To the Graduate Council:

I am submitting herewith a dissertation written by Tanya Gorman Wells entitled "A Study of Advanced Placement Procedures in Structured Versus Non-Structured Curriculum Formats and Their Effects on Retention and Licensure Examination Success of Licensed Practical Nurses Entering Associate Degree Nursing Programs." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Administration and Supervision.

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# A STUDY OF ADVANCED PLACEMENT PROCEDURES IN STRUCTURED VERSUS NON-STRUCTURED CURRICULUM FORMATS AND THEIR EFFECTS ON RETENTION AND LICENSURE EXAMINATION SUCCESS OF LICENSED PRACTICAL NURSES ENTERING ASSOCIATE DEGREE NURSING PROGRAMS

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## ABSTRACT

The purpose of this study was to gather data from National League for Nursing accredited associate degree nursing programs in the United States. Respondents were asked to state if a structured curriculum format was used to award advanced placement to licensed practical nurses entering the program versus a non-structured curriculum format. The effect of these two variables was investigated specifically as to how they affected student retention, or completion, of the courses of study and student success on the first attempt in writing the National Council Licensure Examination for registered nurse licensure (NCLEX-RN).

The population of National League for Nursing accredited associate degree nursing programs was identified and sent a survey questionnaire. Data were gathered regarding the presence of absence of a structured curriculum format which was defined as a specific course, or courses, required of LPN's entering the nursing program, a course, or courses, not required of other nursing students. Successful completion of this course by LPN's resulted in advanced placement. This course, or courses, must be found in published institutional or program materials. While the results of the survery were essentially descriptive in nature, the hypotheses were evaluated using the t test at the .05 level of significance. Two specific comparisons were derived. One was a comparison of percent of retention and percent of first time success on the NCLEX-RN

examination of programs with structured versus non-structured curriculum formats. The second was a comparison of percent of retention and percent of first time success on the NCLEX-RN examination for programs awarding any form of advanced placement versus programs that utilized no procedures for advanced placement.

A total of 390 programs were identified and 312, or 90 percent, responded. Of the 312 programs responding, 88 indicated the existence of a structured curriculum format for awarding advanced placement to LPN's. Two hundred fifty nine indicated the existence of some form(s) of advanced placement procedures for awarding advanced placement to LPN's.

Programs which had a structured curriculum format demonstrated a mean retention percent of 89.01, as compared to programs without structured formats which demonstrated a mean retention percent of 84.82. This difference was significant at the .05 level. Programs with structured curriculum formats demonstrated a mean first time NCLEX-RN pass percent of 95.38, while those with non-structured formats had a mean first time NCLEX-RN pass percent of 95.59. This difference was not significant.

Programs which indicated the existence of advanced placement procedures in any form exhibited a mean retention percent of 85.01, compared to programs with no advanced placement procedures which exhibited a mean retention percent of 91.63, a difference significant at the .05 level. Programs which were reported to have advanced placement procedures in any form demonstrated a mean first

time NCLEX-RN pass percent of 95.45 compared to programs with no advanced placement procedures which demonstrated a mean first time NCLEX-RN pass percent of 96.20. This finding was not significant.

The central hypotheses in this study were:

1. A structured curriculum format for advanced placement will result in increased completion of licensed practical nurses in associate degree nursing programs as compared to a non-structured curriculum format.

2. A structured curriculum format for advanced placement will result in improved performance on the first writing of the NCLEX-RN examination as compared to a non-structured curriculum format.

The first hypothesis was supported, significant at the .05 level. It appears that a structured curriculum format did indeed serve to improve retention in the programs responding. Comparing programs which offered advanced placement in any form with programs which did not offer advanced placement yielded the finding that no form of advanced placement resulted in a higher retention rate of students. From these data it appears that a structured curriculum format improves retention in associate degree nursing programs over any method used to award advanced placement, but fails to improve it over what is possible when no procedures for advanced placement are used.

There was no statistically significant difference found for the mean percent of first time success on the NCLEX-RN examination

between programs with structured and non-structured curriculum formats nor between programs with procedures for advanced placement and no procedures for advanced placement. It is concluded from these data that regardless of curriculum structure or advanced placement procedures, LPN's will generally be successful on the first try at the NCLEX-RN examination thus rejecting the hypothesis that a structured curriculum format will result in improved performance on the first writing on the NCLEX-RN examination.

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# CHAPTER I

## INTRODUCTION

"The notion that man can accomplish his lifespan with a given set of intellectual and technical luggage is fast disappearing" (Lengrand, 1970, p. 44).

This 1970 statement could be modified in 1985 to read, "The notion that man can accomplish his lifespan with a given set of intellectual and technical luggage has disappeared." Lifelong learning and upgrading of skills is now a way of life. These skills are not necessarily limited to technical, psychomotor skills but may also include knowledge and value domains of learning. R. H. Dave (1976, p. 201) stated that, "What is needed is an educational organization in which all citizens have access to education at a time where they feel the need of such access, and under circumstances in which they find the experience congenial and stimulating."

Higher education has attempted to respond to this challenge through the creation of more flexible programs: multiple exit and entry points, off-time scheduling, credit for life experiences, and credit for demonstrated competency by examination as representative examples. Granted, various programs are more flexible and successful in their attempts than others. Programs in health areas, specifically nursing, have been extremely sluggish in their response to educational opportunities for flexibility and mobility, perhaps due in large part to the many tiers present in nursing education;

licensed practical nurse (LPN), Associate Degree registered nurse, Diploma registered nurse, Baccalaureate Degree registered nurse, Master's Degree registered nurse and registered nurses with doctorates.

Nurse educators have attempted to deal with the issue of mobility within the profession, but the obstacles inherent within these many patterns of educational preparation are numerous. "Flexible patterns in nursing education are in concert with the trends in flexible patterns of higher education, in general, but are currently fewer in number" (American Nurses' Association, 1978, p. 7).

Health care today is increasingly complex. Significant changes that influence and impact the nature and scope of nursing practice have occurred. These changes have created a "demand for nurses who possess broader knowledge, wider range of clinical nursing skills, greater awareness of impact of cultural differences, environmental conditions, socioeconomic factors and family interactions" (Carroll, Fischer, Frerichs, 1980, pp. 5-6) and who can provide care to meet the expanding health care needs of individuals.

"The goal of meeting the health needs of a society which is in transition will have a major influence on curriculum development and revision of all health care programs, especially nursing" (American Nurses' Association, 1978). A large portion of curriculum development in, and revision of, nursing programs should address not only the increased knowledge necessary for a nurse to provide care, but also the issue of mobility within the profession, which provides for the expansion and upgrading of knowledge and skills.

The American Nurses' Association (ANA) stated "It is the belief of the ANA Commission on Nursing Education that it is the inherent right of each individual to seek his or her maximum potential or self-actualization" (1978). They further defined and clarified this position when they wrote:

> The Commission on Nursing Education supports the evolvement of flexible patterns of education for nurses provided that the programs:
> 1. meet the standards for nursing education as set forth by the profession
> 2. are controlled, directed, and developed by qualified nurses
> 3. include as a major component the evaluation of outcomes or expected competencies
> 4. protect both the consumer and the profession through maintenance of performance standards
> 5. provide for accessible and retrievable data for use in decision-making for future directions (1978, p. 6).

The National League for Nursing (NLN), the officially recognized accrediting agency for nursing education programs, also supports the concept and practice of mobility. In a position statement issued in 1982, it was stated,

> The NLN supports mobility. It believes programs should allow nurses to advance from one level to another--expand their scope and increase responsibilities. . . . In a plan for educational mobility, opportunity should be provided for students to validate previously acquired educational and clinical competencies to facilitate advanced placement (NLN, 1982, p. 8).

Nursing programs currently utilize two major means for accommodating licensed practical nurses into the nursing course of study and awarding them advanced placement in the program.

1. Credit by examination--this may be accomplished by either nationally standardized exams, such as those produced by the National League for Nursing, or the use of each program's

individually designed exams. Frequently these program examinations are the final exams for each course for which the licensed practical nurse is seeking to obtain credit.

2. Specifically designed courses that licensed practical nurses are required to take. These courses serve as "bridge" courses that provide the licensed practical nurse with background material and orientation to facilitate ease of entry into the standard nursing program courses. These courses allow students the opportunity to validate existing nursing competencies.

Occasionally, a combination of the above two means is used to award advanced placement to licensed practical nurses. Through either establishing credit for a course by examination or completion of a required course, or courses, nursing competencies are tested and validated. The results of these validation procedures will assist in proper placement of licensed practical nurses in the program sequence. "Demonstration of competencies of students enrolled in nursing education programs determines their placement and rates of progress" (American Nurses' Association, 1978, p. 11).

Although both methods or a combination of methods, credit by examination and/or required specific courses, may be used to award advanced placement to licensed practical nurses, the existence of such means in associate degree nursing programs is fragmented: some programs offer no means for upward mobility, some limited means, and others allow advanced placement into the second level nursing courses; i.e., one year of first level nursing courses may be bypassed.

As an illustration of this situation, the 17 associate degree nursing programs in the State of Tennessee have four that provide some form of advanced placement for licensed practical nurses; two that allow only one quarter to be bypassed, one that allows two quarters, and one that allows three quarters to be bypassed. All of these instances are based on the credit by examination method for advanced placement.

Sweeney (1980) stated that "our present nursing education patterns create a non-system which perpetuates confusion and diffusion of the nurse energy pool . . . career mobility has been frustrating, confusing and capricious" (pp. 28-29). The National Commission for the Study of Nursing and Nursing Education (1970) conceded that "For too long, nursing students in the United States have faced the hazards and the frustrations of a divided and poorly articulated system for education and advancement. . . . We need to develop a new system for nursing education, carefully planned and coordinated. . . ."

Nursing education specifically, in concert with the goals of higher education generally, must develop improved means and methods for accommodating licensed practical nurses as adult learners who wish to expand their knowledge and responsibilities in the health care field. Associate degree nursing programs need to provide the opportunity and means for licensed practical nurses who choose to further their education through advanced placement and improved articulation between these levels of nursing. This would not only

meet the needs of individuals, but would serve to strengthen the system of nursing education by reducing duplication of basic nursing content previously mastered and decrease the fragmentation present in nursing education, specifically that encountered when an attempt is made by licensed practical nurses to enter associate degree nursing programs.

## Statement of the Problem

Support for the concept and practice of career mobility for licensed practical nurses is found in the literature. However, documentation which either supports or refutes the effects of advanced placment procedures is lacking. Therefore, the present study was directed toward filling the research void regarding the practice of career mobility for LPNs.

## Purpose of the Study

The purpose of this study was to investigate and seek to answer the following research questions:

1. Are there methods that can be identified as being successful in improving the system of advanced placement for LPN's?

2. Do these methods have a positive effect on the success of LPN's accepted into the nursing program, specifically their retention and completion of the program and success on the registered nurse licensing examination?

3. Can curricular elements be identified that validate the efficacy of advanced placement procedures relative to completion of the program and successful performance of the NCLEX-RN licensure examination on the first writing?

Data were requested from associate degree nursing programs accredited by the National League for Nursing regarding the structure and procedures used to award advanced placement to LPN's entering the nursing program. Each nursing program surveyed was classified as having a structured or non-structured curricular format. Comparisons were made between LPN's entering associate degree programs with a structured curricular format versus LPN's entering a non-structured curricular format on two items; retention rate or completion of the program within the specified time frame and first time success rate on the NCLEX-RN licensure examination.

This study sought to identify and determine the effects of a structured versus a non-structured curricular format on LPN's entering the nursing program and from that determination make recommendations regarding procedures used to award advanced placement in associate degree nursing programs.

## Significance of the Study

Documentation that a problem exists in nursing education has been provided. The problem was lack of uniformity and fragmentation presented in the system between the various levels of nursing and

the consequent obstacles posed to LPN's desiring articulation and advanced placement in associate degree nursing programs. Dorothy Novello (1970) described the resolution to this problem as being contingent upon the following items: nurse educators' acceptance of the concepts of adult education; e.g., flexible patterns and accommodating individual learning needs; breakdown of the conservative and traditional beliefs concerning nursing education's curriculum patterns; and design of innovative curricula that provide for career mobility.

The National Commission for the Study of Nursing and Nursing Education (1970) wrote ". . . we need to develop a new system for nursing education, carefully planned and coordinated . . . to encourage in the meanwhile an extension of equivalency testing and challenge examinations coupled with advanced placement and credit that will ease current inequities. . . ." The nursing profession, for many reasons, has indicated reluctance to change established curricular patterns of education. Holmquist (1978, p. 2) wrote that

> . . . students are seeking additional education both to increase their potential for advancement and to provide more options in seeking job opportunities. . . . This situation has highlighted the need for educational programs to restudy their admission policies and procedures to meet students' requests for career mobility and for changing their educational objectives without undue penalty in time and educational costs.

However, progress has occurred, albeit slow, in nursing's response to the problem of articulation and the changes that it will require in nursing education.

> We in nursing are aware of the impending change and we are responding to it. It is one of the reasons that we as a profession are devoting concentrated attention to the issue of career mobility and to curriculum revision to implement the concept. . . . Deliberately planned change in curriculum design is an absolute imperative in curriculum revision for career mobility (Holmquist, 1978, p. 4).

In spite of the progress made, opportunities for LPN's to be awarded advanced placement in associate degree programs are still limited and non-standardized, and as late as 1981, the National League for Nursing stated that

> Individuals who wish to change career goals or enter nursing from other fields should have the opportunity to do so without unnecessary repetition of courses, content or clinical experience. In any type of nursing program opportunities should be provided to students to validate previous learning and to facilitate advanced placement (p. 8).

No data are available that either support or deny the fact that a structured curriculum format for the awarding of advanced placement for LPN's results in improved retention of LPN's in the associate degree program and increased first time pass-rate on the NCLEX-RN licensing examination. Therefore, this study was significant in two ways:

1. It compiled data relative to the effects of a structured versus a non-structured curriculum format on retention of LPN's in

associate degree programs and first time pass-rate on the NCLEX-RN licensing exam.

2. From the data, a structured articulation format was developed to serve as a model for awarding advanced placement of LPN's into associate degree nursing programs.

It is hoped that both accomplishments will greatly facilitate the goal of educational mobility in providing workers who can function in expanded roles in the delivery of health care.

## Research Questions

1. Are there procedures used by individual nursing programs to award advanced placement to practical nurses that may be common to several nursing programs?

   a. testing methods

   b. determination of clinical competence (observation)

   c. both testing and observation

   d. no procedures to award advanced placement

   e. specific courses required of LPN's for advanced placement

   f. other.

2. What procedures, if used, are considered to be most effective in advanced placement of the practical nurse?

3. What effect does a structured curriculum format have on practical nurses' completion of the nursing program?

4. What is the relationship between procedures for advanced placement and licensing examination success on the first write?

## Assumptions

1. Specific procedures for awarding advanced placement exist in some form in associate degree programs of nursing.

2. These specific procedures can be identified and evaluated in terms of effectiveness for awarding of advanced placement.

## Hypotheses

1. A structured curriculum format for advanced placement will result in increased completion of licensed practical nurses in associate degree nursing programs as compared to a non-structured curriculum format.

2. A structured curriculum format for advanced placement will result in improved performance as the first writing of the NCLEX-RN as compared to a non-structured curriculum format.

## Limitations

1. This study was limited by the accuracy and thoroughness of the respondents in completion of the survey instrument.

2. The results of this study are applicable only to programs of nursing that offer the Associate Degree in Nursing.

## Delimitations

1. This study was delimited by the use of the survey questionnaire.

2. This study was delimited to programs of nursing offering the Associate Degree in Nursing that are accredited by the National League for Nursing.

3. This study was delimited to directors of nursing programs offering the Associate Degree relative to survey respondents.

4. This study was delimited to the design of a curricular model to enhance mobility of LPN's into Associate Degree Nursing Programs.

## Definitions

Advanced Placement. The mechanism(s) by which licensed practical nurses are awarded credit(s) for previous learning experience in pursuit of the associate of science degree in nursing. This will refer specifically to a reduction in time required for attainment of the associate degree in nursing.

Licensed Practical Nurse (Vocational Nurse). A noncollegiate practical/vocational program graduate who is licensed as a practical nurse in the state in which he/she practices.

Mobility. The opportunity for licensed practical nurses to pursue, in a program designed to allow advanced placement, the associate of science degree in nursing and become eligible for registered nurse licensure.

NCLEX-RN. National Council Licensure Examination for Registered Nurses. This examination, when passed, confers RN licensure.

Nursing. A unique health care specialty whose focus is holistic man and uses the decision-making process in conjunction with patients to achieve the optimum steady state.

Roles of the Associate Degree Nurse. Five interrelated roles from which are derived competencies necessary for entry level practice.

a. provider of direct patient care--utilization of the decision-making process in conjunction with individual patients to achieve the optimum steady state.
b. communicator--utilization of the communication process to function as a patient advocate.
c. patient teacher--utilization of teaching-learning process to develop or adapt short range teaching plans for implementation with individual patients in the context of secondary care settings.
d. planner and coordinator of patient care--utilization of the management process in the care of individual patients or groups of patients.
e. member within the profession of nursing--demonstration of accountability for technical nursing practice within the professions' ethical and legal framework.

Structured Curriculum Format. Specific course, or courses, for LPN's entering associate degree programs that are published and award advanced placement.

## Procedures

The population of NLN accredited United States associate degree nursing programs was identified and mailed the survey questionnaire (Appendix A).

Each director was asked to respond to the following items:

1. Presence or absence of a structured curriculum format,
2. Presence or absence of procedures used to award advanced placement of LPN's entering the nursing program,
3. Selection of methodologies used to award advanced placement to LPN's,
4. Selection of methodologies believed to be most effective in awarding advanced placement to LPN's,
5. Number of LPN's who entered the nursing program in 1982,
6. Number of LPN's entering in 1982 who completed the program within a specified time frame,
7. Number of LPN's who completed the program and who passed the NCLEX-RN examination on the first, second, or third attempts.

While the results of this research were essentially descriptive in nature, the primary hypothesis was evaluated using the student's t test at the .05 level of significance. The t test is used to determine whether two means differ significantly at a selected probability level. The t test provides a comparison of actual mean differences observed with the differences expected by chance.

This study compared LPN students entering NLN accredited associate degree nursing programs with structured curriculum formats and non-structured curriculum formats to students' retention in (completion of) the program and first time success on the NCLEX-RN examination. The percent of students retained in each curricular format was determined by dividing the number of retained students by the total number of students entering the program and multiplying by 100. The percentage of students who completed successfully, on the first try, the NCLEX-RN examination was likewise determined.

These percentages were then utilized to provide a comparison of mean differences between a structured curriculum format and a non-structured curriculum format on retention and first time success on the NCLEX-RN examination. Also provided through the survey questionnaire was the opportunity to compare retention and first time success on the NCLEX-RN examination in programs which award advanced placement in some form with programs which make no provision for any form of advanced placement.

The t test was used to determine if a statistically significant difference existed between the mean percentages in the groups being compared; percent of students retained and percent of students who successfully completed the NCLEX-RN on the first try in structured and non-structured curricular formats.

## Organization of the Study

Chapter I provides an introduction, statement of the problem, purpose and significance of the study and research questions to be addressed by the study. Also included are assumptions, hypotheses, limitations, delimitations, and procedures for conducting the study. A list of definitions applicable to the study is included.

Chapter II presents a review of the related literature on advanced placement for licensed practical nurses and curriculum models in use to award advanced placement into associate degree registered nurse programs.

Chapter III reports the data collected from the survey questionnaire completed by heads of NLN accredited associate degree nursing programs and provides an analysis and interpretation of the data collected.

Chapter IV presents a summary of findings, conclusions and recommendations for further study.

# CHAPTER II

## REVIEW OF THE LITERATURE

The literature is replete with references to articulation in nursing: licensed practical nurse (LPN) to associate degree registered nurse (A.D. RN), A.D. RN to bachelor of science registered nurse (B.S. RN) and graduate opportunities for articulation. Many opinions are expressed and models of articulation designed. What is missing in the literature is a description of the validity of articulation programs and methods and if formal articulation procedures are more effective in producing a qualified health care worker. This chapter will describe general material found in the literature relating to articulation and then highlight specific models for LPN to A. D. RN articulation. No research was found specifically indicating a need for the study of the effects of curriculum design in nursing programs on retention and NCLEX-RN licensure examination success of LPN's. However, it is believed that this study provided data that will assist nursing program personnel to judiciously select procedures for advanced placement of LPN's.

Skaggs (1968, p. 23) described the problem of articulation in nursing education when he stated "to move from the licensed practical nurse's level to the associate degree program, for instance, in order to be eligible for the registry is an awkward

and sometimes almost impossible task." He defined this stance on nursing education's part as the reluctance of nursing as a profession to make true evaluations of role and function of nurses at the varying educational levels. This issue, in 1985, is still being hotly debated.

The National Advisory Council on Vocational Education (1976) reported survey results on the status of articulation between secondary and post-secondary vocational programs. Their report showed that planned articulation between these two levels of instruction occurred in slightly less than 40 percent of the 48 states responding. Bushnell (1978, p. 23), in a joint study conducted by the American Association of Community and Junior Colleges and the American Vocational Association, stated "Institutions . . . should meet to orchestrate a set of coordinated programs designed to serve the needs of people at various stages in their working careers. Program articulation is viewed . . . as simply enlightened self interest."

Two 1972 nursing publications indicated the concern for career mobility in nursing. The Wisconsin State Nurses Association Bulletin (1972) stated that articulation between various levels of nursing programs posed particular problems. Because of these problems, a need for additional research on educational offerings in nursing, and particularly on the "values of various work and educational experiences in moving up the career ladder," was voiced. This study did recognize the difficulty inherent in creating

variable patterns of articulation and stated "no matter how carefully plans are made it is not possible to achieve perfect articulation . . . ." The second publication by Milliken (1972, pp. 21-27) was concerned with career mobility as a concept as opposed to educational mobility or articulation. However, points worthy of attention were stated:

- career mobility (is) an opportunity to demonstrate . . . commitment to the right of individuals to equal opportunity
- in many industries, workers can move upward on the basis of increased competence or apparent potential for higher level functions. . . . The hospital worker is blocked by the prohibition against upward progression for those who have not followed, from the beginning, a prescribed route to credentialing
- at present, there are barriers to widespread acceptance of the concept of career mobility for nursing
- it remains to be seen whether nursing will rise to the challenge of reevaluating present philosophical positions to include career mobility programs.

Milliken (1972) further defined developments necessary for career mobility in nursing.

- performance requirements which differentiate workers at each level must be identified and described as observable behaviors.

- instruments for determining whether or not the enrollee has achieved stated objectives must be developed and procedures for using them must be formulated.
- equivalency tests must be designed to permit academic credit and/or advanced standing in degree programs.

The rationale for career mobility programs in nursing, according to Milliken (1972), was derived by projecting the following possible results of career mobility.

- a significant numerical increase in well prepared persons to provide patient care services
- a decrease in the attrition rate in nursing education programs since enrollees will have tested their interest and aptitudes at the lower level
- a decrease in failure rate since a student's success at each level will foster self selection for the next higher level program
- increased job competence at all levels.

Two of these projected results of career mobility have been studied. Bierchen (1981) in a dissertation study that documented attrition rates of "native" versus articulating LPN's found, using only one A.D. nursing program's population, that 28.9 percent of native students had withdrawn from the program during the five year time frame studied. In constrast, 12.8 percent of the articulating LPN's failed to complete the program. These data appear to validate in a limited way Milliken's projected result of career mobility in

reducing attrition rate in nursing education program. Donsley and Judge (1982) conducted a study that attempted to determine predictors of attrition among graduates of an A.D. nursing program. Results indicated that non-academic variables influenced attrition: persistors in the program had better study habits, a higher degree of perseverance and initiative, and a more realistic view of nursing grounded in practical licensed nursing experience prior to admission. This again supports the 1972 statement predicting decreased attrition rate, although this study did not address directly the aspect of career mobility.

To render justice to this topic, although the bulk of writings reveal complete support for career mobility, requires that all viewpoints be defined. Melson (1980) contended that nursing education is educating itself out of patient care and predicts a decrease in the quality of patient care given. This, he sees, is a direct result of career mobility of LPN's. "The more education one is required to get the more it is going to cost us all in the long run in regards to health care" (p. 5). This view, using the literature as documentation, is not supported in nursing education. To the contrary, support for career mobility patterns are abundant.

The United States Department of Health, Education and Welfare, Division of Allied Health Manpower (1969), demonstrated both understanding of and support for the concept and practice of career mobility when they wrote:

> The need for equivalency examinations for the allied health professions and occupations is based on the premise that: (1) students should be required to not repeat work that they have mastered, (2) objectives of course work can be achieved in other than classroom situations, (3) acquisition of knowledge and skills can be measured by examination and performance, and (4) educational institutions can use the results of these examinations as a basis for the advanced placement or academic credit awards.

Previous writings point to the need for career mobility and opportunity for articulation within programs of education. What is inherent and implied as well in these writings is the necessity for educational programs to examine and modify program offerings to keep them current and in line with the realities of work. Career mobility is a dynamic concept that requires evaluation and flexibility to meet the changing needs of individuals.

The desirability of career mobility has been established since the late 1960's. Much has been written on both the concept and practice of mobility and articulation. The question is: What has been done, or is currently being done, relative to career mobility? Boehret (1970), under the auspices of the National League for Nursing, determined procedures used in A.D. nursing programs to assist LPN mobility. Results of the study indicated that approximately one-third of all A.D. programs allowed "challenge exams," generally the first nursing course, and that "many" (undefined) schools required clinical testing. Challenge exams that were used varied from standardized tests to teacher-made challenge tests to course comprehensive final exams. Katzell (1970) suggested the use of National League for Nursing achievement tests for evaluation of

competency equivalency for LPN mobility. This recommendation has been validated relative to correlation of the NLN achievement tests with successful completion of the registered nurse licensing examination (Pitts, 1982).

Variety in implementation of career mobility is most evident when comparing particular program patterns for articulation. Specific programs described in the literature will be briefly reviewed and will provide evidence of the many ways in which nursing has attempted to facilitate career mobility for LPN's.

The most notable and widely published of nursing articulation programs is the Regents External Degree Program, New York, established in 1971. This program was the first by which the associate degree could be earned entirely through examination. In this program, 60 credits are required for eligibility to write the registered nurse licensure examination. The emphasis of the program is on examination, not teaching. Any or all of the 60 credits may be earned through examination. Although students must travel to New York for the clinical proficiency tests, this program has afforded many students an opportunity previously unavailable to them (Lenburg and Rapaport, 1979).

Another published (Cobin, Traberand, Bullough, 1976; Drage, 1971) articulation program is that of the Orange County, Long Beach, California area consortium. This consortium involves five schools, two of which offer mobility for nursing personnel. Long Beach City College and Santa Ana Community College offer, respectively, a career

ladder from nurse aide to associate degree RN and the associate degree RN for LPN's only. A study completed prior to development of the articulation programs indicated overlap and lack of articulation in the nursing education system. The problem of overlap was solved by defining specific behavioral objectives at each level, thus eliminating duplication of content in the various levels of nursing education.

A study described in 1969 by Burnside outlined a program developed at Cuyahoga Community College for LPN's. One quarter of challenge credit was allowed. Of the LPN's admitted, 24 took the state licensing examination in 1969; 83 percent were successful on the first writing.

Mannion (1969) wrote of the Maricopa Technical College pilot program to upgrade LPN's to RN's. Students were given 23 semester hours of credit toward the degree. No data were given as to effectiveness of this pilot program.

Fasano (1976) described the Pasadena City College Program which, following completion of general education requirements, requires one year for completion of the LPN to associate degree RN program. Initial assessment is made of the nursing skills possessed by each applicant and placement in the program is accomplished according to the results of this assessment.

Wu (1978) further reported on the provisions present in California for LPN's to obtain advanced placement; a 30 unit non-degree option and a degree option to obtain the associate degree.

Again, no validation as to effectiveness of the programs was given.

Everett Community College, Washington, designed a curriculum to allow easier passage of LPN's into A.D. RN programs. This college, as reported by Irving (1980), offered both LPN and A. D. RN education. The first three quarters represented the basic LPN program; students could exit at the completion of these first quarters and sit for the LPN licensing examination. Those who chose to pursue the associate degree could do so with no loss of credit.

Somerset County College, New Jersey has a "ladder" project in place for LPN's who desire to obtain the associate degree in nursing. Each LPN accepted into the program completes, in a summer term, Anatomy and Physiology, Microbiology and a nursing "transition" course. Following successful completion of these courses, students enroll in second level nursing courses with non-LPN nursing students in the program. Moore (1981) stated, following comparison of the two groups of students (LPN and non-LPN), that there was little difference in achievement. If any difference was noted, the ladder LPN students tended to do better in courses as evidenced by grades and NLN achievement test scores. No data were submitted on NCLEX-RN examination results.

Ekroth (1982) described a program in operation at Waukesha County Technical Institute, Wisconsin, to upgrade LPN's to associate degree RN's. In this program, applicants who met admission requirements were given a guide for preparation for the NLN achievement

tests. Successful completion of Fundamentals in Nursing and Care of the Adult, Part I allowed the student to be awarded 10 credits. A required course, NURSING PROCESS, must be completed along with challenging Psychiatric Nursing, Maternal/Newborn Care, Care of the Adult II, and Care of Children via NLN achievement tests. A possible 24.5 credits of 37 required in nursing may be challenged, along with the opportunity to challenge all 33 general education requirements.

Since 1978, 76 LPN's completed the program, 97 percent reported employment, and success on state RN licensing examinations was 99.46 percent overall. The study completed of these graduates showed that work experience was the one single variable of importance in determining successful completion of the program.

Kintgen-Andrews (1982) reported a project in the Northwest Minesota region which incorporated four levels of nursing: aide, LPN, A.D. RN; B.S. RN; The Agassiz Region Nursing Education Consortium (ARNEC) was formed with the goal of the program to develop a ladder program to serve students in that broad region by pooling resources. The emphasis was on mobility via the curriculum rather than evaluation and testing to allow for mobility. The intention and outcome of the program was to allow "spin off" at the completion of a level and be able to practice at the level of nursing achieved.

Bergen Community College, New Jersey (Sohn, 1983) developed a program utilizing a modular approach to curriculum. A combination of challenge examinations and completion of modules was

necessary before progression in the program. No facts relative to retention or NCLEX-RN examination scores were reported.

Bierchen (1981, p. 2), in a dissertation study, stated:

> . . . One major barrier to educational articulation as an approach to implementing a career ladder in nursing was the lack of research into the effectiveness of articulation programs in effecting successful transition between levels. Nontraditional systems of nursing education which expedited preparation of the licensed practical nurse for registered nurse practice warranted examination to evaluate the efficacy of articulation for educational and career mobility.

Bierchen's study described the Clearwater Campus of St. Petersburg Junior College's career ladder nursing program. Two null hypotheses significant to the present study were:

- Licensed practical nurse students and native nursing students will not differ significantly on attrition.
- Licensed practical nurse students and native nursing students will not differ significantly on mean performance scores on the National State Board Test Pool Examination for registered nurse licensure.

In this career ladder program, all freshman native students took the LPN level NLN achievement test following their first year, while all LPN's desiring mobility took the same examination prior to admission in the second year. The description of the ladder program indicated that a TRANSITIONAL NURSING course and lab were required but was unclear as to whether this course was required of LPN's only or of all nursing students.

The results of this study, using the two hypotheses identified, yielded interesting results. Gross attrition between the years 1975-1980 was 21.5 percent; 28.9 percent of native students withdrew or failed while 12.8 percent of LPN's withdrew or failed after admission to the program. However, the groups did not differ significantly on attrition in the sophomore year; 9.3 percent for native students, 10 percent for LPN's. This might lead one to conclude that LPN's who enter the program with the TRANSISTIONAL NURSING course fare well, while native nursing students experience a high percent of attrition during the first year of the program.

Overall performance of the two groups showed no significant difference relative to State Board Test Pool Examination scores. Medical and surgical nursing sections revealed the greatest degree of difference between the two groups with LPN's scoring slightly higher in these two areas.

Much has been written of the need for career mobility for LPN's. To provide comparison of the different roles LPN's and A.D. RN's are expected to perform, competencies of both LPN and associate degree RN have been defined. These competencies are from the National League for Nursing's statement of COMPETENCIES. The delineation of these competencies provide a common base of information that may be used to evaluate curricular methods and content in awarding advanced placement. These stated competencies are found in Appendix C of this study.

Apparent from readings in the literature is that there exists, on the one hand, a paucity of validation of the effects of curricular structures used to award advanced placement to LPN's, and on the other, a multiplicity of procedures used to attempt to accommodate LPN's desiring advanced placement into nursing programs. The question might be raised as to whether the concept and practice of awarding advanced placement to LPN's in AD nursing programs is worthwhile. If it truly has an effect all is well and good. If it has no effect, all efforts expended in pursuit of advanced placement are for naught; one might as well require LPN's to enter as beginning nursing students.

The review of the literature yielded little specific information relative to the impact of curriculum designs and procedures for advanced placement of LPN's on retention and licensure examination success. Therefore, this study attempted to provide validation of either the effectiveness or ineffectiveness of structured versus nonstructured procedures to award advanced placement to LPN's in associate degree nursing programs relative to successful completion of the course of study and success on the first writing of the NCLEX-RN examination.

# CHAPTER III

## FINDINGS, ANALYSIS AND INTERPRETATION OF THE DATA

A survey questionnaire was sent to all United States National League for Nursing (NLN) accredited associate degree nursing program heads (N=390). Each survey was coded as to the geographic region in which the program was located. The first mailing netted approximately a 60 percent return. The second mailing yielded a total of 312 returns which represents approximately 80 percent return. Four geographic regions were identified: 1 = Western United States; 2 = Central United States; 3 = Southern United States; and 4 = Northern United States. The response rate is presented in Table 1 for the respective areas.

Item one on the survey questionnaire requested that respondents indicate whether their program had a structured curriculum format for LPN's entering the nursing program and also to state the date of inception of the structured curriculum if an affirmative response was given. Table 2 shows the number of respondents indicating that a structured curriculum format was in existence. Of the total of 312 responding, 88, or 28 percent, indicated a structured curriculum format.

Item 2 on the survey instrument asked for a response to the question, "In 1982, did you offer advanced placement in any form to LPN's entering your program, structured or not?" to which 83 percent (259) of respondents indicated yes to this question as shown in Table 3. Respondents who indicated their program of nursing offered

TABLE 1

RESPONSE RATE OF UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS TO CURRICULUM FORMAT SURVEY BY GEOGRAPHIC AREA--1985

| Area | Number | Percent |
|---|---|---|
| Western U. S. | 54 | 17.3 |
| Central U. S. | 49 | 15.7 |
| Southern U. S. | 86 | 27.6 |
| Northern U. S. | 123 | 39.4 |
| Total | 312 | 100.0 |

TABLE 2

CATEGORIES OF RESPONSES REGARDING THE EXISTENCE OF A STRUCTURED CURRICULUM FORMAT IN UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS--1985

| Response | Number | Percent |
|---|---|---|
| Structured curriculum format | 88 | 28.2 |
| No structured curriculcum format | 219 | 70.2 |
| No response | 5 | 1.6 |
| Total | 312 | 100.0 |

TABLE 3

CATEGORIES OF RESPONSES REGARDING THE EXISTENCE OF ADVANCED PLACEMENT PROCEDURES IN UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS--1985

| Response | Number | Percent |
|---|---|---|
| Advanced placement procedures | 259 | 83.0 |
| No advanced placement procedures | 48 | 15.4 |
| No response | 5 | 1.6 |
| Total | 312 | 100.0 |

advanced placement were asked to select from a given list the procedures used to award advanced placement. An "other" category was given for write-in of procedures not covered in the list. The categories for selection were the following:

a. testing out or challenge examination

b. observation of clinical competence

c. both testing and observation

d. no procedures used to award advanced placement

e. specific courses required of LPN's for advanced placement

f. other.

Table 4 summarizes these responses. By far, testing and/or challenge examinations was the preferred method for awarding advanced placement to LPN's entering associate degree nursing programs, followed by testing and observation of clinical competence. Forty-nine respondents, or 16 percent, indicated that specific courses were required of LPN's for advanced placement; this number does not agree with the 88 who indicated the existence of a structured curriculum format.

Response to the survey question "Which of the following do you consider to be most effective in awarding advanced placement to LPN's?" yielded somewhat different results than the selection of actual procedures used. Table 5 summarizes these findings relative to perceived effectiveness of procedures to award advanced placement.

Item 5 on the survey questionnaire required the identification of the total number of LPN's who entered each nursing program in 1982. The year 1982 was selected for two reasons: regardless of

TABLE 4

CATEGORIES OF RESPONSES TO SELECTION OF THE TYPE OF ADVANCED PLACEMENT PROCEDURES UTILIZED IN UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS--1985

| Category | Response | Selected | Not Selected |
|---|---|---|---|
| a. | Testing out or challenge examinations | 169 | 143 |
| b. | Observation of clinical competence | 60 | 252 |
| c. | Both testing and observation | 97 | 215 |
| d. | No procedures used to award advanced placement | 5 | 307 |
| e. | Specific courses required of LPN's for advanced placement | 49 | 263 |
| f. | Other* | 44 | 268 |

*See Appendix B.

TABLE 5

CATEGORIES OF RESPONSES TO PERCEIVED EFFECTIVENESS OF PROCEDURES USED TO AWARD ADVANCED PLACEMENT IN UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS--1985

| Category | Response | Selected | Not Selected |
|---|---|---|---|
| a. | Testing out or challenge examinations | 109 | 203 |
| b. | Observation of clinical competence | 17 | 295 |
| c. | Both testing and observation | 134 | 178 |
| d. | No procedures used to award advanced placement | 14 | 298 |
| e. | Specific courses required of LPN's for advanced placement | 77 | 235 |
| f. | Other* | 34 | 278 |

*See Appendix B.

the time required to complete the program, all entering students could have completed the program and taken the NCLEX-RN examination, and this group of students would all have written the NCLEX-RN examination as opposed to the previous State Board Test Pool Examination which was a different format from the NCLEX-RN examination. Respondents were then requested to identify, of those entering LPN's, how many completed the course of study within the designated time frame, i.e., without withdrawing and later returning and of those who completed the course of study how many were successful on the first, second and third attempts on the NCLEX-RN examination. As indicated in Table 6, 114 programs, 36.5 percent, indicated that all entering LPN's completed the course of study within the designated time frame. Table 7 depicts the retention percentage and frequency for each respondent.

Response to first time success on the NCLEX-RN examination by those LPN's completing the course of study within the designated time frame is shown in Table 8. One hundred eighty-seven, or 59.9 percent, of the responding schools indicated that all LPN's completing the course of study successfully completed the NCLEX-RN on the first try. Table 9 displays percentages of students passing on the first try and the frequency of programs with that percentage. All programs were given the opportunity to write their own response under the "other" category in items 3 and 4 on the survey questionnaire. These responses are presented in Appendix B. Several respondents indicated more than one method they perceived to be effective, and these are reflected in the total for each response.

TABLE 6

PROGRAM RESPONSE TO RETENTION OF LICENSED PRACTICAL NURSES ENTERING UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS IN 1982

| Number not Completing in Time Frame | Number | Percent |
|---|---|---|
| 0 | 114 | 36.5 |
| 1 | 40 | 12.8 |
| 2 | 36 | 11.5 |
| 3 | 18 | 5.8 |
| 4 | 13 | 4.2 |
| 5 | 11 | 3.5 |
| 6 | 6 | 1.9 |
| 7 | 4 | 1.3 |
| 8 | 3 | 1.0 |
| 9 | 3 | 1.0 |
| 10 | 7 | 2.2 |
| 11 | 1 | .3 |
| 12 | 1 | .3 |
| 13 | 2 | .6 |
| 15 | 1 | .3 |
| 30 | 1 | .3 |
| 70 | 2 | .3 |
| No Data/No Response | 50 | 16.0 |
| Total | 312 | 100.0 |

TABLE 7

GROUPED PERCENT OF RETENTION OF LICENSED PRACTICAL NURSES ENTERING UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS IN 1982

| Percent of Retention | Number | Percent |
|---|---|---|
| 20-30 | 4 | 1.3 |
| 30-40 | 5 | 1.6 |
| 40-50 | 12 | 3.8 |
| 50-60 | 7 | 2.2 |
| 60-70 | 16 | 5.1 |
| 70-80 | 40 | 12.8 |
| 80-90 | 39 | 12.5 |
| 90-100 | 139 | 44.6 |
| No Response/No Data | 50 | 16.0 |
| Total | 312 | 100.0 |

TABLE 8

PROGRAM RESPONSE INDICATING FIRST TIME SUCCESS OF LICENSED PRACTICAL NURSES ON THE NATIONAL COUNCIL LICENSURE EXAMINATION-REGISTERED NURSE WHO ENTERED UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSES PROGRAM IN 1982

| Number not Passing First Time | Number | Percent |
|---|---|---|
| 0 | 187 | 59.9 |
| 1 | 35 | 11.2 |
| 2 | 16 | 5.1 |
| 3 | 5 | 1.6 |
| 4 | 5 | 1.6 |
| 7 | 2 | .6 |
| 9 | 1 | .3 |
| 14 | 1 | .3 |
| 19 | 1 | .3 |
| 35 | 1 | .3 |
| No Data/No Response | 58 | 18.6 |
| Total | 312 | 100.0 |

TABLE 9

GROUPED PERCENT OF FIRST TIME PASS RATE ON THE NATIONAL COUNCIL LICENSURE EXAMINATION-REGISTERED NURSE OF LICENSED PRACTICAL NURSES ENTERING UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS IN 1982

| Percent of First Time Pass Rate | Number | Percent |
|---|---|---|
| 0-10 | 2 | .6 |
| 10-20 | 1 | .3 |
| 40-50 | 1 | .3 |
| 50-60 | 2 | .6 |
| 60-70 | 2 | .6 |
| 70-80 | 12 | 3.9 |
| 80-90 | 16 | 5.1 |
| 90-100 | 218 | 69.9 |
| No Response/No Data | 58 | 18.6 |
| Total | 312 | 100.0 |

To obtain a comparison between structured and non-structured curriculum formats relative to percent of retention of LPN's entering the program and percent of LPN's successfully completing the NCLEX-RN examination on the first try, the t-test was used at the .05 level of significance. From Table 10 it can be seen that the mean retention percent for structured programs was 89.01 while that for non-structured programs was 84.82. Calculation of the separate variance estimate yielded a p value of .044 which was significant at the .05 level. The separate variance estimate was used based on the calculation of the f value.

The mean first time pass percent on the NCLEX-RN examination for programs with structured formats was 95.58 while that for non-structured formats was 95.59. Calculation of the separate variance estimate yielded a p value of .910 which was not statistically significant. Programs offering advanced placement in any form and those not offering advanced placement were compared relative to percent of retention of LPN's entering the program and percent of LPN's successfully completing the NCLEX-RN examination on the first attempt. The t test was used at the .05 level of significance. The mean retention percent for programs with advanced placement procedures was 85.01 while for programs without advanced placement procedures the mean percent of retention was 91.63 as can be seen in Table 11. Calculation of the separate variance estimate yielded a p value of .011 which was significant at the .05 level.

TABLE 10

COMPARISON OF THE EFFECTS OF STRUCTURED VERSUS NON-STRUCTURED CURRICULUM FORMAT ON PERCENT OF RETENTION AND PERCENT OF FIRST TIME PASS ON THE NATIONAL COUNCIL LICENSURE EXAMINATION-REGISTERED NURSE OF LICENSED PRACTICAL NURSES ENTERING UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS IN 1982

| | Number of Cases | Mean | Standard Deviation | Standard Error | Separate Variance Estimate T Value | Degrees of Freedom | 2-Tail Probability |
|---|---|---|---|---|---|---|---|
| Retention Percent | | | | | | | |
| Structured Format | 81 | 89.0105 | 13.603 | 1.511 | | | |
| | | | | | 2.02 | 208.68 | .044 |
| Non-Structured Format | 178 | 84.8247 | 18.834 | 1.412 | | | |
| Percent Passing | | | | | | | |
| Structured Format | 79 | 95.3823 | 15.115 | 1.701 | | | |
| | | | | | -.11 | 116.33 | .910 |
| Non-Structured Format | 172 | 95.5970 | 10.852 | .827 | | | |

TABLE 11

COMPARISON OF THE EFFECTS OF ADVANCED PLACEMENT PROCEDURES VERSUS NO ADVANCED PLACEMENT PROCEDURES ON PERCENT OF RETENTION AND PERCENT OF FIRST TIME PASS ON THE NATIONAL COUNCIL LICENSURE EXAMINATION-REGISTERED NURSE OF LICENSED PRACTICAL NURSES ENTERING UNITED STATES ACCREDITED ASSOCIATE DEGREE NURSING PROGRAMS IN 1982

| | Number of Cases | Mean | Standard Deviation | Standard Error | Separate Variance Estimate T Value | Degrees of Freedom | 2-Tail Probability |
|---|---|---|---|---|---|---|---|
| Retention Percent | | | | | | | |
| Advanced Placement | 228 | 85.0128 | 18.316 | 1.213 | | | |
| | | | | | -2.65 | 52.43 | .011 |
| No Advanced Placement | 32 | 91.6300 | 12.344 | 2.182 | | | |
| Passing Percent | | | | | | | |
| Advanced Placement | 222 | 95.4589 | 12.496 | .839 | | | |
| | | | | | -.34 | 40.01 | .734 |
| No Advanced Placement | 30 | 96.2004 | 10.920 | 1.994 | | | |

The mean first time pass percent on the NCLEX-RN examination for programs with advanced placement procedures was 95.45 and for those programs with no advanced placement procedures the mean percent was 96.20. Calculation of the separate variance estimate resulted in a p value of .734 which was not significant.

Research questions posed by this study are identified and responded to as originally stated.

Question 1: Are there procedures used by individual nursing programs to award advanced placement to practical nurses that may be common to several nursing programs?

a. testing methods

b. determination of clinical competence (observation)

c. both testing and observation

d. no procedures to award advanced placement

e. specific courses required of LPN's for advanced placement

f. other.

The greatest number of respondents utilized testing or challenge examinations to award advanced placement to LPN's as indicated in Table 4, page 35. These may have been used in conjunction with other procedures, but over 50 percent of programs utilized these means. Testing and observation of clinical competence ranked next in terms of commonality of practice. Five programs indicated that no procedures were used to award advanced placement. This figure does not agree with the number extracted from item one on the survey instrument which asked each program to answer whether they offered advanced placement in any form to LPN's entering their program.

Neither does the number (49) who indicated that specific courses were required of LPN's for advanced placement agree with the number (88) who indicated on the survey instrument that a structured curriculum format was in existence. There seems to be no explanation for this discrepancy except that several respondents failed to thoroughly complete the entire questionnaire. The "other" category yielded 10 major groupings for responses not falling within the items identified on the survey instrument. In cases where missing data were encountered, these records were not included in any sbusequent statistical calculations.

Analysis and interpretation of research question one therefoe is that there are assuredly procedures used to award advanced placement to LPN's that are common to nursing programs. The variety expressed in those which responded to "other" was noted.

Question 2: What procedures, if used, are considered to be most effective in advanced placement of the practical nurse?

This question elicited different responses to the same list of procedures used to award advanced placement. Whereas 169 programs indicated use of challenge or testing means and 97 indicated use of combination of testing and observation, 109 and 134 indicated that testing and a combination of testing and observation, respectively, were perceived to be most effective in awarding advanced placement. Seventy-seven programs responded that specific courses required of LPN's were perceived to be most effective in awarding advanced placement compared with 49 reporting that their program

required such courses of LPN's desiring advanced placement. From the data presented in Tables 4 and 5, pages 35 and 36, respectively, nursing programs which offer advanced placement to LPN's may be doing so using procedures which are not perceived to be most effective for this purpose.

Question 3: What effect does a structured curriculum format have on practical nurses' completion of the program?

A structured curriculum format as compared to an unstructured curriculum format, which may or may not award advanced placement through the use of a variety of procedures, had a statistically significant positive effect on retention and completion of the nursing program by LPN's as indicated in Table 10, page 44. When programs offering advanced placement to LPN's through the use of a variety of procedures were compared with programs which offered no advanced placement the results were statistically significant and demonstrated that those programs offering no advanced placement had a higher retention and completion percent than did programs offering advanced placement (Table 11, page 45). Mean percent of completion for programs with structured curricular formats was 89.01 and for programs offering no advanced placement the mean percent of completion was 91.63.

This appears to indicate that either a structured curriculum format with required courses of LPN's for advanced placement purposes or the practice of offering no procedures for advanced placement of LPN's would better serve the goal of retention and completion of the program by LPN's entering associate degree nursing programs.

Question 4: What is the relationship between procedures for advanced placement and licensing examination success on the first write?

Four variables were assessed in relation to this research question: the percent of LPN's passing the NCLEX-RN examination on the first attempt comparing structured and non-structured curriculum formats and the percent of LPN's passing the NCLEX-RN examination on the first attempt comparing programs who offered advanced placement in any form with programs who offered no advanced placement. The mean percent of LPN's passing the examination on the first attempt was not statistically significant in any of the four methods described.

Regardless of the existence of a structured curriculum format, absence of a structured curriculum format, presence of some form(s) of advanced placement or absence of procedures for advanced placement, LPN's who complete associate degree nursing programs will generally be successful on the first attempt at passing the NCLEX-RN examination. The relationship, therefore, between procedures for advanced placement and licensing examination success is not a significant one. The hypothesis tested by this research was:

> A structured curriculum format for advanced placement will result in increased completion of licensed practical nurses in associate degree nursing programs and improved performance on the first writing of the NCLEX-RN as compared to an unstructured curriculum format.

Testing of this hypothesis was accomplished using four comparisons: (1) comparison of mean retention percent of students in programs with structured curriculum formats with students in programs with non-structured formats, (2) comparison of mean retention percent of students in programs which offered some form of advanced placement with no means of advanced placement, (3) comparison of mean percent of first time success on the NCLEX-RN examination of students in programs with structured curriculum formats with students in programs with non-structured curriculum formats; (4) comparison of mean percent of first time success on the NCLEX-RN examination of students in programs with some means of advanced placement with students in programs with no means for advanced placement.

Analysis of the data from this study supported the hypothesis statement which predicted that a structured curricular format will result in increased completion of licensed practical nurses in associate degree nursing programs as compared to a non-structured curricular format. However, in comparing programs which offered no means of advanced placement with programs which offered some means, but not a structured curriculum format, of advanced placement, programs which made no provision for advanced placement demonstrated a statistically significant higher retention rate of LPN's.

Data from this study did not support the hypothesis statement that a structured curriculum format will result in improved performance on the first writing of the NCLEX-RN as compared with a non-structured curriculum format. No statistically significant differences were found on mean percent of pass rates among the four categories. Therefore, this hypothesis statement was rejected.

## Summary of Significant Findings

1. Of the 312 programs responding, 88 indicated the existence of a structured curriculum format for awarding advanced placement to LPN's entering the nursing program.

2. Of the 312 programs responding, 259 indicated the existence of some form(s) of advanced placement procedures to award placement to LPN's entering the nursing program.

3. Programs which indicated the existence of a structured curriculum format demonstrated a mean retention percent of 89.01 while those with non-structured formats exhibited a mean retention percent of 84.82. This finding was significant at the .05 level.

4. Programs which indicated the existence of a structured curriculum format demonstrated a mean first time NCLEX-RN pass percent of 95.38 while those with non-structured formats exhibited a mean first time pass percent of 95.59. This finding was not significant.

5. Programs which indicated the existence of advanced placement procedures in any form exhibited a mean retention percent of 85.01 compared to programs with no advanced placement procedures who exhibited a mean retention percent of 91.63. This finding was significant at the .05 level.

6. Programs which stated the existence of advanced placement procedures in any form demonstrated a mean first time NCLEX-RN

pass percent of 95.45 compared to programs with no advanced placement problems who exhibited a mean first time NCLEX-RN pass percent of 96.20. This finding was not significant.

# CHAPTER IV

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## Summary

Although many forms and procedures for advanced placement of LPN's exist and the practice of awarding advanced placement is supported by the majority of authors who have written on this topic, to date no research had been conducted to validate or refute the efficacy of this practice relative to retention of LPN's in nursing programs and first attempt success on the NCLEX-RN examination. This study sought to determine the relationship between the practice of advanced placement and both retention in the program and success on the licensure examination.

Data gathered indicated that advanced placement procedures do exist in associate degree nursing programs and that although there is a wide variety of implementation methodologies, generally these may be categorized into broad groups which are relatively common. Eighty-eight respondents indicated the existence of a structured curriculum format, and 259 programs indicated the existence of some form of advanced placement for LPN's.

The t test was utilized to test the research hypothesis at the .05 level of significance. The findings can be summarized as follows:

1. A structured curriculum format, when compared with a non-structured curriculum format, yielded statistically significant

($p = .044$) results and demonstrated an improved retention of LPN's in the nursing program;

2. The existence of advanced placement procedures, when compared with no advanced placement procedures, yielded statistically significant ($p = .011$) results and demonstrated that programs with no procedures for advanced placement resulted in improved retention of LPN's in the nursing program;

3. A structured curriculum format, when compared with a non-structured curriculum format, yielded statistically non-significant ($p = .910$) results and demonstrated that no significant differences existed between LPN's on first attempt success on the NCLEX-RN examination;

4. The existence of advanced placement procedures, when compared with no advanced placement procedures, yielded statistically non-significant ($p = .734$) results and demonstrated no significant differences existed between LPN's on first attempt success on the NCLEX-RN examination.

## Conclusions

The findings of this study support the hypothesis that a structured curriculum format improves retention of LPN's in associate degree nursing programs. The findings do not support the hypothesis that a structured curriculum format improves first attempt success on the NCLEX-RN examination. It is concluded, therefore, that nursing programs which offer advanced placement to LPN's do so utilizing a structured curriculum format which includes

required courses of LPN's entering the program. It is also concluded that success on the initial attempt at RN licensure is not significantly influenced by curriculum design. The implication of these two conclusions appears to be that associate degree programs should either award advanced placement utilizing a structured curriculum approach or utilize no means to award advanced placement to LPN's.

This study supported the fact that advanced placement procedures in the form of a structured curriculum may be used judiciously in nursing programs and that LPN's who successfully complete an associate degree nursing program stand a very reasonable expectation of first time success on the RN licensure examination. Related to the judicious use of advanced placement procedures was the observation that, although structured curriculum format was defined for this study as the existence of a specific course, or courses, required of LPN's, the diversity of methods for implementing this was great.

Program responses relative to perceived effectiveness of procedures used to award advanced placement yielded interesting results. Seventy-seven directors responded that specific courses required of LPN's was perceived to be most effective in awarding advanced placement whereas 49 indicated that their programs actually required such courses of LPN's entering the program. This finding would indicate that some programs of nursing are utilizing advanced placement procedures which may not be the most effective means of accomplishing this purpose.

## Recommendations

Since LPN's who complete an associate degree nursing program stand a very reasonable expectation of success on the first attempt at RN licensure, it is recommended that associate degree nursing programs incorporate a structured curriculum format to award advanced placement into the course of study for LPN's who desire to enter nursing programs. This action would serve to promote the concept and practice of career mobility for LPN's and to upgrade the LPN's competencies which will assist in improving the quality of health care given.

This study raised questions related to specific components present in structured curriculum formats which would serve to improve retention and licensure examination success. Based on the findings of this study, the following recommendations, therefore, are made.

Recommendation 1: Further examination of programs identified as having structured curriculum formats to award advanced placement to LPN's to determine specific procedures and/or content areas which may have a significant impact on retention and licensure success.

Recommendation 2: A survey instrument which will seek to assess those associate degree nursing program elements which may contribute to non-retention of LPN's in the program.

Recommendation 3: Identification of associate degree nursing program elements which may contribute to non-retention of LPN's

and the design of curricular offerings to offset these identified elements. Because many LPN's desire advanced placement into associate degree nursing programs, it is recommended that the curricular offerings not only be theoretically sound but serve to promote retention in the nursing program. Nursing educations should strive to develop and implement procedures for awarding advanced placement to LPN's, and a structured curriculum format will serve to assist in the achievement of this goal. A model syllabus for a structured curriculum format is included in Appendix D.

Recommendation 4: Identification of student LPN demographic variables which may contribute to non-retention of LPN's in the nursing program.

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## REFERENCES


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# APPENDIXES

# APPENDIX A

## COVER LETTER, FOLLOW-UP LETTERS, AND SURVEY QUESTIONNAIRE

Chattanooga State Technical Community College
Nursing Division
4501 Amnicola Highway
Chattanooga, TN 37406
date

name
division
institution
street address
city, state, zip

Dear_____:

This letter represents a request for your participation in a dissertation study designed to assess the effects of alternate curricular designs on LPN to RN nursing education.

Although participation is voluntary, your cooperation and prompt return of the survey instrument will be greatly appreciated as I am operating under a very tight deadline.

Anonymity of both institution and individual will be preserved. The code number on the questionnaire is designed to identify geographical region of responders.

Please refer to the DIRECTIONS in completion of the questionnaire and thank you for your assistance.

Sincerely,

Tanya Wells
Doctoral Candidate
The University of Tennessee, Knoxville

mp

Dear :

This letter represents a second request for your participation in a study designed to assess the effects of alternate curriculum designs on LPN to RN nursing education.

My doctoral committee wishes me to resend this instrument to those schools not responding on the first request. I will be greatly appreciative of your cooperation in returning the survey to me by June 14, 1985.

Anonymity of both institution and individual will be preserved. The code number on the questionnaire is designed to identify geographical region of responders.

Please refer to the DIRECTIONS in completion of the questionnaire and thank you for your assistance.

Sincerely,

Tanya Wells
Doctoral Candidate
The University of Tennessee, Knoxville

# SURVEY INSTRUMENT

COMMENTS AND DIRECTIONS:

The attached survey is part of a research project designed to assess the effects of alternate curricular designs on LPN to RN nursing education. Your participation in this survey is greatly appreciated.

In exchange for your cooperation, I will be pleased to send you a copy of the survey results. Please indicate your response to this on the questionnaire.

Please answer each question carefully. Some data will need to be retrieved from your records for the year 1982. Approximately 30 minutes will be needed to complete this instrument. Please respond by MAY 17, 1985.

DEFINITION:

Structured curriculum format, for this survey, refers to the existence of specific course(s) required of LPN's entering your associate degree program, but not of other nursing students; successful completion of which results in advanced placement. This course, or courses, must be published in institutional or program materials.

# SURVEY QUESTIONNAIRE

Code #_____

1. In 1982, did your program of nursing have a structured curriculum format (as defined below) for licensed practical nurses entering your program?
   Yes_____ No_____
   If yes, since when have you had a structured format?_____

2. In 1982, did you offer advanced placement in any form to LPN's entering your program, structured or not? (as defined below)
   Yes_____ No_____

3. If yes to number 2, circle the appropriate responses.

   a. testing out or challenge examinations
   b. observation of clinical competence
   c. both testing and observation
   d. no procedures used to award advanced placement
   e. specific courses required of LPN's for advanced placement
   f. other_____

4. Which of the following do you consider to be most effective in awarding advanced placement to LPN's?

   a. testing out or challenge examinations
   b. observation of clinical competence
   c. both testing and observation
   d. no procedures used to award advanced placement
   e. specific courses required of LPN's for advanced placement
   f. other_____

5. In 1982, state the number of LPN's who enrolled in your program.
   _____

   a. Of the above number, how many LPN's completed your program within the designated time frame, i.e. without withdrawing and later returning?_____
   b. How many of those LPN's passed the NCLEX-RN examination on the first writing?____ Second?____ Third?____

*Structured curriculum format: The existence of specific course(s) required of LPN's entering your associate degree program but not of other nursing students' successful completion of which results in advanced placement. This course, or courses, must be published in institutional or program materials.

Would you like a copy of the survey report? ___Yes ___No
send to: (Name)_____
(Address)_____
_____

# APPENDIX B

## SUMMARY OF RESPONDENT'S REPLIES TO SURVEY ITEMS 3 AND 4

Item 3: Which forms of advanced placement for LPN's are used in your nursing program?

a. Blanket credits awarded for the LPN background N = 12

b. Challenge credit allowed and/or required N = 5

c. Challenge examinations and skills review allowed and/or required N = 14

d. Completion of all general education requirements for the first year of the nursing program prior to entering with advanced placement N = 11

e. Work record and references; current LPN licensure N = 9

f. Nursing transition/bridge course only N =14

g. Nursing transition/bridge course with challenge examinations N = 2

h. Nursing credit awarded after successful completion of one nursing course N = 1

i. Tutoring Sessions to assist LPN's to pass challenge examinations N = 4

j. "Ladder" curriculum where all students entering are LPN's N = 1

Item 4: Which of the following do you consider to be most effective in awarding advanced placement to LPN's?

a. Completion of general education requirements for the first year N = 3

b. Bridge/transition courses for LPN's N = 3

c. Nursing Skills Check-Off N = 1

d. No credit awarded for challenge examinations until successful completion of one nursing course N = 1

e. Employer evaluation N = 3

f. Workshops for LPN's N = 2

g. Completion of standardized examinations N = 1

# APPENDIX C

## STATEMENT OF COMPETENCIES FOR LICENSED PRACTICAL NURSES AND ASSOCIATE DEGREE REGISTERED NURSES

GRADUATES OF
PRACTICAL NURSING EDUCATIONNAL PROGRAMS
CAN BE EXPECTED TO HAVE
THE FOLLOWING COMPETENCIES

ASSESSING

Contributes to the identification of basic physical, emotional and cultural needs of the health care client.

Identifies basic communication techniques in a structured care setting.

Interviews health care clients to obtain specific information.

Identifies overt learning needs of the health care client.

Observes the health care client and communicates significant findings to the health care team.

Identifies appropriate resources in some other agencies within the health care delivery system.

PLANNING

Contributes to the development of basic nursing care plans in an institutional setting.

Contributes, with assistance, to the development of health plans for health care clients and/or families.

IMPLEMENTING

Safely performs basic therapeutic and preventive nursing procedures, incorporating fundamental biological and physiological principles in giving individualized care.

Shows respect for the dignity of individuals.

Applies basic communication techniques in a structured care setting.

Demonstrates the ability to do incidental teaching during routine care.

Shares assigned responsibility of health care delivery in structured situations.

EVALUATING

Seeks guidance as needed in evaluating the care given and making necessary adjustments.

Identifies own strengths and weaknesses and seeks assistance for improvement of performance.

ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING

Recognizes own role as LPN/LVN in the health care delivery system.

Seeks out and takes advantage of learning situations and opportunities for own continuing education.

# COMPETENCIES OF THE ASSOCIATE DEGREE NURSE ON ENTRY INTO PRACTICE

## ROLE AS A PROVIDER OF CARE

As a provider of nursing care, the associate degree nursing graduate uses the nursing process to formulate and maintain individualized nursing care plans by:

### Assessing

Collects and contributes to a data base (physiological, emotional, sociological, cultural, psychological, and spiritual needs) from available resources (e.g., client, family, medical records, and other health team members).

Identifies and documents changes in health status which interfere with the client's ability to meet basic needs (e.g., oxygen, nutrition, elimination, activity, safety, rest and sleep, and psychosocial well-being).

Establishes a nursing diagnosis based on client needs.

### Planning

Develops individualized nursing care plans based upon the nursing diagnosis and plans intervention that follows established nursing protocols.

Identifies needs and establishes priorities for care with recognition of client's level of development and needs, and with consideration of client's relationship within a family, group, and community.

Participates with clients, families, significant others, and members of the nursing team to establish long- and short-range client goals.

Identifies criteria for evaluation of individualized nursing care plans.

### Implementing

Carries out individualized plans of care according to priority of needs and established nursing protocols.

Participates in the prescribed medical regime by preparing, assisting, and providing follow-up care to clients undergoing diagnostic and/or therapeutic procedures.

Uses psychological and cognitive skills to promote, restore, and maintain optimum steady state of adaptation.

Maintains and promotes respiratory function (e.g., oxygen therapy, positioning, etc.).

Maintains and promotes nutritional status (e.g., dietary regimes, supplemental therapy, intravenous infusions, etc.).

Maintains and promotes elimination (e.g., bowel and bladder regimes, forcing fluids, enemas, etc.).

Maintains and promotes a balance of activity, rest, and sleep (e.g., planned activities of daily living, environmental adjustment, exercises, sensory stimuli, assistive devices, etc.).

Maintains an environment which supports physiological functioning, comfort, and relief of pain.

Maintains and promotes all aspects of hygiene.

Maintains and promotes physical safety (e.g., implementation of medical and surgical aseptic techniques, etc.).

Maintains and promotes psychological safety through consideration of each individual's worth and dignity and applies nursing measures which assist in reducing common developmental and situational stress.

Measures basic physiological functioning and reports significant findings (e.g., vital signs, fluid intake and output).

Administers prescribed medications safely.

Intervenes in situations where:

Basic life support systems are threatened (e.g., cardiopulmonary resuscitation, obstructive airway maneuver).

Untoward physiological or psychological reactions are probable.

Changes in normal behavior patterns have occurred.

Participates in established institutional emergency plans.

Evaluating

Uses established criteria for evaluation of individualized nursing care.

Participates with clients, families, significant others, and members of the nursing team in the evaluation of established long- and short-range client goals.

Identifies alternate methods of meeting client's needs, modifies plans of care as necessary, and documents changes.

ROLE AS A COMMUNICATOR

As a communicator, the associate degree nursing graduate:

Assesses verbal and non-verbal communication of clients, families, and significant others based upon knowledge and techniques of interpersonal communication.

Uses lines of authority and communication within the work setting.

Uses communication skills as a method of data collection, nursing intervention, and evaluation of care.

Communicates and records assessments, nursing care plans, interventions, and evaluations accurately and promptly.

Establishes and maintains effective communication with clients, families, significant others, and health team members.

Communicates client's needs through the appropriate use of referrals.

Evaluates effectiveness of one's own communication with clients, colleagues, and others.

ROLE AS A CLIENT TEACHER

As a teacher of clients who need information or support to maintain health, the associate degree nursing graduate:

Assesses situations in which clients need information or support to maintain health.

Develops or adapts short-range teaching plans based upon long- and short-range goals for individual clients.

Implements teaching plans that are specific to the client's level of development and knowledge.

Supports and reinforces the teaching plans of other health professionals.

Evaluates the effectiveness of client's learning.

ROLE AS A MANAGER OF CLIENT CARE

As a manager of nursing care for a group of clients with common, well-defined health problems in structured settings, the associate degree nursing graduate:

Assesses and sets nursing care priorities.

With guidance, recognizes and provides client care utilizing resources and other nursing personnel commensurate with their educational preparation and experience.

Seeks guidance to assist other nursing personnel to develop skills in giving nursing care.

ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING

As a member within the profession of nursing, the associate degree nursing graduate:

Is accountable for his or her nursing practice.

Practices within the profession's ethical and legal framework.

Assumes responsibility for self-development and uses resources for continued learning.

Consults with a more experienced registered nurse when client's problems are not within the scope of practice.

Participates within a structured role in research (e.g., data collection).

Works within the policies of the employee or employing institution.

Recognizes policies and nursing protocols that may impede client care and works within the organizational framework to initiate change.

# APPENDIX D

## MODEL SYLLABUS FOR A STRUCTURED CURRICULUM FORMAT

INDEX

NS 034 Syllabus . . . . . .

NS 034 Class Objectives . . . . . .

NS 034 Lab Objectives . . . . . .

Comprehensive Skills List . . . . . .

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

Course Syllabus

NS 034 Nursing Transitions

Class Hours: 4 Credit Hours: 4
Laboratory Hours: 0

Course Description:

This course is designed to assist licensed practical nurses accepted into the nursing program at Chattanooga State with a smoother transition from the roles of non-nursing student to nursing student and from LPN to associate degree RN. Content will be drawn from first level nursing courses to provide a background upon which the remainder of the student's educational program will be based.

Successful completion of this course is required for continued progression in the nursing courses at Chattanooga State. In the event a student does not satisfactorily complete this course, he/she must re-enroll for the course the next quarter it is offered before any other nursing course may be taken.

Prerequisite(s):
*Successful completion of Mobility Profile I Exam
CPR certification
CH 100 or equivalent
BI 174, 184, 194, or equivalent
BI 204 or equivalent
PY 219 or equivalent
PY 217 or equivalent
MG 134 or equivalent
MG 285 or equivalent

Textbooks:

MERENESS ESSENTIAL OR PSYCHIATRIC NURSING; Cecelia Monat Taylor, 11th ed., (1982), C. V. Mosby.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith and Donna Duell; 1st ed., (1982), National Nursing Review of Los Altos, CA.

THE ARITHMETIC OF DOSAGES AND SOLUTIONS; Laura K. Hart, 5th ed., (1981), C. V. Mosby.

I. Course Content

| Week | Unit | Topic |
|---|---|---|
| 1 | I | Orientation<br>Orientation/study skills |
| 2 | II | Philosophy and Conceptual Framework |
| 3 | II<br>III | Continued<br>Communication Process and Skills |
| 4 | III<br>IV | Continued<br>Decision-Making Process |
| 5 | IV | Continued<br>Examination Unit I, II, III, IV |
| 6 | V<br>VI | Teaching-Learning Process<br>Role Change: Concepts and Process; Ethical Legal Framework |
| 7 | VI<br>VII | Continued<br>Medication Calculation |
| 8 | <br>VIII | EXAMINATION Unit VII<br>Fluids and Electrolytes Review |
| 9 | <br>IX | EXAMINATION Units V, VI, VIII<br>Skills competency testing |
| 10 | IX | Skills competency testing<br>Comprehensive Final Examination |

SKILLS COMPETENCY TESTING

1. Administration of medications: PO, Sub-Q, IM, and IV
2. Principles of asepsis: Sterile dressing change and catheterization
3. Principles of body movement and mechanics
4. Pre- and postoperative care

II. At the completion of this course, the student will be able to:

1. DESCRIBE and RELATE the philosophy and conceptual framework of Chattanooga State's Nursing Program to the delivery of holistic patient care.

2. EMPLOY communicative skills in the written and verbal transmission of information regarding implementation of nursing strategies and patient adaptation.

3. DESCRIBE and UTILIZE the teaching-learning process.

4. IDENTIFY the five phases of the decision-making process and INCORPORATE all phases into the creation of a nursing plan of care.

5. IDENTIFY the role change required in the transition from LPN to A.D. RN and from LPN to student and ethical/legal implications of role change.

6. DEMONSTRATE understanding of the concepts of fluid and electrolyte balance.

7. DEMONSTRATE competencies in psychomotor, cognitive and affective skills necessary to assume the practice roles of the Associate Degree nurse.

III. Evaluation Criteria:

A. Examinations:

1) 3 covering specified units (objective/discussion)
2) 1 comprehensive final (objective/discussion)

An academic average of 70% on the nursing examinations in each course is required for progression.

B. Laboratory:

1) Campus laboratory:

a. Demonstrate safety during the application of specified skills prior to performance of these skills in the clinical laboratory.
b. A final demonstration of selected skills will be required.

C. Field Work:

1) Completion of two bibliography cards per week (20 per quarter) on the current week's theoretical content. Due at the beginning of the last class each week.

2) Completion of two nursing care plans using data supplied by the instructor. A minimum of 70% must be achieved on both assignments.

D. Other evaluation methods:

None

E. Average of unit examinations = 50%
Final examination = 25%
Field work
1. Bibliography cards (2) = 5%
2. Nursing Care Plans = 10%
3. Laboratory Practical = 10%
Final Grade = 100%

F. Grading Scale:

90 - 100 = A
80 - 89 = B
70 - 79 = C
65 - 69 = D
below 65 = F

NS 034 NURSING TRANSITIONS

UNIT I & II

ORIENTATION AND PHILOSOPHY AND CONCEPTUAL FRAMEWORK

1. Relate changes that have occurred during the evolution of nursing to delivery of nursing care within the current health system.

2. Discuss the development of Associate Degree Nursing.

3. Describe the five practice roles and competencies of the Associate Degree nurse.

4. Trace the development of the nursing program's philosophy and conceptual framework from the institutional statement of goals and purpose.

5. Discuss the five components around which the nursing division philosophy is constructed.

6. Utilize the terminology of the conceptual framework in all modes of communication.

7. Explain the relationship of the philosophy, conceptual framework and terminal goals of the nursing program.

8. Examine the implications of the philosophy, conceptual framework and terminal golas to the delivery of holistic nursing care.

Readings: Student Handbook, pp. 1-12.

# UNIT III

## COMMUNICATION: PROCESS AND SKILLS

A) Basic Concepts

1. Define the communication process.

2. Describe the manner in which the nursing role of communicator is utilized in each of the five phases of the decision-making process.

3. Define the following terms associated with the communication process: a) verbal, b) nonverbal

4. Identify the influences of the following factors on the communication process:

   a) context
   b) sender
   c) receiver
   d) message
   e) feedback
   f) encoding
   g) decoding
   h) channels

5. Describe techniques which facilitate the communication process.

6. Describe techniques which inhibit the communication process.

7. Explain the phases of the helping relationship.

8. Discuss the purposes of the interaction necessary to obtain assessment data.

9. Identify own strengths and weaknesses in communication.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCESURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 359-376, 372-382.

MEDICAL-SURGICAL NURSING, CONCEPTS AND CLINICAL PRACTICE; Wilma J. Phipps, Barbara Long, Nancy Fugate Woods; 1st Edition; C. V. Mosby (1979); pp. 92-102, 113-116.

Audio Visuals: FS 892 The Helping Interview, Parts 1, 2, 3
FS 891 Nurse-Patient Interaction:
6) The Hospitalized Person
2) The Nurse
3) Blocks to Therapeutic Communication
FS 854 Basic Patient Care: Comfort and Hygiene
1) Developing a Caring Relationship

B) Nonverbal Communication

1. Identify effects of the sociological and cultural subsystems on body language.

2. Describe receptive and nonreceptive body language behaviors.

3. Explain effects of the sociological and cultural subsystems which determine boundaries of individual space.

4. Distinguish among the following types of space: intimate, personal, social, and public.

5. Discuss potential responses which could occur when there is an intrusion on an individual's space.

6. Identify the effects of incongruent verbal/nonverbal behavior on the communication process.

MERENESS' ESSENTIALS OF PSYCHIATRIC NURSING; Cecelia Monat Taylor; 11th Edition; C. V. Mosby (1982); pp. 132-133.

Audio-Visuals: Fs 890 Nonverbal Communication in Nursing
1) The Silent Vocabulary
2) Kinesics: The Study of Body Language
3) Touch
4) Proxemics: Space and Human Experience

C) Verbal Communication

1. Describe characteristics of a verbal message that promote effective communication.

2. Discuss the following methods used for conveying messages to other health team members.

a) reporting
b) directing
c) conferring
d) referring

MERENESS' ESSENTIALS OF PSYCHIATRIC NURSING; Cecelia Monat Taylor; 11th Edition; C. V. Mosby (1982); pp. 128-131.

Audio-Visuals: VT 776 Stay in Control

D) Written Communication

1. Discuss the reasons for maintaining current, accurate records.
2. Describe guidelines that are utilized when writing records.
3. Identify information that is found in each part of the patient record.
4. Differentiate between subjective and objective documentation.
5. Identify terms, abbreviations, and symbols that are accepted in a given institution.
6. List the components of the problem-oriented record.
7. Given patient data, record the data accurately using the problem-oriented and conventional formats.
8. Relate legal considerations to guidelines utilized when writing records.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 426-439.

Audio-Visuals: VT 792 The Nurse, Ethics, and the Law
4) Nursing Notes

E) Nursing Role of Communicator

1. Define patient advocate.
2. Describe use of the communication process when acting as a patient advocate.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES: Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 85-86.

# UNIT IV

## THE DECISION-MAKING PROCESS

1. Define the five phases of the decision-making process.
2. Identify appropriate sources to obtain assessment data.
3. Utilize the guidelines provided to perform an assessment on a fellow student.
4. State the means by which verification of data is obtained.
5. Distinguish between objective and subjective assessment data.
6. Given a collection of assessment data, record it appropriately.
7. Relate the assessment phase of the decision-making process to the appropriate roles of the Associate Degree nurse.

Student Handbook; pp. 5-6.
FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 121-132.

Audio-Visuals: VT 760 Observation and Charting
VT 1113 The Nursing Process: Discipline and Direction
VT 1112 Assessment and Diagnosis: Laying the Foundation

UNIT V

B) Decision-making Process: Analysis Phase

1. Describe the processes for the analysis phase.

2. Define nursing diagnosis.

3. Given a set of assessment data, categorize and interpret the data, and formulate a nursing diagnosis for each subsystem.

4. Based on the nursing diagnosis, determine the patient's adaptative state and the mode of nursing intervention which is required.

5. Given a list of nursing interventions, classify them in the appropriate mode.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983), pp. 125-142.
MEDICAL-SURGICAL NURSING: CONCEPTS AND CLINICAL PRACTICE; Wilma J. Phipps, Barbara Long, Nancy Fugate Woods; 1st Edition; C. V. Mosby (1979); pp. 106-111.
Audio-Visual: VT 1112 Assessment and Diagnosis: Laying the Foundation

C) Decision-Making Process: Planning Phase

1. Describe the processes required for the planning phase.

2. Assign priorities of nursing care based on the nursing diagnosis and identified mode of nursing intervention.

3. Define the following terms:
   a) goal b) objective c) strategy

4. Construct long and short-term patient goals based on the nursing diagnosis.

5. Develop patient objectives based on established goals according to the following criteria:
   a) states a specific behavior that is observable, measurable and achievable
   b) states conditions for achievement

6. Identify strategies for implementation that will assist the patient in the achievement of objectives and goals.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addision-Wesley (1983); pp. 143-150.
MEDICAL-SURGICAL NURSING: CONCEPTS AND CLINICAL PRACTICE; Wilma J. Phipps, Barbara Long, Nancy Fugate Woods; 1st Edition; C. V. Mosby; (1979) p. 85.
Audio-Visual: VT 1114 Planning: The Key to Successful Outcome

D) Decision-making Process: Implementation and Evaluation Phase

1. Describe the processes required for the implementation phase.

2. List competencies which are demonstrated during the implementation phase.

3. Describe the processes required for the evaluation phase.

4. Compare the patient's state of adaptation with previously defined objectives and goals.

5. State how this comparison leads to reassessment and a new nursing diagnosis.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 153-157.
MEDICAL-SURGICAL NURSING: CONCEPTS AND CLINICAL PRACTICE; Wilma J. Phipps, Barbara Long, Nancy Fugate Woods; 1st Edition; C. V. Mosby (1979); pp. 86-87.
Audio-Visual(s): VT 1115 Implementation: From Planning to Action
VT 1116 Evaluation: An End and A Beginning

# UNIT V

## THE TEACHING-LEARNING PROCESS

1. Describe the teaching-learning process.
2. Relate effects of internal and external factors to the outcome of the teaching-learning process.
3. Describe the process and sources used for assessment of learning needs.
4. Identify assessment data indicative of patient readiness to learn.
5. Summarize the stages included in the planning phase of the teaching-learning process.
6. Explain the method for construction of short-term learning goals that are observable, measurable, achievable, and are based on learning needs.
7. Prioritize the established goals.
8. Develop content necessary to accomplish the established goals.
9. Select teaching methods compatible with readiness and ability to learn.
10. Based on data gathered, structure a setting that is conducive for the implementation of the teaching-learning process.
11. Develop methods for evaluation of the effectiveness of the teaching-learning process.

FUNDAMENTALS OF NURSING: CONCEPTS & PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Welsey (1983); pp. 411-423.

Audio-Visual(s): VT 788 The Nurse Is a Teacher: Principle of Learning

FS 859 Patient Teaching: A Nursing Process Approach
1) Introduction to Patient Teaching
2) Assessment of Learning Needs
3) Planning of Teaching and Learning
4) Implementation of Teaching
5) Evaluation of Learning

# UNIT VI

## ROLE CHANGE: CONCEPTS AND PROCESS AND ETHICAL-LEGAL FRAMEWORK

A.

1. Examine factors which have an effect on the role change required of LPN's who pursue the Associate Degree RN:
   a) legal responsibilities, b) leadership responsibilities
   c) psychomotor skills

2. Describe examples of the increased depth of understanding required of the RN in the delivery of holistic nursing care.
   a) plan of care
   b) nursing diagnoses and orders
   c) plans for discharge
   d) patient care conferences
   e) coordination of patient care

3. Discuss conflicts which may occur when the LPN assumes more responsibility upon returning as an RN to the patient unit.

4. Identify and discuss solutions to the problem of the changing role from LPN to student nurses.

5. Relate the RTSS (returning to school syndrome) to developments in your personal transition from worker to student and from LPN to A.D. RN.

6. Discuss feelings about the transitions from worker to student and LPN to A.D. RN.

READINGS:

Abruzzese, Roberta S. "Role Change - LPN to ADN." COPING WITH CHANGE THROUGH ASSESSMENT AND EVALUATION. National League for Nursing, New York, 1976.

Crawford, Susan W. Ph.D. "The LPN-to-RN Transition." RETURNING TO SCHOOL: A GUIDE FOR NURSES compiled by Donea L. Shane. Prentice Hall, Inc. New Jersey, 1983.

Fasano, Marie A. "From LVN to RN in One Year." NURSING OUTLOOK. Vol. 24 (4) April 1976, pp. 251-253.

Grippando, Gloria M. NURSING PERSPECTIVES AND ISSUES, 2nd Edition. Delmar Pub. Inc. New York. 1983

B.

1. Summarize the American Nurse's Association Code of Ethics and the International Council of Nurses Code for Nurses.

2. Examine factors affecting current ethical issues.

3. List four sources of laws and give an example of a law pertaining to nursing derived from each source.

4. Indicate the primary purpose of Nurse Practice Acts.

5. State the conditions under which a nursing license may be revoked.

6. Discuss the implications of the Impaired Nurse Program.

7. Define and give an example of each of the following wrongs:
   a) tort
   b) crime
   c) malpractice
   d) slander
   e) libel
   f) false imprisonment
   g) invasion of privacy
   h) assault
   i) battery
   j) fraud

8. Compare negligence and malpractice.

9. Explain why nursing students are held legally responsible for their nursing practice.

10. Briefly discuss how each of the following laws influence nurses:
    a) Good Smaritan Laws
    b) Drug Abuse Laws
    c) The Food, Drug, and Cosmetic Act
    d) The Occupational Safety and Health Act

11. Describe the function of professional liability insurance.

12. Define what is meant by an incident report and list its function.

13. Discuss informed consent--including ethical-legal framework.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 96-110, 76-79, 84-85, 86-93.

Audio-Visual(s): The Nurse Ethics and the Law:
VT 789 Professional Ethics (1)
VT 790 Legal Responsibilities (2)
VT 791 Negligence and Malpractice (3)
VT 793 Informed Consent (5)

Definitions: additional terms on handouts

# UNIT VII

## MEDICATION CALCULATION

A) Weights and Measures Required for Drug Administration

1. List the three systems of measurement currently utilized for drug administration.

2. Identify abbreviations and symbols employed by these systems of measurement.

3. Demonstrate an understanding of the Apothecaries' system by changing from one measure to another in that system.

4. Demonstrate an understanding of the metric system by changing from one measure to another in that system.

5. Demonstrate an understanding of Metric-Apothecaries' equivalents by changing:

   a) grams to grains
   b) grains to grams
   c) grains to milligrams
   d) milligrams to grains
   e) milligrams to grams
   f) grams to milligrams

6. List common household measures.

7. Identify equivalents for the systems of Apothecaries', Metric and household measures.

Read: The Arithmetic of Dosages and Solutions - pgs 3-17; 30-59

Pharmacology in Nursing - pgs 90-92.

B) Formulas for Determining Dosages and Solutions

1. Recall concepts of basic arithmetic to solve problems using fractions, decimal fractions, percentage ratio, and proportion.

2. Apply these concepts to the preparation of medications and solutions.

3. Compute the following:

   a) Dosages for oral medications
   b) Dosages for parenteral medications
   c) Dosages for insulin
   d) Dosages of drugs in powder form
   e) Dosages for injection using tablets
   f) Solutions from pure drugs
   g) Weaker solution from a stronger solution
   i) Solutions from tablets

Read: Pharmacology in Nursing - pgs 92-95.

The Arithmetic of Dosages and Solutions - pgs 1-3; 18-29; 60-66.

# UNIT VIII

## FLUID AND ELECTROLYTE BALANCE REVIEW

A.

1. Define the following terms:

| | |
|---|---|
| active transport | intracellular fluid (ICF) |
| anion | intravascular |
| cation | ion |
| colloids | isotonic |
| crystalloids | milliequivalent |
| diaphoresis | millimol |
| diffusion | mol |
| electrolyte | obligatory loss |
| extracellular fluid (ECF) | osmolarity |
| hydrostatic pressure | osmosis |
| hypertonic | osmotic pressure |
| hypotonic | plasma |
| interstitial | solute |
| interstitial fluid | solvent |

2. Describe factors affecting the proportion of body weight that is fluid.

3. Name the body's fluid compartments.

4. Identify major constituents (electrolytes) of intracellular and extracellular fluid compartments and body secretions.

5. Describe ways in which fluids and electrolytes move through the body.

6. Identify ways in which osmotic and hydrostatic pressure influence movement of fluid through membranes.

7. Identify mechanisms that regulate the body's fluid and electrolyte volume.

8. Describe how these mechanisms regulate fluid and electrolyte balance.

9. Identify three major sources of body fluid.

10. Identify sources of fluid output.

11. Identify normal fluid intakes and outputs.

12. Identify essential information to obtain in a health history.

13. Identify ways in which selected factors influence fluid and electrolyte needs.

14. Describe clinical signs of the well-hydrated person.

15. Identify essential steps in measuring a person's fluid intake and output. (Review)

16. Identify essential diagnostic tests and their significance.

READ: Kozier and Erb -- pp. 778-787 and 788-791.
VIEW: VT 744 Fluid Balance
VT 745 Electrolyte Balance
VT 827 Function of Electrolytes

B) Deviations of Fluid and Electrolyte Balance Review

1. Define the following terms:
ADH
osmolarity (osmolality)
hypercalcemia
hypokalemia
hypovolemia
oliguria
anuria
water deficit (dehydration)
water excess (overhydration, water intoxication)
extracellular fluid deficit (ECF depletion, isotonic volume deficit)
extracellular fluid excess (ECF excess, isotonic volume excess, circulatory overload)

| | |
|---|---|
| dependent edema | hyponatremia |
| pitting edema | hyperkalemia |
| colloids | hypokalemia |
| hypernatremia | hypercalcemia |
| | hypocalcemia |

2. Identify four types of fluid imbalance.

3. Identify causes of water deficits and excesses.

4. Compare effects of water deficits and excesses.

5. Identify causes of extracellular fluid deficits and excesses.

6. Compare effects of extracellular fluid deficits and excesses.

7. Contrast clinical signs and laboratory findings of all types of fluid imbalances.

8. Contrast medical therapies required for all types of fluid imbalance.

9. Identify causes of specific electrolyte deficits and excesses.

10. Identify clinical signs and laboratory findings of specific electrolyte imbalances.

11. Identify medical therapies prescribed for specific electrolyte deficits and excesses.

READ: Kozier and Erb -- pp. 795-804 and 807-808.
VIEW: VT 746 Fluid Loss
VT 747 Fluid Retention: Edema
VT 748 Rapid Fluid Gain
VT 865 Sodium Imbalances
VT 809 Potassium Imbalances

NS 034

CAMPUS LABORATORY SKILLS

I. Promotion of a Safe Environment

   A. Application of Bandages and Binders

   B. Promotion of Wound Healing

   C. Barrier Technique

II. Administration of Medications

   A. Oral and Sublingual

   B. Topical

   C. Parenteral

   D. Intravenous

# PROMOTION OF A SAFE ENVIRONMENT

A) Application of Bandages and Binders

1. List purpose for the use of bandages and binders.

2. Explain principles used in the application of bandages and binders.

3. Distinguish among the various types of bandage materials.

4. Demonstrate the six basic turns in bandaging.

5. Discuss the purpose and application of the following:
   a. T binder
   b. many-tailed binder
   c. sling
   d. straight binder
   e. stockinet
   f. elasticized stockings
   g. elastic (ace) bandages

6. Identify assessments to be made which determine circulatory, neurological and musculoskeletal status of the area surrounding the bandage or binder.

7. Summarize the strategies required for the care of a patient with a bandage or binder.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 344-351.
FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 1045-1049, 539-542.
Audio-Visuals: VT 767 Application of Bandages and Binders
VT 802 The Use of Restraints

B) Promotion of Wound Healing: Sterile Dressings and Wound Irrigations

1. Define the following terms:

   a) wound drainage
   b) exudate
   c) purulent
   d) serous sanguinous
   e) irrigation
   f) capillary action

2. Identify the items in a sterile dressing kit, and state the purpose of each.

3. Relate at least three principles of surgical asepsis to the process of applying a sterile dressing and wound irrigations.

4. Demonstrate correctly the procedure for irrigating an open wound and changing a sterile dressing.

5. Demonstrate appropriate skin care measures for the wound area, including the care of a wound with a drain.

6. State the reason for irrigating an open wound.

7. List at least three types of solutions that may be used to irrigate open wounds.

8. Identify actions or circumstances in wound irrigation that would constitute breaks in sterile technique.

9. Describe the information and observations to record on a patient's chart following a wound irrigation and/or dressing change.

10. Describe adaptations of strategies required when the patient has a draining wound or a wound with a drain.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES: Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 1031-1037, 1039-1040.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Ed.; National Nursing Review of Los Altos, CA (1982); pp. 128-135.

Audio Visual(s): VT 816 The Surgical Dressing
VT 815 Assessment of Wound Healing
VT 818 Wound Irrigation and Specimen Collection
VT 819 Closed Suction Wound Drainage

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 034

# PERFORMANCE CHECK LIST: STERILE DRESSING CHANGE

| | | S | U |
|---|---|---|---|
| 1. | Check's physician's order. | | |
| 2. | Assembles equipment. | | |
| 3. | Explains procedure to patient and asks patient not to speak or touch wound during dressing change. | | |
| 4. | Washes hands. | | |
| 5. | Prepares waterproof bag for disposal of soiled dressing by turning down top edges and placing within reach. (May tape to bedside table.) | | |
| 6. | Provides privacy. | | |
| 7. | Removes tape by pulling gently toward wound. | | |
| 8. | Removes dressing carefully with hand if dressing dry, or uses disposable clean glove if dressing is moist (without dislodging drain). | | |
| 9. | Places soiled dressing in waterproof bag, without touching outside of bag. | | |
| 10. | Opens sterile dressing tray or sets up sterile supplies without violating principles of surgical asepsis. | | |
| 11. | Removes caps from any solutions to be used for cleaning wound. | | |
| 12. | Assesses wound for edema, redness, and approximation of wound edges. | | |
| 13. | If drainage present -- assesses amount, color, consistency, location, and order. | | |
| 14. | Puts sterile glove on dominant hand leaving ungloved hand free to pour cleansing solution or sponges (without touching solution container to sterile sponges.) | | |
| 15. | Using gloved hand, cleans wound by picking up each sponge or antiseptic swab moistened with cleaning solution, and cleans from top to bottom of incision and from center to outside. (If an irregular wound, cleans from center outward using circular motions.) | | |
| 16. | If forceps available, uses these in cleaning the wound following guidelines in 15. | | |

| | | S | U |
|---|---|---|---|
| 17. | Dries wound in manner described above using dry sponges. | | |
| 18. | Applies sterile dressing. | | |
| 19. | Removes gloves inside out and places in bag. | | |
| 20. | Secures dressing with tape and writes on tape date, time, and initials to document dressing change. | | |
| 21. | Assesses patient for wound discomfort and for response to dressing change. | | |
| 22. | Makes patient comfortable. | | |
| 23. | Removes all soiled materials from room. | | |
| 24. | Discards contaminated dressing in proper container. | | |
| 25. | Washes hands. | | |
| 26. | Charts dressing change and observations as appropriate. | | |

C) Barrier Techniques

1. Describe and demonstrate correct procedures for handling equipment and supplies when caring for a patient in isolation including:
   a) Removing soiled linens from the unit
   b) Disposing of used dishes and uneaten food
   c) Disposing of excreta
   d) Assessing blood pressure
   e) Collecting urine and stool specimens
   f) Transferring the patient out of the isolation unit

2. Demonstrate safe handling of apparel required for each barrier technique.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 4559-464.
NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 122-128.

# CAMPUS LAB UNIT II

## ADMINISTRATION OF MEDICATIONS

A) Oral and Sublingual Administration of Medications.

1. List the "five rights" of drug administration.
2. Identify three times when a medication label should be checked during preparation.
3. Identify common abbreviations used in medication orders.
4. State the procedure of identifying a patient before administering a medication.
5. State the information to record on the patient's chart after administering oral medications.
6. List the advantages and disadvantages of administering medications by mouth.
7. Demonstrate the preparation and administration of oral and sublingual medications.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 952-954, 956-959.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 257-262.

Audio Visuals: VT 404 Nursing Responsibilities
VT 405 Preparing Medications
VT 406 Administering Oral, Topical, Suppository, and Inhalation Medications.

B) Administering Topical Medications

1. Define the following terms:
   a) topical medication b) instillation c) suppository

2. Given a form of topical medication, state at least one therapeutic purpose for which it may be administered.

3. Identify at least five body cavities to which topical medications may be administered.

4. Describe at least two ways to observe medical asepsis while administering:
   a) eye drops b) ear drops

5. Describe the correct angle for insertion of the applicator when administering a vaginal medication.

6. Describe correct placement for a rectal suppository.

7. Demonstrate correctly the procedures for administering:
   a) eye drops
   b) eye ointment
   c) ear drops
   d) a vaginal tablet
   e) vaginal ointment
   f) a rectal suppository

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 975-980.
NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 252-257, 271-277.

C) Preparation and Administration of Parenteral Medications

1. Identify the parts of a syringe and needle.

2. Identify the parts of a syringe and needle that must remain sterile.

3. Describe two measurements used to specify a needle's size.

4. Define the following terms:
   a) parenteral medications c) subcutaneous injections
   b) intradermal injections d) intramuscular injections

5. List the reasons for which:
   a) an intradermal injection is given
   b) a subcutaneous injection is given
   c) an intramuscular injection is given

6. Identify the needle and syringe size most commonly used for:
   a) intradermal injections b) subcutaneous injections
   c) intramuscular injections

7. Identify criteria used for proper selection of needle length and bore.

8. State the angle and injection sites for:
   a) an intradermal injection b) a subcutaneous injection
   c) intramuscular injections

9. Explain the purpose of Z-track injections.

10. Trace correct sequence of strategies used for the administration of:
    a) intradermal injections b) subcutaneous injections
    c) intramuscular injections

11. State appropriate strategies used when complications resulting from administration of parenteral medications occur.

12. List the information to be recorded on a patient's medication record or chart after administering an injection.

13. Practice preparing an injection, using a single-dose ampule.

14. Practice preparing an injection, using a multiple-dose vial.

15. Practice preparing an injection, using a pre-filled needle-and-cartridge unit and a Tubex and Carpoject cartridge holder.

16. Demonstrate the preparation and administration of intradermal, subcutaneous, and intramuscular injections.

17. Identify special precations to be taken when administering insulin.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier and Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 959-974.
NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos (1982); pp. 262-271.
Audio-Visual(s): VT 407 Administering Intramuscular, Intradermal and Subcutaneous Injections
Software: Calculating and Preparing Fractional Medication Dosages for Injection
Preparing Insulins for Injection

D) Maintaining Intravenous Infusions

1. Identify equipment used for IV therapy.
2. Calculate the rate of flow for IV's.
3. Calculate the amount of time necessary for a solution to infuse.
4. Describe the process of changing IV bottles and tubings during IV therapy.
5. Describe the process of discontinuing IV's.
6. State the signs and symptoms of complications during IV therapy.
7. Describe the process of changing a patient's gown when she/he is receiving IV therapy.
8. Demonstrate the strategies associated with IV therapy.
9. Discuss charting appropriate for patients receiving IV therapy.
10. Differentiate among the mechanisms of delivery of various types of infusion pumps utilized in the clinical setting.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier and Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 809-821.
NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Alto (1982); pp. 482-485.
Woodland, Carolyn "How to Make Infusion Control Devices Work for You (Instead of Vice Versa)," RN, November 1981, pp. 59-63. (in computer lab)
Aisenstein, Terry-Jo, "Those All-Too-Common IV Complications," RN, March 1981, pp. 38-41 (in computer lab).

NURSING DIVISION

COMPREHENSIVE SKILLS CHECKLIST

Student's Name _____

Instructors' Signatures and Initials: _____

INSTRUCTORS: INITIAL AND DATE ALL ENTRIES

ROLE AS A PROVIDER OF DIRECT PATIENT CARE

| | Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|---|
| General | Handwashing | | | | | |
| | Making an Occupied Bed | | | | | |
| | Making a Surgical Bed | | | | | |
| | Positioning a Bed | | | | | |
| | Performing One Man CPR | | | | | |
| | Performing Two Man CPR | | | | | |
| | Performing Infant CPR | | | | | |
| | Obtaining Specimens for Culture and Sensitivity | | | | | |
| | Maintaining Hemovac Suction | | | | | |
| | Admitting a Patient | | | | | |
| | Discharging a Patient | | | | | |
| | Receiving a Patient from Recovery Room | | | | | |
| | Maintaining a Sterile Field Including Gowing & Gloving | | | | | |
| | Caring for a Patient with Radiation Precautions | | | | | |
| | Care of the Body after Death | | | | | |

| | Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|---|
| Assessment | Obtaining an Oral Temperature | | | | | |
| | Obtaining a Rectal Temperature | | | | | |
| | Obtaining an Axillary Temperature | | | | | |
| | Use of Electronic Thermometers | | | | | |
| | Use of Glass Thermometers | | | | | |
| | Use of Tempa-dot | | | | | |
| | Obtaining an Apical Pulse | | | | | |
| | Obtaining a Radial Pulse | | | | | |
| | Obtaining the Respiratory Rate | | | | | |
| | Obtaining a Blood Pressure | | | | | |
| | Weighing an Adult | | | | | |
| | Weighing an Infant | | | | | |
| | Measuring Head Circumference | | | | | |
| | Measuring Height of Infant/Child | | | | | |
| | Performing Neurological Checks | | | | | |
| | Obtaining CVP Measurements | | | | | |
| | Obtaining FHT | | | | | |
| | Determining APGAR Scores | | | | | |
| | Determining Gestational Age | | | | | |
| Medications | Administering Oral Medications | | | | | |
| | Administering Sublingual Medications | | | | | |
| | Administering Topical Medications | | | | | |
| | Administering Eye Drops and/or Ointments | | | | | |
| | Administering Ear Drops | | | | | |
| | Administering Suppositories | | | | | |
| | Administering an Intradermal Injection | | | | | |
| | Administering a Subcutaneous Injections | | | | | |
| | Administering an Intramuscular Injection | | | | | |
| | Administering a Z-Track Injection | | | | | |
| | Intravenous Site Care | | | | | |
| | Maintaining Sterility of Closed Intravenous Infusion System | | | | | |
| | Discontinuing Intravenous Infusions | | | | | |
| | Performing a Venipuncture | | | | | |
| | Steel Needles | | | | | |
| | Catheters | | | | | |
| | Administering Medications Through Heparin Lock | | | | | |

| | | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|---|
| Medications (contd.) | Administering an IV Medication by: | | | | | |
| | Adding Medication to an IV Bottle | | | | | |
| | Adding Medication to a Volume-Control Set | | | | | |
| | Using Additional Bottles | | | | | |
| | Intravenous Push | | | | | |
| | Using and Maintaining Infusion Pump | | | | | |
| Integumentary | Decubitus Care | | | | | |
| | Shampooing Hair (Bed Patient) | | | | | |
| | Oral Care | | | | | |
| | Eye Care | | | | | |
| | Perineal Care | | | | | |
| | Backrub | | | | | |
| | Complete Bed Bath | | | | | |
| | Sitz Bath | | | | | |
| | Infant Tub Bath | | | | | |
| | Application of Cold | | | | | |
| | Application of Heat | | | | | |
| | Changing a Sterile Dressing | | | | | |
| | Irrigating Wounds | | | | | |
| | Cleaning a Penrose Drain Site | | | | | |
| | Initiating Barrier Technique | | | | | |
| | Maintaining Barrier Technique | | | | | |
| | Cord Care | | | | | |
| | Care for Newborn Receiving Phototherapy | | | | | |
| | Surgical Skin Prep | | | | | |
| | Burn Care | | | | | |
| Musculo-Skeletal | Basic Body Mechanics | | | | | |
| | Moving a Patient Up in Bed | | | | | |
| | Logrolling | | | | | |
| | Positioning a Patient in Bed | | | | | |
| | Dangling | | | | | |
| | Moving a Patient from Bed to Chair | | | | | |
| | Using a Mechanical Lifter | | | | | |
| | Moving a Patient from Bed to Wheelchair | | | | | |
| | Moving a Patient from Bed to Stretcher | | | | | |
| | Passive Range of Motion | | | | | |
| | Assisting with Ambulation | | | | | |
| | Assisting a Patient to Use Crutches | | | | | |
| | Applying a Posey Restraint | | | | | |

| | Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|---|
| Musculo-Skeletal (contd.) | Cast Care Immediately After Application | | | | | |
| | Continuing Care of a Cast | | | | | |
| | Maintaining Traction | | | | | |
| | Turning a Patient on a Stryker Frame | | | | | |
| | Turning a Patient on a Circolectric Bed | | | | | |
| | Applying Binders | | | | | |
| | Applying Bandages | | | | | |
| | Stump Care | | | | | |
| Gastro-intestinal Subsystem | Feeding an Adult Patient | | | | | |
| | Feeding an Adult Patient | | | | | |
| | Bottle-Feeding/Assisting with Breastfeeding | | | | | |
| | Nasogastric Tube Feeding | | | | | |
| | Gastrostomy Feeding | | | | | |
| | Insertion of Nasogastric Tube | | | | | |
| | Irrigation of Nasogastric Tube | | | | | |
| | Maintaining Nasogastric Suction | | | | | |
| | Measuring Intake and Output | | | | | |
| | Maintaining Hyperalimentation | | | | | |
| | Administering an Enema | | | | | |
| | Removing a Fecal Impaction | | | | | |
| | Irrigating a Colostomy | | | | | |
| | Changing an Ostomy Pouch | | | | | |
| | Collecting a Stool Specimen | | | | | |
| Urinary | Inserting a Straight Catheter | | | | | |
| | Inserting a Retention Catheter | | | | | |
| | Catheter Care | | | | | |
| | Removing a Retention Catheter | | | | | |
| | Catheter or Bladder Irrigation and Bladder Instillation | | | | | |
| | Obtaining Urine Specimen from Catheterized Patient | | | | | |
| | Obtaining Voided Urine Specimen | | | | | |
| | Obtaining a Bagged Urine Specimen from an Infant | | | | | |
| | Collecting a 24-Hour Urine Specimen | | | | | |
| | Determining Urine Specific Gravity | | | | | |
| | Checking for the Presence of Protein in the Urine | | | | | |
| | Care of A-V Cannula Site | | | | | |
| | Care of Patient Receiving Peritoneal Dialysis | | | | | |
| | Care of Patient with Suprapubic Catheter | | | | | |

| | Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|---|
| Respiratory | Managing an Obstructed Airway | | | | | |
| | Using Ambu Bag and Mask | | | | | |
| | Collecting Sputum by Tracheal Suction | | | | | |
| | Collecting Expectorated Sputum | | | | | |
| | Administering Oxygen by Cannula | | | | | |
| | Administering Oxygen by Mask | | | | | |
| | Administering Oxygen by Croupette | | | | | |
| | Bulb Suctioning an Infant | | | | | |
| | Maintaining Chest Suction or Drainage | | | | | |
| | Performing Tracheostomy Care | | | | | |
| | Suctioning a Tracheostomy Tube | | | | | |
| | Inserting Oral/Nasal Airways | | | | | |
| | Performing Oro/Nasopharyngeal Suctioning | | | | | |
| | Performing Nasotracheal Suctioning | | | | | |
| | Performing Endotracheal Suctioning | | | | | |
| | Performing Percussion and Postural Drainage | | | | | |
| | T, C, DB | | | | | |
| | Assisting with Incentive Spirometers | | | | | |
| Cardio-vascular | Maintaining an Arterial Line | | | | | |
| | Obtaining Arterial Blood Sample from an Arterial Line | | | | | |
| | Placing ECG Electrodes Appropriately | | | | | |
| | Obtaining ECG Strip | | | | | |
| | Administering Blood and Blood Components | | | | | |
| | Rotating Tourniquets | | | | | |
| | Care of Patient with Pacemaker | | | | | |
| | Monitoring Arterial Pressures with an Arterial Line | | | | | |
| | Monitoring Cardiovascular Function with a Swan-Ganz Catheter | | | | | |
| | Applying TED Hose | | | | | |
| | Using Blood Warmers | | | | | |
| | Maintaining Atrial Catheters (Hickman, Brovac) | | | | | |

| | Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|---|
| Nervous | Eliciting the Knee Jerk Reflex | | | | | |
| | Invasive Monitoring of ICP | | | | | |
| | Maintaining Seizure Precautions | | | | | |
| | Use of Hypothermia Blanket | | | | | |
| Endocrine | Performing Clinitests and Acetests | | | | | |
| | Assessing Blood Glucose with Dextrostix | | | | | |
| | Using Glucometer | | | | | |
| Reproductive | Administering a Vaginal Douche | | | | | |
| | Applying External Fetal Monitors | | | | | |

ROLE AS A COMMUNICATOR

| Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|
| Charting | | | | | |
| Obtaining a Nursing History | | | | | |
| Referral | | | | | |
| Updating Patient Care Plan | | | | | |
| Interaction Process Recordings | | | | | |
| Receiving and Giving Patient Status Reports | | | | | |

ROLE AS A PATIENT TEACHER

| Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|
| Identifies Learning Needs | | | | | |
| Develops Teaching Strategies | | | | | |
| Implements Teaching Strategies | | | | | |
| Evaluates Effectiveness of Teaching-Learning Process | | | | | |

ROLE AS A PLANNER AND COORDINATOR OF PATIENT CARE

| Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|
| Prioritizes Nursing Care | | | | | |
| Directs Health Team Members | | | | | |
| Assists Team Members in Implementation of Strategies | | | | | |

ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING

| Skill | 1 | 2 | 3 | 4 | 5+ |
|---|---|---|---|---|---|
| Assesses Own Performance | | | | | |
| Functions Independently | | | | | |
| Functions Dependently when Necessary | | | | | |
| Identifies Need of Change in Delivery of Nursing Care | | | | | |

*This list is extensive, but not all-inclusive. Additional skills, as required by your instructor, may be added as necessary.

# VITA

Tanya Gorman Wells was born in Glendale, California, 1949. She was graduated from an Associate degree nursing program in Riverside, California, 1969. Later degrees included the Bachelor of Science in nursing from Southern College, 1971; a Master's in Education in Curriculum and Instruction from Memphis State University, 1975, and a Master's of Science in Nursing in Adult Physical Illness from The University of Tennessee Center for the Health Sciences, Memphis.

She entered the Doctor of Education program in Educational Administration and Supervision in 1983 and in August 1985 was awarded that degree.