To the Graduate Council:

I am submitting herewith a dissertation written by Susan C. Davidson entitled "The Use of Essential Functions in the Admission of Nursing Students Under the Americans with Disabilities Act of 1990." 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 Leadership Studies in Education.

E. Grady Bogue, Major Professor

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THE USE OF ESSENTIAL FUNCTIONS IN THE ADMISSION OF NURSING STUDENTS UNDER THE AMERICANS WITH DISABILITIES ACT OF 1990

A Dissertation

Presented for the

Doctor of Education

Degree

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Susan C. Davidson

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ABSTRACT

In compliance with the 1990 Americans with Disabilities Act (ADA), nursing programs may not discriminate against qualified individuals with disabilities. For the purposes of nursing program compliance, a "qualified individual with a disability" is one who, with or without reasonable accommodation meets the essential requirements for participation in the program. The Southern Council on Collegiate Education for Nursing (SCCEN), developed the Core Performance Standards for nursing schools to use as guidelines in determining a student's abilities to perform these identified essential functions. The purpose of this study was to determine if the SCCEN member schools of nursing were implementing the Core Performance Standards. Two questions related to the purpose were: Among those schools implementing the standards; 1) Have they revised the standards? and 2) What methods are they using to assess a student's ability to meet these standards?

The 191 SCCEN member schools of nursing were surveyed by mail questionnaire. Fourteen states in the southeastern region of the United States were represented. Questionnaires were returned by 116 schools

representing a 61 percent response rate. The survey instrument was developed by the researcher with review by a panel of experts. Thirty-nine of forty-six directors of nursing programs (85 percent) responded to telephone interviews and answered questions concerning the assessment methods they had developed to determine a student's abilities.

Findings included: 1) All 191 programs had received information about the SCCEN standards. Of the 116 programs responding, 40.7 percent reported including the standards in their admissions process while 59.3 percent did not. 2) The majority of schools using the standards were using them as written. 3) There was no impact on the decision to implement the standards based on program characteristics of program type, governance, or size of class. 4) Of the 39 directors that responded to the telephone interviews, none had assessment methods in place for students with disabilities.

The researcher concluded that schools of nursing need to provide a list of performance standards to potential students in order to assist students in making a responsible, knowledgeable decision about nursing school and its requirements. Guidelines for school

policy formation, recommendations for professional organization involvement in this issue, and implications for future research were also provided.

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CHAPTER I

Introduction

The Americans with Disabilities Act of 1990 (ADA, Public Law 101-336), was initiated by the United States Congress and the President to prohibit discrimination against qualified individuals with disabilities. This act not only addresses employment issues, but also access to programs and services. The ADA extends to all Americans with disabilities the federal civil rights protection in the areas of employment in the private sector, services provided by state and local governments, transportation, public accommodations, and telecommunications (Frieden, 1992).

The act is divided into five Titles which describe in detail the findings, purposes and definitions. Title I addresses discriminatory acts against qualified individuals with disabilities, acts involving an employer's policies on hiring, advancements, discharges, compensation, and the application of other terms and conditions of employment. Title II, subtitle A, requires that a public entity's services, programs, or activities must be readily accessible to and usable by individuals with disabilities. Title II, subtitle B, has very

specific prohibitions against discrimination in public transportation programs.

In many ways, Title III is the newest of the rights created by the ADA; no previous federal law had prevented private enterprise from discriminating against disabled individuals. Section 302{9} of this Title prohibits any owner, lessee, or operator of an establishment offering service to the public from discriminating on the basis of a person's disability in the full and equal enjoyment of goods, services or accommodations offered by the establishment.

Title IV of the ADA amends Section 225 of the Communications Act of 1934 (47 U.S.C. 201) to require that the Federal Communications Commission ensure that common carriers provide interstate and intrastate telecommunications relay services to individuals who are hearing impaired and speech impaired. Title V of the ADA authorizes attorney fees to be paid to the plaintiff, in court or agency actions if the plaintiff prevails. Title V also has a provision authorizing alternative methods of resolving disputes (Verville, 1990).

There are two different titles of the ADA which apply to nursing schools: Title II is for schools which

are part of a state or local government and Title III is for private schools. The distinction between these two titles is often significant because the obligations placed on public entities under Title II are more burdensome than those placed on private entities. This distinction is, however, less pronounced in the case of nursing schools due to several factors. First, because most private schools are subject to Section 504 of the Rehabilitation Act of 1973, (Public Law 93-112) and because Section 504's obligations are so similar to those imposed by the ADA on public institutions, whether a school of nursing is subject to Title II or Title III of the ADA is much less important in the nursing school context. Second, to the extent Section 504 has been interpreted in the past to be less burdensome than the ADA, it is likely now to be perceived so as to be consistent with the newer legislation (Marx, 1992).

Nursing school admissions committees have questions about the rights of students with disabilities who apply to their programs. The issues surrounding these questions are the legal ramifications and ethical considerations of admitting a student with a disability to a nursing program. Most schools of nursing subsidized

by federal funds seem to have complied by making admissions decisions on a case by case basis. Although this procedure offers the advantage of individual assessment, the lack of general criteria for the admission of students with disabilities could result in inconsistency, consume a great deal of time, and could lead to future legal actions (Weatherby & Moran, 1989).

Legal Precedent

One case that is cited frequently as an example of a student with a disability seeking admission to a nursing program was decided in 1979. The United States Supreme Court decided in the case of Southeastern Community College v. Davis on June 11, 1979, that professional schools may impose physical requirements for admission to their clinical training programs (442 U.S. 397, 60 L.Ed. 2d 980). The plaintiff in this case was a licensed practical nurse with bilateral sensorineural hearing loss who sought admission to the registered nursing program of a public college which received federal financial assistance. During the interview process for admission, Davis' hearing loss was evident in her inability to understand the questions being asked. She was advised by a nursing faculty member, to consult

an audiologist to determine the extent of her hearing loss. An audiologist's report found that even with a hearing aid, Davis could not understand speech directed to her except through lip reading. The college then consulted with the Executive Director of the State Licensing Board of Nursing. On the basis of the audiologist's report, she recommended that Davis not be admitted to the nursing program because her hearing limitations could interfere with her ability to safely care for patients. The college ultimately rejected her application for admission because, based on the audiologist's report and the recommendation of the State Licensing Board, her hearing disability prohibited her from participating safely in the normal clinical training or caring safely for patients.

Davis filed suit in Federal District Court alleging a violation of section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) which prohibits discrimination against an "otherwise qualified handicapped individual" in federally funded programs "solely by reason of his handicap." The District Court entered judgement in favor of the college, confirming the audiologist's findings and concluding that Davis' handicap prevented her from safely

performing in both her training program and her proposed profession. The Court of Appeals reversed the decision on the basis that section 504 required the college to reconsider Davis' application for admission without regard to hearing ability and that the college needed to limit their inquiry to her academic and technical qualifications. The United States Supreme Court found that the college did not have an obligation to provide program modifications to accommodate Davis because she could not reasonably expect to function effectively in the program as modified (99 S.Ct. 2361, 1979).

Hull (1980),in reference to this case, stated that requirements or standards that colleges impose must be essential to the program of instruction being pursued by such a student so as not to be considered discriminatory. No guidance is given by the courts, however, about how the legitimacy of such standards would be determined. Southeastern Community College decided, based on the applicant's physical disability, that she was unqualified to complete the essential requirements to obtain a degree. This decision was made without any apparent examination of her actual abilities or of the capabilities of other hearing impaired nurses.

Guidelines for Admission to Nursing Programs

In response to the ADA of 1990, the Board of Directors of the Southern Council on Collegiate Education for Nursing (SCCEN) appointed a task force in 1993 to develop guidelines for admission and progression for nursing education programs to use in complying with the ADA of 1990 (SCCEN Task Force, 1993). This SCCEN Task Force defined nursing as a clinical practice discipline with cognitive, sensory, affective and psychomotor performance requirements. They developed a list of Core Performance Standards that all nursing school applicants would be expected to perform, while enrolled in a typical collegiate nursing education program. The standards were developed to enable students to function in the clinical practice setting. The standards were written as broad descriptions of the requirements so that they could be adapted for use by any nursing program. Each of the standards listed has several examples of an activity which a student and ultimately a nurse would be required to perform. Each standard used was expected to be reflective of course objectives of the nursing program and of the requirements of professional practice.

Under the SCCEN guidelines for admission, applicants

would receive a copy of the standards to inform him or her of the expectations of the nursing program. Based on this information and the applicant's knowledge of his or her own personal limitations, the applicant would be responsible for determining whether accommodations or modifications were necessary. Additional assessment of an applicant might need to be done on an individual basis if a student believes he or she is unable to meet one or more of the standards without accommodations or modifications.

When assessing a student with a disability for admission, it is essential that faculty focus on the course objectives of the program. The SCCEN standards provide logical criteria upon which a student and the faculty base decisions regarding whether the student is qualified to meet requirements. The standards reflect examples of activities that students would be required to perform as a practicing nurse. This provides the basis for a collaborative, positive, and contractual relationship between student and faculty. It would be helpful for faculty to meet with the student to identify the objectives, expectations, and potential barriers that need to be addressed. In light of the ADA, the student

with a disability should be evaluated by the same criteria as any other student in that all students are held ultimately accountable for successful mastery of the knowledge and skills required for nursing practice (Chickadonz, Beach, & Fox, 1983).

Assessment in education has traditionally been directed toward dealing primarily with entering basic skills. Students should have the basic skills, such as reading, writing, and mathematics, for effective functioning at the institution and in our society. In assessing any student, the information obtained must be able to withstand challenges concerning its accuracy and value. The screening must be fair and not discriminatory, with all students treated equally and with the same opportunity for success (Erwin, 1991).

Statement of the Problem

There is a considerable body of literature concerned with the ADA of 1990 and its impact on employers (Crist & Stoffel, 1992; Schelly, Sample & Spencer, 1992; Stockdell & Crawford, 1992). However, there has been little inquiry into academic admission requirements for applicants with a disability. Researchers have not addressed the direct or indirect ways that the ADA will

affect nursing school admissions processes. There are currently no precedents with respect to the ADA and nursing schools and it is difficult to tell how the ADA will be interpreted by the courts in the future.

Nursing schools may require as part of their admissions process a personal interview with all applicants, which might include an assessment of the applicant's ability to meet the program requirements. The admissions committee and faculty of any school of nursing, however, must first determine the essential functions necessary to fulfill nurse practice acts, which guide the activities of every professional nurse (Strader, 1983).

A preliminary study was conducted in 1993 (Davidson, 1994) to determine the number of baccalaureate degree (BSN) nursing programs in the United States that had developed lists of essential functions. Only 16.7 percent of the BSN programs in public institutions in the United States had developed lists of functions that students must be capable of performing while enrolled in their programs. The majority of the respondents (86 percent) reported that they did not ask applicants during the admissions process if they could complete the

essential functions of the program with or without reasonable accommodations. Just under 8 percent of the programs had adapted their admissions process to include this question as a result of the ADA. About thirty percent of the total respondents plan to begin requesting this information during the admissions process.

The American Nurses Association (ANA), the professional organization for nurses, does not accredit nursing schools and therefore has not compiled any information concerning the ADA and its impact on nursing school applicants or institutions. The National League for Nurses (NLN) is the accrediting body for nursing programs but has not made a public statement concerning the ADA. Even though the SCCEN has developed a list of standards, few institutions have identified a list of essential functions or collected information regarding a student's ability to perform in the admissions process. For those SCCEN member institutions that have these standards available to them it is important to know if they are utilizing the SCCEN core performance standards as their list of essential functions; are they assessing student abilities, and how they are assessing a student's

ability to perform the standards.

Purpose of the Study

The SCCEN Task Force has taken an important first step in defining core performance standards for admission and progression of nursing students. The role of schools of nursing is to graduate qualified persons who can perform the necessary care safely and competently in professional settings. According to Anderson (1981), and based on Section 504 of the Rehabilitation Act of 1973, it is appropriate during the admissions process for the faculty to assess each applicant individually to determine if he or she is capable of meeting the behavioral objectives of the nursing program. The same principle applies to students who are not handicapped. To proceed with this process, lists of essential functions required for the student to be able to demonstrate or master during the program must be made available to the applicant.

There are potential risks for nursing programs that do not utilize lists of essential functions as well as methods to assess a student's ability. One risk is the possibility of denying a qualified applicant with a disability access to a program, thereby prompting him or

her to file a lawsuit of discrimination. Regulations clearly direct schools to base admission decisions on individual capabilities rather than on stereotyped conceptions of disabled persons. As a profession that promotes the empowerment of persons with disabilities, this would be inconsistent with its beliefs (Strader, 1983).

Another risk is related to patient safety. The possibility of accepting an unqualified individual into a nursing program presents the risk that the student could not demonstrate necessary skills in caring for patients in a clinical setting and thus could produce harmful results.

An individual who poses a direct threat to the health or safety of others is not qualified and therefore may be denied enrollment. A direct threat is a significant risk to the health or safety of others that cannot be eliminated or reduced to an acceptable level by the school's modification of its policies, practices, or procedures, or by the provision of auxiliary aids or services.

The purpose of this study is to determine the extent to which the SCCEN member schools of nursing are

implementing as admission criteria the Core Performance Standards that SCCEN has identified as the essential functions of professional nurses. Two questions related to this purpose are as follows: Among those schools implementing or using the standards; 1) Have they revised the standards? and 2) What methods are they using to assess a student's ability to meet these standards?

The results of this study will serve as a resource for programs in developing their own methods of assessment. Response to these questions will help in gaining an understanding of current practice, inform and guide future practice, and assist in avoiding risks of lawsuits and ensure safe care.

Research Questions

The major research questions addressed by this study are as follows:

1. To what extent are the SCCEN schools of nursing implementing the core performance standards?
2. To what extent is there a difference between schools of nursing in their implementation of these standards based on:
   a. type of program (ADN, BSN, MSN)?

b. type of governance (public or private)?

c. size of entering class?

3. To what extent are the SCCEN schools of nursing using the core performance standards as written or are they revising them?

4. For those schools implementing the standards, what methods are being used to assess students' abilities in performing each of the core performance standards (critical thinking, interpersonal, communication, mobility, motor skills, hearing and visual)?

Importance of the Study

Few data are available documenting the response of schools of nursing to the ADA of 1990. Little is known about how schools have adapted the admissions process for students with disabilities. This study therefore is significant in two ways.

1. Data will be provided documenting what methods of assessment schools of nursing in the southeastern United States are using to determine a nursing applicant's ability to perform the essential functions; and

2. These data may serve as a model for other

schools of nursing in other regions of the United States to use in developing methods for assessing a nursing student applicants' ability to perform the essential functions.

By examining current methods of assessment, nursing school educators can assist students with disabilities in making appropriate career choices and strengthening the nursing profession as a whole.

Assumptions

This study was based on the following assumptions:

1. All nursing students must be capable of performing all of the essential functions to qualify for admission.
2. Admission requirements are clearly and logically related to the professional practice of nursing.
3. Nursing students must develop the knowledge and skill essential for clinical judgement in diverse contexts of nursing practice.

Limitations

Because of the research design the study has the following limitations:

1. This study was dependent on the extent to

which respondents accurately and thoroughly completed the survey instrument.

2. The results of this study are applicable only to the 191 SCCEN member schools of nursing in the 14 states of the southeastern United States; and do not include all schools of nursing.

Delimitations

The delimitations of the study include:

1. The use of a mailed survey instrument.
2. The questionnaire will be administered only to the 191 directors of the SCCEN member schools of nursing in the 14 states of the southeastern United States and not other faculty.
3. Telephone interviews will be conducted, after the mailed survey is returned, with those directors who indicate their schools are attempting to implement the standards: This will be indicated by responses of "yes" or "already have" to question #4 on the survey questionnaire.

Definition of Terms

The following statements define selected terms as they are used in this study.

Americans with Disabilities Act of 1990 (ADA), Public Law 101-336, is a federal mandate to eliminate discrimination against persons with disabilities.

Assessment is defined as the systematic basis for making inferences about the learning and development of skill and aptitude in students (Erwin, 1991).

Core Performance Standards are the list of essential functions developed by the SCCEN Task Force for admission and progression to a school of nursing that every nursing student should be able to perform.

Director is the academic administrator directly responsible for the school of nursing.

Disability is defined by the ADA as a condition that substantially limits a major life activity, a record of such impairment or being regarded as having such an impairment.

Essential functions are defined in the ADA handbook by the United States Equal Employment Opportunity Commission and United States Department of Justice (1992) as those functions that the individual who holds the

position must be able to perform unaided or with the assistance of a reasonable accommodation.

Qualified individual with a disability is an individual with a disability who, with or without reasonable accommodation or modification, meets the essential eligibility requirements for participation in the program.

Reasonable accommodation is defined by the Act to include: 1) reasonable modifications to the school's rules, policies, or practices; 2) removal of architectural, communication, or transportation barriers; or 3) provision of auxiliary aids and services.

CHAPTER II

Review of Literature

Schools of nursing are now faced with the problem of determining if students with disabilities are capable of performing the essential functions prior to admission. The subject is a matter of concern for nursing educators because of its complex educational, ethical, and legal implications, but little can be found on these topics in the literature.

A literature search of ERIC and Medline revealed that no research based studies of nursing school admissions and students with disabilities could be found. Therefore this review is organized into three major areas of literature related to the study: 1) the current state of knowledge about the ADA of 1990, including the history of the Rehabilitation Act of 1973; 2) a review of articles dealing with the ADA and other professional schools other than nursing; and 3) a review of articles about nursing students with disabilities.

It is useful to review what has been written about other professional schools and students with disabilities and nursing students with disabilities, specifically. This will assist in determining the most beneficial

methods for assessing a student's capabilities in performing the essential functions.

The ADA of 1990

The Americans with Disabilities Act of 1990 (Public Law 101-336) is one of the latest in a series of acts passed by the federal government on behalf of persons with disabilities. Its purpose is to provide persons with disabilities, civil rights protection in the areas of employment, public services and transportation, public accommodations, and telecommunication. Such civil rights protection has been needed by disabled persons for many years. Although the federal government has tried in the past to provide services to persons with disabilities, fragmentation of services, gaps in services, denial of services, and nonexistent services continue to be facts of life for persons with disabilities. The ADA is one more attempt to correct some of these deficiencies.

The Rehabilitation Act of 1973 (Public Law 93-112) created the Architectural and Transportation Barriers Compliance Board, which was authorized to enforce federal requirements regarding access to public buildings and transportation facilities built with federal funds. The regulations in Section 504 of the Rehabilitation Act of

1973 all used the phrase "readily accessible to and usable by" disabled persons, thus beginning the process of developing the concepts of accessibility that are present in the ADA. The ADA standards are based on the Minimum Guidelines and Requirements for Accessible Design and Uniform Federal Accessibility Standards and were developed in response to the Rehabilitation Act of 1973 (Reed, 1992).

Professional Schools and the ADA

The literature was searched for information on students with disabilities seeking admission to professional schools in other health care professions. The most relevant information found involved medical students with disabilities. A study was conducted by Moore-West and Heath (1982) in an attempt to learn the numbers and types of physically disabled students enrolled in schools of medicine, the students adaptability to the demands, and the accommodations necessary to enable the students to progress. A questionnaire survey for the period 1976 through 1980 was sent to 117 American medical schools and completed by 62 of them. Twenty reported that no disabled students had matriculated, and five could not retrieve these data.

The remaining 37 schools had enrolled 72 students with physical disabilities, including wheelchair use (13), amputation (11), visual loss (7), deafness (7), one arm (7; paralysis vs amputation not specified), cane walking (6), Hodgkin's disease (4), hand deformity (3), and miscellaneous (14). Forty students (55.5 percent) did well or very well academically, and 64 (88.8 percent) did well or very well interpersonally. Medical school personnel concerns related to providing extra emotional support (11 schools), providing extra academic support (9), changing faculty attitudes (7), changing the physical environment (6), and changing nondisabled student attitudes (1). If a school had accepted a disabled student in the past, it was more likely to do so subsequently. The results of the study suggest that students with disabilities were capable of handling both the physical rigors and academic pressure of medical school without compromising the standards of medicine.

Legal cases that have occurred since this study shed a different light on the matter of students with disabilities functioning in professional schools. Several examples are cited below.

In Wynne v. Tufts University School of Medicine, (58

U.S.L.W. 2658, 1st Cir. 1990), the Court decided that it is necessary to look at more than an individual's ability to meet a program's present requirements.

> "If [an] academic institution submits undisputed facts demonstrating that relevant officials within [the] institution considered alternative means, their feasibility, cost and effect on [the] academic program, and came to [a] rationally justifiable conclusion that available alternatives would result either in lowering academic standards or requiring substantial program alteration, [the] court may rule as [a] matter of law that [the] institution has met its duty of seeking reasonable accommodation of [the] handicapped student as required by [the] Rehabilitation Act."

Part of this ruling was also based on Doe v. New York University, 666 F.2d 761 (2d Cir.1981), in which the court held that the university had met its obligation of showing that the plaintiff's disorder, (Borderline Personality Disorder), was relevant to its reasonable qualifications for admission and that there existed a significant risk that the disorder could reoccur. The student was denied readmission to the medical school.

A case illustrating the different approaches suitable in addressing an "otherwise qualified individual" and a typical academic authority issue is Doherty v. Southern College of Optometry, 862 F.2d 570 (6th Cir.1988). This case involved a plaintiff afflicted

with both a visual impairment and neurological condition. After his first year at optometry school, the plaintiff failed newly imposed clinical proficiency examinations on the use of several instruments. In reviewing the "otherwise qualified-reasonable accommodation" issue, the court noted the testimony of expert witnesses supporting the district court's finding in favor of the school.

Another approach on this issue of students with disabilities in professional schools was initiated by a physical therapy school. A study was conducted in 1993 (Ingram) to determine the number of physical therapy programs with lists of essential functions. Only 8 percent of the entry level physical therapy programs had lists of essential functions students must be capable of completing. The items contained on the lists of essential functions and the formats utilized varied. Eleven percent of the programs asked during admission if an applicant can complete the essential functions. Consensus has not been reached on the common items that should be included in the lists.

Ellen Woods in PT, The Magazine of Physical Therapy, (1993), wrote of four physical therapists with disabilities and the effects these disabilities have had

on their lives and their ability to practice. Each spoke of difficulty and the resistance they encountered by members of their own profession in either attempting to become physical therapists or to return to practice after an injury.

The ADA assures the qualified applicant with a disability equal opportunity to pursue program admission. On the other hand, allied health programs are faced with determining the suitability of students with disabilities for their programs, determining what are reasonable program modifications, and making professional judgments on the student's potential for safe practice in the allied health discipline.

Nursing Students with Disabilities

At what point does the right of a student with a disability to pursue a meaningful career conflict with the public's right to safe care? This question has concerned the nursing profession since passage of the Rehabilitation Act of 1973. The admission of any student using the admission criteria of Social Security number and grade point average only emphasizes to a school of nursing the limitations of a policy that makes no provisions for the needs or potential of students with

disabilities. Carefully developed admission guidelines based on the physical attributes needed to provide safe, effective nursing care can assist the student with a disability to assess his or her suitability for a nursing career (Weatherby & Moran, 1989).

In Nursing & Health Care, (1983), Julie Fox, a deaf nursing student stated:

> While I must appreciate my limitations in some areas in which I might want to become actively involved (for example, in surgery), my hearing limitation is no crutch and no excuse for not learning and developing the required skills. I feel that it is my professional responsibility to meet the same standards as everyone else and, likewise, I wish to be measured by the same criteria (p.330).

To what extent can existing professional nursing education curricula be altered to enable students with disabilities to receive an education while also guaranteeing they are graduated as competent professionals? Anderson (1981), described the experience of nursing school faculty with a nursing student who had knee surgery and would be on crutches for at least a year. Faculty concerns centered upon patient safety and the legal ramifications to successfully complete the student's education. The student had indicated that if she was not able to complete her education she would take

the matter to court under the Rehabilitation Act of 1973. Minor adjustments were made in the student's clinical program to ensure she would meet the course objectives. The student, with these reasonable modifications to the program, was able to successfully complete the course requirements and graduate. The faculty emphasized that each student should be evaluated on an individual basis to determine if he or she is able to meet the course objectives of the nursing program.

Assessment and Evaluation

Tucker and Mautz (1984) stated that certification of clinical competence is based on assumptions dealing with the validity and uniformity of standards used in a series of individual, primarily subjective judgments. Regardless of the instrument or method utilized, the identification of appropriate criteria must be achieved. Faculty members must agree on the skills that the student must have to complete the course successfully. Critical criteria deals only with significant, observable behaviors.

According to Glesne and Peshkin (1992), we need to consider carefully what it is we want to learn. This information is necessary to figure out what techniques to

use in gathering information about students abilities. In considering options, choose techniques that are likely to elicit information needed to gain understanding of the issue, contribute different perspectives on the issue, and make effective use of the time for gathering information.

Sweeney, Hedstrom, and O'Malley (1982) conducted a study to investigate the priority baccalaureate nursing faculty placed on psychomotor skills in an undergraduate program using a modified Q-sort and delphi technique. The 291 skills were rated as essential, bonus, graduate level, or non-nursing. This study revealed that 121 skills were rated as essential by at least 90 percent of the faculty. Regardless of the approach, faculty must inform students exactly how they will be evaluated.

Summary

A candidate for professional nursing must have the abilities and skills necessary for safe and competent professional nursing practice. These skills and abilities include: observation; communication; motor ability; conceptualization; integration and quantification; and behavioral/social acceptability. The professional nurse candidate must possess the knowledge

and ability to effectively assist his or her client's biophysical, psychological, social, cultural, and intellectual domains. Further, the professional nurse candidate must competently analyze the assessment data to arrive at a definition of the client's status or problem, plan independently or collaboratively for a full range of therapeutic interventions, execute all or part of the plans through nursing acts, and evaluate the care delivered and the client's responses to it.

Faculty members need to establish admission criteria for use in the selection process. They have the responsibility to determine the factors that are necessary to consider in applicant selection. In accordance with school policy, the faculty must publish the criteria that will be considered in the admission process and they must utilize these published criteria. These criteria, along with the actual admission procedure, should be clear to all applicants.

CHAPTER III

Methods and Procedures

The purposes of this study were: 1) to determine the extent to which the 191 SCCEN member schools of nursing were using the core performance standards for admission and progression as written or revised and; 2) to determine what methods of assessment they were using to determine a students' ability to meet the performance standards. The following sections describe the research methods and procedures, including determination of sample, instrument development, data collection, and analysis of data.

Sample

The population of this study consisted of the directors of 191 schools of nursing that are members of the Southern Council on Collegiate Education for Nursing (SCCEN). This includes NLN accredited nursing schools in the following 14 states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The degrees offered at these schools are the associate, baccalaureate, master's and doctoral degrees. These member schools are

accredited by the National League of Nursing (NLN). This population was chosen because the members of this group, SCCEN, had developed guidelines for Core Performance Standards that all nursing school applicants would be expected to perform while enrolled in a typical collegiate nursing education program. The directors were chosen as the respondents because they are in the position of having the most information and knowledge needed to answer the survey.

Data Collection

Information and data were gathered through two methods. First a survey questionnaire (Appendix D) was utilized to request information from the entire population of 191 directors of schools of nursing that are current SCCEN members. The cover letter is reproduced in Appendix C. The questionnaire was followed by telephone interviews of those directors responding that their programs had implemented the Core Performance Standards. The questionnaire provided information on the extent to which the directors were implementing the SCCEN standards. The telephone interviews allowed for a greater opportunity to learn more about the policies or practices these programs had implemented to assess a student's

abilities to perform at levels specified by the standards.

Prior to the full survey, a pilot administration of the questionnaire was given to five nursing experts at the University of Tennessee at Chattanooga (Appendix A). These individuals were requested to evaluate the questionnaire on clarity of questions and content validity. A copy of the instrument evaluation provided to the evaluators is in Appendix B. The four dissertation committee members as well as two experts in research methods also reviewed the content and design of the questionnaire.

The revised questionnaire was then mailed to all 191 current directors of schools of nursing that are members of SCCEN. The open form telephone interview questions (Appendix E) were intended to allow directors who have implemented the standards to answer in more depth and describe their experiences in these processes. The telephone interviews would allow the researcher to ask follow up and probing questions to elicit more information specifically on assessment methods.

Data gathered from the questionnaire survey provided answers to research questions 1, 2, and 3. Item

#4 on the survey questionnaire (Appendix D) asked respondents if they have or plan to implement the core performance standards in their nursing program. The proportion of respondents answering "yes" or "already have" defined the number of implementing programs and answers research question one which asked; Are the SCCEN schools of nursing implementing the core performance standards?

Research question number two asked; Is there a difference between schools of nursing in their implementation of these standards based on? Survey items 1, 2, and 3 asked for demographic information concerning: type of nursing degree program (ADN, BSN, MSN), type of institution (public or private), and size of entering class. By examining the proportion of respondents in groups that respond as implementing, it was possible to assess the impact of these variables. By the use of 2 x 3 tables, data was categorized by the type of program (ADN, BSN, MSN), and whether or not they responded "yes or already have" or "no" to survey question number four. A 2 x 2 table was used for type of institution (public or private) and whether they responded as implementing or not to question number four. Class size was defined as

small (1-20), medium (21-50), and large (51-and over). A 2 x 3 table was utilized to see if class size was related to whether or not the standards had been implemented. These categorical data were analyzed with a chi square statistical technique using an alpha level of .05. Chi square was used to determine whether significant relationships exist between the type of program and whether or not they had implemented the standards, type of governance and implementation of the standards, and size of the class and implementation of the standards.

Research question number three asked: Are the SCCEN schools of nursing using the core performance standards as written? Item number 5 on the survey asked the respondents to indicate the extent to which they were using or revising the core performance standards as written. Data gathered on item number five allowed us to answer research question number three.

Research question number four asked: For those schools implementing the standards, what methods are being used to assess students' abilities in performing each of the core performance standards (critical thinking, interpersonal, communication, mobility, motor

skills, hearing and visual)? Those directors who responded "yes" or "already have" to questionnaire item number four were contacted for telephone interviews. The telephone interview began with broad general comments to elicit responses from the directors on the topic of methods of assessment used to determine a student's ability to perform the core performance standards. Examples of leading comments included, "Tell me about your admissions process to your nursing program... Tell me about your process in developing methods to assess potential students to your nursing program." The interview questions then increased in specificity regarding assessment methods and practices, as indicated in the interview guide in Appendix E.

The use of these telephone interviews provided additional data on what these programs are doing, how they are doing it and how it is working. The interviews followed up the major purpose of the research by obtaining additional data to answer or address the issues raised by research question number four. It allowed for the collection of more complete and specific information on individual programs. Methods of assessment in determining a student's ability to perform the core

performance standards was reported based on interview data.

The research was aimed at discovering the extent to which directors of schools of nursing were utilizing the standards as written by the SCCEN, if assessment was being conducted based on these standards, and if so, what methods were used. The interviews provided for more complete information than could be provided by a questionnaire alone.

In all instances, the focus was the Core Performance Standards for Admission and Progression. Independent variables considered in comparing institutions on their uses of the SCCEN standards, include the number of students admitted annually, the type of institution, and the type of degree program.

CHAPTER IV

Findings

The purposes of this study were to discover the extent to which schools implementing or using the SCCEN standards have revised the standards and the extent to which they are using or propose to use assessment methods to assess a students' ability to meet these standards. In this chapter the data relating to these questions are reported, analyzed, and interpreted.

Population

The population of this study was the 191 schools of nursing that are members of SCCEN. The questionnaires were sent to the directors of the schools because they were identified as being most knowledgeable of the standards. The response rate to the questionnaire was 116 schools (61 percent). The researcher wanted to determine which of the 191 schools was using the standards. Demographic information was collected from the 116 schools that responded to determine what impact, if any, the type of program, type of institution and size of entering class would have on a schools decision to implement the standards. Those 75 schools (39 percent) not responding to the survey were identified as

follows: 64 were public institutions and 11 were private institutions; 28 schools offered the ADN degree; 32 offered the ADN, BSN degrees; and 15 offered the ADN, BSN, MSN degrees. The researcher wanted to determine that those directors that responded were a representative sample of the population. Table 1 displays the data for those that responded versus those that did not in the categories of type of governance and type of degree program offered.

TABLE 1

REPRESENTATION OF RESPONDENTS VERSUS NON-RESPONDENTS

Category	Respondents	Non-Respondents
Public	80.2%	85.3%
Private	19.8%	14.7%
ADN	34.5%	37.4%
ADN,BSN	35.3%	42.6%
ADN,BSN,MSN	30.2%	20.0%

Analysis and Interpretation of the Data

The first research question asked; Are the SCCEN schools of nursing implementing the core performance

standards? Twenty-four (21.2 percent) reported "yes" to being in the process of implementing the SCCEN standards and 22 (19.5 percent) reported they "already have" implemented the standards. Respondents from 67 (59.3 percent) of the schools reported "no" that they did not plan to implement the SCCEN standards. A total of 3 (2.6 percent) schools did not respond to this item. Table 2 summarizes the responses to research question one.

TABLE 2

IMPLEMENTATION OF THE SCCEN STANDARDS

Response	Number Responding	Percent
Yes	24	21.2%
Already Have	22	19.5%
No	67	59.3%
Total	116	100.0%

Research question two asked; Is there a difference between schools of nursing in their implementation of these standards based on: 1) type of program (ADN, BSN, MSN); 2) type of governance (public or private); and 3) size of entering class? Demographic information was

collected from the 116 schools that responded to determine what impact, if any, these data would have on a schools decision to implement the standards.

Because some schools offer more than one of these degrees, categories were defined as follows: ADN=ADN only; ADN, BSN=ADN & BSN or BSN only; ADN, BSN, MSN=ADN, BSN, MSN only or MSN. The data were tabulated as shown in Table 3.

TABLE 3

TYPE OF NURSING DEGREE PROGRAM

Degree	Number Responding	Percent
ADN	40	34.5
ADN, BSN	41	35.3
ADN, BSN, MSN	35	30.2
Total	116	100.0

Respondents were also asked to identify the type of institution, public or private, where the nursing school was located. Table 4 shows the number of respondents selecting each response.

TABLE 4

TYPE OF GOVERNANCE

Governance	Number Responding	Percent
Public	93	80.2
Private	23	19.8
Total	116	100.0

Respondents were asked to report the average number of students admitted to their nursing program annually. The reported numbers ranged from 20 to 500. Tabular representation of these responses may be misleading due to misreading of the question to mean total number of students enrolled in the nursing program. Five schools (.04 percent) did not report these data. Table 5 displays these figures.

TABLE 5

REPORTED AVERAGE NUMBER OF STUDENTS ADMITTED ANNUALLY TO NURSING SCHOOLS

Admissions	Number Responding	Percent
50 and below	19	17.2
51 - 100	34	30.6
101 - 150	31	27.9
151 - 500	27	24.3
Total	111	100.0

To determine if the variable type of program influenced a schools' decision to implement the standards, a 2 x 3 chi square table categorized the data by type of program and whether they responded "yes" / "already have" or "no". Table 6 displays these data by combining the responses of "yes" and "already have" as "yes". The analysis revealed that no relationship existed between the type of degree program offered and the decision to implement the standards.

TABLE 6

CHI SQUARE ANALYSIS OF PROGRAM TYPE AND DECISION TO IMPLEMENT THE STANDARDS

Program	No	Yes	Total
ADN	21	18	39
ADN,BSN	25	16	41
ADN,BSN,MSN	21	12	33
Total	67	46	113

Chi Square = .79, df = 2, $p > .05$

A 2 x 2 chi square table was used to determine if a relationship existed between the type of governance of the school (public or private) and the decision to implement the standards. Table 7 displays these data. Again, there was no relationship between the type of governance of the school and the decision to implement the standards.

The relationship of size of entering class and the decision to implement was also tabulated. Due to the wide range of numbers reported by the respondents, the

data was collapsed to indicate entering class size of less than or equal to 50 and greater than 50. A 2 x 2 table was used as shown in Table 8 and again there was no relationship between the size of the entering class and the decision on whether or not to implement the standards, $\chi 2$ (chi square) = .44, df = 1.

TABLE 7

TYPE OF GOVERNANCE VERSUS DECISION TO IMPLEMENT THE STANDARDS

Governance	No	%	Yes	%	Total	%
Public	54	(60)	36	(40)	90	(80)
Private	13	(57)	10	(43)	23	(20)
Total	67	(59)	46	(41)	113	

$\chi 2$ = .76, df = 1, p > .05

TABLE 8

CLASS SIZE VERSUS DECISION TO IMPLEMENT THE STANDARDS

Size	No	(%)	Yes	(%)	Total	(%)
< = 50	13	(68)	6	(32)	19	(17)
> 50	54	(59)	37	(41)	91	(83)
Total	67	(59)	43	(41)	110	

Chi square = .44, df = 1, p > .05

The data displayed in Table 9 address research question number three: Are the SCCEN schools of nursing using the core performance standards as written? Forty-two (91 percent) out of 46 schools responded to this question. Four schools that responded "yes" that they planned to implement the standards, did not answer this item. Responses were reported using the following scale for each of the 8 standards: 1 = yes, as written; 2 = yes, minor or moderate changes; 3 = yes, major changes; and 4 = no, not at all as written. Because the schools were to use the scale on each individual standard, the number of responses for each scale is not consistent from

one standard to the next. For example, 21 schools are using the standards for communication and tactile as written. But only 19 schools are using the standards for interpersonal and motor skills, as written. Table 9 presents the results of these responses.

Since less than half (40.7 percent) of the respondents decided to implement the standards, the limited response to this question limits generalization of findings related to implementation of the standards. No significant relationships were found between the variables type of degree program, type of governance, and entering class size in deciding whether or not to implement the standards.

TABLE 9

USE OF THE SCCEN STANDARDS

1=yes, as written; 2=yes, minor or moderate changes;

3=yes, major changes; 4=no, not at all as written

Standard	Scale	# Responding	Percent
Critical Thinking	1	20	47.6
	2	17	40.5
	3	5	11.9
	Total	42	100.0
Interpersonal	1	19	45.2
	2	17	40.5
	3	5	11.9
	4	1	2.4
	Total	42	100.0
Communication	1	21	50.0
	2	16	38.1
	3	5	11.9
	Total	42	100.0
Mobility	1	21	50.0
	2	16	38.1
	3	5	11.9
	Total	42	100.0
Motor Skills	1	19	45.2
	2	16	38.1
	3	6	14.3
	4	1	2.4
	Total	42	100.0
Hearing	1	20	47.6
	2	12	28.6
	3	9	21.4
	4	1	2.4
	Total	42	100.0

TABLE 9 continued

Standard	Scale	# Responding	Percent
Visual	1	20	47.6
	2	12	28.6
	3	9	21.4
	4	1	2.4
	Total	42	100.0
Tactile	1	21	50.0
	2	11	26.2
	3	9	21.4
	4	1	2.4
	Total	42	100.0

It was speculated that public schools would be more apt to implement the standards than private schools because the obligations placed on public entities under Title II are more burdensome than those placed on private entities. However, since the ADA of 1990 is more defined in its approach to the rights of the disabled, the converse might be true because private schools were also subject to the Rehabilitation Act of 1973.

In summary, data from this survey questionnaire did not support the notion that any of the postulated variables--size of class, type of governance, or type of degree program--had significant effects on the decision to implement the SCCEN

standards.

Each respondent was also asked to indicate the number of ADA students admitted to their nursing program. Sixty-two (53.4 percent) of the schools admitted no ADA students. Twenty-seven (23.3 percent) of the schools reported the number of ADA students admitted ranged from 1 to 30. Twenty-seven (23.3 percent) of the schools did not respond to this question.

Finally, those schools (46) that had indicated they were implementing the standards were asked to indicate when they planned to implement. Table 10 shows the number of respondents selecting each choice.

TABLE 10

WHEN DO YOU PLAN TO IMPLEMENT THE STANDARDS

Choices	Number Responding	Percent
Already Have	24	52.2
Fall 1994	9	19.6
After fall 1994	13	28.3
Total	46	100.0

Methods of Assessment

Research question four asked; What methods are being used in those schools implementing the standards, to assess students' abilities in performing each of the core performance standards? All 46 directors were contacted by telephone who indicated "yes" or "already have" on item 4 on the survey questionnaire. Thirty-nine (85 percent) of the directors responded. All directors were asked to respond to questions concerning the admission process to their program. Those directors who responded were asked to describe the admission process to their nursing program. They were then asked what process they had developed to assess potential students to their nursing program. And finally, directors were asked what experiences they had with students with disabilities seeking admission to their programs. A very common theme in directors' responses was that if the student met the academic requirements for admission without regard to performance standards, as outlined in the catalog, they felt they had no choice but to admit them. All schools contacted but one (97 percent), give a copy of the SCCEN standards to students that inquire about the program. This is intended to outline program expectations very clearly to the student. Students are admitted with the expectation that they will be able to

perform the standards.

A common theme in the director's responses was that it is the students' responsibility to inform the school of any accommodations needed. The underlying belief is that it is the students' responsibility to identify their own competencies and prove through the course of their program of studies they can handle the curriculum. After a student is accepted into the program, he or she is expected to perform like anyone else. It is the students' responsibility to master and demonstrate the skills.

None of the schools contacted had assessment methods in place. One school had a potential student with disabilities express interest in applying to the program. Because of the extent of the students' disabilities, (she used a wheelchair), the school developed a contingency plan to assess this students capabilities. The plan was to invite the student and her parents to participate in an individual assessment. A rehabilitation physician would conduct a portion of the assessment in relation to her physical capabilities. She would then be invited to attend a nursing course on campus lab session where the core performance standards would be demonstrated to give her visual confirmation of what was expected. This student did not meet academic requirements and

therefore the assessment was not necessary.

Many directors responded that they had noted few admissions to the program in the past where students with disabilities were enrolled. At one school, 2 students' with disabilities (one blind, one deaf), expressed an interest in the nursing program, but chose not to apply after receiving the standards. Those few that had been admitted were able to be accommodated with little difficulty. As one director expressed, "We don't anticipate that we will be inundated with disabled applicants just because of the passage of the 1990 act." Others expressed a hesitancy to publish assessment methods to be used universally and preferred to deal with any students on a case by case basis. Most directors' expressed they were waiting for a case to be tested in court before determining what steps they needed to take to be in compliance with the ADA of 1990.

Summary of Important Findings

The findings of this study indicate that even when a nursing program is supplied with a set of performance standards, it does not guarantee that the program will implement the standards. However, several findings are of practical importance to nursing education.

1. All 191 programs contacted had received information about the SCCEN standards. Of the 116 programs responding, 40.7 percent reported including the standards in their admissions process while 59.3 percent did not.

2. Five schools included in their completed surveys a copy of the standards with revisions that they were utilizing at their school.

3. The majority of schools using the standards were using them as written.

4. There was no relationship between the decision to implement the standards and program characteristics of program type, governance, or size.

5. Of the 39 directors (85 percent) that responded to the telephone interviews, none had assessment methods in place for students with disabilities.

CHAPTER V

Summary, Conclusions, and Recommendations

This chapter presents a summary of the research and findings, draws conclusions from the findings, and makes recommendations for improving nursing education's response to the implementation of the SCCEN standards and assessment methods.

Summary

The Americans with Disabilities Act of 1990 now constitutes the principal means by which people with disabilities will be protected from discriminatory practices and policies. This law concerns itself with economic independence, educational opportunity, and personal productivity. Prior to this study no national survey of schools of nursing had been undertaken to determine their curricular responses to this new piece of legislation. This study sought to determine the extent to which the SCCEN member schools of nursing were implementing as admission criteria the Core Performance Standards that SCCEN had identified as the essential functions of professional nurses. Two questions related to this purpose were: Among those schools implementing or using the standards; 1) to what extent have they revised the standards? and 2) what are the methods used

to assess a student's ability in meeting these standards?

A survey questionnaire was directed to 191 NLN accredited schools of nursing in 14 states in the southeastern region of the United States that were members of SCCEN. Directors of the nursing programs were asked to complete a six item questionnaire designed to assess whether or not the schools were using the standards and to what extent they had revised the standards. Those directors that responded they were using the standards were contacted by telephone for follow up interviews of the assessment methods they had developed to determine a students abilities in performing the standards.

A total of 116 (61 percent) questionnaires were returned. Five schools included a copy of their revised standards in their completed questionnaires.

Data analysis revealed that of the 116 programs, 67 (59.3 percent) reported "no" to implementing the standards and 46 (40.7 percent) reported "yes" to implementing the standards. Telephone interviews were conducted with 39 out of the 46 (85 percent) directors who had implemented the standards. None of the 39 schools had assessment methods in place.

Chi square analysis was used to determine if relationships existed between the three factors (type of program, type of governance, and size of class) and the

decision to implement the standards. No statistically significant relationships or differences were found.

Conclusions

The majority of respondents (59.3 percent) reported that they did not plan to implement the SCCEN standards. This finding is disturbing in light of the fact that the 191 member SCCEN schools of nursing had been given a copy of these member generated standards to utilize in their nursing programs. Nursing educators have the responsibility to establish appropriate essential functions and to insure the use of these functions in assessing students abilities in mastering these functions. It is not appropriate to wait for the courts to decide for the profession what is and what is not essential. The courts are reluctant to invade the arena of professional judgement and are in fact waiting for the professionals to define the parameters of practice.

The Board of Directors of the SCCEN had appointed a task force consisting of representatives from member schools to develop guidelines for nursing education programs to use in complying with the ADA of 1990. The standards were developed to be used as guidelines to assist nursing education programs in developing a proactive response in supporting students covered by the ADA of 1990. It was further suggested by the

task force that the standards be made available to all potential applicants, printed in program description materials, catalogs, and application materials. The task force recommended that any ADA compliance procedure be reviewed by the institution's legal services.

Additional concern is generated by the finding that of the 39 schools that responded to telephone interviews, none had assessment methods in place. The typical responses were: 1) For the most part students are admitted based on their academic record; but 2) new students are given SCCEN standards with the understanding that students realize they cannot complete the program if they cannot meet the standards. This finding does not support the idea that nursing education is taking a proactive response to students with disabilities.

As part of its ADA obligations, a school is required to make available appropriate auxiliary aids and services where necessary to ensure effective communication with its students unless it can demonstrate that providing the aid would result in a fundamental alteration in the nature of its services, programs, or activities, or in undue financial and admministrative burdens. The circumstances under which a nursing school would be required to provide auxilary aids will vary depending on such factors as to the degree of the

students' disability, the nature of the particular program, and the financial resources of the institution. A school would not be required to provide a particular aid if, even if such aid were provided, the student would nevertheless not meet the legitimate qualification requirements of the institution (Marx, 1992).

Recommendations

Making decisions is a routine part of nurses' work. It is important that nurses be able to define problems accurately, make the best choice among an array of possible alternative solutions, safely implement a plan of care, and evaluate the effectiveness of their actions. Preparing nursing students to meet these types of challenges is the responsibility of the nursing schools of the nation.

While uniformity of admission processes has never been nor is it now a goal of nursing education, some consistency of admission procedures has been imposed by extrinsic factors: 1) accreditation criteria of the National League of Nursing; 2) the fact that all graduates nationwide must take the same examination to become licensed as registered nurses; 3) the nursing professions' standards and ethics. Schools of nursing are the producers of the largest single health care professional group in the country. If nursing educators

cannot agree on implementing standards and assessment methods for determining a students' abilities, other groups may impose their standards on the profession in order to insure compliance with legislation such as the ADA of 1990. Schools cannot afford to take their time in developing standards and assessment methods. They must act quickly, decisively, and cohesively. To demonstrate a concern for those impacted by the legislation, a readiness to comply, and leadership to other professions in the implementation of standardized essential functions and assessment methods.

In view of these factors and based on the literature and findings of this study, the following recommendations are addressed to nursing educators, future researchers, and practicing nurses:

1. All schools of nursing should commit to providing a list of performance standards to potential students. The purpose of this list is to enable students to make a responsible, knowledgeable decision about nursing school and its requirements. The first step was the list developed by the SCCEN. The next step would be to expand the list to include all regions of the United States.

2. All nursing educators need to be knowledgeable about the ADA of 1990 and the legal rights and responsibilities of

their institution. This enables them to relay accurate information when advising potential students and to serve as a resource to other faculties in their institution.

3. All schools of nursing should commit to establishing methods of assessment to be used as a component of the admissions process, for determining a students abilities in performing the established standards. These methods could take many forms but would need to be fair, non-discriminatory, and administered to all students.

4. The American Nurses' Association and state nurses' associations should serve as resource centers and clearinghouses for information as schools establish their standards and assessment methods.

5. The National League for Nurses should investigate their role in insuring that schools of nursing are in compliance with the ADA.

6. Additional research should be conducted to determine the most fair and effective assessment methods for determining a students' abilities in performing the standards.

7. Another area of research would invovle the healthcare facilities where nursing programs conduct the clinical phase of the curriculum. If a student with a disability is admitted to a nursing program, what are the

obligations of the healthcare facility to accommodate this student?

8. And finally, research should be conducted into the feasibility of employment of students with disabilities. Does acceptance into a nursing program guarantee or imply job placement upon completion of the program?

Beyond the development of standards and assessment methods is the human factor. It requires judgement of the nursing faculty to make decisions about the extent to which a potential student possesses the requisite skills to be successful in nursing. The role of the nurse has changed dramatically over the last quarter century. College and university programs for professional nursing must ensure that well-qualified students are capable of meeting the requirements of the program as well as future challenges as practicing nurses.

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APPENDIXES

APPENDIX A

SURVEY INSTRUMENT EVALUATORS

APPENDIX A -- SURVEY INSTRUMENT EVALUATORS

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APPENDIX B

SURVEY INSTRUMENT EVALUATION

APPENDIX B -- SURVEY INSTRUMENT EVALUATION

Please respond to the following questions with comments or suggestions for improving the survey instrument design. Use the back of this page if more space is needed or make comments directly on the questionnaire.

1) How valid and appropriate are the items and questions in the questionnaire? Which should be eliminated or changed?

2) Please evaluate the length and style of the questionnaire.

3) Are there any needed improvements that will enhance the motivation of the participants in the study to complete the questionnaire?

4) Which items in the questionnaire were difficult to answer? Why were they difficult to answer?

5) Please include any comments or suggestions which might improve the precision of the instrument.

APPENDIX C

COVER LETTER

APPENDIX C -- COVER LETTER

Date

Dear Program Director:

I want to thank you for your participation in the study I conducted during the spring of 1993, related to lists of essential functions schools of nursing require of their students. I was pleased that 174 baccalaureate degree nursing (BSN) programs chose to complete the questionnaire. The results indicated that only 16.7% of BSN nursing schools in the United States have lists of essential functions. I am continuing this research for my dissertation.

I would very much appreciate your assistance with this study. The intent of my research is to determine how the Southern Council on Collegiate Education for Nursing (SCCEN) member schools are using the Core Performance Standards for Admission and Progression in assessing a student's abilities to perform the essential functions.

Confidentiality of your response is assured. A self-addressed stamped envelope is enclosed for your convenience. A number coding system is utilized on the envelope only to determine which schools have returned questionnaires. The envelope and the questionnaire will be separated as soon as they arrive. In keeping with The University of Tennessee's regulations regarding the protection of human subjects, your return of the questionnaire is considered your informed consent to participate in the study.

Your assistance in this study will be helpful to nurse educators in planning more clear and fair admission processes for potential students and better preparation of students for successful future practice. If you have any questions about the study, please call me at (615) 755-4676. Thank you for your response.

Sincerely,

Susan C. Davidson, M.S., RN
Assistant Professor

APPENDIX D

QUESTIONNAIRE

APPENDIX D -- QUESTIONNAIRE

This questionnaire is part of a survey designed to determine how directors of schools of nursing are using the Southern Council on Collegiate Education for Nursing (SCCEN) Core Performance Standards for Admission and Progression in their nursing programs. Please answer the questions as accurately as possible.

1. Type of nursing degree program: ADN_____
   BSN_____
   MSN_____

2. Type of institution: public_____
   private_____

3. Average number of students admitted to your nursing program annually_____
   number of ADA students_____

4. Do you plan to implement the SCCEN Core Performance Standards for Admission and Progression in your nursing program? yes_____ no_____ already have_____
   (If no, you may stop now and return the questionnaire in the envelope provided)

5. Do you plan to use the standards as written? Please respond by using the following scale: 1-yes, as written; 2=yes, minor or moderate changes; 3=yes, major changes; and 4=not at all.

STANDARDS	1	2	3	4
Critical Thinking	___	___	___	___
Interpersonal	___	___	___	___
Communications	___	___	___	___
Mobility	___	___	___	___
Motor Skills	___	___	___	___
Hearing	___	___	___	___
Visual	___	___	___	___
Tactile	___	___	___	___

6. When do you plan to implement the standards?
   already have _____ fall 1994 _____
   after fall 1994 _____

Thank you for your cooperation!

APPENDIX E

ASSESSMENTS METHODS INTERVIEW GUIDE

APPENDIX E -- ASSESSMENT METHODS INTERVIEW GUIDE

A.1. Have you assessed a student's ability to perform the core performance standards in:

Critical Thinking-ability sufficient for clinical judgement
Assessment_____
_____
_____

2. How have you assessed a student's ability?

3. What assessment method did you use?

Instrument:
published_____ name_____
original_____ name_____

4. What experiences did you have using this method?

B.1. Have you assessed a student's ability to perform the core performance standards in:

Interpersonal-abilities sufficient to interact with a variety of individuals
Assessment_____
_____
_____

2. How have you assessed a student's ability?

3. What assessment method did you use?

Instrument:
published_____ name_____
original_____ name_____

4. What experiences did you have using this method?

C.1. Have you assessed a student's ability to perform the core performance standards in:

Communication-abilities sufficient for interaction in verbal or written form
Assessment_____
_____
_____

2. How have you assessed a student's ability?

3. What assessment method did you use?

Instrument:
published_____ name_____
original_____ name_____

4. What experiences did you have using this method?

D.1. Have you assessed a student's ability to perform the core performance standards in:

Mobility-physical abilities sufficient to move and maneuver in small spaces
Assessment_____
_____
_____

2. How have you assessed a student's ability?

3. What assessment method did you use?

Instrument:
published_____ name_____
original_____ name_____

4. What experiences did you have using this method?

E.1. Have you assessed a student's ability to perform the

core performance standards in:

Motor Skills-gross and fine motor abilities sufficient to provide safe and effective care
Assessment_____
_____
_____

2. How did you assess a student's ability?

3. What assessment method did you use?

Instrument:
published_____ name_____
original_____ name_____

4. What experiences did you have using this method?

F.1. Have you assessed a student's ability to perform the core performance standards in:

Hearing-auditory ability sufficient to monitor and assess health needs
Assessment_____
_____
_____

2. How did you assess a student's ability?

3. What assessment method did you use?

Instrument:
published_____ name_____
original_____ name_____

4. What experiences did you have using this method?

G.1. Have you assessed a student's ability in performing the core performanc standards in:

Visual-visual ability sufficient for observation and assessment necessary in nursing care
Assessment_____
_____
_____

2. How did you assess a student's ability?

3. What assessment method did you use?

   Instrument:
   published_____ name_____
   original_____ name_____

4. What experiences did you have using this method?

H.1. Have you assessed a student's ability in performing the core performance standards in:

Tactile-tactile ability sufficient for physical assessment
Assessment_____
_____
_____

2. How did you assess the student's ability?

3. What assessment method did you use?

   Instrument:
   published_____ name_____
   original_____ name_____

4. What experiences did you have using this method?

Additional comments:

VITA

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She has held a variety of practice and faculty positions and is presently at the University of Tennessee, Chattanooga, in the School of Nursing. She is a member of the American Nurses Association, the Tennessee Nurses Association, and Sigma Theta Tau, the international honor society for nurses.