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ADVANCED STUDENT PREPARATION (PRE-PLANNING)
FOR THE NURSING CLINICAL EXPERIENCE

A Thesis
Presented for the
Master of Science in Nursing
Degree
The University of Tennessee, Knoxville

Donna W. McCoin

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The faculty at Cleveland State Community College, Cleveland, Tennessee, provided me with copies of their clinical criteria for utilization in the thesis. Tammy Bentley contributed her expertise to the technical preparation of the thesis.

ABSTRACT

In most schools of nursing, students are required to prepare in advance for their clinical experience by obtaining information about their assigned patient(s). Precursory data regarding the patient's current health status obtained in an "assignment" directs the student to research the gathered information in nursing textbooks, journals, or other applicable resources. The researched information is used to prepare the individual patient's nursing plan of care. This procedure is usually referred to as "pre-planning."

There are several possible methods which can be utilized for students to obtain patient assignments. These include instructor assigned/student gathered, instructor assigned/instructor gathered, student made, staff made, and a combination of these methods.

In a questionnaire survey, faculty and students from 15 National League for Nursing (NLN) accredited associate degree programs of nursing identified the instructor assigned/student gathered pre-planning technique as the predominant method utilized and preferred. The major possible benefits of pre-planning cited were researching medical diagnosis, anticipating actual nursing diagnoses, researching medications, and researching nursing interventions. The major disadvantage to pre-planning was cited as the time consuming factor, and the day before the clinical experience was identified as the preferred time for pre-planning.

The majority of faculty respondents stated that their programs utilized standards or defined criteria to guide pre-planning

activities. Faculty and students identified patient data, medical diagnosis, and surgery as major patient information considered necessary to gather during pre-planning. However, many other items were identified as important in the assessment of the patient to be able to develop the nursing care plan.

It was concluded from the study that the faculty of nursing educational programs need to develop standards for pre-planning and to make informed decisions about the best type(s) of pre-planning methods to utilize for their programs/courses. The purpose of pre-planning ultimately is to provide a better learning experience for the student, as well as improving patient care. The topic of pre-planning, therefore, warrants further study.

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CHAPTER I

INTRODUCTION

In most schools of nursing, students are required to prepare in advance for their clinical experience by obtaining information about their assigned patient(s) or client(s). Precursory data regarding the patient's current health status obtained in an "assignment" directs the student to research the gathered information in nursing textbooks, journals, or other applicable resources. The researched information is used to prepare the individual patient's nursing plan of care. This entire procedure of advanced student preparation is usually referred to as "pre-planning."

There are several possible methods by which patients or clients (herein referred to as patient) are assigned to students and information is gathered. In the first method, the clinical instructor assigns the patient by simply designating a patient's name and room number. The student then visits the clinical facility, obtains the assignment, gathers information from the patient's record, and perhaps talks with the patient. In a second method of assignment, the instructor visits the clinical facility, makes the assignment, gathers information from the patient's record and possibly from the patient, and later gives this information to the student by oral or written means. In this case, the student neither visits the clinical facility, nor talks with the patient prior to developing a plan of care. In a third method of assignment, the student may make his or her own patient assignment, and gather the

needed information. Finally, the staff of the clinical facility may be responsible for the patient assignments, with the student directly gathering the patient data. A nursing program may utilize a single type of pre-planning method throughout the curriculum, different methods for specific clinical courses, or even combinations of methods within a single clinical course.

Purpose of the Study

The purpose of this study was to ascertain the various methods of patient assignment employed by the 15 National League for Nursing (NLN) accredited associate degree programs of nursing in the State of Tennessee, and to examine the advantages and disadvantages of the various methods. For the method of instructor assigned/instructor gathered information, data considered necessary for adequate pre-planning were collected. The need for defined criteria or standards for pre-planning activities was also investigated.

Need for the Study

Nursing educators generally consider that pre-planning is an essential part of the clinical learning experience. Also, adequate pre-planning often results in the student giving better patient care. Because there appears to be no research on specific pre-planning methods, and only a few references to the topic of pre-planning in the literature, this appears to be an area most worthy of investigation. The information gathered from this study should be helpful to individual programs as they review their own assignment

methods utilized in the various courses, and help nursing educators to determine if defined criteria or standards for pre-planning are needed, and if so, what types of data should be gathered, and how it should be utilized.

Research Questions

Through consultation with the researcher's thesis committee, seven research questions were developed. The methods of patient assignment were originally identified by classmates during a seminar on the topic of pre-planning presented by the researcher.

1. What Methods of Pre-planning Do the Associate Degree Programs in the State of Tennessee Utilize?

Four possible methods of patient assignment and data gathering (pre-planning) were identified. A fifth method involved utilization of a combination of techniques.

2. What Do Faculty Members/Instructors and Students Believe the Benefits of Pre-planning to be?

The researcher wished to explore the advantages and disadvantages of each type of pre-planning activity, and anticipated that the identified benefits would vary with each pre-planning type. The researcher projected that advantages of the instructor assigned/student gathered pre-planning method would include learning to read a chart, and becoming more able to glean important information from the chart, as the student gained knowledge from theory content. The student also would have the opportunity to meet the patient, possibly

allowing for anticipation of any psychosocial needs of the patient or the patient's family or significant others, as well as the physical needs of the patient. Also, the student would be able to inspect firsthand any unfamiliar or unusual patient equipment. Because the student would have met the patient, and identified and gathered pertinent patient information, individualization of patient care would be facilitated.

3. What Do Faculty Members/Instructors and Students Believe the Disadvantages of Pre-planning to be?

Disadvantages anticipated by the researcher for the instructor assigned/student gathered method were the time consuming factor, and the cost of student travel/expense. The researcher believed that another disadvantage of this method would possibly be the difficulty with choosing relevant information from the chart. The information on the chart might be overwhelming to some students, particularly those in the first nursing clinical course(s). The student would possibly not know where to focus, particularly with a patient who had many problems. For example, the patient with a fractured mandible might have a serious heart condition for which he or she is taking many heart medications. The student might identify and research the problem with the fractured mandible, but ignore the underlying heart condition, which could affect the patient's recovery.

Another disadvantage would be the student's attempt to collect data that has not yet been presented in classroom lectures (theory). The student, therefore, might not understand the data, and be confused

during the attempt to incorporate the information into the patient's plan of care.

4. When Should Pre-planning Take Place?

The researcher identified four possibilities for the timing of pre-planning activities with the assistance of the thesis committee members. These included the day before the clinical experience, the day of the experience, during pre-conference, and no pre-planning.

5. Does the Level of the Student and/or the Nature of the Course Influence Which Method of Pre-planning is Considered Appropriate?

The researcher hoped to identify any progression in the methods of pre-planning utilized in the 15 programs. For example, a beginning student might find student made assignments difficult, while a student nearing graduation might find student made assignments more appropriate.

6. What Type of Information Should the Instructor Give to the Student in the Instructor Assigned/Instructor Gathered Information Method of Pre-planning?

Figure 1 provides an actual example of the type of patient data given to a freshman associate degree nursing student utilizing the instructor assigned/instructor gathered technique. The patient's initials and age were changed to ensure anonymity. The data were used with permission of the nursing instructor, but the nursing instructor's name and employing institution were excluded to ensure anonymity.

Student Name:	Team:	Date:
Patient Data: Room 432 - A. J. - Male - age 50		
Medications:	Diagnosis:	liver disease ascites leveen shunt
Mylicon 80 mg po tid pc	Special treatments/equipment:	
Lactulose 30 cc po qid		
Multivitamins i po qd		
Folic acid i po qd		
Thiamine 50 mg po qd	vs q 4 hours	
Slow K i po tid	observe for pedal edema	
Get daily order of Aquamephyton	measure abdominal girth	
IM daily	IV/check site	
No known allergies	check lung sounds q shift	
	I & O ABD binder O2 BNC	
Diet: 2 gram Na	daily weights - bed scales	
	large Tegaderm dressing to	
	abdomen	
Activity: Bathroom privileges	keep bed as flat as tolerated	

Figure 1. Sample Clinical Assignment Data for a Freshman Associate Degree Student

If the student were given only the patient's name and diagnosis, the student would only be able to study a standard plan of care for the patient's diagnosis in advance of the clinical experience. More detailed patient information would be required for the individualization of patient care. Carpenito (1983) defined the difference between nursing orders and nursing actions. "Nursing orders differ from nursing actions, which are broad interventions that can apply to any number of individuals sharing a similar problem" (p. 43). Without more specific patient information, the student would be forced to address only nursing actions, resulting in a plan which lacks individualization of patient care.

7. Is There Need for Defined Criteria or Standards for Use by Students/Faculty in Data Gathering and Pre-planning?

Often, instructors expect different information to be gathered during the pre-planning period. In an attempt to remedy this problem, some schools prepare written criteria for their nursing courses. Figure 2 presents the required student preparation for the clinical experiences within the first course (Nursing 101) at Cleveland State Community College, Cleveland, Tennessee. The information in the figure represents the skill level deemed appropriate by the faculty for students to have at that point in their education. During Nursing 101 at Cleveland State, the students are beginning to utilize the nursing process in the assessment, identification of problems, planning, and development of applicable nursing interventions. Carpenito (1983) describes the nursing process as:

. . . systematic observational and problem-solving techniques to identify potential problems and appropriate interventions and to evaluate the effectiveness of these interventions. The nursing process describes this method, for through its five components - assessment, problem identification, planning intervention, and evaluation - it sets the practice of nursing in motion (p. 24).

Figure 3 presents the required student preparation for the second clinical course (Nursing 102), at Cleveland State Community College, Cleveland, Tennessee. The amount and type of information to be gathered is more complex, as the student should be more knowledgeable at this level. The student should be able to work through all levels of the nursing process (assessment, problem identification, planning, intervention, and evaluation). The student also begins to administer medications during this course.

1. Visit assigned patient the day prior to scheduled clinical lab.
This includes:
 - a. Interviewing the assigned patient and/or significant others.
 - b. Collecting patient data from patient records, significant others, health team members.
2. Read about and be able to verbalize the meaning of the assigned patient's medical diagnosis, and anticipated nursing treatments.
3. Familiarize self with lab focuses for each week of clinical.
 - a. Identify nursing diagnoses which relate to lab focuses.
4. Plan nursing care for assigned patient.
 - a. Begin to identify nursing diagnoses which relate to assigned patient.
 - b. List planned nursing activities.

Figure 2. Required Preparation for Nursing 101, Cleveland State Community College, Cleveland, Tennessee

Note. Used with permission of Cleveland State Community College, Cleveland, Tennessee

1. Visit assigned patient the day prior to scheduled clinical lab.
This includes:
 - a. Interviewing the assigned patient and/or significant others.
 - b. Collecting patient data from patient records, significant others, health team members.
2. Research patient's medical diagnosis and treatment.
 - a. Review literature - (med-surg) texts, journals, library sources.
 - b. Compare assigned patient's clinical manifestations to the researched textbook picture.
 - c. Complete medication cards for all current medications.
3. Familiarize self with lab focuses for week of clinical.
 - a. Identify nursing diagnoses which relate to lab focuses.
4. Plan written nursing care for assigned patient.
 - a. List identified nursing diagnoses.
 - b. List patient goals to be met during clinical lab.
 - c. List planned nursing interventions.
 - d. Be able to state purpose(s) of interventions and means of evaluation.

Figure 3. Required Preparation for Nursing 102, Cleveland State Community College, Cleveland, Tennessee

Note. Used with permission of Cleveland State Community College, Cleveland, Tennessee

Summary

Chapter I identified the possible methods of student pre-planning, the purpose of the study, and the need for the study. The researcher discussed seven research questions. A specific example of a patient assignment utilizing the instructor assigned/instructor gathered method of pre-planning was cited. Examples of required pre-planning in an associate degree program were presented.

CHAPTER II

REVIEW OF THE LITERATURE

During the transition period that appears to have developed in nursing education from the late 1950s to the early 1960s, functional student assignments to meet the staffing needs of the clinical institutions were abandoned for the patient-centered individualization of care for student learning. Prior to the 1960s, the hospital staff largely controlled the nursing student experiences. The head nurses or nurses in charge made the student "assignments." These assignments were not individualized learning experiences based on knowledge of nursing principles, but were learning by doing or by "hands on" training. The students oftentimes were required to be on duty for eight-hour shifts for as many as six to seven days per week, staffing the hospital, in addition to their classwork. Nursing "actions" were broadly applied to any number of patients sharing the same diagnosis, rather than based on the individual patient's needs.

Prior to and during this period of transition, Virginia Henderson was a pioneer. In a 1980 article, she described the philosophy of the period. She stated:

Functions rather than patients were assigned (or allocated) to staff nurses and students. Patients were fitted into ward routines devised by hospital nurse administrators and modified by head nurses. There was not even lip-service given to the concepts of assessing a patient's condition and needs, identifying his or her problems, planning care with the patient and the family, and evaluating and modifying the implementation of the plan according to its effectiveness (p. 906).

According to Henderson (1982), the individualization of patient care, a change in focus from just physical to both physical and psychosocial needs, and the identification of nursing as both a science and an art contributed to the development of the nursing process. The development of the nursing process, with the emphasis on the assessment of the individual patient's needs, provided impetus for the utilization of pre-planning activities for nursing education. The student needed to gather patient data to knowledgeably develop a nursing plan of care based on the nursing process, and as a result, administer safer, more effective nursing care.

Search of the literature revealed few sources of discussion of pre-planning. The author found no references to the exact time period that pre-planning first began. S. Millsaps (personal communication, March 11, 1986), Director of Nursing Education at Cleveland State Community College, Cleveland, Tennessee, stated that when she was a diploma student from 1959 - 1961, pre-planning was not utilized. However, when she began teaching in the same diploma school in 1963, the students were required to pre-plan the day before the clinical experience.

Chronologically, the first direct or indirect reference to pre-planning activities appeared in 1965. Mullins (1965) stated that the day before the clinical experience, she provided her students with an individual student clinical assignment sheet. The students were enrolled in fundamentals of nursing. The information included the name, age, medical diagnosis, dietary restrictions, nursing measures, medications, and treatments. The students were to use the information

in preparing for the assignment by "looking up drugs, treatments, and diets, and reviewing nursing principles" (p. 49). Mullins further stated that although she considered it ideal that the student visit the patient the day before the clinical experience, class schedules and the distance to the clinical site were prohibitive. She indicated that she stopped providing the pre-planning data toward the end of the course, to allow the students the experience to improve in patient care planning. Her overall goal was to increase the student's independence.

Smith (1968) referred to the pre-experience clinical conference. She stated that this provided the opportunity for the teacher to ascertain if the students had prepared their assignments in advance. No mention was made of the content of the assignment, but the idea was expressed that weaknesses in advance preparation could be identified, and the student directed to seek further study prior to actual patient care.

According to Matheny (1969), the student could prepare in advance by "reading and thinking . . . and assignments must include all aspects to be considered in planning nursing care, such as health problems and psychologic and social data" (p. 286). Matheny identified two parts of the clinical pre-conference - a discussion, teacher-led portion and a student-centered phase. During the student-centered part of pre-conference, the students gathered information about the patient from the chart and through actual patient contact. The instructor also reviewed nursing care plans

with the student. However, the method of assignment gathering was not described or delineated in the article.

Although they did not refer directly to pre-planning, Knopke and Diekelmann (1978) stated that the pre-clinical conference could be utilized to assist students to plan and organize patient care. By their definition, pre-clinical conferences were those held just immediately prior to the clinical experience. These authors also stressed that pre-conferences help the student in applying theory to the clinical experience. Knopke and Diekelmann indicated that written student assignments stating the planned goal and teaching goals were helpful to meet both of the above stated purposes. The authors did not identify when needed information was gathered, but advance pre-planning is presumed during the pre-conference period.

In 1979, Wolf and O'Driscoll referred to the pre-conference prior to the clinical conference as a means for the instructor and the peer group members to evaluate the student's preparation. However, they did not discuss the means of student preparation in their article.

In 1981, Carpenito and Duespohl supported the need for students to obtain their assignments the day before the clinical experience. They advocated having the student actually visit the clinical facility, and talk with the assigned patient while gathering nursing history and health assessment data. The authors also utilized a student assignment sheet when it was impossible for the students to gather the information on their assigned patients the day before the clinical experience. In such instances, Carpenito and Duespohl suggested that the instructor gather pertinent patient information (medical diagnosis,

social data, coexisting health problems, nursing diagnoses, medications, intravenous medications, diet, activity level, nursing orders, and treatments), and give this information and any additional instructions to the student on an assignment sheet the day before the clinical experience. A carbon copy of the assignment sheet was utilized by the clinical instructor to develop anecdotal notes, and to note completed student learning experiences, in order to minimize repetition in future assignments when applicable. The authors also stated that the information from the student assignment sheet could be used to develop individualized nursing care plans, based on the nursing process. Nursing care plans, according to Carpenito and Duespohl, should be viewed as learning tools, and a helpful aid to the quality of care offered to the patient, rather than just time-consuming busy work. In addition, they indicated that the time required for the student to gather the information should be counted as clinical hours.

Mitchell and Krainovich (1982) supported giving students their patient assignments in advance. With "general and individual objectives, and essential baseline data . . .," the students can develop a knowledge base regarding their clinical assignment (p. 823). The authors perceived several benefits from advance assignments and preparation, including increased group discussion in pre-conferences and decreased direct teaching by the instructor. However, they stated that advance assignments were not appropriate for all students, particularly students nearing graduation.

Theoretical Framework

Although Virginia Henderson did not directly develop the concept of pre-planning, her support in the development of individualized nursing plans of care helped to provide the important basis for the pre-planning concept. In 1937, Henderson participated in the development of a revision to the Curriculum Guide for the National League for Nursing Education. The guide supported the development of individual nursing plans of care for each patient based on the assessment of the patient's needs (Henderson, 1973). According to Henderson and Nite (1978), prior to this innovation, nursing education was very structured and learning was largely based on disease processes rather than on individuals.

In 1940, Henderson implemented her ideas for curriculum change in a course at Teacher's College at Columbia University (Henderson, 1964). The course was unique in that it focused on patients rather than functions. Students wrote individualized nursing care plans based on their needs (Henderson, 1980). In 1966, Henderson incorporated her views on nursing curriculum into her textbook, The Nature of Nursing: A Definition and its Implications, Research and Education.

Henderson and Nite (1978) delineated three stages in the study of nursing. The first stage consists of learning experiences aimed at meeting the 14 basic functions of daily living that Henderson outlined in her concept of nursing (1966). The focus is not on medical diagnoses or therapeutic treatment during this stage of learning. The 14 basic functions identified by Henderson included:

1. Breathe normally.
2. Eat and drink adequately.
3. Eliminate body wastes.
4. Move and maintain desirable postures.
5. Sleep and rest.
6. Select suitable clothes - dress and undress.
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment.
8. Keep the body clean and well groomed and protect the integument.
9. Avoid changes in the environment and avoid injuring others.
10. Communicate with others expressing emotions, needs, fears or opinions.
11. Worship according to one's faith.
12. Work in such a way that there is a sense of accomplishment.
13. Play or participate in various forms of recreation.
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities (p. 16).

The second level of nursing education focuses on aiding the patient in meeting the daily needs when there are distinct interferences with one or more of the basic functions (Henderson & Nite, 1978). The second level addresses common problems in nursing.

The third level of nursing instruction primarily deals with nursing care when specific disease processes are present. Utilizing the three levels of instruction, the student is able to learn to assess and define nursing problems, and then develop and

implement interventions. Henderson's ideas were revolutionary at the time, and were forerunners of today's nursing process.

Virginia Henderson's ideas are valuable in today's nursing education. Although her three levels of nursing education are not necessarily utilized directly by individual nursing programs, there is generally a progression from simple to complex, and from normal to abnormal. In terms of pre-planning, the amount and types of information necessary to develop the individualized plan of patient care progresses as the student advances through the program of learning.

Contributions from Associate Degree Nursing Education

In 1951, Mildred Montag published her doctoral dissertation, Education for Nursing Technicians. The dissertation was a proposal for the development of a new type of nursing program to prepare a technical worker in nursing. Several notable studies contributed to Montag's development of her proposal.

The Goldmark Report (now called the report of the Committee for the Study of Nursing Education) in 1923 found that the standards accepted at that time in hospital training schools were not as advanced as in other educational fields, that students' health and strength were secondary to the hospital's staffing needs, and that most educational facilities were inadequate. The report stated that many of the problems could be attributed to the conflict of interest between the need for staff to care for patients and the education of nursing students. The committee recommended that nursing school

administration should be separate from the hospital administration, and that adequate funds were needed to support both educational and staffing needs.

Following World War II, Esther Lucile Brown studied nursing education. Her report, Nursing for the Future, was published in 1948, and stated that most of the schools of nursing were providing inadequate education for nurses.

The 1951 proposal by Montag for an entirely new program of nursing education "broke with the seventy-five year old stereotyped pattern of preparation for nursing which was work centered and hospital service centered" (Montag, 1984, p. 2). The proposal resulted in the formation of The Cooperative Research Project in Junior and Community College Education in 1952. The project was designed to determine whether a nursing technician "more limited in scope than professional nursing but broader in scope than that of practical nursing" could be produced in a two-year time frame (Montag, 1984, p. 2). Assumptions for the study were that the functions of nursing could be differentiated, that technical nursing workers could be trained to carry out intermediate functions requiring skill and some judgment, and that nursing education belonged in institutions of higher learning.

With these principles in mind, seven colleges and one hospital diploma program were studied from 1952 - 1957. The clinical experience offered by the associate degree programs was markedly different from the hospital controlled learning experiences provided for the students in the past. The student was considered a student

and was not utilized as a staff worker. The learning experiences were chosen by the nursing faculty to meet specified learning objectives, rather than objectives of learning being secondary to meeting the hospital's staffing needs. Because the learning activities were based on specific clinical objectives and concentrated on precise learning activities, the amount of time spent in the clinical area was reduced to two academic years. The student was to concentrate on learning, rather than functioning as a hospital worker.

The eight original programs studied in the Cooperative Research Project were joined by 14 other programs outside the study group in 1956. From that time on, associate degree programs have proliferated, and the majority of nursing graduates are now associate degree graduates. The most current statistics available indicate that for the academic year 1983 - 1984 there were 777 associate degree programs in nursing, with 44,394 graduates (National League for Nursing, 1985).

M. Montag (personal communication, March 15, 1986), stated that although not all the 1950's prototype associate degree programs utilized pre-planning, many of them did. The need to maximize the shorter clinical experience placed particular focus on the concept of pre-planning. The student had to develop the ability to concentrate his or her learning activities within a limited time period. The utilization of pre-planning as a precursor to the writing of a nursing plan of care incorporating the nursing process facilitated optimal use of clinical laboratory

learning experiences. Today, virtually all nursing textbooks and curricula emphasize the nursing process, and most programs advocate some form of pre-planning.

Summary

Chapter II focused on the historical trends in nursing education, and the contributions from Virginia Henderson and the associate degree movement in the significant changes from the 1950s to 1960s. Literature referring directly or indirectly to pre-planning was found to be extremely sparse.

CHAPTER III

METHODOLOGY

Chapter III contains a description of the methodology of the study, including sample selection, instrumentation, procedure, and the means of analysis of the data. In addition, the research questions are reiterated.

Research Questions

The research questions addressed in the study included:

1. What methods of pre-planning do the associate degree programs in the State of Tennessee utilize?
2. What do faculty members/instructors and students believe the benefits of pre-planning to be?
3. What do faculty members/instructors and students believe the disadvantages of pre-planning to be?
4. When should pre-planning take place?
5. Does the level of the student and/or the nature of the course influence which method of pre-planning is considered appropriate?
6. What type of information should the instructor give the student in the instructor assigned/instructor gathered information method of pre-planning?
7. Is there need for defined criteria or standards for use by students/faculty in data gathering and pre-planning?

Sample

Faculty from each of the 15 National League for Nursing accredited associate degree programs in the State of Tennessee were surveyed regarding pre-planning methods. The sample was designed to maximally include 60-75 faculty members. Fifty second-year nursing students from five of the accredited programs were also surveyed.

Participation in the study by the instructors and students was entirely voluntary. Subjects were permitted to withdraw from participation at any time, and to refuse to answer specific questions without incurring any penalty. Form A (Certification of Exemption from Review for Research Involving Human Subjects) was appropriately filed and approved by the Office of Research Compliances.

Instruments

Two questionnaires for this study were developed by the researcher to address the research questions. The first questionnaire was completed by the instructors/faculty (herein referred to as faculty) from the participating institutions. The instructor/faculty questionnaire (herein referred to as faculty questionnaire) consisted of nine questions. The questionnaire was reviewed by the researcher's thesis committee for content validity, but was not tested prior to this study. For a copy of the faculty questionnaire, see Appendix A.

The second questionnaire (student questionnaire) was developed for completion by the participating second-year students. The student questionnaire consisted of Questions 1, 2, 3, 4, and 8 from the faculty questionnaire. The other questions from the faculty

questionnaire were deleted in the student questionnaire, as the researcher anticipated that the faculty would be more knowledgeable regarding these questions than the students. For a copy of the student questionnaire, see Appendix B.

A bright yellow color was chosen for reproduction of the questionnaires. Research reported by Kane (1982) identified yellow as an energizing color. Also, yellow is a highly visible color, as evidenced by the recent trend in painting fire equipment yellow. The researcher utilized bright yellow in an attempt to prevent the loss of the questionnaires on the desks of the participating faculty members, and subsequently, to increase the return rate.

Procedure

A packet with five faculty questionnaires, pre-addressed, pre-stamped envelopes, informed consent statements, and a letter of explanation (see Appendix C) was mailed to the Directors/Chairpersons of each of the 15 National League for Nursing accredited associate degree programs in the State of Tennessee. The Directors/Chairpersons were asked to choose four to five nursing faculty to complete the questionnaire. A listing of the participating institutions and the Directors/Chairpersons appears in Appendix D, and the Informed Consent Statement in Appendix E.

The names of the 15 institutions were placed in a box, and five were randomly chosen. The Directors/Chairpersons at these institutions were asked to choose a sophomore instructor to administer the student questionnaires to 10 second-year students each. The

packets for these five institutions included the student questionnaires, a different letter of explanation to the Directors/Chairpersons, a letter of explanation to the sophomore instructor, as well as the faculty questionnaires. A pre-stamped, pre-addressed envelope was also provided for use by the sophomore instructor. A copy of the second letter of instruction to the Director/Chairperson appears in Appendix F, and the letter of explanation to the sophomore instructor appears in Appendix G.

As an incentive for faculty participation, the faculty were to indicate on the informed consent statement if they wished to receive a copy of the completed study. The individual Directors/Chairpersons were also invited to receive a copy of the study if desired, and were provided with a pre-addressed, pre-stamped envelope for their use.

Rather than utilizing reminder postcards, the researcher chose to contact applicable Directors/Chairpersons by telephone when no questionnaires from the individual program had been received one week prior to the data collection deadline of July 2, 1986. By the end of the data collection period, 100% of the programs had responded.

Confidentiality of individual responses was assured. Only the institution's name was recorded on the questionnaire. Respondents were assured that only aggregate data would be reported in any presentations or journal articles prepared by the researcher.

Analysis

The data from the questionnaires were tallied and computed in percentages, based on the number of responses per item divided by the total number of responses. The responses from the faculty questionnaires were calculated utilizing a computer program designed by Dr. James Head, Assistant Professor of Mathematics and Developmental Studies, Dalton Junior College, Dalton, Georgia. The student questionnaire data were computed manually by the researcher, utilizing a calculator.

Summary

Chapter III has delineated the methodology utilized in the study. The faculty and student questionnaires were discussed, and the differences between the two explained. The procedure of choosing the sample and mailing the questionnaires was revealed. The analytical method, based on percentages, was explained. In addition, the research questions were reiterated.

CHAPTER IV

FINDINGS OF THE STUDY

The results of the responses to the faculty and student questionnaires are presented in Chapter IV. The data include responses from 46 faculty members from the 15 NLN accredited associate degree programs in the State of Tennessee, and 34 student responses from four of the randomly selected institutions.

Faculty Questionnaire

The predominant method of pre-planning utilized by the participating institutions, and the methods preferred by the individual faculty members are presented in Table 1. For reference to the faculty questionnaire, see Appendix A.

Table 1. Predominant Method of Pre-planning Utilized and Preferred by Faculty

Methods	Utilized		Preferred	
	#	%	#	%
a. IA/SG	32	70	35	83
b. IA/IG	5	11	0	0
c. Student made	0	0	6	14
d. Staff made	0	0	0	0
e. More than one type	2	4	1	3
f. Method not agreed upon	7	15	0	0
TOTALS	46	100	42	100

Note. IA/SG = Instructor Assigned/Student Gathered
 IA/IG = Instructor Assigned/Instructor Gathered
 Not all respondents indicated their preferred method

Although this information was not presented in Table 1, the majority of the programs (9 of 15) utilized instructor assigned/student gathered pre-planning methods. The preferred type of pre-planning was also identified as the predominant method utilized in 33 (79%) individual responses (see Table 1). Possible explanations for this finding will appear in Chapter V.

Method (e) was added to the table by the researcher following the return of the questionnaires to identify when two or more methods were indicated by the respondent. The researcher also added Method (f), because instructors at the same institution did not agree on the predominant method utilized in their program. For example, one instructor listed instructor assigned/student gathered as the predominant method, while another instructor listed instructor assigned/instructor gathered as the predominant method of pre-planning at the same institution.

The responses to Question 2 of the faculty questionnaire (perceived benefits of the methods of pre-planning utilized by the different programs) are presented in Table 2. Since there were no responses to the student made and staff made utilized methods, these two categories were excluded from the table.

The benefits from each type of pre-planning method(s) were listed in descending rank order of the total number of faculty responses (see Table 2). There was considerable consensus regarding the importance of researching medical diagnoses, anticipating actual nursing diagnoses, researching nursing interventions, and anticipating potential nursing diagnoses. However, there was not unanimity.

Table 2. Perceived Benefits of Four Methods of Student Pre-planning Ranked in Descending Order of the Total Number of Faculty Responses

<u>Benefits</u>	Total # Responses	Methods							
		IA/SG N=33		IA/IG N=6		More than 1 type N=4		Method not agreed upon N=3	
		#	%	#	%	#	%	#	%
a. Researching medical diagnoses	45	32	97	6	100	4	100	3	100
b. Anticipating actual nursing diagnoses	45	33	100	5	83	4	100	3	100
c. Researching medications	45	33	100	5	83	4	100	3	100
d. Researching nursing interventions	45	33	100	5	83	4	100	3	100
e. Anticipating potential nursing diagnoses	44	32	97	5	83	4	100	3	100
f. Researching principles	42	32	97	4	67	4	100	2	67
g. Researching lab values	36	29	88	1	16	3	75	3	100
h. Learning to read chart	34	30	91	0	0	3	75	1	33
i. Motivating student	31	24	73	3	50	2	50	2	67
j. Decreasing student anxiety	30	23	70	3	50	1	25	3	100
k. Assessing the patient	29	22	67	0	0	4	100	3	100
l. Becoming familiar with equipment	17	14	42	0	0	1	25	2	67
m. Other	5	5	15	0	0	0	0	0	0

Note. IA/SG = Instructor Assigned/ Student Gathered
IA/IG = Instructor Assigned/Instructor Gathered

Responses to Question 3 of the faculty questionnaire are presented in Table 3. The perceived disadvantages of the pre-planning techniques identified in Table 1 are delineated.

Table 3. Perceived Disadvantages of Four Methods of Student Pre-planning Ranked in Descending Order of the Total Number of Faculty Responses

<u>Disadvantages</u>	Total # Responses	Methods			
		IA/SG	IA/IG	More than 1 type	Method not agreed upon
		#	#	#	#
a. Time consuming	33	26	3	2	2
b. Cost of travel/ distance	22	16	0	4	2
c. Choosing relevant information	18	15	0	1	2
d. Focusing on problems	12	8	3	0	1
e. Other	9	3	3	1	2

Note. IA/SG = Instructor Assigned/Student Gathered
IA/IG = Instructor Assigned/Instructor Gathered

Choosing relevant information was cited as a disadvantage by 15 of the respondents that utilized instructor assigned/student gathered methods. This finding will be discussed in more detail in Chapter V. The specific comments from category "e" will be incorporated into the discussion.

Preferred times for pre-planning are listed in Table 4. These data are the responses to Question 4 of the faculty questionnaire, and 45 of the 46 respondents answered the question.

Table 4. Preferred Time for Student Pre-planning - Faculty Responses

Preferred Time	# Responses
a. The day before the clinical experience	41
b. The day of the experience	3
c. During pre-conference	1
d. No pre-planning	0
e. Other	0

The responses to Question 5 of the faculty questionnaire are presented in Table 5. The respondents were asked first to indicate what method of pre-planning was used with specific courses, and then to designate the preferred method.

The data from Table 5 are summarized in Table 6 to indicate at what level the courses are predominantly taught, the major method of pre-planning for the courses, and what is the preferred method of student assignment. Since there were no responses to the "other" category on the faculty questionnaire, this course category was excluded from both tables.

In Question 6 of the faculty questionnaire, the utilization of defined criteria by the individual programs is cited, and the information is presented in Table 7. The responses of instructors from the same programs were examined for consistency regarding agreement if defined criteria were actually being used. In six programs, the responses were not consistent; all instructors from

Table 5. Type of Preferred Pre-planning and Pre-planning Techniques Actually Utilized in Individual Courses

Courses	Total # Responses	Methods				
		IA/SG	IA/IG	Student Made	Staff Made	No Pre-Planning
Fundamentals	35	F(22)	F(13)	F(0)	F(0)	F(0)
	1	S(1)	S(0)	S(0)	S(0)	S(0)
	33	P(27)	P(6)	P(0)	P(0)	P(0)
Pediatrics	17	F(13)	F(3)	F(1)	F(0)	F(0)
	24	S(17)	S(5)	S(2)	S(0)	S(0)
	35	P(32)	P(1)	P(2)	P(0)	P(0)
Psychiatric	4	F(4)	F(0)	F(0)	F(0)	F(0)
Nursing	30	S(12)	S(5)	S(5)	S(1)	S(7)
	31	P(18)	P(3)	P(4)	P(0)	P(6)
Medical-Surgical	19	F(16)	F(0)	F(3)	F(0)	F(0)
	32	S(23)	S(6)	S(3)	S(0)	S(0)
	39	P(34)	P(0)	P(5)	P(0)	P(0)
Labor & Delivery	21	F(6)	F(1)	F(1)	F(0)	F(13)
	17	S(5)	S(1)	S(2)	S(1)	S(8)
	34	P(13)	P(0)	P(3)	P(0)	P(18)
Post-partum	21	F(12)	F(2)	F(1)	F(0)	F(6)
	17	S(10)	S(1)	S(2)	S(0)	S(4)
	32	P(21)	P(0)	P(3)	P(0)	P(8)
Nursery	22	F(8)	F(2)	F(1)	F(0)	F(11)
	17	S(7)	S(0)	S(2)	S(2)	S(6)
	35	P(18)	P(0)	P(2)	P(2)	P(13)
Management/Leadership	4	F(2)	F(0)	F(1)	F(1)	F(0)
	26	S(9)	S(4)	S(7)	S(3)	S(3)
	29	P(12)	P(1)	P(9)	P(3)	P(4)

Note. F indicates course is taught on the freshman level
 S indicates course is taught on the sophomore level
 P indicates preferred method of pre-planning
 IA/SG = Instructor Assigned/Student Gathered
 IA/IG = Instructor Assigned/Instructor Gathered

Not all respondents indicated both utilized and preferred methods

the same institution did not agree that defined criteria were utilized.

Table 8 identifies the need for defined criteria as cited by the faculty in Question 7 of the faculty questionnaire. Again, the

Table 6. Summary of the Predominant Course Levels, the Major Method of Pre-planning for Each Course, and the Preferred Method of Student Assignment

Course	Level of Course	Utilized Method of Assignment	Preferred Method of Assignment
Fundamentals	Freshman	IA/SG	IA/SG
Pediatrics	Both levels	IA/SG	IA/SG
Psychiatric Nursing	Sophomore	IA/SG	IA/SG
Medical-Surgical	Sophomore	IA/SG	IA/SG
Labor & Delivery	Both levels	No Pre-planning	No Pre-planning
Post-partum	Both levels	IA/SG	IA/SG
Nursery	Both levels	IA/SG and No Pre-planning	IA/SG
Management/ Leadership	Sophomore	IA/SG	IA/SG

Note. IA/SG = Instructor Assigned/Student Gathered

Table 7. Actual Usage of Defined Criteria

	# Programs	# Individual Responses
Pre-planning Defined Criteria Actually Utilized	9 with consistent yes responses by all faculty	38 yes
	6 with inconsistent responses	7 no

Table 8. Identified Need for the Use of Defined Criteria

	# Programs	# Individual Responses
Defined Criteria Needed	13 Consistent Responses	42 needed
	2 Inconsistent Responses	3 Not needed

responses are examined for consistency of all instructors within each program.

Several respondents included copies of what they identified as written defined criteria used in their programs. Specific comments regarding these copies will be discussed in Chapter V. Also many comments regarding the need or lack of need for defined criteria were cited in response to Question 7 of the faculty questionnaire. These comments will also be discussed in Chapter V.

The data in Table 9 refer to the information the faculty respondents indicated must be obtained and given to the student if the instructor gathers the information (Question 8 of the faculty questionnaire). The data are arranged in descending order per total number of responses in each category.

Eleven items cited in Table 9 were indicated as being necessary by over 80% of the respondents, with patient data leading the list with 100%. Eighteen of the 23 items were mentioned by 60% of the respondents. Cultural indications, intake and output measurements, social data, and the other category were the least chosen items.

The information from Question 9 of the faculty questionnaire is presented in Table 10. The faculty who predominantly or otherwise

Table 9. Information Cited as Necessary with Instructor Gathered Pre-planning

Data	# Responses	%
a. Patient data (Name, age, room #, sex)	46	100
b. Medical diagnosis	45	98
c. Surgery	45	98
d. Special treatments	45	98
e. Intravenous medications	44	96
f. Routine medications ordered	43	93
g. Diet	43	93
h. Activity level	42	91
i. PRN (as needed) medications ordered	41	89
j. Allergies	38	86
k. Equipment	37	80
l. Mental assessment data	33	72
m. Significant past history	32	70
n. Communication disorders	32	70
o. Physical assessment data	30	65
p. Self-care problems	30	65
q. Safety needs	30	65
r. Lab data	28	61
s. Religious needs	21	46
t. Cultural indications	21	46
u. Fluid intake and output measurements	19	42
v. Social data	18	39
w. Other	1	2

utilized instructor assigned/instructor gathered techniques were asked to complete the question. The respondents were asked why their programs utilized this technique. If Part a was chosen (distance from clinical facilities), faculty were to indicate the actual distance in miles. The mileage factor will be discussed in Chapter V.

Table 10. Reasons for Utilization of Instructor Assigned/
Instructor Gathered Pre-planning

Reasons	# Responses
a. Distance from clinical facilities	10
b. Classroom demands interfere	3
c. Inadequate knowledge level of students	3
d. Agency requires instructor presence for students to utilize agency	1
e. Other	1

Student Questionnaire

Each item of the student questionnaire is addressed with a table. For a copy of the student questionnaire, refer to Appendix B.

In Table 11 (Question 1 of the student questionnaire), the predominant method of pre-planning utilized by the students of the randomized institutions is identified. Although not covered in the table, the data indicate that two of the four institutions predominantly use instructor assigned/student gathered information, the third utilizes instructor assigned/instructor gathered pre-planning, and the fourth institution uses more than one type.

Table 11. Predominant Method of Pre-planning Utilized and Preferred by Students

Methods	Utilized		Preferred	
	#	%	#	%
a. IA/SG	21	62	21	62
b. IA/IG	5	14	7	20
c. Student made	0	0	0	0
d. Staff made	0	0	0	0
e. More than one type	8	24	6	18
TOTALS	34	100	34	100

Note. IA/SG = Instructor Assigned/Student Gathered
 IA/IG = Instructor Assigned/Instructor Gathered

The majority of the students responded that their programs predominantly utilized instructor assigned/student gathered pre-planning techniques. Five individuals from the same institution identified instructor assigned/instructor gathered pre-planning as the predominant method utilized in their program. Neither student made nor staff made methods were identified by any student as the predominant method. Method "e" was added to the table by the author following the return of the questionnaires to identify when two or more methods were indicated by the respondent.

Most of the respondents preferred the same type(s) of pre-planning as was identified as the predominant method(s) utilized in their programs. This statistic is not presented in Table 11, but was calculated from the responses to Question 1 of the student questionnaire. Possible explanations will be discussed in Chapter V.

Student responses as to the possible benefits of the pre-planning technique utilized in their programs (Question 2 of the student questionnaire) are presented in Table 12. The benefits are examined separately by the different methods identified in Question 1 of the student questionnaire, because the results could differ according to the type of pre-planning. Because there are no responses for the staff made assignment category, for student made assignments, or item "m" (other), these areas were deleted from the table. The benefits reported from Method "e" are based on more than one type of pre-planning.

With the instructor assigned/student gathered technique, only 52% responded that the pre-planning method served to decrease anxiety (item "l" of Table 12). With the instructor assigned/instructor gathered technique, 100% responded that the method decreased anxiety. Implications from these statistics will be discussed in Chapter V.

Table 13 shows the perceived disadvantages of the various types of pre-planning methods. The responses were cited from Question 3 of the student questionnaire.

The major disadvantages acknowledged by the students in the instructor assigned/student gathered type of pre-planning were the time demands. In the instructor assigned/instructor gathered data, one student noted cost of travel or distance as a disadvantage in spite of the fact that there would be no cost of travel/distance involved. It is not clear if the student misunderstood the question,

Table 12. Perceived Benefits of Three Methods of Student Pre-planning
Ranked in Descending Order of the Total Number of Student
Responses

Benefits	Total # Responses	Methods					
		IA/SG N=21		IA/IG N=5		Combinations N=8	
		#	%	#	%	#	%
a. Researching medical diagnoses	34	21	100	5	100	8	100
b. Researching medications	34	21	100	5	100	8	100
c. Anticipating actual nursing diagnoses	32	20	95	4	80	8	100
d. Researching nursing interventions	32	21	100	5	100	6	75
e. Anticipating potential nursing diagnoses	31	20	95	2	40	8	100
f. Assessing patient	30	20	95	2	40	8	100
g. learning to read chart	28	18	86	2	40	8	100
h. Researching lab values	28	18	86	4	80	6	75
i. Researching principles	27	18	86	3	60	6	75
j. Motivating student	27	17	81	4	80	6	75
k. Becoming familiar with equipment	26	17	81	2	40	7	88
l. Decreasing anxiety	21	11	52	5	100	5	63

Note. IA/SG = Instructor Assigned/Student Gathered
IA/IG = Instructor Assigned/Instructor Gathered

Table 13. Perceived Disadvantages of Three Methods of Student Pre-planning Ranked in Descending Order of the Total Number of Student Responses

<u>Disadvantages</u>	Total # Responses	Methods		
		IA/SG #	IA/IG #	Combination #
a. Time consuming	24	17	0	7
b. Cost of travel/ distance	16	10	1	5
c. Choosing relevant information	3	2	0	1
d. Focusing on problem	1	1	0	0
e. Other	3	0	1	1

Note. IA/SG = Instructor Assigned/Student Gathered
IA/IG = Instructor Assigned/Instructor Gathered

and thought that it referred to the expense the faculty incurred while traveling to the clinical facility to gather the assignment.

A specific written response to Item "e" in the instructor assigned/instructor gathered pre-planning method was that the student does "not always get enough information to fully understand the patient's complete problem." Another student under the instructor assigned/instructor gathered category stated that "occasionally I get to the hospital to find the patient has been discharged." One of the students involved with the last category (Combination) of pre-planning stated that "we are overwhelmed by the amount of information we must gather so that we don't focus on the problem." Additional discussion of this issue appears in Chapter V.

The student responses to Question 4 of the student questionnaire were reflected in Table 14. The preferred time for pre-planning for the majority of the students was the day before the clinical experience. Thirty-three of the 34 students responded to this question. The preferred time will be more thoroughly discussed in Chapter V.

Table 14. Preferred Time for Student Pre-planning - Student Responses

Preferred Time	# Responses
a. The day before the clinical experience	27
b. The day of the experience	3
c. During pre-conference	3
d. No pre-planning	0
e. Other	0

Table 15 lists salient patient information which the student respondents asserted must be obtained for them by the instructor in instructor gathered pre-planning. The data refer to Question 5 of the student questionnaire.

Thirteen items listed on the student questionnaire were noted as essential by over 80% of the students responding, with medical diagnosis, patient data, and surgery leading the list with 100%. Four other items were desired by over 50% of the students. Only 47% of the students indicated they wanted to know the patient's lab data, and only 38% wanted to be informed about intake and output

Table 15. Information Desired by Students with Instructor Gathered Pre-planning

Data	# Responses	%
a. Patient data (Name, age, room #, sex	34	100
b. Medical diagnosis	34	100
c. Surgery (Planned or Completed)	34	100
d. PRN (as needed) medications ordered	33	97
e. Routine medications ordered	33	97
f. Intravenous medications	33	97
g. Activity level	30	88
h. Allergies	29	85
i. Diet	29	85
j. Special treatments	29	85
k. Equipment	29	85
l. Communication disorders	29	85
m. Mental assessment data	28	82
n. Physical assessment data	25	74
o. Safety needs	25	74
p. Significant past history	22	65
q. Self-care problems	21	62
r. Lab data	16	47
s. Fluid intake and output measurements	13	38
t. Cultural indications	12	35
u. Social data	8	24
v. Religious needs	7	21
w. Other	0	0

measurements. Cultural indications, social data, and religious needs were the least desired categories.

Summary

Chapter IV cited the responses to the nine questions of the faculty questionnaire and the five questions of the student questionnaire. There were 15 tables to present the data. Implications of the study are discussed in Chapter V. The predominant method of pre-planning was identified as instructor assigned/student gathered. Perceived advantages and disadvantages of the different pre-planning methods were cited. The day before the clinical experience was designated as the preferred time for pre-planning, and utilized and preferred pre-planning methods for various nursing courses were presented. The actual usage and identified need for defined criteria was indicated by faculty members.

CHAPTER V

DISCUSSION OF RESULTS

The discussion of results, including conclusions and implications for nursing, will be centered around the research questions. Applicable data from both the faculty and student questionnaires are grouped together as they related to the research questions.

Research Questions

1. What Methods of Pre-planning Do the Associate Degree Programs in the State of Tennessee Utilize?

As related from the data in Tables 1 and 14, the majority of faculty and students stated they utilized the instructor assigned/student gathered method of pre-planning. Faculty preferred the same type of pre-planning as was utilized in their programs 79% of the time, and students preferred the same type 83% of the time. Whether the students were actually able to compare methods of pre-planning other than those utilized in the students' clinical experiences is debatable. It is also possible that faculty had limited experience with other types of pre-planning. These limitations related to experience should be considered in the evaluation of the pre-planning methods used by the individual programs.

As discussed in the review of literature, assignments were controlled by the staff prior to the changes in nursing education

in the late 1950s and early 1960s. The study supported the lack of staff involvement in student assignments at the present time, as there were no responses in this category.

The researcher needed to have included a category for those programs that did not utilize a single, predominant method of pre-planning. If this category had been added, and the participants asked to explain, more inferences could be made from the data. The author was only able to ascertain that more than one method of pre-planning was utilized by 4% of the programs on the faculty questionnaire, and in 24% of the student responses. Also, there was difficulty in interpreting the data when instructors from the same institution did not agree upon the type of pre-planning utilized in that program. Perhaps the difficulty arose because different instructors actually utilized different pre-planning techniques in their courses, and cited the method they used as the predominant method.

2. What Do Faculty Members/Instructors and Students Believe the Benefits of Pre-planning to be?

The top three benefits listed on both questionnaires were researching medical diagnoses, anticipating actual nursing diagnoses, and researching medications. One particular item listed was interesting. The process of pre-planning under the instructor assigned/student gathered method was cited by faculty as decreasing anxiety in 70% of the responses, and in only 52% by the students. Five students (100%) under the instructor assigned/instructor gathered method indicated the method decreased

anxiety, while three (50%) of the faculty under this method believed this to be a benefit. Perhaps the lack of travel required, and the need to gather vast amounts of information that might be overwhelming was interpreted by the students as being less stressful, while one-half of the faculty members did not perceive this benefit. However, the small number of respondents (five students and six faculty) prevented the researcher from making well-supported interpretation of the data.

3. What Do Faculty Members/Instructors and Students Believe the Disadvantages of Pre-planning to Be?

The main complaint by both students and faculty was the time consuming factor. The researcher had no available data that indicates the average length of time required to actually gather patient information, but from personal experiences, pre-planning requires approximately 1 - 1 1/4 hours per assignment. This does not include time spent in research and developing a patient plan of care. Carpenito and Duespohl (1981) supported allowing clinical credit hours for the pre-planning activities, and perhaps nursing faculty should consider this proposal. However, one faculty member at an institution where credit was granted for pre-planning time stated that the credit for pre-planning decreased the "hands on clinical experience."

The time consuming factor for the faculty was not explored in this study. Probably all faculty members gathered patient information on the assignments when actually assigning the patients,

but the instructor utilizing the instructor gathered method may have obtained more information. Carpenito and Duespohl (1981) suggested using a carbon copy of the assignment, alleviating the need to recopy the information for the student, thereby saving time for the instructor. Other time-saving mechanisms could be determined in a future study.

A group of students arriving at once on the unit in an agency to pre-plan could present significant problems. According to one faculty respondent, the "staff became frustrated by so many different people underfoot, so many people asking questions, and students tying up charts when they were needed, requiring the staff members to hunt the chart." Potentially useful information could be gained by researching pre-planning from the staff viewpoint in a future study.

Twelve faculty members and one student indicated that focusing on the problem was a disadvantage. Perhaps a beginning fundamentals student would have more trouble focusing on the problem than a more advanced student. The faculty may need to include a comment section, as well as the patient's name and room number. An example of a comment to provide a clue for focus for the beginning student might be "particularly pay attention to cardiac condition" when the patient has multiple problems.

4. When Should Pre-planning Take Place?

Student and faculty data reflect that pre-planning activity should take place on the day before the clinical experience. Mullins (1965) and Carpenito and Duespohl (1981) supported the day

before pre-planning activity. However, the researcher questioned whether the faculty or students realistically considered the other methods if they had never utilized other times for pre-planning. Possibly the time they chose related to their actual experiences. The question of the benefits of pre-planning the day before the clinical experience from the viewpoints of both the faculty and the students are possible subjects for future study. For example, if the student had obtained the information the day prior to the clinical experience, what benefits did the instructor note during the pre-clinical (pre-conference) discussion (if utilized by the instructor)? Would there be increased group discussion and decreased direct faculty teaching, as noted by Mitchell and Krainovich (1982)? Could the quality of the information gathered and researched be used as part of the clinical evaluation?

5. Does the Level of the Student and/or the Nature of the Course Influence Which Method of Pre-planning is Considered Appropriate?

The researcher was unable to make any inferences from the data related to this question (Tables 5 and 6). No progression in the methods of pre-planning was discernible. The researcher had speculated that as the student progressed from simple to complex and from normal to abnormal theory and clinical content, there would be a progression from instructor assigned/student gathered or instructor assigned/instructor gathered methods to student made assignments. The data did not support this suggestion. However,

there may be differing amounts and types of information necessary to develop the individualized plan of patient care as the student advances through these stages, a possibility for future study. If Virginia Henderson's theoretical framework were utilized in the program's curriculum, the student would first gather information on the 14 basic functions of daily living, then data on common nursing problems in nursing, and last assessment data regarding specific disease processes, as the student's level of nursing instruction advanced. The differences in the level of instruction could be incorporated into the defined criteria for each course. For example, the amount of data required in a fundamentals course (as reflected in the defined criteria) would be less than for a more advanced course.

6. What Type of Information Does the Instructor Need to Give to the Student in the Instructor Assigned/Instructor Gathered Information Method of Pre-planning?

The three leading items chosen as necessary information by both faculty and students were patient data, medical diagnosis, and surgery. Applicable data (Tables 9 and 15) could be utilized when faculty members gather their data, and perhaps develop a written outline. One factor that was not emphasized by the data responses was social data. In the current age of cost-containment, resulting in shorter hospital stays, social data may become even more important than before. For instance, patient teaching for

discharge must be started earlier, and social data such as living arrangements and significant others would be important in the role of patient teaching.

One student cited the inadequacy of the provided information as a disadvantage under the instructor gathered method. The researcher believes the value of the information gathered supports the use of a written outline to avoid omission of important details.

7. Is There Need for Defined Criteria or Standards for Use by Students/Faculty in Data Gathering and Pre-planning?

Several instructors forwarded copies of their institution's defined criteria. In two of the six cases, the criteria were actually clinical objectives. The researcher believed that the defined criteria or specific clinical activities could be measured and used to evaluate the attainment of certain clinical objectives. For example, the behavioral objective, "The student will: assess biological functioning regarding nutrition, hydration, elimination, rest and sleep," could be measured by the quality of the gathered information regarding these areas.

Perhaps the confusion in identifying defined criteria contributed to the lack of agreement among faculty members from the same institution (6 programs) that the programs did not utilize defined criteria (see Table 7). Numerous comments were made regarding the reason for the need for defined criteria. The majority of the respondents believed that such standards would help the students to focus on priorities, and that it would clarify

expectations. The faculty member would be aware of exactly what information the students would need to gather, and thus what the student would need to incorporate into their nursing plan of care. There was only one negative comment regarding the need for defined criteria. One respondent stated that defining standards would "decrease the academic freedom of the instructor." Perhaps the faculty member fears standards would limit individual approaches to data gathering. The criteria defined by Cleveland State Community College were developed in order to decrease the inconsistencies between instructors in the types of information necessary and the actual utilization of the data gathered during pre-planning. With more objective measurement techniques, there would be less subjective clinical evaluation of behavioral objectives.

From the data gathered in this study, the researcher recommends that educational programs of nursing define exactly what is entailed in pre-planning activities, and indicate those specifics in written criteria. With defined criteria provided, perhaps the student would feel less overwhelmed by the vast amount of material that could possibly be gathered and be able to develop priorities. The researcher suggests that certain areas be covered in the defined criteria. These include:

1. When to visit.
2. What to do (ex. interview the patient, read the chart, read the Kardex and medication sheet).
3. What information to gather (be specific). This information could be delineated on a nursing history or worksheet.

4. What research is necessary using what types of sources.
5. How to use the data collected (what written or oral presentation is expected).
6. Comparison of the current patient assignment to the clinical lab focuses, if utilized. Clinical lab focuses are specific activities usually related to the area currently being discussed in the theory content.

Another question that was not directly addressed with a research question was why the programs that utilized instructor assigned/instructor gathered pre-planning had chosen this method. The most frequent response was distance. The number of miles to the furthest clinical facilities ranged from 40 - 180 miles. Perhaps the faculty of the individual programs needs to evaluate the mileage factor in their decision regarding the type of pre-planning to utilize.

Summary

In Chapter V, results were discussed. Conclusions, implications for nursing, and recommendations were included when appropriate under each research question. Overall, the researcher suggests that nursing educators develop standards for pre-planning and make informed decisions about the best type of pre-planning for use with each program/course by examining the advantages and disadvantages. Since the ultimate goal of pre-planning is to provide a better learning experience for the student, as well as improving patient care, the topic is important enough to warrant further study.

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LIST OF REFERENCES

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APPENDIXES

APPENDIX A

INSTRUCTOR/FACULTY QUESTIONNAIRE

INSTRUCTOR/FACULTY
QUESTIONNAIRE

Institution Name _____

ADVANCED STUDENT PREPARATION (PRE-PLANNING)
FOR THE NURSING CLINICAL EXPERIENCE

1. What is the predominant method of pre-planning utilized by your school? Which do you prefer? Indicate both with a check as indicated below.

	Utilize	Prefer
a. Instructor makes the assignment/student visits the agency and gathers his or her own information.	☐	☐
b. Instructor makes the assignment/instructor gathers the information he or she thinks is pertinent for the student - student does not visit agency.	☐	☐
c. Student makes assignment.	☐	☐
d. Agency Staff makes assignment.	☐	☐

2. A list of possible benefits of student pre-planning appears below. Please check those benefits which you believe apply to the type of pre-planning used in your program.
 - ☐ a. Researching medical diagnoses
 - ☐ b. Anticipating actual nursing diagnoses
 - ☐ c. Anticipating potential nursing diagnoses
 - ☐ d. Researching medications
 - ☐ e. Researching nursing interventions
 - ☐ f. Researching principles behind nursing interventions
 - ☐ g. Learning to read a chart
 - ☐ h. Assessing the patient
 - ☐ i. Becoming more familiar with equipment
 - ☐ j. Researching lab values
 - ☐ k. Decreasing student anxiety
 - ☐ l. Motivating student
 - ☐ m. Other (specify)

3. Check the following that you believe apply to the disadvantages for the student of the type of pre-planning used in your program.

- ☐ a. Time consuming
- ☐ b. Cost of travel/distance
- ☐ c. Difficulty in choosing relevant information from the chart
- ☐ d. Difficulty in focusing on problems
- ☐ e. Other (specify)

4. When do you think student pre-planning should take place? Indicate your choice with a check.

- ☐ a. The day before the clinical experience
- ☐ b. The day of the experience prior to the scheduled clinical experience
- ☐ c. During pre-conference
- ☐ d. No pre-planning ever necessary
- ☐ e. Other (specify)

5. What clinical experiences do you think are amenable to pre-planning? Which type of pre-planning do you think is best for the following courses?

Indicate with an "X" your personal choice, and indicate the type actually utilized in your program with an "F" or "S".

F = Freshman (1st year student)

S = Sophomore (2nd year student)

Course	No Pre-planning	Instructor Made Student Gathered	Instructor Made Instructor Gathered	Student Made	Staff Made

Example:

Fundamentals		X	F		
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Fundamentals

Pediatrics

Course	No Pre-planning	Instructor Made Student Gathered	Instructor Made Instructor Gathered	Student Made	Staff Made

Psychiatric
Nursing

Medical-
Surgical

Maternal/
Child

Labor &
Delivery

Post-Partum

Nursery

Management/
Leadership

Other (specify)

6. Please see the copy of an example of defined criteria for pre-planning on page 5 of this questionnaire.

Do you currently utilize defined criteria for pre-planning in your program? ☐ Yes ☐ No

If yes, please enclose a copy if possible.

7. Do you think there is a need for defined criteria for your program? ☐ Yes ☐ No

Why or why not? Comments.

8. What types of information should be included if the instructor gathers the information for the student? Check the following that you think are necessary.

☐ a. Patient data (name, age, room number, sex)

☐ b. PRN medications

- ☐ c. Regular ordered medications
- ☐ d. IVs
- ☐ e. Allergies
- ☐ f. Diet
- ☐ g. Activity level
- ☐ h. Medical diagnosis
- ☐ i. Surgery
- ☐ j. Special treatments: (Ex. IPPB, vital signs, particular orders such as measure abdominal girth daily)
- ☐ k. Equipment (Ex. 02)
- ☐ l. Lab data
- ☐ m. Input and output measurements
- ☐ n. Significant past history
- ☐ o. Social data (Ex. living arrangements, significant others)
- ☐ p. Physical assessment data (Ex. presence of decubitus ulcer)
- ☐ q. Mental assessment data (Ex. hostile, depressed, uncooperative)
- ☐ r. Religious needs
- ☐ s. Self-care problems (Ex. dressing)
- ☐ t. Communication disorders
- ☐ u. Safety needs
- ☐ v. Cultural indications
- ☐ w. Other (specify)

9. Applicable only to those programs with instructor made assignments/instructor gathered information.

Why has your program chosen instructor made/instructor gathered pre-planning? Check all that are applicable.

- ☐ a. Distance from clinical facilities

Actual distance to furthest facility = _____ miles
To closest facility if different = _____ miles

- ☐ b. Classroom demands interfere

- ☐ c. Inadequate knowledge level of students

- ☐ d. Agency requires instructor presence for students to utilize agency

- ☐ e. Other (specify)

Defined Criteria for Pre-Planning

Required Preparation for Clinical 101

1. Visit assigned patient the day prior to scheduled clinical lab. This includes:
 - a. Interviewing the assigned patient and/or significant others.
 - b. Collecting patient data from patient records, significant others, health team members.
2. Read about and be able to verbalize the meaning of the assigned patient's medical diagnosis, and anticipate nursing treatments or procedures.
3. Plan nursing care for assigned patient.
 - a. Begin to identify nursing diagnoses which relate to assigned patient.
 - b. List planned nursing activities.

Note. Used by permission of Cleveland State Community College, Cleveland, Tennessee

APPENDIX B

STUDENT QUESTIONNAIRE

STUDENT
QUESTIONNAIRE

Institution Name _____

ADVANCED STUDENT PREPARATION (PRE-PLANNING)
FOR THE NURSING CLINICAL EXPERIENCE

1. What is the predominant method of pre-planning utilized by your school? Which do you prefer? **Indicate both with a check as indicated below.**

- | | Utilize | Prefer |
|--|--------------------------|--------------------------|
| a. Instructor makes the assignment/student visits the agency and gathers his or her own information. | ☐ | ☐ |
| b. Instructor makes the assignment/instructor gathers the information he or she thinks is pertinent for the student - student does not visit agency. | ☐ | ☐ |
| c. Student makes assignment. | ☐ | ☐ |
| d. Agency Staff makes the assignment. | ☐ | ☐ |

2. A list of possible benefits of student pre-planning appears below. **Please check those benefits which you believe apply to the type of pre-planning used in your program.**

- ☐ a. Researching medical diagnoses
- ☐ b. Anticipating actual nursing diagnoses
- ☐ c. Anticipating potential nursing diagnoses
- ☐ d. Researching medications
- ☐ e. Researching nursing interventions
- ☐ f. Researching principles behind nursing interventions
- ☐ g. Learning to read a chart
- ☐ h. Assessing the patient
- ☐ i. Becoming more familiar with equipment
- ☐ j. Researching lab values
- ☐ k. Decreasing student anxiety
- ☐ l. Motivating student
- ☐ m. Other (specify)

3. Check the following that you believe apply to the disadvantages for the student of the type of pre-planning in your program.

- ☐ a. Time consuming
- ☐ b. Cost of travel/distance
- ☐ c. Difficulty in choosing relevant information from the chart
- ☐ d. Difficulty in focusing on problems
- ☐ e. Other (specify)

4. When do you think student pre-planning should take place? Indicate your choice with a check.

- ☐ a. The day before the clinical experience
- ☐ b. The day of the experience prior to the scheduled clinical experience
- ☐ c. During pre-conference
- ☐ d. No pre-planning ever necessary
- ☐ e. Other (specify)

5. What types of information should be included if the instructor gathers the information for the student? Check the following that you think are necessary.

- ☐ a. Patient data (name, age, room number, sex)
- ☐ b. PRN medications
- ☐ c. Regular ordered medications
- ☐ d. IVs
- ☐ e. Allergies
- ☐ f. Diet
- ☐ g. Activity level
- ☐ h. Medical Diagnosis
- ☐ i. Surgery

- [] j. Special treatments: (Ex. IPPB, vital signs, particular orders such as measure abdominal girth daily)
- [] k. Equipment (Ex. 02)
- [] l. Lab data
- [] m. Input and output measurements
- [] n. Significant past history
- [] o. Social data (Ex. living arrangements, significant others)
- [] p. Physical assessment data (Ex. presence of decubitus ulcer)
- [] q. Mental assessment data (Ex. hostility, depression, uncooperative)
- [] r. Religious needs
- [] s. Self-care problems (Ex. dressing)
- [] t. Communication disorders
- [] u. Safety needs
- [] v. Cultural indications
- [] w. Other (specify)

APPENDIX C

LETTER OF EXPLANATION TO DIRECTORS OF NURSING EDUCATION/
CHAIRPERSONS OF THE PARTICIPATING NURSING PROGRAMS
(NON-RANDOMIZED)

April 21, 1986

Dear Program Chairman/Director of Nursing Education:

I am currently enrolled as a master's candidate in nursing at the University of Tennessee at Knoxville. As part of my program requirements, I have chosen to complete a thesis. My thesis topic is Advanced Student Preparation (Pre-planning) for the Nursing Clinical Experience. Attached is a copy of my abstract.

I would appreciate your choosing four to five clinical instructors to participate in the study. They will need to complete the informed consent statement, as well as the questionnaire. I have enclosed individual pre-stamped, pre-addressed envelopes for their convenience. I have also requested that the participants check if they desire a copy of the completed study.

Your program's participation in this study would enhance my data, as I am investigating all the associate degree programs in the State of Tennessee. I am also working against a data collection deadline of June 2, 1986, and would appreciate the return of the data as quickly as possible.

Again, thanks for your help. If you would personally like a copy of the completed study, I have also enclosed a pre-stamped, pre-addressed envelope for your use.

Sincerely yours,

Donna W. McCain
443 1/2 Worth St.
Cleveland, TN 37311
(615) 476-1738

APPENDIX D

DIRECTORS OF NURSING EDUCATION/CHAIRPERSONS OF
THE PARTICIPATING NURSING PROGRAMS

DIRECTORS OF NURSING EDUCATION/CHAIRPERSONS OF
THE PARTICIPATING NURSING PROGRAMS

<u>Institution</u>	<u>Director</u>
1. Belmont College Nashville, TN 37203	Anna Hite Chairperson Department of Nursing
2. Chattanooga State Technical Community College Ammicola Highway Chattanooga, TN 37406	Tanya Wells Director Nursing
3. Cleveland State Community College P.O. Box 1205 Cleveland, TN 37311	Shelby J. Millsaps Director Department of Nursing Education
4. Columbia State Community College Columbia, TN 38401	Deanna R. Naddy Director Department of Nursing
5. Dyersburg Community College Dyersburg, TN 38024	Peggy Pendergrast Chairperson Nursing
6. East Tennessee State University P.O. Box 22780A Johnson City, TN 37614	Linda D. Norman Chairperson ADN Program
7. Lincoln Memorial University Harrogate, TN 37752	Nancy Moody Chairperson Nursing
8. Middle Tennessee State University East Main Street Murfreesboro, TN 37132	Betty B. McComas Chairperson Department of Nursing
9. Motlow State Community College Tullahoma, TN 37388	Betty E. Riddle Chairperson Nursing Education
10. Roane State Community College Harriman, TN 37748	Elaine Johnson Director Nursing

- | | |
|---|--|
| 11. Southern College
Collegedale, TN 37315 | Kathryn Knarr
Chairman
Division of Nursing |
| 12. Tennessee State University
3500 John A. Merritt Blvd.
Nashville, TN 37203 | Dorothy C. Edmond
Director
ADN Program |
| 13. Union University
Jackson, TN 38305 | Regina Saffel
Dean
School of Nursing |
| 14. University of Tennessee at Martin
Martin, TN 38238 | Margie N. Dillon
Chairperson
Department of Nursing |
| 15. Walters State Community College
Morristown, TN 37814 | Emogene W. Dotson
Director
Health Programs |

APPENDIX E
INFORMED CONSENT STATEMENT

INFORMED CONSENT STATEMENT

Dear Participant::

In most schools of nursing, students are required to prepare in advance for their clinical experience by obtaining information about their assigned patient(s)/client(s). Following research by the student, the information is used to prepare the individual patient's/client's nursing plan of care.

There are several possible methods that can be utilized for students to obtain assignments. In the first method of assignment, the clinical instructor assigns the patient(s)/client(s) (herein referred to as patient); the student subsequently visits the clinical facility, obtains the assignment, gathers the information from the chart, and possibly talks with the patient. In a second method of assignment, the instructor makes the assignment, gathers the information from the chart, perhaps talks with the patient, and then gives the information to the student. In this case, the student neither visits the clinical facility, nor talks with the patient. Other possibilities include the student making his or her own assignment, or the staff of the clinical facility making the assignment for the student.

You are invited to participate in a research study designed to investigate the types of advanced student preparation (pre-planning) utilized by the National League for Nursing (NLN) accredited associate degree nursing programs in the State of Tennessee. You will be asked to complete a questionnaire.

No negative effects are expected to occur as a result of your participation in the project. Participation may provide information that would be of benefit in the future by schools of nursing in determining the type of pre-planning they choose to utilize. If you would like a copy of the study, please indicate below.

All data will be kept confidential and will be used only by the researcher. Identification is made only by the institution's name. Data will be summarized for any presentations or publications that arise from the research.

Participation in this project is voluntary. If you decide not to participate in the study, you will not incur any penalty.

If you have questions about your participation in the study, please feel free to contact the researcher listed below.

I have read and understand the above statements. I freely consent to my participation in this project and under the above conditions.

Donna W. McCoin
443 1/2 Worth St.
Cleveland, TN 37311
(615) 476-1738

Signed: _____
Date: _____
I would like a copy of the study sent
to me at _____
(indicate institution)

APPENDIX F

LETTER OF EXPLANATION TO DIRECTORS OF NURSING EDUCATION/
CHAIRPERSONS OF THE PARTICIPATING NURSING PROGRAMS
(RANDOMIZED)

April 21, 1986

Dear Program Chairman/Director of Nursing Education:

I am currently enrolled as a master's candidate in nursing at the University of Tennessee at Knoxville. As part of my program requirements, I have chosen to complete a thesis. My thesis topic is Advanced Student Preparation (Pre-planning) for the Nursing Clinical Experience. Attached is a copy of my abstract.

I would appreciate your choosing four to five clinical instructors to participate in the study. They will need to complete the informed consent statement, as well as the questionnaire. I have enclosed individual pre-stamped, pre-addressed envelopes for their convenience. I have also requested that the participants check if they desire a copy of the completed study.

In addition, please choose one sophomore instructor as one of your four to five participants. Your program has been randomly chosen as one of the five programs for student participation. The sophomore instructor will be asked to allow 10 sophomore students to complete the enclosed student questionnaires at their convenience. The questionnaire takes about 5 minutes at the most to complete. An instruction sheet is enclosed with the appropriate questionnaires for the chosen sophomore instructor.

Your program's participation in this study would enhance my data, as I am investigating all the associate degree programs in the State of Tennessee. I am also working against a data collection deadline of June 2, 1986, and would appreciate the return of the data as quickly as possible.

Again, thanks for your help. If you would personally like a copy of the completed study, I have also enclosed a pre-stamped, pre-addressed envelope for your use.

Sincerely yours,

Donna W. McCoin
443 1/2 Worth St.
Cleveland, TN 37311
(615) 476-1738

APPENDIX G

LETTER OF INSTRUCTION TO SOPHOMORE INSTRUCTORS

April 21, 1986

Dear Sophomore Instructor:

Thank you for your personal participation in my research project. Your program has been randomly chosen as one of the five programs for student participation. Please choose approximately 10 students (perhaps your clinical group) to complete the enclosed questionnaires at your convenience. The questionnaire takes approximately 5 minutes at the most. The students will also need to complete the informed consent statement.

Your program's participation in this study would enhance my data, as I am investigating all the associate degree programs in the State of Tennessee. I am also working against a data collection deadline of June 2, 1986, and would appreciate the return of the data as quickly as possible.

A pre-addressed, pre-stamped envelope for the return of your personal questionnaire and those of your students is enclosed. Again, thanks for your help. If you would personally like a copy of the completed study, please indicate on your informed consent statement.

Sincerely yours,

Donna W. McCoin
443 1/2 Worth St.
Cleveland, TN 37311
(615) 476-1738

VITA

Donna Ward McCain was born in Raleigh, North Carolina, on September 29, 1951. She graduated from Millbrook High School in June, 1969. She received a Bachelor of Science in Biological Sciences from North Carolina State University in June, 1977, and entered the University of Tennessee at Knoxville in the fall of 1978. The Bachelor of Science in Nursing degree was awarded in June, 1980.

The author worked as a staff nurse in a trauma intensive care unit from June, 1980 until 1983. From 1983-1984, she was a nursing instructor at Cleveland State Community College, Cleveland, Tennessee.

In June, 1984, she entered the non-traditional Master of Science in Nursing track for associate degree educators at the University of Tennessee, Knoxville. She received fellowship funding through the Kellogg Foundation. The Master of Science in Nursing will be conferred in August, 1986.