas Board of Nursing (BON or Board) education competencies based upon the distinctive education outcomes of three levels of prelicensure nursing education programs: vocational, associate, and baccalaureate (Texas BON, 2011). The DECs were designed to provide guidance to nursing education programs for curriculum development and revision, to provide tools for benchmarking and evaluation, and to serve as a standard for all nursing programs across the state. Secondly, the DECs serve as a guide for employers to develop orientations and internships, job descriptions and career ladders, determine entry-level competencies, and review and revise policies and procedures related to nursing care (Texas BON, 2011). The DECs include twenty-five core competencies under four main nursing role categories: member of the profession, provider of patient-centered care, patient safety advocate and member of the health care team (Texas BON, 2011). Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon each of the knowledge areas (Texas BON, 2011). The DECs provide educational programs with basic preparation

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Table 1

Differentiated Essential Competencies (DECs) of graduates of Texas baccalaureate degree nursing education programs

I. Member of the profession	A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
	B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
	C. Promote the practice of professional nursing through leadership activities and advocacy.
	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self- analysis, self-care, and lifelong learning.
II. Provider of patient-centered care	A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence- based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
	B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients, families, populations, and communities based upon interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
	C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
	D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities broad array of health care services.
	E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
	F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence- based practice and research findings, and plan follow-up nursing care.
	G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
	H. Coordinate human, information, and materiel management resources in providing care for patients, families,
III. Patient safety advocate	A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
	B. Implement measures to promote quality and a safe environment for patients, self, and others.
	C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
	E. Comply with mandatory reporting requirements of the Texas NPA.
	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.
IV. Member of the health care team	A. Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
	B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
	C. Use multiple referral resources for patients, families, populations, and communities considering cost, confidentiality, effectiveness and efficiency of care, continuity and continuum of care, and health promotion, maintenance, and restoration.
	D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain the optimal health status of patients, families, populations, and communities.
	E. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
	F. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or organizational need.
	G. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.

(Retrieved from http://www.bne.state.tx.us/education_documents.asp).

competencies related to knowledge, clinical judgment, and behaviors, expanding role expectations at each entry level (Texas BON, 2011). After reviewing the Texas BON Baccalaureate Degree Nursing DEC's (Table 1), faculty determined the RN to BSN program needed to fortify content in the areas of physical assessment as well as in geriatrics. Therefore, the next step was to determine where in the curriculum these changes needed to be made.

This university's RN to BSN curriculum did not include a separate course on physical assessment as Texas-approved ADN curricula already included the physical assessment practice component. However, the faculty knew focused assessments were generally not covered. Faculty reviewed course content for the community and population health course and determined to add an older adult assessment assignment, with a focus on the evaluation of home safety, would have application to conducting an assessment on various vulnerable populations and build on existing physical assessment knowledge of the ADN nurse. The three-hour credit community and population health course includes a one-hour clinical component. Completing the focused older adult assessment assignment would also meet the clinical learning hours required for the course. The assignment was weighted as 35% of the module grade. The course objectives were then modified to reflect the following:

1. Incorporate emerging health concepts and evidence related to health promotion and disease prevention with culturally diverse families and populations at risk in a variety of community settings.

Emphasis is given to identifying risk and to use the nursing process with populations at risk.

2. Apply knowledge of the health care system in planning and referring clients to appropriate community resources for health promotion, disease prevention, detection, treatment and risk reduction, and rehabilitation.
3. Examine healthcare policy, finance, and regulatory environments with attention to healthcare disparities among diverse populations.
4. Demonstrate effective inter-professional communication to collaborate with others improving client health outcomes in culturally diverse populations.

The older adult assessment assignment would meet specifically meet course objective #2. There are approximately 230 students in the community and population health-nursing course. For the eight faculty assigned to teach this course, the ratio of faculty to students does not exceed 1:36 students. Therefore, the faculty had time to thoroughly review, grade, and provide written feedback for the Older Adult Assessment and video assignment.

Once this was decided the next step was to identify an evidence-based model, which would meet the needs of the course.

Adoption of the Tinetti Mobility Test

After a review of the literature, the faculty agreed to adopt the Tinetti Mobility Test for the course. The Tinetti Mobility Test (TMT) is a

focused assessment used to determine balance and gait abilities in older adults by evaluating mental/cognitive, emotional, physical, sensory, neurologic, and musculoskeletal status (Curcio et al., 2016; NSCL, 2018). Thus, a major benefit of adopting the TMT for students and faculty was assurance of a validated and reliable tool to assess older adults. The assignment introduces students to home health nursing of older adults as one aspect of community care of clients. The learning outcomes for the assignment provided students an opportunity to:

1. Synthesize nursing knowledge from the natural and behavioral sciences, arts, humanities, and nursing science as a basis for population-focused nursing practice.
2. Incorporate knowledge of information management, quality improvement, and client care technology in a variety of population-focused settings.
3. Use effective inter-professional communication to collaborate with others improving client health outcomes in culturally diverse populations.

One of the course objectives includes the ability to incorporate emerging health concepts and evidence related to health promotion and disease prevention with culturally diverse families and populations at risk in a variety of community settings. Emphasis is given to identifying risk and using the nursing process with populations at risk. Thus, a major benefit of adopting the TMT is that there was an extensive body of literature from which students and faculty could draw.

The Older Adult Assessment clinical assignment has three parts. The three aspects include the physical assessment (40%), Tinetti balance and gait combined (30%), safety component summary (15%), and uploading the video, nurse's narratives and mock client consent (15%) (see Attachment A: Older adult assessment grading rubric). Students are informed at the beginning of the course of the need to find an older adult who is 62 years old or older who will volunteer to be their mock client. Students are encouraged to utilize the volunteers who consent from their work setting, worship or senior citizen volunteer centers. Faculty reasoned that recruiting volunteers from within the students' home community promotes a greater understanding of community resources and encouraged local involvement. Once the volunteer is identified, the volunteer is required to complete a written consent from the institution. In the initial development of the assignment, students were directed to view the *Tinetti Balance Test* YouTube video-recorded online (Famous Physical Therapists, 2012). As the course progressed, with the assistance of the institution's technology department, faculty created and provided a video demonstration of the TMT assessment (http://tinyurl.com/y9netjn6). Upon completion of the assessment, students are required to submit a one-page nurse's note summary including the physical assessment findings and conclusions, the two Tinetti gait and balance scores, and individualized client teaching related to falls risks and safety of the home.

In the final step, students are provided detailed assignment instructions explaining how to create a video with an Android or iOS device. Should a student have any difficulty in creating the video, the school of nursing's Institutional Technology (IT) department is available to assist. All three components (the client consent form, the nurse's narrative, and the video) are uploaded at the same time in the online learning management platform for the course. The YouTube website was adopted for ease of uploading and accessibility. To ensure the confidentiality of the student and the volunteer students are instructed on how to set up the privacy settings (so that faculty can access and view the video). The mock client is given an alias, and no addresses are shared. After completion of the TMT and the evaluation of the home environment, a personalized safety plan is discussed with the client in the video and the summarized in the student nurse's narrative note.

Because of the focus on the incorporation of the TMT in combination with the older adult physical assessment, the future bachelor prepared nurse demonstrates the ability to go beyond the standard physical assessment by incorporating a focused assessment. This specific assignment highlights the ability of the student to look beyond the basic physical assessment to explore and analyze the impact of the environment, as it relates to the patient and the implications this has on safety and falls prevention which is an expected competency of the professional nurse.

CCNE site review

Administration and faculty both were anxious to hear feedback from the CCNE site visitors on the assignment and if the activity met the requirements of the accreditation standards and guidelines for practice, experience set by AACN. The site visitor assigned to review the undergraduate programs were shown the RN to BSN learning objectives, the community and population health course syllabus, and learning modules, as well as given the opportunity to view student-made videos, the written nurse's notes, and to speak with the lead faculty for the course. It was not until the exit interview did administration and faculty learn that the Older Adult Assessment and video assignment was enthusiastically embraced, receiving a positive endorsement from the site visitors for its innovation and for building on ADN acquired knowledge and skill.

Conclusion

Many RN to BSN online programs incorporate clinical experiences with students' current employers or utilize a local simulation facility, potentially incurring additional clinical expenses. By using the Older Adults Assessment and video assignment, students complete clinical learning experiences and gain knowledge and practice skills expanding their education beyond the entry-level ADN nurse. Incorporating the clinical learning experience in a home setting provides students an opportunity to learn about their community without additional costs. Upon completion of the course, a student course satisfaction evaluation is conducted. The summary of the results demonstrated moderate to high satisfaction ratings for the overall course, and that learning outcome was achieved. As this assignment has evolved over the last three years, medication pricing and planning have been added as an additional component to this assignment.

ADN programs prepare students to perform essential components of an adult physical assessment to obtain licensure. Students in this RN to BSN community health course benefit by advancing their adult assessment skills with emphasis on addressing the needs of the growing older adult population. In 2016, the CCNE site visitors enthusiastically received this learning activity as an innovative teaching method. The Older Adult Assessment and video assignment is a unique form of teaching meeting the requirements for clinical learning experiences recommended in the AACN white paper (McHugh, 1991). By designing an assignment with the student as the center, where student/faculty engagement is the goal, this school of nursing improved a quality online RN-to-BSN community health-nursing course (Allen & Armstrong, 2016). In conclusion, the Older Adult Assessment and video assignment provide students an opportunity to develop and demonstrate advanced clinical reasoning and proficiency at the professional level.

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