WANDA M. BAKER

Instructor's Resource Manual
for
HEALTH &
PHYSICAL ASSESSMENT
IN NURSING

DONITA D'AMICO
COLLEEN BARBARITO

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NCLEX® TEST BANK

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PREFACE

Health & Physical Assessment in Nursing was developed to help instructors mentor students in the art and skills of health assessment and physical examination, as well as to help students develop and refine the assessment skills they need to care for a diverse population of clients in a variety of settings. This accompanying **Instructor's Resource Manual** is designed to support your teaching in this stepped-up environment, and to reduce your preparation time for class. It will help you focus your energy on teaching students what they need to know and do as nurses, and is intended to assist you in providing an optimal learning experience for your students and their many learning needs.

Each chapter in the Instructor's Resource Manual is thoroughly integrated with the corresponding chapter in the textbook *Health & Physical Assessment in Nursing.* Chapters are organized by objectives, and the teaching unit flows from these objectives. You will find the following features to support the objectives:

- The Concepts for Lecture in this manual may be used in their entirety for class presentation or they may be merged with the classroom activities for a mixture of teaching styles that will meet the needs of students with various learning styles.

- The Lecture Outlines can be found on your Instructor's Resource CD-ROM in PowerPoint.

- Suggestions for Classroom and Clinical Experiences attempt to go beyond the traditional activities that have been the mainstay of nursing education for many years.

- Clinical checklists for use in the lab or clinical setting provide the student with the appropriate guidelines for a successful clinical experience.

- The Resource Library identifies for you—the instructor—all the specific media resources and activities available for that chapter on the Student CD-ROM, Companion Website, and Instructor's Resource CD-ROM. Chapter by chapter, the Resource Library helps you decide what resources from the CD-ROM, Companion Website, and Instructor's Resource CD-ROM to use to enhance your course and your students' abilities to apply concepts from the book in practice.

To organize your course further, please see the sections at the beginning of this manual that provide you with an overall guide to the media resources and activities available from the Student CD-ROM, Companion Website, and Instructor's Resource CD-ROM. Also, included in the beginning section of this manual is a guide on "Teaching Comprehensive Nursing Care to Students Who Speak English as a Nonnative Language." This tool is intended to guide you in reaching across cultural barriers to educate nurses.

Finally, the following additional resources are also available to accompany this textbook. For more information or sample copies, please contact your Prentice Hall sales representative.

- **Student CD-ROM**—This CD-ROM is packaged with the textbook. It provides an interactive study program that allows students to practice answering NCLEX-RN–style questions with rationales for right and wrong answers. It also contains an audio glossary, animations and video tutorials, and a link to the Companion Website (an Internet connection is required).

- **Companion Website www.prenhall.com/damico** —This on-line Study Guide is designed to help students apply the concepts presented in the book. Each chapter-specific module features Objectives, NCLEX-RN Review Questions with rationales, Chapter Outlines for lecture notes, Case Studies, Critical Thinking WebLinks, Audio Glossary, and more. Faculty adopting this textbook have access to the on-line *Syllabus Manager* feature of the Companion Website at www. prenhall.com/damico. Syllabus Manager offers a host of features that facilitate the students' use of the Companion Website, and allows faculty to post syllabi and course information on-line for their students. For more information or a demonstration of Syllabus Manager, please contact a Prentice Hall sales representative.

- **Instructor's Resource CD-ROM ISBN 0-13-0493783**—This cross-platform CD-ROM provides text slides and illustrations in PowerPoint for use in classroom lectures. It also contains an electronic test bank, and animations and video clips from the Student CD-ROM. This supplement is available to faculty free on adoption of the textbook.

It is our hope that the information provided in this manual will decrease the time it takes you to prepare for class and will optimize the learning experience for your students.

GUIDELINES FOR INCORPORATING
PRENTICE HALL'S NURSING MEDIA RESOURCES
INTO YOUR COURSE

Media resources for *Health & Physical Assessment in Nursing* by Donita D'Amico and Colleen Barbarito are available for both the instructor and the student. These resources enhance your teaching, as well as help your students visualize and comprehend difficult concepts. Furthermore, the media resources and activities enable your students to apply concepts from the textbook to real nursing scenarios, hone critical thinking skills, and reinforce basic knowledge gained from textbook reading assignments.

The following table identifies where these media resources are available among the free supplements accompanying this textbook. Resources located on the textbook's Companion Website are available to both the instructor and student at **www.prenhall.com/damico.**

RESOURCE	COMPANION WEBSITE	INSTRUCTOR'S RESOURCE CD-ROM	STUDENT CD-ROM
Objectives	√	Electronic Instructor's Manual	√
Audio Glossary	√		√
Chapter Outline	√		√
Practice NCLEX-RN Review Questions	√		√
Animations and/or Video Clips		√	√
Toolbox	√		
Case Studies	√		
Study Tips	√		
Challenge Your Knowledge	√		
Matching	√		
Faculty Office	√		
Web Links	√		
Syllabus Manager™	(See Guide for using this resource within this Instructor's Resource Manual.)		
Customizable and Printable Instructor's Resource Manual		√	
PowerPoint Images from the Textbook		√	
PowerPoint Text Slides—Discussion Points		√	
NCLEX-Style Test Items		√	
Additional Resources		√	

SUGGESTIONS FOR INCORPORATING THESE MEDIA RESOURCES AND ACTIVITIES INTO YOUR COURSE

1. Students who have difficulty identifying the main idea when reading the full chapter may use the chapter summary on the Website to highlight major concepts.
2. Students who are visual learners can use the animations or video clips to reinforce their understanding of difficult concepts. Instructors may use the animations or video clips to enhance lecture presentations.
3. Students may use practice NCLEX-RN–style review questions to prepare for course tests and to improve test-taking skills. Students may be expected to use these independently on the Companion Website and submit their answers to receive an instant score. Instructors may assign these quizzes and exercises as homework, and ask students to route their answers to the instructor using the Email Results function on the Companion Website. Or, these practice questions may

be used for discussion at the end of the classroom lecture or discussion in small groups.
4. Students may be assigned case studies to analyze as a group and present results to the class in a postconference activity. They may respond to case study questions to prepare for clinical learning experiences as an independent study activity. Or, instructors may assign these activities as homework and ask students to route their essay-style answers to the instructor using the Email Results function on the Companion Website.
5. Students may use the MediaLinks as additional resources in support of written assignments or for enhancement of course requirements.
6. Instructors may use PowerPoint images and PowerPoint text slides (i.e., the Discussion Points) to enhance classroom presentations and discussions.

Syllabus Manager™ provides an easy, step-by-step process to create and revise syllabi, with direct links to Companion Websites and other online content. It can be used by a nontechnical person to build and maintain one or more syllabi on the Web. Students may "turn on" an instructor's syllabus from within any Companion Website. Your complete syllabus is hosted on Prentice Hall servers, allowing convenient updates from any computer by only you and your students. Changes you make to your syllabus are immediately available to your students at their next log in.

All features and content on the Companion Website were developed in accordance with the chapter and textbook objectives. Thus, all the exercises meet the goals of the objectives, making the Companion Website a pedagogically sound study and teaching tool. The features on the Companion Website for *Health & Physical Assessment in Nursing* include the following modules for each chapter:

- Objectives
- Audio Glossary
- Chapter Outline
- NCLEX-RN Multiple-Choice Questions
- Case Studies
- Challenge Your Knowledge
- Matching
- Study Tips
- Web Links
- Faculty Office
- Toolbox

To access Syllabus Manager™, go to the home page for this textbook at **www.prenhall.com/damico.** On the top navigation bar, click on **Syllabus.** New users can click on **Instructor Help** for assistance on the syllabus-creation process.

To create your own secure course syllabus on-line, click on **New Account.** After entering your personal information, school information, and log in information, click **Continue.** From here, you begin the easy four-step process of creating your syllabus.

STEP 1: COURSE DETAILS

Step 1 allows you to create the basic information for your syllabus: course name (including start date and end date), course description (including policies and objectives), class time and location, course prerequisites, and grading policy. Some of the fields have drop-down capability. You can even cut and paste your current syllabus into these fields or link the school's URL to your current syllabus. *Scroll to the bottom of the screen, and click on Next or on the drop-down menu to select Step 2: Assignment Schedule.*

STEP 2: ASSIGNMENT SCHEDULE

On this screen you are choosing dates for the assignments and making notations about the assignments. It contains the course calendar in a pane on the left side of the screen. Notice the days when your class meets are highlighted in blue. When you create assignments, their due dates appear in orange on the calendar. To create an assignment, click on the day of the assignment in the calendar. Next, you will give the assignment a name. Under notes/instructions, you may choose to include clinical days, guest speakers, activities, or simply to describe a set of assignments due that day. Then, you can add a component to the assignment, either from the textbook's Companion Website or a custom assignment from your current syllabus on-line by adding a link.

To add an activity from the textbook's Companion Website, begin by clicking on **Add CW Resource.** A window opens and displays your Companion Website title and parts. Click through the Companion Website to locate the element you want to include as an assignment resource and the click **Select** to add the component. When the students view your syllabus, they will click on the date of the assignment and immediately be linked to the exercises you selected on the textbook Companion Website. You may add any combination of components. When you finish creating the assignment, click the **Save** button. You may copy this assignment or add additional assignments for other days before clicking on **Next** to continue creating your syllabus. *Click on Next or on the drop-down menu to select Step 3: Password for Students.*

STEP 3: PASSWORD FOR STUDENTS

You may want to protect this syllabus by entering a password. This password should be given only to those that should have access to this syllabus. If you choose not to enter any password, your syllabus will be viewable by anyone. On this screen you can designate a secure password so only your students can access this syllabus. You can change the password as often as you like. *Click on Next or on the drop-down menu to select Step 4: Finish.*

STEP 4: FINISH

Here you designate whether your syllabus is finished and able to be viewed by students, or still under construction and available only to you. *Click on **Log off** to log out of Syllabus Manager™ and return to your Companion Website.*

Your students will now be able to access your course syllabus by searching your name, your e-mail address, or your school name under Student Login. To view or update any of your existing syllabi, begin by logging in under Instructor Login. For additional demonstrations of Syllabus Manager™, or for help in creating your syllabus, please contact your Prentice Hall sales representative.

TEACHING COMPREHENSIVE NURSING CARE TO STUDENTS WHO SPEAK ENGLISH AS A NONNATIVE LANGUAGE

We are fortunate to have so many multinational and multilingual nursing students in the United States in the twenty-first century. As our classrooms become more diverse, there are additional challenges to communication, but we in the nursing education community are ready. Our goal is to educate competent and caring nurses to serve the health needs of our diverse communities.

We know that English as a nonnative language (ENNL) students experience higher attrition rates than their native English-speaking counterparts. This is a complex problem. However, there are teaching strategies that have helped many students achieve success.

The first step toward developing success strategies is understanding language proficiency. Language proficiency has four interdependent components. Each component is pertinent to nursing education. *Reading* is the first aspect of language. Any nursing student will tell you that there are volumes to read in nursing education. Even native speakers of English find the reading load heavy. People tend to read more slowly in their nonnative languages. They also tend to recall less. Nonnative speakers often spend inordinate amounts of time on reading assignments. These students also tend to take longer to process exam questions.

Listening is the second component of language. Learning from lectures can be challenging. Some students are more proficient at reading English than at listening to it. It is not uncommon for ENNL students to understand medical terminology but to become confused by social references, slang, or idiomatic expressions used in class. The spoken language of the teacher may be different in accent or even vocabulary from that experienced by immigrant students in their language education. ENNL students may not even hear certain sounds that are not present in their native languages. Amoxicillin and Ampicillin may sound the same. Asian languages do not have gender-specific personal pronous (he, she, him, her, etc.). Asian students may become confused when the teacher is describing a case study involving people of different genders.

Speaking is the third component of language proficiency. People who speak with an accent are often self-conscious about it. They may hesitate to voice their questions or to engage in discussion. Vicious cycles of self-defeating behavior can occur in which a student hesitates to speak, resulting in decreased speaking skills, which results in more hesitation to speak. Students may develop sufficient anxiety about speaking such that their academic outcomes are affected. Students tend to form study groups with others who have common first languages. Opportunities to practice English are, therefore, reduced and communication errors are perpetuated. When the teacher divides students into small groups for projects, ENNL students often do not participate as much as others. If these students are anxious about speaking, they may withdraw from classroom participation. ENNL students may feel rejected by other students in a small-group situation when their input is not sought or understood.

The fourth aspect of language is *writing*. Spelling and syntax errors are common when writing a nonnative language. Teachers often respond to student writing assignments with feedback that is too vague to provide a basis for correction or improvement by ENNL students. When it comes to writing lecture notes, these students are at risk of missing important details because they may not pick up the teacher's cues about what is important. They might miss information when they spend extra time translating a word or concept to understand it, or they might simply take more time to write down what is being said.

Another major issue faced by ENNL nursing students is the culture of the learning environment. International students were often educated in settings where students took passive roles in classrooms. They may have learned that faculty are to be respected, not questioned. Memorization of facts may have been emphasized. It may be shocking to students when the nursing faculty expect assertive students who ask questions and think critically. These expectations cannot be achieved unless students understand them.

Finally, the European American culture, which forms the context for nursing practice, creates challenges. Because they are immersed in Euro American culture and the culture of nursing, faculty may not see the potential sources of misunderstanding. For example, if a teacher writes a test question about what foods are allowed on a soft diet, a student who understands therapeutic diets may miss the question if she or he does not recognize the names of the food choices. Nursing issues with especially high culture connections are food, behaviors, law, ethics, parenting, games, social activities, relationships, or choosing the right thing to say. These topics are well represented in psychiatric nursing, which makes it a difficult subject for ENNL students.

MINIMIZING CULTURE BIAS ON NURSING EXAMS

Our goal is not really to eliminate culture from nursing or from nursing education. Nursing exists in a culture-dependent context. Our goal is to practice transcultural nursing and to teach nursing without undue culture bias.

Sometimes our nursing exam questions relate to culture-based expectations for nursing actions. These ques-

tions can be made fair by teaching transcultural nursing and by clarifying the cultural expectations of nursing students in the Euro American–dominated healthcare system. Students must learn the cultural aspects of the profession before they can practice appropriately within it. Like other cultures, the professional culture of nursing has its own language (medical terminology and nursing diagnosis, of course). We have our own accepted way of dress, our own implements, skills, taboos, celebrations, and behaviors. The values accepted by our culture and delineated in the American Nursing Association (ANA) Code of Ethics and are passed down to our students during nursing education.

It is usually clear to nursing educators that students are not initially aware of all the aspects of the professional culture and that these must be taught. The social context of nursing seems more obvious to educators and is often overlooked in nursing education. Some aspects of the social context of nursing were mentioned previously (food, games, social activities, relationships, behaviors, what to say in certain situations). Students must also learn these social behaviors and attitudes if they are to function competently in nursing. If they do not already know about American hospital foods, what to say when someone dies, how to communicate with an authority figure, or what game to play with a five-year-old child, they must learn these things in nursing school.

Try for yourself the following test. It was written without consideration of cultural expectations.

CULTURE BIASED TEST

1. Following radiation therapy, an African American client has been told to avoid using her usual hair care product because of its petroleum content. Which product should the nurse recommend that she use instead?
   A. Royal Crown hair treatment
   B. Dax Wave and Curl
   C. Long Aid Curl Activator Gel
   D. Wave Pomade

2. A Jewish client is hospitalized for pregnancy induced hypertension during Yom Kippur. How should the nurse help this client meet her religious needs based on the tradition of this holy day?
   A. Order meals without meat–milk combinations.
   B. Ask a family member to bring a serving of *Marror* for the client.
   C. Encourage her to fast from sunrise to sunset.
   D. Remind her that she is exempt from fasting.

3. Based on the Puerto Rican concept of *compadrazco,* who is considered part of the immediate family and responsible for care of children?
   A. Parents, grandparents, aunts, uncles, cousins, and godparents
   B. Mother and father, older siblings
   C. Mother, father, any blood relative
   D. Parents and chosen friends *(compadres)* who are given the honor of childcare responsibility

4. A 60-year-old Vietnamese immigrant client on a general diet is awake at 11 P.M. on a summer night. What is the best choice of food for the nurse to offer to this client?
   A. Warm milk
   B. Hot tea
   C. Ice cream
   D. Iced tea

5. Which of the following positions is contraindicated for a client recovering from a total hip replacement?
   A. Side-lying using an abductor pillow
   B. Standing
   C. Walking to the restroom using a walker
   D. Sitting in a low recliner

When you took this test, did it seem unfair? It was intended to test nursing behaviors that were based on culture-specific situations. Your immigrant and ENNL students are likely to face questions such as these on every exam.

Item 1 is about hair care products for African American patients. Option C is the only one that does not contain petroleum products. Students would know this if they were given the information before the exam. Otherwise the item is culture biased.

Item 2 is about the Jewish holiday Yom Kippur. To celebrate this holiday, it is customary to fast from sunrise to sunset, but people who are sick, such as the client in the question, are exempted from fasting. This is only unfair if students did not have access to the information.

Item 3 expects you to know about *compadrazco,* in which parents, grandparents, aunts, uncles, cousins, and godparents are all considered immediate family. This can be an important point if you are responsible for visiting policies in a pediatrics unit.

Item 4 tests knowledge about the preferred drink for an immigrant Vietnamese client. Many people in Asia feel comforted by hot drinks and find cold drinks to be unsettling.

Item 5 does not seem so biased. If you understand total hip precautions, it is a fairly simple question, unless you have never heard of a "low recline." An ENNL student who missed this question said, "I saw the chairs in clinical called 'geri chairs' and I know that the client cannot bend more than 90 degrees, but 'low recliner' was confusing to me. I imagined someone lying down (reclining) and I think this would not dislocate the prosthesis."

The best way to avoid culture bias on exams is to know what you are testing. It is acceptable to test about hip precautions but not really fair to test about the names of furniture. The same is true of foods. Test about therapeutic diets but not about the recipes (an African immigrant student advised us to say "egg-based food" instead of custard).

Behavior in social and professional situations is especially culture bound. Behavior-based questions are common on nursing exams. Make behavior expectations explicit. When posing questions about how a student is expected to act, be careful not to suggest behaviors that

would be inappropriate in his or her social culture. For example, we expect nurses to act assertively with physicians and clients, but it is inappropriate for many Asian students to question their elders. When a client is their elder, these students will choose the option that preserves respect for the client over one that provides teaching. We must make our expectations very clear.

Finally, talk with your ENNL and immigrant students after your exams. They can provide a wealth of information about what confused them or what was ambiguous. Discuss your findings with your colleagues and improve your exams. Ultimately, your exams will be clearer and more valid.

SUCCESS STRATEGIES

The following strategies were developed originally to help ENNL students. An interesting revelation is that they also help native English speakers who have learning styles that are not conducive to learning by lecture, or those who read slowly, or those who have learning disabilities or other academic challenges.

STRATEGIES FOR PROMOTING
ENNL STUDENT SUCCESS

1. You cannot decrease reading assignments because some students read slowly, but you can help students prioritize the most important areas.
2. Allow adequate time for testing. The NCLEX is not a one-minute-per-question test anymore. Usually 1.5 hours is adequate for a 50-item multiple-choice exam.
3. Allow students to tape lectures if they so desire. You might have lectures audiotaped and stored in the library for student access.
4. Speak clearly. Mumbling and rapid anxious speech are difficult to understand. If you have a problem with clarity, provide handouts containing the critical points. Provide the handouts anyway. You want to teach and test nursing knowledge, not note-taking skills.
5. Avoid slang and idiomatic expressions. This is hard to do, but you can do it with practice. When you do use slang, explain it. This is especially important on exams. When in doubt about whether a word is confusing, think about what the dictionary definition would be; if there are two meanings, use another word.
6. Allow the use of translation dictionaries on exams. You can ask students to tell you what they are looking up, so they do not look up medical terminology that is part of the test.
7. Be aware of cultural issues when you are writing exams. Of course, you will test on culture-specific issues, but be sure you are testing what you want to test (the student's knowledge of diets, not of recipes).
8. Feel free to use medical terminology, after all this is nursing school. However, when you use an important new term, write it on the board so students can spell it correctly in their notes.

9. In clinical, make the implied explicit. It seems obvious that safety is the priority, but, if a student thinks the priority is respecting elders, when a client with a new hip replacement demands to get out of bed, there could be a disaster.
10. Hire a student who takes clear and accurate lecture notes to post his or her notes for use by ENNL and other students. The students will still attend class and take their own notes, but they will have this resource to fill in the details that they miss.
11. SOA (spell out abbreviations).
12. Many international students learned to speak English in the British style. If something would be confusing to a British person, they will find it confusing.
13. Provide opportunities for students to discuss what they are learning with other students and faculty. A faculty member might hold a weekly discussion group where students can raise questions. It may be interesting to find a student having no trouble tracing the path of a red blood cell from the heart to the portal vein but having difficulty understanding what cream of wheat is ("I thought it was a stalk of grain in a bowl with cream poured on it")
14. Make it clear that questions are encouraged. When a student is not asking, and you think she or he may not understand, ask the student after class if she or he has questions. Make it easy for students to approach you by being approachable. Learn their names, and learn to pronounce them correctly. Hearing you try to pronounce their names might be humorous for them, and it will validate how difficult it is to speak other languages.
15. Take another look at basing grades on class participation. You may be putting inordinate demands on the ENNL students. Of course, nurses must learn to work with others, but the nurse who talks most is not necessarily the best.
16. Be a role model for communication skills. You might even say in class when you talk about communication that, if you respect a person who is trying to communicate with you, you will persist until you understand the message. Say, "Please repeat that" or "I think you said to put a chicken on my head; is that correct?" or "You want me to do what with the textbook?" It may be considered socially rude to ask people to repeat themselves repeatedly. Make it clear that this is not a social situation. In the professional role, we are responsible for effective communication. We cannot get away with smiling and nodding our heads.
17. In clinical, if a student has an accent that is difficult for the staff to understand, discuss clarification techniques (see item 16) with the student and staff member. Make it explicit that it is acceptable for the student to ask questions and for the staff to ask for clarification.
18. If your college has a writing center where students can receive feedback on grammar and style before submitting papers, have students use it. If you are not so fortunate, view papers as rough drafts instead of fi-

nal products. Give specific feedback about what to correct and allow students to resubmit their papers.

19. Make any services available to ENNL students available to all students (such as group discussions and notes). These services may meet the learning needs of many students while preventing the attitude that "they are different and they get something I don't."

20. Faculty attitudes are the most important determinants of a successful program that promotes the success of ENNL nursing students. Talk with other faculty about the controversial issues. Create an organized program with a consistent approach among the faculty. The rewards will be well worth the work.