

ABSTRACT OF CAPSTONE

Ladonna Michelle McClave

The Graduate School

Morehead State University

December 10, 2015

RN-BSN PROGRAM
ON-DEMAND, ONLINE, COMPETENCY-BASED MODULES

Abstract of capstone

A capstone submitted in partial fulfillment of the
Requirements for the degree of Doctor of Education in the
College of Education
At Morehead State University

By

Ladonna Michelle McClave

Ashland, Kentucky

Committee Chair: John H. Curry, Associate Professor

Morehead, Kentucky

December 10, 2015

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Recent advances in higher education, including a move toward more distance education, technology, and multimedia, combined with the need for more nurses educated at the baccalaureate and higher levels, have led to evolution of the traditional nursing educational module. The Kentucky Council for Post-Secondary Education's (CPE) Kentucky Adult Higher Education Alliance (KAHEA) is investigating the opportunity to provide busy adult learners, who already have completed an associate's degree in nursing and have considerable experiential learning, the ability to complete their baccalaureate degree in nursing in an on-demand, online, competency-based manner. Morehead State University (MSU), and ultimately this author, was challenged to create pilot modules for this proposed on-demand program. The existing two-credit-hour NURB 326: Advanced Health Assessment RN-BSN course at MSU was revised into two separate one-credit-hour modules using the 4C/ID instructional design model and principles of competency-based education.

KEYWORDS: On-demand, competency-based, distance education, RN-BSN, 4C/ID

Candidate Signature

Date

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By

Ladonna Michelle McClave

Approved by

Dr. Nathania Bush
Committee Member Date

Dr. Kimberly Clevenger
Committee Member Date

Dr. John Hardy Curry
Committee Chair Date

Dr. Christopher Miller
Department Chair Date

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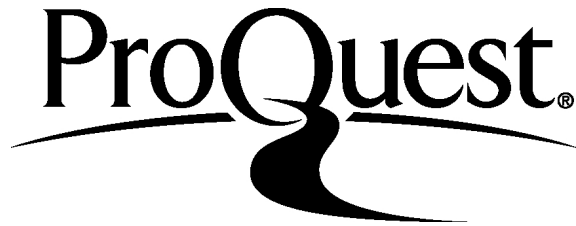
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DEDICATION

This capstone is dedicated to my parents, who have always given me everything possible in order to allow me to make my dream of attaining my doctorate degree a reality. From elementary school through my undergraduate days, my parents put me first. When I began graduate school, my mother cleaned our home so that I could focus on a full-time job and our son, who was two at the time. When I began this long journey to a doctorate, my parents helped me purchase a new car, as at that time I was traveling to NKU several times a week. When I completed my qualifying exam, my mother left her new home to allow me the quiet time to complete the work. My father passed away January 2014. I dedicate this capstone, the culmination of 38 years of formal learning, to my parents, Kenneth Earl and Donna Jean Frazier.

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I also want to thank my committee members at Morehead State University. Dr. John Curry, my Committee Chair, provided a few middle-of-the-weekend/night answers to questions when I thought I was over-thinking things. Dr. Nathania Bush, who was always my cheerleader. Dr. Kimberly Clevenger, who tried to get me to start doctoral school with her, but I wouldn't listen and "took a break." She would receive lots of phone calls that started with, "can I run something by you?" To my cohort members, you were always there to lend an ear, give me a "like" on Facebook, or send me a package of goodies. I enjoyed learning alongside you throughout this journey.

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EXECUTIVE SUMMARY**What is the core of the capstone?**

The core of the capstone is the development of pilot courses for an online, on-demand, competency-based RN-BSN program as a part of a state distance education proposal. Recent advances in higher education have required faculty and educational leaders to step away from the typical context of teaching (Brown, Kirkpatrick, Greer, Matthias, & Swanson, 2009). There has also been a concerted effort to provide more courses through the use of technology and multimedia, as well as through distance education, with the current trend moving toward a vision of student-directed, self-paced components in higher education (Allen & Seaman, 2014). Cooperative education has also seen a significant increase, as institutions of higher education focus on providing adult learners more access to high quality education in targeted high-demand fields (Allen & Seaman, 2014; Moloney & Oakley, 2010; Nikolov, 2009). The Kentucky Council for Post-Secondary Education's (CPE) Kentucky Adult Higher Education Alliance (KAHEA) currently provides an opportunity for busy adult learners, with prior college credit and considerable experiential learning, to complete an academic program which leads to career enhancement (KAHEA, 2013). It is the alliance's desire to expand this opportunity, with the formation of a proposed online, on-demand Commonwealth College.

Morehead State University's (MSU) Baccalaureate Nursing Program currently offers an online RN-BSN program. When the Commonwealth College on-demand RN-BSN program was proposed, MSU was an obvious choice for the development of these courses. The President of the University contacted the Provost, who contacted the Coordinator of the RN-BSN program and outlined the charge. Limitations of the design were described as such: courses were to be

divided into one-hour course modules and courses were to be “competency based.” No other instructions were provided.

There are eight core nursing courses required in the existing online RN-BSN program, for a total of 24 credit hours. There are also three elective nursing courses required, for a total of nine credit hours. This resulted in RN-BSN students needing eleven nursing courses, for a total of 33 credit hours. Therefore, thirty-three one-credit hour modules needed to be developed for the online, on-demand program. The existing courses were not developed in a competency-based style, so complete revision of each of the courses was necessary. Two of the courses could be taken prior to any commitment to completion of the program. One of these was NURB 326 Advanced Nursing Assessment. It was decided that this course would be modified from its two credit-hour existence into two individual one credit-hour modules as the pilot courses for the on-demand program.

Who is the capstone meant to impact?

In October 2010, the Institute of Medicine (IOM) released its landmark report on *The Future of Nursing*, initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80 percent by 2020 (Handwerker, 2012). Research indicates that nurses with baccalaureate level preparation are linked to better patient outcomes, including lower mortality and failure-to-rescue rates (Conner & Thielemann, 2012). A move to prepare nurses at the baccalaureate level has become a national priority. The American Association of Colleges of Nursing (AACN) recently asked nursing schools to identify if employers in their region were requiring or indicating a preference for hiring new nurses with a bachelor’s degree in nursing. Based on completed responses from 515 schools of nursing, 43.7 percent of hospitals and other healthcare settings are requiring new

hires to have a baccalaureate degree in nursing (up 4.6 percentage points since 2012), while 78.6 percent of employers are expressing a strong preference for BSN program graduates (AACN, 2013a). The current nursing workforce falls far short of these recommendations with only 55 percent of registered nurses prepared at the baccalaureate or graduate degree level (AACN, 2014).

Graduates of associate degree nursing programs are prepared to pass the National Council of State Boards of Nursing (NCSBN) Licensure Examination for Registered Nurses, and according to the National League for Nursing (NLN), are considered competent in the same general areas of human flourishing, nursing judgment, professional identity, and spirit of inquiry. But, there are differences in the level of competency between these two preparations. Baccalaureate prepared nurses gain additional competency in health promotion of communities, concepts of leadership, the role of the nurse scientist, and foundations in disciplines outside of nursing (Conner & Thielemann, 2013).

In response to the research, the AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) has incorporated specific core content regarding health promotion, disease prevention, public health, health policy, gerontology, ethics, genetics, research, evidence-based practice, and writing skills. The AACN Essentials define the roles of the baccalaureate nurse as "provider of care, designer/manager/coordinator of care and member of the profession" (AACN, 2008, p. 7). Those 45 percent of associate degree prepared nurses in the workforce must be engaged in a culture of continuing education that begins with the completion of the baccalaureate degree.

There is a plethora of opportunities for learners interested in furthering their education to the baccalaureate degree in nursing. These include traditional, face-to-face programs, web-

facilitated programs, blended or hybrid programs, and completely online learning programs. However, According to AACN's report on 2012-2013 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 79,659 qualified applicants from baccalaureate and graduate nursing programs in 2012 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints (AACN, 2013a). From the learner's perspective, it is imperative that RN-BSN programs, as these are known, provide practice and learning environments that promote a smooth academic progression, delivery modes that accommodate the varied student learning needs, and content that is both relevant and responsive to the perpetually changing healthcare system (Conner & Thielemann, 2013; Benner, Sutphen, Leonard, & Day, 2010; Rush, Waldrop, Mitchell, & Dyches, 2005).

Learners with an associate degree and the Registered Nurse (RN) license, who return to school in an RN-BSN program, reappear into the educational setting with a level of professionalization and educational prowess different from those of the typical learner in higher education. These students have internalized professional attitudes, values, beliefs, and identities as a direct result of their prior education and work experience (Rush et al., 2005). They have a history of and opportunity for experiential learning at its finest, which was touted by Benner et al., (2010) as an essential in the transformation of nursing education. They require content that is uniquely prepared for them and not merely repetitive of the prelicensure nursing curriculum. As mentioned by Conner and Thielemann (2013, p. 463), "the acquisition of knowledge should not be viewed as a layering but as a matrix of new ideas" for these learners. They will be most receptive to programs that acknowledge these factors, as well as the fact that they are most likely continuing to be working adults with commitments and responsibilities outside of the educational

environment. While many construe these learners as looking for ease and convenience in an RN-BSN program (Rush et al., 2005), they actually tend to seek a balance of work, home, and educational obligations (Conner & Thielemann, 2013). Research by Rush et al. (2005, p. 287) found that the overwhelming motto of preference for the RN-BSN program to be “not easy, but doable.” Their research also concluded that while course work may be demanding and require management of time taken from their families and workplaces, the sacrifice was worthwhile to attain the higher degree. This was considered by many to be a “professional journey” (Rush et al., 2005, p. 290).

As mentioned previously, the traditional approach for RN-BSN, and particularly online RN-BSN programs, has focused on the expertise and needs of the faculty. These may not correspond to the needs of this particular learner population, as indicated above. Therefore, some institutes of higher education have moved to what Jones-Schenk refers to as a “disruptive approach” (2014, p. 169). While the outcomes of the learners and the academic progression within the profession have always been a firm foundation of instruction at Western Governors University (WGU), their model of a disruptive approach to RN-BSN education also incorporates an alternative faculty role and a student-centered operational methodology that allows students to choose when they enroll, access to the courses needed to complete their degree at any time irrespective of the typical academic calendar, and self-pace their learning based on established competencies (Jones-Schenk, 2014). This particular exemplar addresses the needs of what many RN-BSN learners have voiced as an “educational limbo” (Rush et al., 2005) which can take several years to complete a circuitous, and often frustrating, journey as a result of barriers frequently existing due to the inflexibility of academic curricula.

Nursing education has to be re-imagined as described by Jones-Schenk (2014). Faculty need to move from the “sage on the stage” to roles in e-teaching and as mentors, coaches, and case-managers of the learning experience (Bawane & Spector, 2009; Cheng, Wang, Yang, Kinshuk, & Peng, 2011; Neuman, 2006; Steketee, Lee, Moran, & Rogers, 2013). In such roles, faculty will become disaggregated and perform independent rather than the traditional associated functions, such as information delivery, assessment development, and student advising or grading. Instead, there are various roles in mentoring, distance learning development, and assessment that can emerge (Jones-Schenk, 2014).

The student-centric operations that need to evolve include attention on the human factor of the RN-BSN learner. As mentioned previously, there is a scarcity of this in most traditional and some online programs. These include prerequisite barriers to enrollment, a set academic calendar for enrollment and progression, and difficulty accessing required courses at a given time (Jones-Schenk, 2014). Neuman (2006) long ago proposed nursing programs with rolling timeframes which permit progression when and where learners need it, and recommend that academia “create what the customer (learner) wants, remember what the customer wants, anticipate what the customer wants, and change what the customer wants” (p. 14). Such curricula have been found to be successful in educational programs of other professions (Steketee et al., 2013).

Why were the capstone and related strategies selected?

Despite the fact that being online and on-demand were defined in the charge given from KAHEA, as well as the prescribed competency-based pedagogy, before actual course development could occur, much needed to be discovered in regards to the appropriateness these characteristics in relation to RN-BSN courses. Also, a suitable instructional design theory for the

charge needed to be identified. During the discovery process, other important assessment strategies specific to competency-based education were encountered.

Over the past decade, there has been a significant increase in the higher education courses and programs provided through online learning. According to the Sloan Consortium report written by Allen and Seaman (2014), the number of students taking at least one online course has increased from just over 1.5 million to over 7 million since 2002. Allen and Seaman (2014, p. 6) define an online course as “a course where most or all (80+ percent) of the content is delivered online and typically has no face-to-face meetings.” Higher education institutions have continued to strengthen their positions in the global educational environment with the adoption of online learning as a critical piece of their long-term strategy (Allen & Seaman, 2014; Nikolov, 2009). There has been even more interest in the development of online learning programs subsequent to recent budgetary constraints in many institutions (Chaney, Chaney, & Eddy, 2010).

There has also been a significant change in the view of online learning. While some faculty and institutions remain laggards in regards to the benefits and opportunities offered by online learning, the potential of online learning has become more recognized by many (Chaney et al., 2010). The U. S. Department of Education, in 2009, determined through a meta-analysis that neither online learning nor face-to-face instruction was superior in attaining student learner outcomes. Even the largest and most prominent institutions of higher education continue to have a more positive outlook toward online learning according to the most recent Sloan Consortium report (Allen & Seaman, 2014).

With these improvements in the view of online learning come the saturation of the higher education marketplace with such opportunities. No longer is it expected that all students will attend the local or regional community college or university. This has led to a competitive

situation on the part of the educational institutions. Simply creating online learning courses and programs, however, is not enough. An examination of the needs, interests, and beliefs of multiple constituents must be performed in order for both educational and cost effectiveness to be realized (Chaney et al., 2010). Specifically, the needs of the learner population should be driving the online learning applications within each program of higher education. This population of interest often includes those with multiple obligations and a meshing of learner and organizational objectives provides the best opportunity for success (Jones-Schenk, 2014). This may require an evolution in the philosophy of higher education. Rather than having a focus on the expertise and convenience of the faculty and institution, there will need to be developed a more consumer-friendly philosophy (Chaney et al., 2010; Jones-Schenk, 2014). Learning will need to become more personalized, taking into consideration the individualizations of learners (Sampson & Karagiannidis, 2002). A more self-directed learning process has been envisioned and realized within many institutions of higher education (Allen & Seaman, 2014; Jones-Schenk, 2014; Moloney & Oakley, 2010; Nikolov, 2009; Neuman, 2006; Sampson & Karagiannidis, 2002).

In concert with the current context of both online learning and RN-BSN mobility, on-demand learning has been proposed as a salient option. Over twenty years ago, McCann proposed such an evolution in higher education, indicating that “the losers will be those schools that are fixed in place, ones that require their students to come to them” (1993, para. 8) and “education must be self-directed and accessible on demand” (1993, para. 63). Since then, researchers and educators have been touting the benefits of on-demand learning to address individual differences between learners in regards to motivation, learning skills, availability, inclusivity, and learning preferences (Curran, Fleet, & Kirby, 2010; Kicken, Brand-Gruwel, &

van Merriënboer, 2008; Metz, 2010; Nasco, 2005; Rush et al., 2005; Smith & Tyler, 2011).

Others have voiced concerns with on-demand learning regarding lack of cooperative engagement (Barger, Grudin, Gupta, Sanocki, Li, & Leetiernan, 2002), lack of learner-educator interaction (Sherman, Byers, & Rapp, 2008), support for technology-illiterate learners (Paneva-Marinova, Pavlova-Draganova, Draganov, Pavlov, & Sendova, 2009), cost considerations related to revision of curricula (Mircea & Andreescu, 2011), and the occasional continued reluctance for some faculty to embrace technology and online learning (Allen & Seaman, 2014; Haymes, 2008).

On-demand learning has been used most often in the corporate sector, in regards to occupational or continuing education for employees, and has provided learning that has been determined as flexible, self-directed, reconciliatory between the individual and professional goal perspectives, and particularly applicable for knowledge workers (Nikolov, 2009; Sampson & Fytros, 2008; Schmidt, 2008). Fischer (2009) indicated this emphasizes that “learning can no longer be dichotomized into a place and time to *acquire* knowledge (school) and a place and time to *apply* knowledge (the workplace)” (para. 5). Nikolov (2009) recommended the use of the Community of Practice (CoP) model in order to address issues with collaboration and interaction within on-demand learning. CoPs are “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis” (Nikolov, 2009, p. 5), and were proposed as a mechanism of bridging the university and industry.

On-demand learning also offers an innovative perspective to andragogy. In particular, the co-responsibility of the learner is one focus of this environment. The educator, as we know, cannot take full responsibility for the actual learning process, but in on-demand learning instead,

works with the learner to approach the choice of the learning task in the best possible way (van Merriënboer & Kester, 2008). Blaschke (2012) also discusses the role of the educator in an andragogical approach being that of a tutor and mentor, further promoting true self-directed learning. The on-demand learning environment facilitates this approach, and can even further make possible the use of heutagogy, or self-determined learning (Bhoyrub, Hurley, Neilson, Ramsay, & Smith, 2010). Applying heutagogy, the educator facilitates the learning process by providing guidance and resources, but fully relinquishes ownership of the learning path and process to the learner, who negotiates learning and determines what will be learned and how it will be learned (Blaschke, 2012). This learner autonomy is a distinct attribute of on-demand education. In such a form of on-demand education, the educator acts more with support and guidance directed toward orienting, monitoring, and evaluating (van Merriënboer & Kester, 2008).

Competency-based education (CBE) has emerged as a contemporary approach to training, particularly of health professionals. The Carnegie Foundation's Flexner centenary report, published in 2010, endorsed a competency based approach to curriculum development as the gold standard for medical education (Morcke, Dornan, & Eika, 2013). Frank, Mungroo, Ahmad, Wang, deRossi, and Horsley (2010, p. 636) offer what they call a proposed 21st century definition of CBE, which includes the idea that it is an approach to preparing healthcare professionals for practice that is centered on the outcome abilities and competencies required of a graduate. These abilities and competencies are derived from an analysis of societal and patient needs. Hallmarks of this curriculum model include a focus on accountability, flexibility, and learner-centeredness (Frank et al., 2010).

Despite the lack of acceptance of an official definition, CBE is the current, and often recommended, approach used for education in medicine and a variety of higher education baccalaureate programs, including nursing (Benner, 2001; Goudreau, Pepin, Dubois, Boyer, Larue, & Legault, 2009; Hsu & Hsieh, 2013; Kim, 2012; Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011; Paranhos & Rino Mendes, 2010; Sroczyński, Gravlin, Route, Hoffart, & Creelman, 2011; Wassef, Riza, Maciag, Worden, & Delaney, 2012).

The concept of a competency has been under scrutiny for some time. There are a variety of definitions found in the literature. The overarching themes within all of these, however, include knowledge, skills, and attitudes, with competence itself being a personal ability (Albanese, Mejicano, Mullan, Kokotailo, & Gruppen, 2008). Benner (2001), stated that nursing competencies, in particular, must be viewed within “the specific context, therefore, using an interpretive approach—that is the time, meanings, intentions of the particular situation; an interpretive approach avoids the problem of endless lists of tasks, with no guidelines for determining which ones are most important” (p. 40). Benner (2001), in her application of the Dreyfus Model of Skill Acquisition to nursing, identified competence as the third stage in her Novice to Expert Theory, stating that competence is “typified by the nurse who has been on the job in the same or similar situations two or three years” (p. 25) and “develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware” (p. 25-26).

There have been numerous benefits to using CBE. CBE has been deemed an innovation that has guided curricular design, clinical education and assessment, and accreditation, while also improving learner and faculty satisfaction (Frank et al., 2010). Paranhos & Mendes (2010) identified the benefit of CBE in bridging the well-known gap between education and practice,

through the increase of competency, learner accountability, self-assessment, and individualized learning experiences.

Licari and Chambers (2008) surveyed academic and clinical deans and chairs of departments using CBE. Over half of respondents indicated that CBE had initiated useful changes in the curriculum or clinical program. Positive effects of CBE were found within curriculum management, clinic changes, assessment methods, and outcomes. Harris, Snell, Talbot, and Harden (2010) also identified good results from redesign of curricula, assessment, and evaluation with the use of CBE in medical education, even within the undergraduate realm. A variety of researchers (Lenburg et al., 2011; Iobst et al., 2010; Morcke, Dornan, & Eika, 2013; Scalese, Obeso, & Issenberg, 2007; Sroczyński et al., 2011) found that CBE enhanced the clinical experience for learners. Lenburg et al. (2011) illustrated the connection between CBE, quality care, and patient safety. Iobst et al. (2010) discussed the positive outcomes of incorporating CBE in regards to the basic skills of interviewing, examining, and counseling patients using direct observation. Morcke, Dornan, and Eika (2013) described positive results following a non-controlled complex intervention in the clinical setting, which include learner-driven goals and a variety of learner-chosen experiences. Scalese, Obeso, and Issenberg (2007) used CBE in conjunction with a clinical simulation experience to demonstrate its positive and significant impact on patient safety and health care outcomes. Finally, Sroczyński et al. (2011) discussed The Massachusetts Initiative's use of CBE to help close the gap between clinical education and clinical practice in nurses.

Several authors mentioned the positive impact of CBE regarding accreditation (Bawane & Spector, 2009; Guthrie, 2009; Iobst et al., 2010; Sroczyński et al., 2011; Wassef et al., 2012). Bawane and Spector (2009) discussed implications for the role of the administrator in an online

CBE designed program, and stressed the importance of developing efficient and relevant educator training in terms of CBE and the development of educator roles. Guthrie (2009) discussed the role of competency standards in a range of professional areas through professional associations and schools of law, pharmacy, nursing, medicine, and engineering. He stressed that the approach would be a relative consideration for all disciplines in regards to possible future reforms in education and training. Iobst et al. (2010) mentions how Canada's accreditation requirements in medical education have become increasingly focused on competencies. Wassef et al. (2012) illuminated how particular assessment tools used in CBE can assist in meeting the Commission on Collegiate Nursing Education (CCNE) Standards for Accreditation of Baccalaureate and Graduate Degree Programs. Finally, Sroczynski et al. (2011), described the development of a CBE for nursing by representatives from a variety of accrediting, professional and licensing bodies, including the Massachusetts Department of Higher Education, the Massachusetts Organization of Nurse Executives, the Board of Registration in Nursing, the Massachusetts Center for Nursing, the Massachusetts Association of Colleges of Nursing, the Massachusetts/Rhode Island League for Nursing, and the National League for Nursing Accrediting Commission.

Holmboe, Sherbino, Long, Swing, and Frank (2010) and Holmboe et al. (2011) found particular benefits when assessment was designed specifically in accordance with CBE. Several authors also illustrated the benefits of assessment with CBE as opposed to other curricular designs (Bawane & Spector, 2009; Goudreau et al., 2009; Hsu & Hsieh, 2013; Kim, 2012; Lenburg et al., 2011; Morcke, Dornan, & Eika, 2013; Paranhos & Menes, 2010; Sampson & Fytros, 2008; Wassef et al, 2012).

CBE treats learners as adults and requires learners to be self-directed, motivated, and responsible for their own learning. This approach recognizes that learners have individual learning needs. CBE has been noted to increase both student and faculty satisfaction, as it increases objectivity, minimizes bias, and responds to the recent demand for more learner accountability (Raines, 2008; Wassef et al., 2012).

A variety of instructional design theories have been used with the intention of best delivering CBE. These include the Informed Self-Directed Learning Model, proposed by Kicken et al. (2009), Biggs and Tang's Constructive Alignment Curriculum Framework (Morcke, Dorman, & Eika, 2013), the previously-described CoP model (Cheng et al., 2011), the also previously-described competency model proposed by IBSTPI which ranked the construct of competencies (Bawane & Spector, 2009), a goal-based scenario framework (van Merriënboer, Clark, & deCroock, 2002), a programmed instruction framework based on behaviourism (Albanese et al., 2008), the Four-Component Instructional Design (4C/ID) Model (Hoogveld, Paas, & Jochems, 2005; Susilo, van Merriënboer, vanDalen, Claramita, & Scherpbier, (2013); van Merriënboer, Clark, & deCroock, 2002; van Merriënboer & Kester, 2008); and, the Four-dimensional Framework for Curriculum Development (Steketee et al., 2013).

The 4C/ID Model was designed to plan educational interventions for complex learning (van Merriënboer & Kester, 2008), and was most discovered in the literature as connected to CBE. Hoogveld et al. (2005) specifically emphasized that the model was developed especially for supporting design of learning tasks for CBE. The model divides educational interventions into four components: learning tasks, supportive information, procedural information, and part-task practice. Significant attention is placed on sequencing the learning tasks, which are organized into task classes, from simple to complex in nature. Support and guidance are given to

learners from the educator, and this gradually decreases in a process of scaffolding as learners gain experience. The model also focuses on the transfer of learning with the use of supportive information and procedural information, leading the learner to progress to part-task practice, then whole-task practice. The model also emphasizes the importance of a degree of learner control over the learning process (Hoogveld, Paas, & Jochems, 2005; Susilo et al., 2013; van Merriënboer, Clark, & deCroock, 2002; van Merriënboer & Kester, 2008).

What was the approach taken in the capstone project?

CBE, although specified by those in administration, has been determined to be an ideal pedagogy for the online, on-demand RN-BSN program based on several key characteristics. The use of CBE not only recognizes the students' prior educational experiences, but culminates in the demonstration of competencies that show the individual's readiness to join the baccalaureate nursing workforce (Raines, 2008). As mentioned previously, CBE is learner-focused rather than teacher-focused. Therefore, instead of an emphasis on the transfer of knowledge, the emphasis is on the creation of learning environments where the students are more responsible for the learning experience and the organization has greater accountability for the outcomes of learning (Jones-Schenk, 2014). CBE also requires documentation rather than assumptions, is outcome-focused rather than process-focused, and requires competence rather than completion. CBE can be mapped to key nursing educational and professional standards like IOM, QSEN and the AACN Baccalaureate Essentials, which allows students, instructors, and program administrators to easily see and report how the courses are teaching what the post-licensure nursing student needs to know (Sroczyński et al., 2011; Wassef et al., 2012).

Benner et al. (2010) identified that the traditional behavioral-focused nursing education today involves content-driven courses which are teacher-centered with an expectation of learned

knowledge regurgitation, and encouraged the development of pedagogies that would be relevant to nursing practice instead of curricular structure (p. 213). The aim should be, according to van Merriënboer and Kester (2008), instead to solve the difficulties of fragmentation, compartmentalization, and low transfer of learning that accompanies such structure. Considering that nursing involves the care of live persons, it is important to move away from categorized knowledge and instead focus on provision of care in a varied, complex, ever-altered situation. Raines (2008) admonishes that the behavioral approach “ignores the connection between knowledge, skills, intention to act, context of the performance, and the effects of interpersonal aspects of achievement” (p. 375), and offers CBE as a way to emphasize individual learning processes and flexible ways of achieving knowledge and real-life performance outcomes.

Given the need to focus on the already-knowledgeable learners, their busy lives, and a flexibility which will allow learners to choose when they enroll, access the courses, and self-pace their learning, while also being based on established and recognized standards for practice, CBE is a logical choice for the pedagogy of the proposed project. CBE’s learner-centric approach, with its aim of assessment to educate and improve learner performance rather than to audit outcomes (Goudreau et al., 2009), provides a strong pedagogical foundation for an RN-BSN program in the online, on-demand environment.

The 4C/ID Model was chosen for design of the online, on-demand, competency-based modules. This decision was based upon its previously-discussed focus on learner control, which aligns well with the adult learner population the RN-BSN Program would attract (van Merriënboer & Kester, 2008). There is also a focus on sequencing learner tasks and the scaffolding of supportive and procedural information, which has been determined as necessary in CBE (Hoogveld et al., 2005). Finally, the ability to evaluate for knowledge, skills, and affective

attributes, which is essential in nursing education (Morcke, Dornan, & Eika, 2013) is available through the use of the 4C/ID Model.

What process was used in the development of the capstone project?

The 4C/ID Model involves four overriding components, which can take place in a ten step process (van Merriënboer & Kirschner, 2013) (Figure 1). The foundational components include learning tasks, supportive information, “just-in-time” (JIT) procedural information, and part-task practice. Design of these four components is considered essential, while the other six may be ancillary steps in order to fully develop the instruction. Of these six supplementary steps, only the third step, organizing learning tasks in a simple to complex order, was necessary for the development of the RN-BSN modules. It was not necessary to develop assessment instruments, performance objectives, or standards for acceptable performance, as there is a plethora of resources available to assess competency in health assessment for nurses.

Congruently, cognitive strategies, mental models, and cognitive rules for evidence-based practice of health assessment already exist, have been thoroughly analyzed, and are readily available.

Finally, given the fact that associate degree-prepared nurses accepted into the RN-BSN program must have an active RN license, it was also not necessary to analyze pre-requisite knowledge needed in order to identify procedural information that would be appropriate for this learner population.

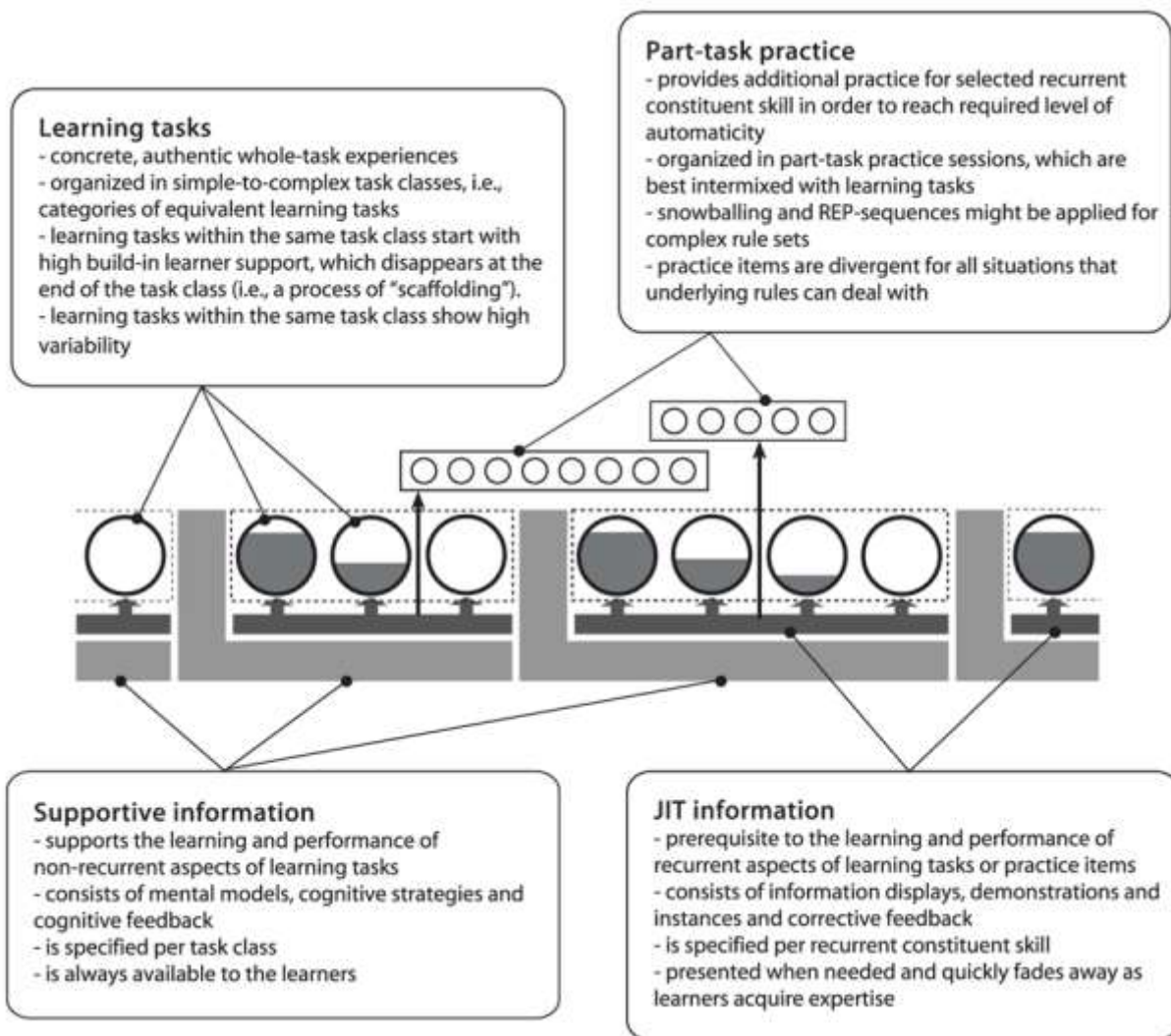


Figure 1. A graphical view of the four components of the 4C/ID model: (a) learning tasks, (b) supportive information, (c) just-in-time (JIT) information, and (d) part-task practice.

Reprinted from "Blueprints for Complex Learning: The 4C/ID-Model," by J. J. G. van Merriënboer, R. E. Clark, & M. B. M. de Croock, 2002, *ETR&D*, 50(2), 39-64.

The first step performed in the design of the modules for the capstone project was to design the learning tasks. There is an emphasis on the importance of real-life meaning and application of learning tasks for adult learners, and specifically for experienced learners such as those in the RN-BSN population. Also, since the learners are experienced, there was a focus

placed on attempting to use real-world or high-fidelity simulated environments for the learning tasks. Since the modules will be used in distance education and an on-line format, having learning tasks that were primarily computer-based was of importance. In designing the learning tasks, it was also important to incorporate a scaffolding of learner support through faculty guidance, modeling, and the use of process worksheets (van Merriënboer & Kirschner, 2013). Finally, a variety of learning tasks were used to ensure well-roundedness, flexibility with situations, and to keep learners on-task. Some examples of the learning tasks used in the modules were worked-out examples; imitations; case studies, of which nurses are very familiar; and, of course, conventional task demonstration.

In designing supportive information for the learners, or essentially how the learners should go about solving problems, there was a high use of media and, because the modules are offered at a distance, multimedia resources. Textbooks, web-based resources, videos, and interactive learning modules offer many opportunities for learners to receive information regarding domain models, which is an integral part of this step in the 4C/ID Model (van Merriënboer & Kirschner, 2013). It is believed, however, that receipt of information is not enough. Faculty must actively provide additional, personal support through the use of leading questions within discussion board forums, cognitive feedback throughout the learning process, and the provision of learning tasks that promote double-loop learning. This last form of supportive information leads learners to reflect by comparing and contrasting their own problem-solving strategies with those of others or suggested domain models (van Merriënboer, Clark, & deCroock, 2002).

The third step of the 4C/ID Model involves designing JIT procedural information. Once again, there is an abundance of procedural rules and guidelines available regarding physical

assessment techniques and processes. These address how to perform recurrent aspects of physical assessment, but it was necessary to design procedural information regarding how to carry out part-task practices, which will be discussed further in the next step. As mentioned previously, use of multimedia for learning provides students with the ability to receive JIT information while completing learning tasks, which then fades as the learner progresses (van Merriënboer & Kirschner, 2013). Some JIT information did require actual design in order to meet the requirements of brief rules, action-orientation, and exemplars of procedure performance. The choice of the 4C/ID Model was found to be specifically appropriate in that the model prescribes against memorization (van Merriënboer & Kirschner, 2013). This is a recurring mantra in nursing education, as learners are expected to apply the rules and procedures rather than memorize them.

The final required step in the model involves design of part-task practice in order to develop the learners' abilities to perform whole tasks. This step is often performed in alignment with the only performed optional step in the model, which was sequencing the learning tasks. It was necessary to identify and determine the order in which learners would perform part-tasks and progress from simple to complex tasks in a manner that would provide appropriate clustering of skills when it was time for the entire conventional task was to be performed (van Merriënboer & Kester, 2008). This was performed in accordance with the 4C/ID Model's task classes. In the case of teaching RN-BSN students the highly complex skill of physical assessment, three task classes were identified for the purposes of the capstone project. Task Class 1 involves learners being confronted with situations where the concepts are clearly defined. There is a clear and complete response expected from the learner. Task Class 2 involves learners being confronted with situations where the concepts are clearly defined. However, there are unknown aspects of

each situation that may be discovered as the assessment progresses. Finally, in Task Class 3, learners are confronted with situations where the concepts are not clearly defined and there are a variety of unknown aspects for the patient encountered. This task class may involve many unclear or incomplete replies from the patient, as well as the need for constant revision of the procedural rules in order to accommodate the situation appropriately. For purposes of the capstone project, an emphasis manipulation approach was used for part-task practice. In this approach, learners are exposed to the whole task of physical assessment throughout the module, but a specific emphasis is placed on a different set of constituent knowledge/skills as the learner progresses (van Merriënboer & Kirschner, 2013). This approach was chosen due to its ability to provide learners with the opportunity to learn the costs of carrying out de-emphasized aspects of the whole task. This aligns with emphasis on developing knowledge, skills, and attitudes which is present in both nursing and CBE.

Lessons Learned

Upon beginning my doctoral journey, I believed my leadership style to be primarily one that incorporated transformational leadership. I believed a leader must have effective communication skills that promote collaboration, motivation, professionalism, and quality outcomes. I also believed an effective leader must be able to convey their vision in a manner in which inspires others to follow the path toward that vision. Conflict management skills were also considered to be extremely important in an effective leader, at that initial departure into furthering my education. These skills would assist in attainment of mutual involvement in any professional endeavor, whether educational technology or nursing education. My educational philosophy, currently and at that time, places an emphasis on the promotion of learning rather than on teaching. My first objective in learning has always been to foster critical thinking and

problem-solving strategies in the graduate nurse using face-to-face and distance teaching strategies. I also strive to provide socialization of the graduate nurse into the profession of nursing. Finally, I aim to facilitate the necessity of life-long learning in the nursing profession. My ultimate goal is not to merely teach graduate nurses the skills they will need to be competent in their chosen profession, but instead to role model the profession of nursing with an enthusiasm, sense of focus, sense of presence, and love of my career as a nurse. Through the facilitation of new learning experiences and introduction of professional challenges and opportunities in a variety of ways, I have always hoped to positively shape the nurses of today and tomorrow.

The role I have taken in the development of the competency-based online RN-BSN program pilot course has changed my perspective on educational leadership. I have discovered that particularly in the online environment, role modeling can come in a variety of forms. When teaching in a classroom or clinical environment, there are obvious and viewable mechanisms of role modeling. In the online environment, few studies have been performed to address how role modeling can occur between faculty and learners. Sitzman and Leners (2006) performed a qualitative study focused on how RN to BSN nursing students perceived role modeling from their nursing instructor within an online environment. Results revealed the following eight themes from faculty: frequent feedback, timeliness, reciprocity of caring online, personal connection and empathy, clarity, multiple contact opportunities, second-fiddle worries, and teacher's commitment to caring. One particular key element in role modeling within the online environment was identified as a "relationship of co-learning that emerged between the instructor and nursing students" (Sitzman & Leners, 2006, p. 256), along with the idea that nursing students were "able to maximize their scholarly potential as both parties truly want to help each

other succeed” (Sitzman & Leners, 2006, p. 256). These themes greatly aligned with Boling, Hough, Krinsky, Saleem, and Stevens (2012) themes that promoted positive online learning experiences for learners.

Therefore, it could be surmised that an online educator should act as a servant leader, rather than a transformational leader. The servant leadership model prescribes to the idea that leadership exists to meet the needs of others (Stone, Russell, & Patterson, 2003). The focus is on others rather than upon self; therefore, it is the servant leader’s deliberate choice to serve others (Senjaya & Sanos, 2002). van Dierendonck (2010) distinguished six key characteristics of servant leader behavior. Servant-leaders empower and develop people, they show humility, are authentic, accept people for who they are, provide direction, and are stewards who work for the good of the whole.

Empowerment and development in servant leadership involves fostering self-confidence in order to promote a personal power within. There is a belief in the intrinsic value of each individual and each person’s ability for self-directed decision making and performance. Support and facilitation are provided by the leader, but contributions from others are incited, as the servant leader puts his talents into perspective. The servant leader is congruent in speech and actions, both privately and publicly. Interpersonal acceptance in servant leadership involves the leader’s empathy in such a manner that trust is not broken when mistakes are made, there is an acceptance of other’s perspectives, and there is a low chance of rejection (Robinson, 2009). The servant leader provides direction to followers in a way that promotes accountability and saliency in conjunction with each individual’s values and convictions in order to govern one’s actions. Finally, the servant leader is a steward in role modeling service instead of control or self-interest in regards to social responsibility, loyalty, and teamwork (van Dierendonck, 2010).

Robinson (2009) added one particular additional characteristic of servant leadership which aligns well with nursing education. This involves the importance of reflection and contemplation by the leader. Personal awareness is an essential component of servant leadership and can be used to promote self-regulation and autonomy, not only when performed by the leader, but when followers are also asked to reflect. Clinical reflection has been identified as an important part of the development of both the novice nurse and nursing students. It is ultimately beneficial in providing these individuals with an opportunity to live vicariously through their colleagues, discuss complicated clinical cases, discuss situations that were emotionally difficult, vent in regards to frustrating experiences, and critically analyze a variety of professional nursing issues (Stokes & Kost, 2005). The overall purpose of clinical reflection is to promote the learner to apply a variety of content to their clinical experiences. Through this application, the goal is that there will be the promotion of critical thinking in the learner (The Advisory Board Company, 2006).

There have also been studies linking servant leadership with educational technology. These primarily have involved teamwork, such as that in design project management, or in regards to particular roles such as instructional technology. These often involve identification of either a shared or distributed leadership (Wolford-Ulrich, 2004), or comparison of professional standards with servant leadership characteristics (Brown, 2009). Servant leadership also has been connected to CBE and online education. Esterhuizen (2014) stated that increasingly advanced technology, the expansion of nurse's roles, and CBE all influence nurses' motives to care. He went on to say that the fundamental assumption that people can become disempowered through their experience and their environment, but that re-empowerment can occur through

appropriate role modelling by a leader, even in a competency-based or online environment (Esterhuizen, 2014).

In order to be a servant leader, there is a strong emphasis on ethical use of power and contribution to the growth and development of others (King, Altman, & Lee, 2012, p. 74; Robinson, 2001). Through the use of role-modeling, facilitating, and innovating, as I have performed in the development of this project, I can best accomplish my mission as a leader. I have to continuously remember that many individuals—students, other faculty, and even my son—see everything I do. The core values I hold most dear need to be visible to them at all times. I also teach through facilitation rather than by simply imparting knowledge. This allows those I lead to grow and develop rather than memorize and regurgitate. There is then the formation of the ability to apply knowledge rather than simply have the knowledge. Finally, by being innovative in my leadership, I promote the concept of lifelong learning. Those I lead see that I am not merely doing the same things over and over, but that I am continuing my own development and growth. I am both focusing on the characteristics that make me a successful leader and adapting my techniques as they suit the individual or situation while maintaining my core values.

With the reflection I have performed during not only the development of this project, but also as I progressed throughout the doctoral program, I have realized how I play a role in various leadership opportunities. I suppose, as the title of one of the books I read for one assignment indicated, I was “realizing my leadership potential” more and more. As a result of my reflection, I have gained a deeper understanding about my own leadership as a nurse educator. I’ve discovered my leadership mission as that of a servant leader. Through evaluation of my own

students' reflections, I've learned that I place a focus on my contributions to the growth of learners (King et al., 2012).

Capstone Project

Description of the Modules Developed

The current curriculum in the RN-BSN Program includes two courses, NURB 326: Advanced Health Assessment and NURB 327: Transition to Professional Nursing Practice, which are open to any RN who holds an active and unrestricted license. These courses may be taken prior to official admission to the RN-BSN Program. These are also the first two courses required in the RN-BSN Program curriculum. NURB 326: Advanced Health Assessment was chosen to be the first course to be revised using the RN-BSN on-demand, online, competency-based modular format. Therefore, the modules developed from NURB 326: Advanced Health Assessment would be considered the pilot modules.

NURB 326: Advanced Health Assessment currently exists as a two-credit hour course. The course focuses on advanced performance of comprehensive physical and psychosocial health assessments as related to the role and function of the professional nurse. Emphasis in the course is on wellness, health promotion and health maintenance strategies for individuals from diverse cultures across the lifespan. Students build upon the foundation of previous assessment skills (Morehead State University, 2015). The purpose of the course is to provide a thorough knowledge base to baccalaureate students for advanced performance of assessment skills to function effectively in demanding, multidisciplinary, inpatient and outpatient

settings. Upon completion of the course, the student should have the following student learning outcomes:

- Apply critical thinking skills and the nursing process as a foundation for advanced performance of health assessment.
- Communicate effectively in a variety of spoken, written, and technological formats.
- Relate the practice of advanced performance of health assessment to the role and functions of a professional nurse, as a basis for professional nursing care.
- Utilize findings of advanced performance of health assessment of culturally diverse patients at different stages of the life span in accordance with ANA Standards of Care and Code of Ethics for Nurses.
- Apply theories and concepts of leadership in the advanced performance of physical assessment of individuals as a basis for providing professional nursing care.
- Discriminate between normal and abnormal findings in the advanced performance of health assessment of patients across the life span to provide compassionate, sensitive, spiritual and culturally appropriate nursing care for individuals and families.
- Explain local, state, and national issues affecting the health of the clients.

- Create health care environments that promote wellness as a basis for physical assessment and professional nursing care.

These course objectives were revised, so as to differentiate between the two modules.

The course essentially was broken into two one-credit hour modules, in accordance with the directive given. Figures 2 and 3, below, describe the organization of each module, as well as the course and unit student learning objectives, henceforth known as assessment criteria. These are then followed by the specifics of each unit within the modules.

	Assessment Criteria
Unit 1: Evidence-based Assessment	<p><i>After completing this task, the student should be able to:</i></p> <p>Identify the relationship of the health assessment to the nursing process</p> <ul style="list-style-type: none"> • Identify the difference between subjective and objective data • Discuss the critical thinking process in nursing practice • Define the concept of health models • Identify the 4 types of data collection • Identify the frequency of various types of assessments • Discuss how health care environments can promote wellness as a basis for physical assessment and professional nursing care
Unit 2: Culturally Sensitivity Assessment	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate cultural sensitivity with “culturally sensitive” score attained on cultural sensitivity assessment tool</p> <ul style="list-style-type: none"> • Discuss the demographic profile of the United States. • Describe the National Standards for Culturally and Linguistically Appropriate Services. • Discuss heritage. • Provide examples of traditional health and illness beliefs and practices. • Discuss the steps to cultural sensitivity.
Unit 3: The Interview	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate appropriate communication techniques during the health assessment interview (a portion of the pre-assessment)</p> <ul style="list-style-type: none"> • Identify the process of communication • Identify techniques of communication used • State the 10 traps of interviewing • Identify the impact of nonverbal skills • Discuss approaches to interviewing in regards to developmental care, and people with special needs • Discuss cross-cultural communication techniques such as professional interactions, etiquette, space and distance, gender, and cultural considerations on sexual orientation • Identify techniques of overcoming communication barriers

	Assessment Criteria
Unit 4: The Complete Health History	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate attainment of a complete health history (a portion of the pre-assessment) on a well patient</p> <ul style="list-style-type: none"> • Describe the purpose of the complete health history • Identify the components of the complete health history • Discuss how genetics and genomics affect healthcare as they relate to advanced health assessment.
Unit 5: The General Survey	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate attainment of a complete general survey (a portion of the pre-assessment)</p> <ul style="list-style-type: none"> • Identify components of the general survey • Discuss normal ranges and abnormal findings during the general survey
Unit 6: Documentation related to Health Assessment	<p><i>After completing this task, the student should be able to:</i> Document a complete pre-assessment using correct format and terminology</p> <ul style="list-style-type: none"> • Identify the 6 different types of documentation formatting • Explore “do not use” and “error prone” abbreviations • Investigate appropriate terminology for use in documenting the health assessment
Unit 7: Pre-Assessment of a Well Patient	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate attainment of a complete pre-assessment of a well patient</p> <ul style="list-style-type: none"> • Use appropriate terminology and correctly pronounce and document medical terminology. • Choreograph the pre-assessment in a systematic manner. • Describe accurately the findings of the examination using appropriate documentation formatting.
Unit 8: Pre-Assessment of Any Patient	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate attainment of a complete pre-assessment of any patient</p> <ul style="list-style-type: none"> • Describe accurately the findings of the examination using appropriate documentation formatting, including normal and abnormal findings.

Figure 2. Organization of NURB 326: Advanced Health Assessment Module 1.

	Assessment Criteria
Unit 1: Assessment Techniques and the Clinical Setting	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate safe and correct use of the four techniques of assessment</p> <ul style="list-style-type: none"> • Discuss inspection, palpation, percussion, and auscultation techniques • Identify types of equipment and setting needed to complete physical examinations • Identify standard precautions used & patient safety measures • Describe the approaches when examining a client
Unit 2: Physical Assessment of the Face, Head, Neck, Eyes, Ears, Nose, Mouth, and Throat	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate the complete health assessment process for the face, head, neck, eyes, ears, nose, mouth, and throat of a well patient</p> <ul style="list-style-type: none"> • Describe the structure and function of this health assessment component. • Discuss essential subjective and objective data in this health assessment component. • Document physical assessment findings for this health assessment component. • Demonstrate physical assessment for this health assessment component
Unit 3: Recognition of Abnormal Findings of the Physical Assessment of	<p><i>After completing this task, the student should be able to:</i></p> <p>Recognize abnormal findings in the physical assessment of the face, head, neck, eyes, ears, nose, mouth, and throat</p> <ul style="list-style-type: none"> • Recognize abnormal findings for general and advanced practice in this health assessment component.

	Assessment Criteria
the Face, Head, Neck, Eyes, Ears, Nose, Mouth, and Throat	
Unit 4: Physical Assessment of the Thorax, Lungs, Heart, Neck Vessels, and Abdomen	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate complete health assessment process for the thorax, lungs, heart, neck vessels, and abdomen of a well patient</p> <ul style="list-style-type: none"> • Describe the structure and function of this health assessment component. • Discuss essential subjective and objective data in this health assessment component. • Document physical assessment findings for this health assessment component. • Recognize abnormal finding for general and advanced practice in this health assessment component. • Demonstrate physical assessment for this health assessment component.
Unit 5: Recognition of Abnormal Findings of the Physical Assessment of the Thorax, Lungs, Heart, Neck Vessels, and Abdomen	<p><i>After completing this task, the student should be able to:</i></p> <p>Recognize abnormal findings in the physical assessment of the thorax, lungs, heart, neck vessels, and abdomen</p> <ul style="list-style-type: none"> • Recognize abnormal findings for general and advanced practice in this health assessment component.
Unit 6: Physical Assessment of the Peripheral Vascular System, Lymphatic System, Musculoskeletal System, and Nervous System	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate complete health assessment process for the peripheral vascular system, lymphatic system, musculoskeletal system, and nervous system of a well patient</p> <ul style="list-style-type: none"> • Describe the structure and function of this health assessment component. • Discuss essential subjective and objective data in this health assessment component. • Document physical assessment findings for this health assessment component. • Recognize abnormal finding for general and advanced practice in this health assessment component. • Demonstrate physical assessment for this health assessment component.
Unit 7: Recognition of Abnormal Findings of the Physical Assessment of the Peripheral Vascular System, Lymphatic System, Musculoskeletal System, and Nervous System	<p><i>After completing this task, the student should be able to:</i></p> <p>Recognize abnormal findings in the physical assessment of the peripheral vascular system, lymphatic system, musculoskeletal system, and nervous system</p> <ul style="list-style-type: none"> • Recognize abnormal findings for general and advanced practice in this health assessment component.

	Assessment Criteria
Unit 8: The Complete Health Assessment: Pulling it All Together	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate a complete head-to-toe health assessment of a well patient</p> <ul style="list-style-type: none"> • Demonstrate skills of inspection, percussion, palpation, and auscultation. • Demonstrate correct use of instruments, including assembly, manipulation of component parts, and positioning with patient. • Use appropriate terminology and correctly pronounce medical terminology with clinical instructor and with patient. • Choreograph the complete examination in a systematic manner, including integration of certain regional assessments throughout the examination (e.g., skin, musculoskeletal). • Coordinate procedures to limit position changes for examiner and patient. • Describe accurately the findings of the examination • Demonstrate appropriate infection control and safety measures. • Recognize and maintain the privacy and dignity of the patient.
Unit 9: Focused Health Assessment	<p><i>After completing this task, the student should be able to:</i></p> <p>Demonstrate appropriate focused assessment for any patient</p> <ul style="list-style-type: none"> • Use recommended techniques to perform an appropriate focused assessment of a patient based on patient's chief complaint or assessment findings • Demonstrate skills of inspection, percussion, palpation, and auscultation. • Demonstrate correct use of any appropriate instruments, including assembly, manipulation of component parts, and positioning with patient. • Use appropriate terminology and correctly pronounce medical terminology with clinical instructor and with patient. • Choreograph the focused examination in a systematic manner, including integration of certain regional assessments throughout the examination (e.g., skin, musculoskeletal). • Coordinate procedures to limit position changes for examiner and patient. • Describe accurately the findings of the examination, including normal and abnormal findings. • Demonstrate appropriate infection control and safety measures. • Recognize and maintain the privacy and dignity of the patient.

Figure 3. Organization of NURB 326: Advanced Health Assessment Module 2.

The modules were designed to incorporate currently-used resources, such as the *Physical Examination and Health Assessment - 6th edition* electronic text by Carolyn Jarvis (2012), the Evolve Nursing Skills Online 3.0 and Pageburst Integrative Resources platforms, and the university's Blackboard learning platform. There was the addition of a new resources, the Shadow Health virtual health assessment platform, to further support the CBE pedagogy.

Module 1—Unit 1: Evidence-based Assessment

Task Class 1: Learners are confronted with situations where the concepts are clearly defined.

Identify the relationship of the health assessment to the nursing process

- Identify the difference between subjective and objective data
 - Discuss the critical thinking process in nursing practice
 - Define the concept of health models
 - Identify the 4 types of data collection
 - Identify the frequency of various types of assessments
 - Discuss how health care environments can promote wellness as a basis for physical assessment and professional nursing care
-

Supportive Information: Modeling example

Students view a faculty-developed multimedia presentation on the use of evidence-based assessment in nursing, including information regarding each of the component knowledge/skills listed under the assessment criteria. Multimedia presentation will include modelling of communication with a nursing student to answer parts of the component knowledge required to answer the student's overall question.

Supportive Information: Presentation of cognitive strategies

Students view a faculty-developed multimedia presentation on the use of evidence-based assessment in nursing, including information regarding each of the component knowledge/skills listed under the assessment criteria. Students are also assigned to read Chapter 1 in Jarvis e-book and complete Pageburst Integrative Resources connected to Chapter 1.

Learning Task 1.1: Non-specific goal

Students will use discuss the critical thinking process in nursing practice.

Part-task practice

Active participation by faculty in discussion board

Learning Task 1.2: Non-specific goal

Students will discuss how health care environments can promote wellness as a basis for physical assessment and professional nursing care.

Part-task practice

Active participation by faculty in discussion board

Learning Task 1.3: Imitation/Completion presentation

Written assignment—A nursing student you are precepting asks you how health assessment relates to the nursing and the nursing process. You review all of the material in this unit in order to prepare your answer to the student. How do you respond?

JIT information

- *Faculty suggests using component knowledge skills to assist in formulating the response*

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.3.

Module 1—Unit 2: Culturally-sensitive Assessment

Task Class 1: Learners are confronted with situations where the concepts are clearly defined.

Demonstrate cultural sensitivity with “culturally sensitive” score attained on cultural sensitivity assessment tool

- Discuss the demographic profile of the United States.
 - Describe the National Standards for Culturally and Linguistically Appropriate Services.
 - Discuss heritage.
 - Provide examples of traditional health and illness beliefs and practices.
 - Discuss the steps to cultural sensitivity.
-

Supportive Information: Presentation of cognitive strategies

Students view a faculty-developed multimedia presentation regarding cultural sensitivity, including information regarding each of the component knowledge/skills listed under the assessment criteria. Students are also assigned to read Chapter 2 in Jarvis e-book and complete Pageburst Integrative Resources connected to Chapter 2.

Learning Task 1.1: Case Study

Multimedia presentation will include multiple case study practice scenarios, providing self-check of cultural sensitivity among various cultures in relation to traditional beliefs and practices

Part-task practice

Self-check opportunities

Learning Task 1.2: Completion

Students will discuss the demographic profile of the United States.

Part-task practice

Active participation by faculty in discussion board

Learning Task 1.3: Completion

Students will discuss the steps to take to attain cultural sensitivity.

Part-task practice

Active participation by faculty in discussion board

Learning Task 1.4: Completion presentation

Complete the cultural sensitivity assessment tool in Pageburst Integrative Resource in Chapter 2 of Jarvis e-book

JIT information

- Links to various healthcare resources regarding cultural sensitivity (from AACN Toolkit of Resources for Culturally Competent Education for Baccalaureate Nurses)

Module 1—Unit 3: The Interview

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Demonstrate appropriate communication techniques during the health assessment interview (a portion of the pre-assessment)

- Identify the process of communication
 - Identify techniques of communication used
 - State the 10 traps of interviewing
 - Identify the impact of nonverbal skills
 - Discuss approaches to interviewing in regards to developmental care, and people with special needs
 - Identify techniques of overcoming communication barriers
-

Supportive Information: Presentation of cognitive strategies

Students will complete Evolve Nursing Skills Online 3.0 multimedia module on Interviewing (includes videos, procedure guideline, procedure checklist, interactive case studies, pre-interview and debriefing activities). Students are also assigned to read Chapter 3 in Jarvis e-book.

Learning Task 1.1: Case Study

Students will be instructed to submit a pre-assignment via the MSU Career Services Interview Link at the start of this unit depicting what they believe to be appropriate communication within an assessment interview. They will all be provided with the same multimedia information on a “patient” they will be interviewing.

Whole-task practice

Learning Task 1.2: Non-specific goal

Students will discuss approaches to interviewing in regards to developmental care, and people with special needs.

Part-task practice

Active participation by faculty in discussion board

Learning Task 1.3: Completion

Students will provide feedback to peers regarding their pre-assignment

Peer review

Learning Task 1.4: Conventional

Video assignment—Conduct a health assessment interview with an interviewee of your choice, using appropriate communication techniques.

JIT information presentation

- Evolve Nursing Skills Online 3.0 procedure guide (SAP)

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.4.

Module 1—Unit 4: The Complete Health History

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Demonstrate attainment of a complete health history (a portion of the pre-assessment) on a well patient

- Describe the purpose of the complete health history
 - Identify the components of the complete health history
 - Discuss how genetics and genomics affect healthcare as they relate to advanced health assessment
-

Supportive Information: Presentation of cognitive strategies

Faculty will provide process worksheet indicating the information to be attained in a complete health history. Students are also assigned to read Chapter 4 in Jarvis e-book.

Learning Task 1.1: Worked-out example

Given a written health history documented by an RN, students will critique the history.

Whole-task practice

Active participation by faculty in discussion

Students will discuss their critiques of the given health history.

Peer review

JIT information presentation

- Health history process worksheet

Learning Task 1.2: Completion

Students will be complete the web-based Genetics Education Program for Nurses via Cincinnati Children's Hospital website

Part-task practice

Learning Task 1.3: Completion

Students will discuss approaches to interviewing in regards to developmental care, and people with special needs.

Active participation by faculty in discussion board

Learning Task 1.4: Conventional

Written assignment—Collect a complete health history on a “patient” of your choosing using a health history form.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.4.

Module 1—Unit 5: The General Survey

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Demonstrate attainment of a complete general survey (a portion of the pre-assessment)

- Identify components of the general survey
 - Discuss normal ranges and abnormal findings during the general survey
-

Supportive Information: Presentation of cognitive strategies

Faculty will provide process worksheet indicating the information to be attained in the general survey. Students are also assigned to read Chapter 5 in Jarvis e-book.

Learning Task 1.1: Case Study

Given a multimedia case study, students will complete a general survey form regarding the patient viewed within the case study, including normal and abnormal findings. Students will discuss their findings.

Whole-task practice

Peer review

JIT information presentation

- General survey process worksheet
-

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.1.

Module 1—Unit 6: Documentation related to Health Assessment

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Document a complete pre-assessment using correct format and terminology

- Identify the six different types of documentation formatting
 - Explore “do not use” and “error prone” abbreviations
 - Investigate appropriate terminology for use in documenting the health assessment
-

Supportive Information: Presentation of cognitive strategies

Faculty will provide pre-assessment documentation exemplars. Students are also assigned to read Chapter 5 in Jarvis e-book and given the websites for “do not use” and “error prone” abbreviation lists from The Joint Commission and the Institute for Safe Medication Practices.

Learning Task 1.1: Worked-out example

Given a written pre-assessment documented by an RN, students will re-write the documentation using correct format and terminology.

JIT information presentation

- Documentation exemplars
-

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.1.

Module 1—Unit 7: Pre-Assessment of a Well Patient

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Demonstrate attainment of a complete pre-assessment of a well patient

- Use appropriate terminology and correctly document medical terminology.
 - Choreograph the pre-assessment in a systematic manner.
 - Describe accurately the findings of the examination using appropriate documentation formatting.
-

Learning Task 1.1: Conventional

Video and written assignment—Students will conduct a complete pre-assessment of a “patient” of their choosing, including documentation of the findings.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.1.

Module 1—Unit 8: Pre-Assessment of Any Patient

Task Class 3: Learners are confronted with situations where the concepts are not clearly defined. There are a variety of unknown aspects for the patient encountered.

Demonstrate attainment of a complete pre-assessment of any patient

- Describe accurately the findings of the examination using appropriate documentation formatting, including normal and abnormal findings
-

Learning Task 1.1: Conventional

Students will conduct a complete pre-assessment of a virtual patient via Shadow Health, including documentation of the findings.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.1.

Module 2—Unit 1: Assessment Techniques and the Clinical Setting

Task Class 1: Learners are confronted with situations where the concepts are clearly defined.

Demonstrate safe and correct use of the four techniques of assessment

- Demonstrate inspection, palpation, percussion, and auscultation techniques
 - Identify types of equipment and setting needed to complete physical examinations
 - Identify standard precautions used & patient safety measures
 - Discuss the various approaches taken when examining a client
-

Supportive Information: Modeling example

Students complete Evolve Nursing Skills Online 3.0 Module on assessment techniques (includes demonstration videos). Students are also assigned to read Chapter 8 in Jarvis e-book, which has congruent process descriptions and graphics.

Supportive Information: Presentation of cognitive strategies

Students complete Evolve Nursing Skills Online 3.0 Module on assessment techniques (includes videos, interactive case studies, pre-assessment and debriefing activities). Students are also assigned to read Chapter 8 in Jarvis e-book.

Learning Task 1.1: Non-specific goal

Students will discuss the various approaches taken when examining a client.

Part-task practice

Active participation by faculty in discussion board

Learning Task 1.2: Imitation

Students will choose appropriate equipment and safety measures to take when using each of the four assessment techniques via the Shadow Health virtual platform.

Part-task practice

JIT information presentation

- Descriptions of equipment and any potential necessary safety measures

*Learning Task 1.3: Imitation/Completion**Part-task practice*

Students will complete each of the four assessment techniques individually via the Shadow Health virtual platform on a cooperative and well patient.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.3.

Module 2—Unit 2: Physical Assessment of the Face, Head, Neck, Eyes, Ears, Nose, Mouth, and Throat

Task Class 1: Learners are confronted with situations where the concepts are clearly defined.

Demonstrate the complete health assessment process for the face, head, neck, eyes, ears, nose, mouth, and throat of a well patient

- Describe the structure and function of this health assessment component.
 - Identify essential subjective and objective data in this health assessment component.
 - Discuss predicted physical assessment findings for this health assessment component.
 - Demonstrate physical assessment for this health assessment component
-

Supportive Information: Modeling example

Students complete Evolve Nursing Skills Online 3.0 Module on physical assessment of this health assessment component (includes demonstration videos). Students are also assigned to read Chapters 13-16 in Jarvis e-book, which has congruent process descriptions and graphics.

Supportive Information: Presentation of cognitive strategies

Students complete Evolve Nursing Skills Online 3.0 Module on assessment techniques (includes videos, interactive case studies, pre-assessment and debriefing activities). Students are also assigned to read Chapters 13-16 in Jarvis e-book.

Learning Task 1.1: Case Study

Evolve Nursing Skills Online 3.0 module provides interactive case studies for self-check purposes

Part-task practice

Self-check

Learning Task 1.2: Reverse

Students will predict expected assessment findings for this health assessment component.

Part-task practice

Active participation by faculty in discussion board

JIT information presentation

- Expected assessment findings for this health assessment component

Learning Task 1.3: Imitation

Students will practice physical assessment of this health assessment component both in real-life and virtually via the Shadow Health platform. Students will request critique by faculty and classmates via video conferences.

Peer review

Faculty procedural feedback

Learning Task 1.4: Conventional

Students will complete a physical assessment of a virtual, cooperative, well patient's face, head, neck, eyes, ears, nose, mouth, and throat via the Shadow Health platform.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.4.

Module 2—Unit 3: Recognition of Abnormal Findings of the Physical Assessment of the Face, Head, Neck, Eyes, Ears, Nose, Mouth, and Throat

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Recognize abnormal findings in the physical assessment of the face, head, neck, eyes, ears, nose, mouth, and throat

- Identify abnormal findings for general and advanced practice in this health assessment component.
 - Identify possible etiologies for any abnormal findings within this health assessment component.
 - Use correct terminology for abnormal findings in this health assessment component.
-

Supportive Information: Presentation of cognitive strategies

Students will complete Evolve Nursing Skills Online 3.0 multimedia module on this health assessment component (including visuals of abnormal findings). Students are also assigned to read Chapters 13-16 in Jarvis e-book, which includes visual and descriptive depictions of the abnormal findings associated with this health assessment component. Faculty will provide documentation exemplars related to abnormal findings potentially discovered within this health assessment component.

Learning Task 1.1: Case Study

Evolve Nursing Skills Online 3.0 module provides interactive case studies which can be completed for both peer review and ungraded faculty review

Whole-task practice

JIT information presentation

- Potential abnormal assessment findings for this health assessment as well as possible etiologies.

Learning Task 1.2: Non-specific goal

Students will complete one written documentation of an unwell, chosen Evolve Nursing Skills Online 3.0 case study within this health assessment component for ungraded faculty review

Part-task practice

JIT information presentation

- Documentation exemplars

Learning Task 1.3: Conventional

Students will complete a physical assessment of an unknown virtual patient's face, head, neck, eyes, ears, nose, mouth, and throat via the Shadow Health platform.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.3.

Module 2—Unit 4: Physical Assessment of the Thorax, Lungs, Heart, Neck Vessels, and Abdomen

Task Class 1: Learners are confronted with situations where the concepts are clearly defined.

Demonstrate the complete health assessment process for the thorax, lungs, heart, neck vessels, and abdomen of a well patient

- Describe the structure and function of this health assessment component.
 - Identify essential subjective and objective data in this health assessment component.
 - Discuss predicted physical assessment findings for this health assessment component.
 - Demonstrate physical assessment for this health assessment component
-

Supportive Information: Modeling example

Students complete Evolve Nursing Skills Online 3.0 Module on physical assessment of this health assessment component (includes demonstration videos). Students are also assigned to read Chapters 18-19 and 21 in Jarvis e-book, which has congruent process descriptions and graphics.

Supportive Information: Presentation of cognitive strategies

Students complete Evolve Nursing Skills Online 3.0 Module on assessment techniques (includes videos, interactive case studies, pre-assessment and debriefing activities). Students are also assigned to read Chapters 18-19 and 21 in Jarvis e-book.

Learning Task 1.1: Case Study

Evolve Nursing Skills Online 3.0 module provides interactive case studies for self-check purposes

Part-task practice

Self-check

Learning Task 1.2: Reverse

Students will predict expected assessment findings for this health assessment component.

Part-task practice

Active participation by faculty in discussion board

*JIT information
presentation*

- Expected assessment findings for this health assessment component

Learning Task 1.3: Imitation

Students will practice physical assessment of this health assessment component both in real-life and virtually via the Shadow Health platform. Students will request critique by faculty and classmates via video conferences.

Peer review

*Faculty procedural
feedback*

Learning Task 1.4: Conventional

Students will complete a physical assessment of a virtual, cooperative, well patient's thorax, lungs, heart, neck vessels, and abdomen via the Shadow Health platform.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.4.

Module 2—Unit 5: Recognition of Abnormal Findings of the Physical Assessment of the Thorax, Lungs, Heart, Neck Vessels, and Abdomen

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Recognize abnormal findings in the physical assessment of the thorax, lungs, heart, neck vessels, and abdomen

- Identify abnormal findings for general and advanced practice in this health assessment component.
 - Identify possible etiologies for any abnormal findings within this health assessment component.
 - Use correct terminology for abnormal findings in this health assessment component.
-

Supportive Information: Presentation of cognitive strategies

Students will complete Evolve Nursing Skills Online 3.0 multimedia module on this health assessment component (including visuals of abnormal findings). Students are also assigned to read Chapters 18-19 and 21 in Jarvis e-book, which includes visual and descriptive depictions of the abnormal findings associated with this health assessment component. Faculty will provide documentation exemplars related to abnormal findings potentially discovered within this health assessment component.

Learning Task 1.1: Case Study

Evolve Nursing Skills Online 3.0 module provides interactive case studies which can be completed for both peer review and ungraded faculty review

Whole-task practice

JIT information presentation

- Potential abnormal assessment findings for this health assessment component, as well as possible etiologies

Learning Task 1.2: Non-specific goal

Students will complete one written documentation of an unwell, chosen Evolve Nursing Skills Online 3.0 case study within this health assessment component for ungraded faculty review

Part-task practice

JIT information presentation

- Documentation exemplars

Learning Task 1.3: Conventional

Students will complete a physical assessment of an unknown virtual patient's thorax, lungs, heart, neck vessels, and abdomen via the Shadow Health platform.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.3.

Module 2—Unit 6: Physical Assessment of the Peripheral Vascular System, Lymphatic System, Musculoskeletal System, and Nervous System

Task Class 1: Learners are confronted with situations where the concepts are clearly defined.

Demonstrate the complete health assessment process for the peripheral vascular system, lymphatic system, musculoskeletal system, and nervous system of a well patient

- Describe the structure and function of this health assessment component.
 - Identify essential subjective and objective data in this health assessment component.
 - Discuss predicted physical assessment findings for this health assessment component.
 - Demonstrate physical assessment for this health assessment component
-

Supportive Information: Modeling example

Students complete Evolve Nursing Skills Online 3.0 Module on physical assessment of this health assessment component (includes demonstration videos). Students are also assigned to read Chapters 20 and 22-23 in Jarvis e-book, which has congruent process descriptions and graphics.

Supportive Information: Presentation of cognitive strategies

Students complete Evolve Nursing Skills Online 3.0 Module on assessment techniques (includes videos, interactive case studies, pre-assessment and debriefing activities). Students are also assigned to read Chapters 20 and 22-23 in Jarvis e-book.

Learning Task 1.1: Case Study

Evolve Nursing Skills Online 3.0 module provides interactive case studies for self-check purposes

Part-task practice

Self-check

Learning Task 1.2: Reverse

Students will predict expected assessment findings for this health assessment component.

Part-task practice

Active participation by faculty in discussion board

*JIT information
presentation*

- Expected assessment findings for this health assessment component

Learning Task 1.3: Imitation

Students will practice physical assessment of this health assessment component both in real-life and virtually via the Shadow Health platform. Students will request critique by faculty and classmates via video conferences.

Peer review

*Faculty procedural
feedback*

Learning Task 1.4: Conventional

Students will complete a physical assessment of a virtual, cooperative, well patient's peripheral vascular system, lymphatic system, musculoskeletal system, and nervous system via the Shadow Health platform.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.4.

Module 2—Unit 7: Recognition of Abnormal Findings of the Physical Assessment of the Peripheral Vascular System, Lymphatic System, Musculoskeletal System, and Nervous System

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

Recognize abnormal findings in the physical assessment of the peripheral vascular system, lymphatic system, musculoskeletal system, and nervous system

- Identify abnormal findings for general and advanced practice in this health assessment component.
 - Identify possible etiologies for any abnormal findings within this health assessment component.
 - Use correct terminology for abnormal findings in this health assessment component.
-

Supportive Information: Presentation of cognitive strategies

Students will complete Evolve Nursing Skills Online 3.0 multimedia module on this health assessment component (including visuals of abnormal findings). Students are also assigned to read Chapters 20 and 22-23 in Jarvis e-book, which includes visual and descriptive depictions of the abnormal findings associated with this health assessment component. Faculty will provide documentation exemplars related to abnormal findings potentially discovered within this health assessment component.

Learning Task 1.1: Case Study

Evolve Nursing Skills Online 3.0 module provides interactive case studies which can be completed for both peer review and ungraded faculty review

Whole-task practice

JIT information presentation

- Potential abnormal assessment findings for this health assessment, as well as possible etiologies

Learning Task 1.2: Non-specific goal

Students will complete one written documentation of an unwell, chosen Evolve Nursing Skills Online 3.0 case study within this health assessment component for ungraded faculty review

Part-task practice

JIT information presentation

- Documentation exemplars

Learning Task 1.3: Conventional

Students will complete a physical assessment of an unknown virtual patient's peripheral vascular system, lymphatic system, musculoskeletal system, and nervous system via the Shadow Health platform.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.3.

Module 2—Unit 8: The Complete Health Assessment of a Well Patient

Task Class 2: Learners are confronted with situations where the concepts are clearly defined. However, there are unknown aspects of each patient that may be discovered.

After completing this task, the student should be able to:

Demonstrate a complete head-to-toe health assessment of a well patient

- Demonstrate skills of inspection, percussion, palpation, and auscultation.
 - Demonstrate correct use of instruments, including assembly, manipulation of component parts, and positioning with patient.
 - Use appropriate terminology and correctly pronounce medical terminology with clinical instructor and with patient.
 - Choreograph the complete examination in a systematic manner, including integration of certain regional assessments throughout the examination (e.g., skin, musculoskeletal).
 - Coordinate procedures to limit position changes for examiner and patient.
 - Describe accurately the findings of the examination
 - Demonstrate appropriate infection control and safety measures.
 - Recognize and maintain the privacy and dignity of the patient.
-

Learning Task 1.1: Conventional

Video and written assignment—Students will conduct a complete health assessment of a “patient” of their choosing, including documentation of the findings.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.1.

Module 2—Unit 9: Focused Health Assessment of Any Patient

Task Class 3: Learners are confronted with situations where the concepts are not clearly defined. There are a variety of unknown aspects for the patient encountered.

Demonstrate appropriate focused assessment for any patient

- Use recommended techniques to perform an appropriate focused assessment of a patient based on patient's chief complaint or assessment findings
 - Demonstrate skills of inspection, percussion, palpation, and auscultation.
 - Demonstrate correct use of any appropriate instruments, including assembly, manipulation of component parts, and positioning with patient.
 - Use appropriate terminology and correctly pronounce medical terminology with clinical instructor and with patient.
 - Choreograph the focused examination in a systematic manner, including integration of certain regional assessments throughout the examination (e.g., skin, musculoskeletal).
 - Coordinate procedures to limit position changes for examiner and patient.
 - Describe accurately the findings of the examination, including normal and abnormal findings.
 - Demonstrate appropriate infection control and safety measures.
 - Recognize and maintain the privacy and dignity of the patient.
-

Learning Task 1.1: Conventional

Students will conduct a complete health assessment of a virtual patient via Shadow Health, including documentation of the findings.

Supportive Information: Cognitive feedback

Learners receive feedback on their approach to solve the problem in Learning Task 1.1.

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VITA

LADONNA MICHELLE MCCLAVE

EDUCATION

May, 1995 Bachelor of Science in Nursing
Eastern Kentucky University
Richmond, Kentucky

August, 2007 Master of Science in Nursing Education
Walden University
Minneapolis, Minnesota

Pending Doctor of Education
Morehead State University
Morehead, Kentucky

PROFESSIONAL EXPERIENCES

June, 1995-October, 1997 Staff Nurse
King's Daughters Medical Center
Ashland, Kentucky

October, 1997-April, 2006 Patient Care Manager
King's Daughters Medical Center Home Health
Ashland, Kentucky

April, 2006-August, 2007 Nurse Residency Educator
King's Daughters Medical Center
Ashland, Kentucky

August, 2007-Present Associate Professor of Nursing
Morehead State University
Morehead, Kentucky

HONORS

2008 Commissioned as a Kentucky Colonel
Steven L. Beshear, Governor of Kentucky
Bowling Green, Kentucky

2011 Recipient of Kathryn Mershon Scholarship
Kentucky League of Nursing
Richmond, Kentucky

PRESENTATIONS

Jerde, E. A., Mays, L., Myers, J. R., McClave, L. M., & Ahmadi, D. R. (2015, May). *Shining the Spotlight on Students, Course Design and Faculty in Online STEM Courses. Kentucky Pedagogicon*. Richmond, KY.

McClave, L. M., Ryan, P. A., Myers, J. R., Mays, L., Seelig, D. S., & Smith, C. D. (2015, May). *Two Sides of the "Flipped" Coin: Strategies for Inside and Outside the Classroom. Kentucky Pedagogicon 2015 Conference*. Eastern Kentucky University.

McClave, L. M., & Myers, J. R. (2015, March). *Using Quality Matters Higher Education Rubric in the Faculty Mentor-Mentee Relationship. Quality Matters Mid-Atlantic Conference*. Philadelphia, PA: Quality Matters/Drexel University.

McClave, L. M., & Clevenger, K. M. (2013, March). *Using HESI Exit Results to Evaluate the Integration of QSEN Competencies in a BSN Curriculum. Elevate Outcomes with HESI*. Philadelphia, PA: Elsevier.

McClave, L. M. (2009). *Incorporation of Simulation in a Baccalaureate Nursing Program's Clinical Component. National League of Nursing Technology Conference*. Baltimore, Maryland

McClave, L. M. (2008, May). *Adaptation of Clinical Reflection to the Classroom Environment. 2nd Annual Kentucky Nurse Educator Conference*. Bowling Green, Kentucky: Kentucky Board of Nursing.

McClave, L. M. (2008, February). *Making the Preceptor Pass: Working at a Rapid Pace with Multiple Demands. King's Daughters Medical Center Preceptor Conference*. Ashland, Kentucky: King's Daughters Medical Center.

McClave, L. M. (2015, November). *Reflecting on Reflections to Discover Myself as a Leader. 43rd Biennial Convention of Sigma Theta Tau International Honor Society of Nursing*. Las Vegas, NV: Sigma Theta Tau International Honor Society of Nursing.

McClave, L. M. (2015, April). *Reflecting on Reflections to Discover Myself as a Leader. 2nd Annual Saint Claire Regional Medical Center Research Day*. Morehead, KY: SCRMC/NEAHEC.

Brock, M., Burroughs, K., & McClave, L. M. (2014, September). *Exploration of Current Practice and the Rise of Antimicrobial Resistant Infections. Sigma Theta Tau International Leadership Connection 2014 Rising Stars Poster Presentations*. Indianapolis, IN: Sigma Theta Tau International Honor Society of Nursing.

McClave, L. M. (2012, May). *Integration of Technology in a Baccalaureate Introduction to Nursing Research Course. Kentucky Innovations Conference*. Erlanger, Kentucky: Northern Kentucky University.

McClave, L. M. (2011, July). *Integration of Technology in a Baccalaureate Introduction to Nursing Research Course. Emerging Technologies in Nursing Education Conference*. San Francisco, California: Evolve.

McClave, L. M., & Bledsoe, C. J. (2010). *Incorporation of Simulation in a Baccalaureate Nursing Program's Clinical Component. Kentucky League for Nursing Educators Conference*. General Butler State Park: Kentucky League for Nursing.

McClave, L. M. (2011, March). *Can You Really Google® Good Health? First Year Seminar Health Literacy Service Learning Project. Kentucky Health Literacy Summit*. Bowling Green, KY.

McClave, L. M. (2010, October 1). *Incorporation of QSEN Competencies in a Baccalaureate Introduction to Nursing Research Course. SREB Council for Collegiate Education in Nursing's Annual Meeting*. Atlanta, GA: Southern Regional Education Board.

McClave, L. M. (2010, October 1). *Incorporation of QSEN Competencies into a Baccalaureate Introduction to Nursing Research Course. Kentucky Nurses' Association Annual Conference*. Louisville, KY: Kentucky Nurses' Association.

McClave, L. M. (2010, September 1). *Incorporation of QSEN Competencies into a Baccalaureate Nursing Introduction to Nursing Research Course. Sigma Theta Tau International Honor Society of Nursing Leadership Summit*. Indianapolis, IN: Sigma Theta Tau International Honor Society of Nursing.

McClave, L. M. (2009, May). *Adaptation of Clinical Reflection to the Classroom Setting. Kentucky Conference on the Scholarship of Teaching and Learning: Creating Prepared Learners*. Lexington, Kentucky.

McClave, L. M. (2007, September). *Adaptation of Graduate Nurse Clinical Reflection to the Online Environment. Ohio State University Quest for Excellence Conference*. Columbus, Ohio: Ohio State University.