

**Angelo State University
Department of Nursing
Nursing 3101 - Health Assessment Practicum
Challenge Option - Information Sheet**

Who is eligible?

Eligible candidates for the challenge option must fulfill all of the following criteria:

- **Current licensure as a Registered Nurse** (If we are unable to verify this criterion, your application will be denied. Falsification of information will result in failure of the challenge and possible disciplinary action including dismissal from the Department of Nursing and Angelo State.)
- **Minimum of 2 years, full time clinical nursing experience** as an RN providing direct patient care within the last five years OR minimum of five years of nursing experience as an RN providing direct patient care, if working part time. (Part-time must be a minimum of 20 hours/week.)
- **Be currently working as a registered nurse in direct patient care**

What all is involved in challenging this practicum?

- A *letter of recommendation* must be submitted on your behalf from a former instructor, clinical educator, supervisor, nurse manager or colleague. The letter of reference must cite examples and discuss your clinical and critical thinking skills. This should be from a supervisor or coworker who is familiar with your **current** nursing practice and meets the qualifications outlined below. The letter should be dated and on an official letterhead of the agency where the individual is employed.
- Request a qualified health professional to evaluate your performance of a comprehensive head to toe physical examination using the *NUR 3101 Comprehensive Health Assessment Practicum Evaluation*. You can ask the same person to both evaluate you clinically and also to write the letter of recommendation. Faculty will assign a “pass” or a “fail” according to level of performance.
- Submit a Biographical Sketch (see attached form)
- Submit a 1-2 page double spaced *health assessment self-evaluation essay* describing your clinical experience, health assessment, physical examination, and critical thinking skills. Cite specific examples from your practice. Also include a discussion of your personal learning objectives for the lecture portion of this course.

Who is qualified to validate my health assessment skills and or write the recommendation letter?

- A BSN prepared registered nurse with current licensure in Texas or the state where nursing is practiced and is competent in your designated area of practice
- A former or current colleague with BSN
- Employer (physician, nurse practitioner)
- Former or current supervisor with BSN

How do I get started?

Complete the attached application and send to the following address. Include application and all supporting documents (*Letter of Recommendation, NUR 3101 Comprehensive Health Assessment Practicum Evaluation and the Health Assessment Clinical Evaluation Tools; Biographical Sketch, and Health Assessment Self-Evaluation Essay*). Must be received by **Friday, February 6, 2009:**

Angelo State University
Department of Nursing
P.O. Box 10902
San Angelo, TX 76909
Attention: NUR 3101 Challenge Application

**Angelo State University
Department of Nursing
Nursing 3101 - Challenge Option Application**

Instructions: Please fill out the top portion of this form, sign the health assessment statement, and return to the address below. Supporting documents (*Letter of Recommendation, NUR 3101 Comprehensive Health Assessment Practicum Tool; Biographical Sketch, and Health Assessment Self-Evaluation Essay*) may be submitted with the application or separately. Deadline: Friday, February 1, 2008

Name: _____ **Email Address:** _____

Address: _____
Street/Box City State Zip

Student #: _____ **RN License # & State** _____

Initial Date of Licensure as Registered Nurse: _____

Verified by: (For Office Staff Only) _____
 (Must have a minimum of 2 years [from date of licensure], full time clinical nursing experience as an RN)

Evaluator's Name & Credentials: _____

License # & State: _____ **Educational Degrees:** _____

School or Institution: _____

Title: _____ **Agency:** _____

Address: _____
Street/Box City State Zip

Health Assessment Statement: By signing and dating below, the student is acknowledging that he/she is current and confident of their health assessment and physical examination skills and meets the application eligibility criteria.

 Student Signature Date

Below this line is for office staff only

Checklist:	Date Completed:
• Letter of Recommendation	_____
• Comprehensive Health Assessment Practicum Evaluation by Preceptor	_____
• Biographical Sketch	_____
• Health Assessment Self-Evaluation Essay	_____

Faculty Recommendation:
 I have reviewed the application and supporting documents and recommend the following:
 This student has successfully challenged the health assessment practicum
 This student needs to complete the 45 hour clinical practicum

 Faculty Signature Date

BIOGRAPHICAL SKETCH

Instructions: Use this format to provide documentation of your expertise in health assessment and physical examination.

Name: _____
(Name and Degrees)

Preferred Contact
Address: _____
(Number and Street) (City, State and Zip Code)

Preferred Contact
Telephone: _____ FAX: _____

Present
Position: _____
(Employer, job title)

Education (include basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Professional Nursing Experience (include all professional nursing experience)

Clinical Agency	City and State	Nursing Unit/Position	Dates of Employment	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Continuing Education (Include continuing education relevant to health assessment within the last five years)

Subject Matter	Provider or Institution	Date of offering	# of CEU's
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Presentations, Publications, Grants

Year	Title of Presentation or Award
1.	_____
2.	_____
3.	_____
4.	_____

NUR 3101 Comprehensive Health Assessment Practicum Tool

Student Instructions: You will be performing a head-to-toe physical examination on client in the clinical area while your preceptor evaluates your competency using the criteria below. Collaborate with your preceptor on selecting an appropriate patient. Be sensitive to the time constraints of your preceptor, patient and agency. Your physical examination and documentation should be completed within a reasonable time frame (approximately 30 minutes).

Preceptor Instructions: Your signature will verify your observation and evaluation of the student's competency in performing a head-to-toe physical assessment of a client in the clinical area using the critical performance behaviors below. Identify whether or not student demonstrated each skill. Comments and feedback are welcome and encouraged. For questions or more information, please call the Department of Nursing to contact the student's clinical instructor (325-942-2224).

Critical Performance Behaviors

	Able to Demonstrate Correctly	
	Yes	No
Preparation		
Assembled all equipment		
Properly positioned client for examination		
Performed assessment in a systematic manner		
Performed assessment in a timely fashion (completes within 30 minutes)		
Provided the patient with explanations throughout the assessment		
Health History		
Chief complaint (elicits thorough explanation of what brought them in today)		
Health history pertinent to chief complaint		
Family history		
Nutritional history		
Review of systems		
Psychosocial profile		
Vital Signs & General Appearance		
Blood Pressure: minimum of 3 measurements – lying, sitting, standing		
Measurement of apical pulse & respiratory rate		
Inspection: skin, hair & scalp, fingernails, toenails, muscle mass		
Head & Neck		
Inspection & palpation of entire head, including scalp, sinus area, and temporomandibular joint		
Assessment of cranial nerves V & VII: facial sensation & facial muscles		
Screening test for hearing (whispered voice, Weber/Rinne)		
Inspection/palpation of outer ear structures		
Inspection of ear canals & tympanic membranes with otoscope		
Inspection of nose, nasal passages & assessing for patency		
Percussion of sinuses for tenderness		

Head & Neck continued	Able to Demonstrate Correctly	
	Yes	No
Inspection of entire oral cavity - lips, buccal mucosa, tongue, subglossal area, tonsils, posterior pharynx, gingivae, & palate		
Assessment of cranial nerves IX & X (swallowing, gag response, palatal movement)		
Assessment of cranial nerve XII (tongue movement)		
Assessment of visual acuity & peripheral vision		
Inspection – external ocular structures & function (EOM, response to light [direct and consensual] & accommodation, muscle function & alignment) CN III, IV VI		
Inspection of lens & retina (red reflex) with ophthalmoscope		
Palpation of all lymph nodes in head, neck & supraclavicular region		
Inspection & palpation of thyroid		
Inspection of neck vein distention		
Auscultation of carotids using bell of stethoscope		
Observation ROM of cervical spine		
Assessment cranial nerve XI (shoulder shrug)		
Chest/Heart/Lungs		
Inspection Thorax, anteriorly & posteriorly, during expiration & inspiration		
Palpation: Anterior, posterior, and lateral chest; estimate tactile fremitus		
Auscultation: Thorax anteriorly, posteriorly, and laterally (side to side) to assess all lung lobes		
Palpation: Cardiac area for heaves, thrills, & PMI		
Auscultation: S1, S2 in the five areas of transmitted cardiac sound with bell & diaphragm, sitting & supine		
Breasts (Done on models in campus lab or proper procedure “talked through” – if privacy is an issue in the clinical area)		
Inspection: Breasts, nipples, and areolas in all major positions (arms at sides, overhead, leaning forward, hands on hips, and supine)		
Palpation: Entire breast, axillae, and lymph nodes bilaterally		
Abdomen		
Inspection: Entire abdomen		
Auscultation: Abdomen & aorta and femoral arteries, before palpation or percussion		
Percussion: Abdomen, including stomach & liver		
Palpation: Entire abdomen – all four quadrants		
Musculoskeletal		
Assessment: ROM & strength of all extremities		
Palpation: Pulses bilaterally (radial, femoral, popliteal, posterior tibial & dorsalis pedis)		
Inspection: Posture, spine, and spinal curves		
Observation: Gait – heel walk, toe walk, & heel-to-to walk		
Palpation: CVA tenderness		

Neurological	Able to Demonstrate Correctly	
	Yes	No
Assessment: Deep tendon reflexes (biceps, triceps, patellar, & Achilles)		
Assessment: Pathological reflex (Babinski)		
Assessment: Vibratory sense/neurosensory loss, face & all extremities		
Assessment: Cerebellar function using upper & lower extremities (finger-to-nose; rapid, alternating movements)		
Assessment: Proprioception (Romberg)		
Putting it All Together		
Used appropriate communication and interviewing skills during the interview and examination process		
Accurately and succinctly documents subjective and objective findings		
Clusters data to identify actual and potential health problems		
Formulates nursing diagnoses		
Prioritizes health concerns in collaboration with patient and family		
Identifies actual and appropriate therapeutic interventions		

Comments: _____

Student's Signature

Date

I have personally observed _____ perform a head-to-toe physical assessment.
Student name

In my professional opinion, the student can satisfactorily perform all elements as listed above.

Preceptor/Validator's Signature

Date