

A RETROSPECTIVE STUDY OF THE CLINICAL CAPSTONE EXPERIENCE  
ON PERCEPTIONS OF PRACTICE READINESS IN ASSOCIATE DEGREE  
STUDENT NURSES AND PRECEPTORS

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by

KENDRA M. ERICSON

A.S.N. Trinity College of Nursing, 1998  
B.S.N. Trinity College of Nursing, 2001  
M.S.N. University of Phoenix, 2008

Kansas City, Missouri  
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Kendra M. Ericson, Candidate for the Doctor of Philosophy Degree

University of Missouri-Kansas City, 2018

ABSTRACT

**Purpose** of the *Student Transitional Experience into Practice* (STEP) study was to explore differences in perceptions of practice readiness between associate degree student nurses and their preceptors after a clinical capstone experience. **Significance:** Commonalities are reported by student nurses and newly licensed registered nurses facing the daunting task of becoming competent clinical practitioners. The novice nurse has reported that exposure to the workplace setting, professional roles, and acquisition of psychomotor skills aided in their perception of practice readiness and perceived competency level. Nursing educators seek innovative teaching modalities that assist in producing sound, competent generalist graduate nurses. Graduate nurses need to be able to demonstrate theoretical competency on the NCLEX-RN and be able to function independently as a registered nurse once in practice. **Method:** This STEP study was a pilot quantitative, retrospective design employing secondary data analysis of associate degree nursing students at a multi-campus Midwest community college. **Instruments:** The Casey-Fink Tool measured perceptions of student nurse practice readiness and their preceptors' perceptions

of student readiness following the final clinical capstone experience. The survey instrument is a three-factor set of correlated subscales: demographics/clinical experience, competency skill performance, and professional identity of the student nurse. **Procedure:** This STEP study utilized collected data from the Casey-Fink Tool survey data obtained during the spring 2018 clinical capstone course from 100 students and preceptors. **Analysis:** A descriptive analysis of the Casey-Fink Tool survey data, including exploratory factor analysis, was used to identify subscales and study findings. **Nursing Implications:** This STEP study advances the future of nursing education by exploring curricular methodologies to aid in the preparedness and practice readiness of the student nurse upon graduation.

## APPROVAL PAGE

The faculty listed below, approved by the Dean of the School of Nursing and Health Studies, have examined a dissertation titled “A Retrospective Study of the Clinical Capstone Experience on Perceptions of Practice Readiness in Associate Degree Student Nurses and Preceptors,” presented by Kendra M. Ericson, Candidate for the Doctor of Philosophy Degree, and certify that in their opinion it is worthy of acceptance.

### Supervisory Committee

Christine Zimmerman, R.N., Ph.D., Committee Chair  
School of Nursing and Health Studies

Dawn Bowker, Ph.D., MSN, RN, ARNP  
Iowa State University

Karen Gorton, Ph.D., MSN, RN  
School of Nursing and Health Studies

Carmen Harrison, Ph.D., RNC  
Clayton State University

Karen LaMartina, Ph.D., RN  
Johnson County Community College

Anita Skarbek, Ph.D., RN  
School of Nursing and Health Studies

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## DEDICATION

I want to dedicate this achievement to my father. It was my father's drive in life, endless love for his family, and continued prayer that I follow my passions. I do not know all I will achieve with my doctorate, but I know that it will be to the betterment of others. Wisdom from a Father, "to whom much is given, much will be required" (Luke 12:48).

CHAPTER 1  
INTRODUCTION

**Background**

There is ongoing discourse between academic and practice leaders suggesting that student nurses' practice readiness competencies are inadequate due to pre-licensure clinical education methodologies (Benner, Sutphen, Leonard, & Day, 2010; Casey, Fink, Jaynes, Campbell, Cook, & Wilson, 2011; Missen, McKenna, & Beauchamp, 2015). In fact, the practice readiness debate regarding transition from student nurse to graduate nurse has been discussed as a professional nursing issue for decades (Benner, 1984; Missen et al., 2015; Townsend, 1931). A disparity exists in the literature with limited research on the student nurse; specifically the associate degree nursing (ADN) compared to the graduate nurse population. The difference between the student nurse and graduate nurse is the attainment of licensure with no new formalized education post-graduation. Pre-licensure program outcomes seek to prepare the student nurse to function as a safe generalist nurse. Clinical practice leaders continue to assert their need for more robustly work-ready graduate nurses, capable of caring for patients with more complex health needs (American Nurses Association [ANA], 2000; Institute of Medicine [IOM], 2011; Kumm, Godfrey, Richards, Hulen, & Ray, 2016; Missen, McKenna, Beauchamp, & Larkins, 2016).

The tension between academic leaders and educators has been present for decades that the workplace demands and expectations for graduate nurses are unrealistic and do not align with the context of pre-licensure nursing education intended to prepare students as nurse generalists (IOM, 2011; Missen et al., 2016; National Council of State Boards of Nursing [NCSBN], 2005; Townsend, 1931). A research study targeted at 400 nursing

program administrators and 5,700 nurse leaders in practice illustrated the startling contrast in graduate nursing expectations related to perceived practice readiness upon employment (Wolsky, 2014). In this study, program administrators and nurse leaders rated graduates on 36 nursing competencies; 90% of nursing program administrators reported their graduate nurses were prepared to deliver safe, effective patient care, whereas, only 10% of nurse leaders viewed graduate nurses as adequately prepared. The alarming difference between program administrators and nurse leaders demonstrates the need for further research on the practice readiness gap in order to develop a clear definition of role expectations for graduate nurses (Wolsky, 2014).

In 2010, nurse educators across pre-licensure nursing programs were challenged to radically reform pedagogical methodologies and curricula to not only reflect the current complexities in healthcare, but to further enhance critical thinking and clinical reasoning skills for pre-licensure students (Benner et al., 2010; IOM, 2011). Throughout the United States, a lack of standardization in the clinical curriculum (total clinical hours, types of learning experiences, evaluation methods, and faculty-student ratios) exists among pre-licensure programs and contributes to the graduate nurse preparedness debate issue (Missen et al., 2015; NCSBN, 2005; Spector et al., 2015). It is important to note that other health-related programs such as medicine, pharmacy, pastoral care, and physical therapy require their graduating students to complete formalized transition-to-practice programs. Financial assistance provided by the Centers for Medicare & Medicaid Services supports these transition-to-practice programs (Spector et al., 2015).

The profession of nursing lacks standardization of clinical competency expectations across the professional continuum, possibly in part to its structural design. The nursing

structure includes state level boards of nursing and several optional accreditation organizations compared to other health programs that include a single governing body and required accreditation standards (Spector et al., 2015). Nursing students are preparing to work in demanding, high-acuity patient care environments, with differing clinical competency outcome expectations, coupled with vague nursing role expectations. Furthermore, in the study by Missen et al. (2016), student nurses perceived a lack of practice readiness due to limited opportunities to perform skills during clinical rotations and the profession's inability to synergistically define nursing role expectations. Casey et al. (2011) summarizes this point by asserting, "There is a mismatch in their perceptions of readiness for practice and what they are telling us as newly graduated nurses" (p. 652).

This Student Transitional Experience into Practice (STEP) study was a retrospective pilot study data that utilized Casey and colleagues' (2011) instrument in order to identify challenges associated with pre-licensure student nurse clinical competency level achievement and to offer recommendations to improve pre-licensure nursing curricula and supportive measures to enhance transition from school to professional practice. The alarming contrast between academic and practice leaders' perceived practice readiness of graduate nurses demonstrates the importance of the STEP study (Spector et al., 2015; Wolsky, 2014).

### **Definition of Terms**

*Clinical competency* refers to the demonstration of skills, knowledge, and critical reasoning skills required in nursing practice (ANA, 2013).

*Student nurse* is a senior-level student enrolled in their final semester of coursework in a pre-licensure ADN program.

*Graduate Nurses* are recent registered nurses with less than one year of clinical experience who work independently as a registered nurse in a healthcare setting (Missen et al., 2016).

*Clinical Capstone Experience* is a senior-level, one-on-one clinical rotation that strives to provide real-life work experiences in a designated healthcare setting (Diefenbeck et al., 2015).

*Preceptors* are registered nurses employed in a healthcare setting who mentor student nurses during clinical rotations (Omer, Suliman, & Moola, 2016; Owens, 2013).

### **Defining the Nurse Generalist**

According to NCSBN (2005), “the mission of the boards of nursing is to protect the public....the boards of nursing have the responsibility of making sure that new graduate nurses are prepared to practice safely” (p. 1). The NCSBN’s regulatory administrators provide guidelines to each State Board of Nursing body that regulate standards for pre-licensure nursing programs in their jurisdiction (NCSBN, 2017). Nationally, each state board of nursing regulates education curricula related to theory, laboratory, and clinical learning experiences. The NCSBN currently has no standardization in total clinical hour requirements, patient setting, and patient-related experiences required prior to registered nurse licensure (IOM, 2011; NCSBN, 2005, 2018a, 2018b). In addition, NCSBN evaluates entry clinical competency through a nationally-normed computerized test designed to assess the nurse candidate’s ability to provide safe, effective patient care upon entry into practice. This exam, however, does not assess psychomotor skill competency.

Previous research findings note graduate nurses are ill-prepared for the workplace demands and lack confidence to effectively perform in their entry nursing role (Benner et

al., 2010; IOM, 2011; Kovner, Brewer, Fatehi, & Jun, 2014). Findings further suggest pre-licensure education is deficient in meeting workplace expectations for the graduate nurse (Adair, Hughes, Davis, & Wolcott-Breci, 2014; Benner et al., 2010; Kovner et al., 2014; Missen et al., 2016). Pre-licensure administrative leaders and educators report difficulty in securing clinical sites to meet learning objectives for the student nurse. Educators are exploring new clinical teaching-learning models and alternative teaching-learning methodologies, such as high-fidelity simulation experiences for clinical hours to promote competency skill development for the student nurse (Benner et al., 2010; Jimenez, 2017; Shepard, 2014). Assessing alternative models to strengthen student nurses' clinical competencies and patient experiences can assist in practice readiness expectations during the transitional process from student to the graduate nurse role. Furthermore, collaboration and clear practice readiness expectations between academia and practice can assist in sustaining the nursing workforce (Spector et al., 2015; Wolsky, 2014).

### **Innovative Clinical Pedagogy**

Clinical competency incorporates the student's demonstration of skills, knowledge, and critical reasoning applied in practice (ANA, 2013). The student nurse's clinical education incorporates theoretical concepts, applied laboratory skills, and simulated learning during patient care experiences. The clinical capstone experience in existing research has been discussed as having many benefits to the student learning process (Jimenez, 2017; Shepard, 2014). This learning experience allows students to gain workplace experience and autonomy in the nursing role, and it promotes management of patient care through the development of clinical competency skills (Benner et al., 2010; Diefenbeck et al., 2015; IOM, 2011; Kumm et al., 2016).

Although clinical education does vary by each state and program type, all licensing nursing boards require pre-licensure nursing program curricula to include direct patient care as a foundation for a career as a professional nurse (NCSBN, 2005). Clinical education incorporates experiential learning modalities through direct patient care, observation, and/or simulation learning experiences (Kumm et al., 2016; Missen et al., 2016; NCSBN, 2005). Regulatory administrators continue to compel nurse educators to explore new educational pedagogies to enhance the preparatory learning process (Benner et al., 2010; NCSBN, 2018b).

A common clinical education model is a traditional model, in which a nursing faculty provides direct supervision over a cohort of student nurses in the designated clinical setting (Kumm et al., 2016; Missen et al., 2016; Owens, 2013). The STEP study utilized a preceptorship model during the final clinical capstone experience in an ADN pre-licensure program. A distinct advantage of utilizing a preceptorship model is the fostering of student autonomy and nursing role expectations while working with a qualified registered nurse in a healthcare setting, under the support and supervision of academic nursing faculty (Missen et al., 2016; Shepard, 2014). Research supports commonly identified contextual relationships for students through formalized mentorship during their clinical experiences as positive role development practices (Benner et al., 2010; IOM, 2011; Kumm et al., 2016). Student nurses' perceptions of their clinical preceptorship experience revealed improved role independence and critical reasoning and refined clinical competencies from working with a registered nurse preceptor (Diefenbeck et al., 2015; IOM, 2010; Shepard, 2014).

## **Clinical Competency Theory**

The theoretical framework used in the clinical setting utilizes practical and applied learning principles to assist the learner in clinical competency development. Patricia Benner's Novice to Expert (1982) theoretical framework merges science, nursing, and psychology to guide the fundamental progression of nursing practice. Novice to Expert Theory uses the conceptual framework from the parent theory derived from the Dreyfus Skill Acquisition model (1980) (see Appendix A). The Dreyfus model focused on the development of chess players, postulating that experience would influence skill progression. Benner's theory (1982) affirmed that skill progression of an individual advances through five proficiency stages: novice, advanced beginner, competent, proficient, and expert.

The Novice to Expert model includes the stages of progression and the description of skill acquisition in each transitional stage (see Appendix B). Benner (1984) defined skill performance as "the movement from reliance on abstract principles through the use of past, concrete experiences as paradigms" (p. 402). Benner used operational definitions for each stage of clinical competency; Benner's model served as the guiding theoretical framework for the Casey-Fink Tool (formerly known as the Casey-Fink Readiness to Practice Survey or KFRPS) (K. Casey & R. Fink, personal communication, November 29, 2017).

### **Application of Theoretical Framework**

Benner's (1982) stages of clinical competency provided a framework for the STEP study relative to the following learning stages: formal training, policy adherence, application, and synthesis (Benner, 1984; Benner et al., 2010). Benner's theoretical framework integrates conceptual and applied knowledge to promote competency skills in the clinical setting. Through the utilization of the preceptorship model, students can apply

situational learning to strengthen their autonomy, confidence, and skill acquisition, while building workplace experience in the clinical setting (Benner et al., 2010; IOM, 2010; Missen et al., 2015). Benner's framework guides the STEP study with the assumption that student nurses possess theoretical and applied knowledge, but lack the situational experience needed to improve their practice readiness (Benner, 1984).

Through Benner's Novice to Expert theory, a relationship exists between student nurses' stage progression and their skill acquisition, clinical competency, and self-efficacy. In Benner's novice to advanced beginner stages, students' basic knowledge and applied skills acquisition are demonstrated through their clinical experiences. The theory, as applied to the clinical nursing practice setting, denotes a self-paced and individualized approach to stage development and progression. The students' perceived self-efficacy in their performed psychomotor skills, influenced by the learning environment, has an impact on their competency level (Benner et al., 2010; Casey et al., 2011). As the learner gained or lacked clinical experience, progression along the five-stage continuum was modified to reflect the learner's needs.

### **Intuitive Nursing**

Benner's work clarifies the characteristics of a nurse's performance at different stages of skill acquisition through inductive data collection (Benner, 1984; Kramer, 1974). Student nurses' progression through each stage allows an adjustment period in order to develop confidence and competency in their skill performance. For example, the student nurse develops knowledge and skills, referred to as *knowing-how* through experience, also referred to as experiential learning, rather than through the employment of theoretical contexts, referred to *knowing-that*. Benner equates this learning experience as inherent in

intuitional decision-making processes. The theoretical concepts of *knowing-how* versus *knowing-that* postulates a nurse will acquires skill acquisition through knowledge and situational experiences from practice. The ADN student nurse has limited applied knowledge and inconsistent clinical experiences; therefore their stage development often fluctuates between novice to advanced beginner stages during their formative learning encounters.

Research supports that time, experience, and skill performance while in school influence the transition from novice to expert nurse, as evidenced by the perceptual differences in practice readiness expectations (Benner et al., 2010; Casey et al., 2011; Missen et al., 2015). Thus, students apply their knowledge to safe patient care and critical reasoning skills and in turn, acquire situational learning techniques that will contribute to the development of confidence in trusting their cultivated intuitional skill sets that arise from previous experiences. As such, the intent of clinical capstone experiences is to improve workforce practice readiness, as student nurses secure more workplace experience, preparedness, confidence in their skills, and opportunities to exhibit autonomy though the delivery of safe, quality patient care (Kumm, et al., 2016; Owens, 2013).

### **Purpose of the Study**

The purpose is to conduct a retrospective study examining the effects of a clinical capstone experience on perceptions of practice readiness in ADN student nurses and their preceptors. The STEP study aimed to close the identified gap between workplace demands and expectations on practice readiness of the student nurse prior to graduation. In an effort to enhance preparatory learning, the capstone experience allows the student to work

collaboratively with an experienced nurse preceptor in the workplace setting prior to graduation.

The STEP study addresses limitations from previous quantitative, mixed-methods, and qualitative studies that failed to examine congruency between a two-group population of ADN student and preceptor on practice readiness expectations (Adair et al., 2014). Gaps continue to exist in practice readiness, as pre-licensure nursing programs have no required competency validation by regulatory agencies upon licensure to practice. This limits competency validation and provides inconsistent expectations of the nurse generalist role (Benner et al., 2010; IOM, 2011; Missen et al., 2016; Shepard, 2014). The STEP study sought to promote discussion to the inconsistent clinical competencies and expectations of a nurse generalist (Benner et al., 2010; Fink, Krugman, Casey, & Goode, 2008; IOM, 2011; Missen et al., 2016). The STEP study findings can assist nurse educators and leaders in identifying practice readiness skills that enhance curricular modifications in the clinical capstone experience.

### **Research Questions**

**Research Question:** How does perception of workforce practice readiness differ between ADN student nurses and those of their preceptors at the post-clinical capstone experience timeframe?

**Hypothesis 1:** ADN student nurses' mean scores on the Casey-Fink Tool will be higher than the mean scores of their preceptors at the post-clinical capstone experience timeframe.

**Hypothesis 2:** There will be a predictive relationship between readiness to practice scores and identified factors within the clinical learning environment (type of

assigned unit) and individual student characteristics (gender, age, ethnicity, prior or current healthcare experience, prior degree, and GPA).

### **Problem Statement**

It is projected the current nursing shortage will intensify over the next decade, resulting in an insufficient supply of registered nurses to care for increasing populations with complex health care needs. The shortage issue will be further exacerbated if the profession is unable to replace practicing registered nurses lost through retirement and attrition (American Association of Colleges of Nursing, 2019a). The STEP study sought to improve curricular strategies both in the academic and practice settings while providing recommendations to standardize clinical competencies for the student nurse prior to graduation. Overall, this study has the potential to advance the future of nursing through an intentional clinical curriculum model that promotes a competent graduate nurse able to deliver safe, effective patient care leading to a sustainable nursing workforce (Benner et al., 2010; Joint Commission Accreditation, 2017; Shepard, 2014; Spector et al., 2015; Wolsky, 2014).

## CHAPTER 2

### REVIEW OF LITERATURE

A comprehensive literature review should comprise systematic methods, descriptions of methods, results, and an overall appraisal of the study (Polit & Beck, 2012). A literature review conducted through PubMed, CINAHL, and ProQuest databases with key concepts of *practice readiness, preparedness, student nurses, preceptorship, and competency* disclosed 15 articles from 2013 to 2018 with ten graduate nurse articles compared to only five articles pertaining to the student nurse population. Additionally, there were no identified research studies address the ADN population and practice readiness. The limited qualitative and quantitative studies pertaining to pre-licensure ADN practice readiness further addressing the research gap and need for the STEP study (Adair et al., 2014; Benner et al., 2010; Casey et al., 2011; Shepard, 2014).

The transition-to-practice articles illustrated the paucity of research centered on the graduate nurse role transition and performance outcomes and supported the need for this STEP study. The STEP study attempts to address this gap in the literature related to the ADN student nurse population and practice readiness. The ADN curriculum and clinical competencies were examined to determine the transitional. Furthermore, the role of the capstone clinical experience impact on student learning can assist educators in identifying pre-licensure clinical education models that have the potential for a positive impact on practice readiness in ADN students.

#### **Role of Clinical Experiences in Learning**

The clinical experience in student learning is the application of theoretical knowledge, psychomotor skills, and conceptual experiences in professional nursing roles in

the workplace setting. Educational researchers have explored the phenomena of clinical competency through the preparatory, transitional, and integrated phases from school to practice (Adair et al., 2014; Casey et al., 2011; Shepard, 2014; Spector et al., 2015).

Through an increased understanding of the practice readiness gaps, nursing educators and leaders can improve pedagogical approaches utilizing clinical education interventions to strengthen the student nurse preparedness (Adair et al., 2014; Benner, et al., 2010; Fink et al., 2008). One successful intervention identified throughout the research was the use of mentorship in the workplace setting during clinical learning (Benner et al., 2010; IOM, 2011; Missen et al., 2016).

The clinical capstone experience is a senior-level, one-on-one clinical rotation that provides real-life work experience in a healthcare setting that provides several benefits to the student-learning process (Diefenbeck et al., 2015). The capstone experience allows the student nurse more time in the healthcare setting to develop their clinical abilities and gain independence in the graduate nurse role (Missen et al., 2015). Student nurses learn through situated learning (patient care experiences) during their clinical capstone experience (Kumm et al., 2016). In situated learning and application of the learning environment (practice know-how), student nurses can develop personal confidence in their skill performance and workplace expectations, while collaborating with an interdisciplinary team (Benner et al., 2010; Omer et al., 2016; Owens, 2013).

### **Trends in Clinical Education Models**

Clinical educational research lacks curricular model exploration and its impact on student nurses' practice readiness competencies (Kumm et al., 2016; Missen et al., 2015; Shepard, 2014). Kumm et al. (2016) conducted a descriptive quantitative, two-model

clinical immersion experience study using a pre- and post-test comparative analysis design. The study aimed to determine nursing students' proficiency prior to graduation and future clinical curriculum design support. Nurse preceptors evaluated student readiness by assessing clinical knowledge, technical skills, critical thinking, communication, professionalism, management of responsibilities, and overall clinical performance. Although no statistical significance was found between the two clinical models and students' clinical performance, further research examining the correlation between student performance and number of required clinical hours was recommended. Additionally, research evaluating clinical curriculum content and varying clinical models was recommended to address practice readiness (Kumm et al., 2016; Missen et al., 2015; Morrell & Ridgway, 2014).

Diefenbeck et al. (2015) conducted a mixed-method, longitudinal study utilizing nursing students from a single institution ( $n=147$ ) to examine core curricular components in a bachelor of science in nursing (BSN) program to determine preparedness of senior nursing students for their capstone experiences. Three core components that students felt prepared them most for their capstone experiences were identified: (a) field experience with the interdisciplinary healthcare team; (b) clinical skills experience obtained through real world exposure in healthcare settings; and (c) simulated experiences utilized to improve student nurses' confidence, critical thinking, and clinical skills.

Diefenbeck et al. (2015) utilized the Clinical Immersion Model Core Component (CIMCC) survey and focus groups to acquire additional insight into the clinical model. The CIMCC survey was administered in the capstone class to 107 students with a 91% response rate. One year post-graduation, an alumni survey was sent to previously graduated nursing students ( $n=143$ ) with the response rate of 33%. Alumni evaluated the CIMCC core

components and preparedness approaches utilized in the BSN curriculum. The findings revealed that both students and alumni felt the core BSN components were beneficial in preparing students for practice readiness as they transitioned into their graduate nurse role. Through the curriculum's design, opportunities presented to students provided more hands-on skill development and relied less on observational experiences for role development.

### **The Student Nurse Experience**

The student nurse experience creates the foundation for a career as a professional nurse. The capstone course is the final accumulation of programmatic competencies that allows the student to bridge theoretical and hands-on learning in a workplace environment paired with a nurse preceptor (Diefenbeck et al., 2015; Golightly, Kennett, & Stout, 2017). In the clinical setting students can demonstrate learned skills and knowledge and apply critical thinking prior to graduation (ANA, 2013).

A significant descriptive, mixed-methods study by Casey et al. (2011) aimed to determine the perception of nursing students' readiness to practice in a preceptorship course. The study used a convenience sample of senior baccalaureate-nursing students from three nursing programs in a western state ( $n=429$ ), where data were collected over one academic year. The primary goal was to identify skills and procedures that senior nursing students reported having difficulty performing independently. Study findings illustrated that students perceived they were confident in their skills and ready for entry into practice at the completion of their capstone experience. Additional study findings identified areas where students felt they lacked confidence, which included communication with physicians, performing higher-level skills, and acquiring a sense of independence in the generalized nursing role (Casey et al., 2011).

Shepard (2014) conducted a study of 47 senior nursing students enrolled in a traditional pre-licensure BSN program at the completion of a 120-hour preceptorship experience. The study used Knowles' Adult Learning Model and Benner's Novice to Expert Model as theoretical frameworks to guide their mixed method design with a valid instrument (Shepard, 2014). The quantitative data included demographic information and findings from the preceptorship experience (confidence, skills, competency, and communication). Qualitative data from focused interview groups provided a deeper understanding of the students' experience and study themes. Shepard's (2014) core findings indicated that students perceived their preceptorship experience improved their professionalism, communication, and clinical reasoning skills.

### **The Graduate Nurse Experience**

Researchers explored the perceptions of the graduate nurses' experience as the nursing shortage became evident (Kumm, et al., 2016; Missen et al., 2015, 2016; Shepard, 2014). A theme presented in the literature suggests graduate nurses have poor practice readiness competencies as a result of an inadequate practical and applied learning environment (Benner et al., 2010; Burke & Mancuso, 2012; Casey et al., 2011; Kumm et al., 2016; Missen et al., 2016; Shepard, 2014; Spector et al., 2015). The transitional process from student to nurse reveals a lack of confidence in role transition and competency skills, which has an impact on high turnover rates (IOM, 2011; Missen et al., 2015; Shepard, 2014). The use of formal mentors during nurse residency programs aimed to increase the competency levels of graduate nurses (Kovner et al., 2014; Missen et al., 2015; Morrell & Ridgway, 2014; Omer et al., 2016; Owens, 2013; Spector et al., 2015).

The Missen et al. (2016) study was the second phase of a larger research trajectory project exploring the practice readiness phenomenon that confronts graduate nurses entering the employment setting (Benner et al., 2010). Existing research illustrates that additional time past graduation is needed to further develop practice readiness skills of graduate nurse in the areas involving communication and critical reasoning (Missen et al., 2015). Graduate nurses perceived they were not prepared nor satisfied with their skill competency level upon assuming the registered nurse role (Adair et al., 2014; NCSBN, 2018b).

The implication that graduate nurses should be fully prepared and expected to function as an independent registered nurses upon entering the workforce is not supported in the literature (Benner et al., 2009; IOM 2011; Morrell & Ridgway, 2014). As novice nurses enter practice, it may be that the role expectations are unrealistic, as evidenced by the necessity for extended orientations and nurse residency programs to provide mentorship and support for graduate nurses. In Australia, a graduate-level-prepared registered nurse enters a year-long orientation program that provides personal support, mentorship, simulation exercises, and clinical development for their entire first year of employment as a registered nurse (Missen et al., 2015).

Fink et al. (2008) published findings on graduate nurses' experience in a residency program and their practice readiness. The study sample included 1,058 graduate nurses completing a one-year residency program. The setting included 12 hospitals participating in the University Health System Consortium/American Association of Colleges of Nursing (AACN) post-baccalaureate nurse residency program. The Readiness to Practice instrument consisted of five sections: demographic information, skills/procedure performance (three open-ended questions), comfort/confidence (25 Likert-type items), job satisfaction (nine

Likert-type items), and a series of five open-ended questions, which permitted the graduate nurse residents to voice their personal experiences about work environment and role transition. Qualitative analysis themes included role change, workload, fears, lack of confidence, and orientation issues for the graduate nurse. The study identified 16 top skills/procedures that caused discomfort for new graduate nurses, which drove the researchers proposed study methodology to determine if an intervention could improve clinical competency of these skills prior to graduation. The Fink et. al. (2008) research became the widely accepted framework to improve pre-licensure clinical curriculum as opposed to waiting to address the graduate nurse competency deficiencies in 12 national residency programs.

As the graduate nurse turnover rates continued to increase, discussions about the nursing shortage and emphasis on building a sustainable workforce became more prevalent (AACN, 2019; IOM, 2011; NCSBN, 2018b; Spector et al., 2015). The NCSBN conducted a multisite ( $n=105$  hospitals), randomized, controlled study implementing their Nursing's Practice to Transition Model program from 2011 to 2013 (NCSBN, 2018b). The study sample ( $n=1088$  graduate nurses) were surveyed at baseline, six months, nine months, and one year of employment. The significance of the longitudinal study reflected regardless of the onboarding program utilized, improved outcomes were found during the first year of a graduate nurse's employment. The AACN offers a nation-wide nurse residency program aimed to support graduate nurses and reduce nurse turnover rates. In 2018, the AACN residency program participant retention rate was 91.5% compared to 82.5% of nation-wide residency programs' retention rates for graduate nurses (AACN, 2019b).

According to Spector et al. (2015) “Hospitals using established programs had higher retention rates, and the nurses in these programs reported fewer patient care errors, employed fewer negative safety practices, and had higher competency levels, lower stress levels, and better job satisfaction” (p. 24). A graduate nurse leaving employment within the first year of practice costs a healthcare facility around \$40,000 per year and contributes to a decrease in staffing, which, in turn, impacts patient care outcomes (IOM, 2011). A ten-year panel study of graduate nurses found that 17.5% will leave their job within the first year of employment and 33.5% leave by two years (Kovner et al., 2014). According to the Robert Wood Johnson Foundation (2014), “Organizational costs associated with RN turnover can be as much as \$6.4 million for a large acute care hospital, and studies have associated turnover among health providers with an increase in the use of physical restraints, pressure ulcers and patient falls.” Nursing educators and leaders benefit from understanding the factors associated with graduate nurse turnover rates to aid in organizational quality improvement processes, improved workplace environment, and policy changes to build a sustainable workforce (Kovner et al., 2014).

### **Practice Readiness**

Learning from transitional experiences of the novice nurse and identifying deficiencies can aid nurse educators and leaders to alter pedagogical frameworks during clinical experiences. The preceptorship experience builds upon such theoretical frameworks as an educational modality promoting workplace experience, autonomy of the nursing role, and confidence in students’ clinical skills/performance (Adair, et al., 2014; Golightly et al., 2017; Diefenbeck et al., 2015; Shepard, 2014).

Walker and Campbell (2013) conducted a quantitative study exploring the role of readiness to practice in predicting work outcomes of 96 graduate nurses (level of educational preparation not identified) from two regional hospitals in Australia. The work readiness scale (WRS) identifies four dimensions of work readiness: organizational acumen, clinical competence, social intelligence, and personal work characteristics. Walker and Campbell (2013) found three of the four work readiness dimensions (organizational acumen, clinical competence, and social intelligence) predicted job satisfaction and work engagement. Clinical competence and organizational acumen positively related to graduate nurses' job satisfaction. Further supporting the STEP study, clinical competence was an important factor in the achievement of positive work outcomes.

The practice readiness phenomenon demonstrates that graduate nurses who perceive themselves as clinically competent were more satisfied with their job than those lacking clinical competency. A lack of perceived clinical competence may undermine graduates' self-confidence (Shepherd, 2014). The research on practice readiness in pre-licensure education is limited and does not address the findings on transitional nursing residency programs for the graduate nurse (Missen, et al., 2016; Morrell & Ridgway, 2014). Additional studies and research targeting the student nurse experience can assist educators in curricular support that will improve confidence and clinical competency prior to graduation. Benner et al. (2010), IOM, (2011), and Kovner et al. (2014) believed that a stronger capstone experience will provide the foundation for skill development, confidence, and role transition identified as lacking upon entry to practice.

### **Collaboration from Academia to Practice**

Research began focusing in the mid-2000s on collaborative efforts between

academia and practice industry stakeholders (educators, nursing leaders, and regulators) to seek solutions to promote improved outcomes from student to clinician. Stakeholders realize that students and graduate nurses are being placed in high-demand healthcare settings that have increased patient acuity, high nurse-patient ratios, and incivility in the workplace (IOM, 2011). Collaborative efforts such as annual stakeholder meetings provide review of policies, curriculum, and program outcomes and further recommendations for pre-licensure program leaders. Trends, statistical data, and demographic information between academic leaders and practice leaders improve the transition process from school to practice and reduce high turnover rates for the graduate nurse (Benner et al., 2010; Casey et al., 2011; IOM, 2011; Kovner et al., 2014).

The collaborative relationship between student, educator, and the nurse preceptor is intended to promote student success in the clinical setting (Benner et al., 2010; IOM, 2011; Owens, 2013). Study findings reported improvements in job-related skills such as professionalism, communication, clinical skills, and clinical reasoning with the completion of a capstone course for senior student nurses (Casey et al., 2011; Shepard, 2014). Conducting research efforts in the senior capstone course may enhance students' perception of their competency to practice and increase awareness of where the education-practice gaps exist. Collaborative efforts between academia and practice leaders can begin to reform the educational learning process to develop a clinically competent nurse who is capable of navigating our present complex healthcare environment.

### **Gaps in the Literature**

Themes identified in the literature include student nurses' reports of facing the daunting task of becoming proficient, competent, and clinically sound practitioners (Casey

et al., 2011; Fink et al., 2008; Morrell & Ridgway, 2014; Shepard, 2014). What the body of literature has not challenged is how to improve the ADN student experience in practice readiness. Academia-practice educators and leaders need focused collaboration on ADN student outcomes and practice readiness. No identified research has found any standardized competency skills requirements to measure practice readiness in pre-licensure nursing programs. Furthermore, research gaps exist in ADN nursing programs with and without a senior practicum experience. Studies lack generalizability to multiple degree types, demographics, and various geographic locations (Casey et al., 2011; Shepherd, 2014). In addition, the STEP study is the first study assessing practice readiness from the perspective of both student and preceptor using the Casey-Fink Tool (Adair et al., 2014; Casey et al., 2011; Shepard, 2014). With the call for reform in nursing education, a lack of educational studies exists evaluating new pedagogical models and their impact on student learning outcomes. Longitudinal studies analyze paradigm shifts and their influence on student nurses' practice readiness.

This study aimed to address a significant gap in the ADN student population and obtain comparative data from the preceptors' perceptions of the student competency level prior to graduation. Correlated data findings from student and preceptor will assist educators in academic and practice settings in the identification of curricular gaps to improve confidence and practice readiness competencies of the student nurse prior to employment.

### **Significance**

There has been a significant amount of research on the graduate nurse entering the workforce contributing to high turnover rates, employment dissatisfaction, and financial implications to healthcare systems (AACN, 2019b; IOM, 2011; NCSBN, 2018b; Spector et

al., 2015). Further educational research is needed, specifically in ADN programs where limited data collection has occurred on the preparatory learning experience. Benner's (1984) Novice to Expert theory is a framework found throughout the literature review on the process of role transition and clinical competency for both student and graduate nurse (Owens, 2013). The theory constructs guide researchers through the nurse's practical and applied learning continuum.

### **Summary**

Paradigm shifts and new models are needed to support the transition from school to practice for the student nurse. Over the past several decades, educational pedagogy in nursing programs lack updates to current practice standards (Kumm et al, 2016; Missen et al., 2016; Spector et al., 2015). Implementation of new nursing conceptual models and theoretical frameworks should focus on student responsibility and accountability expectations, and away from traditional medical models (Kumm et al, 2016; Missen et al., 2016). The review of literature supports collaboration between education-practice leaders, educators, and staff related to transitional expectation (AACN, 2019b; IOM, 2011; Owens, 2013). The definitions of these expectations are not predominating in the literature but are found in the responses of the study participants. The call for additional research strategies to support the preparation, transition, and integration from school to practice is discussed in the literature (Benner et al., 2010; Morrell & Ridgway, 2014; NCSBN, 2017).

CHAPTER 3  
METHODOLOGY

**Clinical Capstone Experience**

The purpose of this pilot study was to explore differences in perceptions of practice readiness between associate degree student nurses and their preceptors after a clinical capstone experience. As the ADN literature illustrates, novice nurses learn through formal training, policies and procedures, and synthesis of skill sets throughout the learning experience (ANA, 2013; Benner 1982). Using Benner's (1984) Novice to Expert theoretical framework, students did their capstone experiences (CCE) in acute care settings under the direction of experienced RN preceptors, with the goal of acquiring formal training centered on developing performance skill competencies required in clinical nursing practice.

Theoretical concepts associated with clinical competency attainment and practice readiness were measured using the Casey-Fink Tool (Casey et al., 2011). The CCE experience exposed students to competency skill performance, professional nursing identity, managing multiple complex patients, and practice readiness expectations of the registered nurse role.

This chapter is organized into ten sections. The first section presents hypothesis 1 and 2, the research design, setting, participant selection, considerations, risks, and conflict of interest, resources, followed by survey instrument, data collection and analysis.

**Hypothesis 1:** ADN student nurses' mean scores on the Casey-Fink Tool will be higher than the mean scores of their preceptors at the post-clinical capstone experience timeframe.

**Hypothesis 2:** There will be a predictive relationship between readiness to practice scores and identified factors within the clinical learning environment (type of

assigned unit) and individual student characteristics (gender, age, ethnicity, prior or current healthcare experience, prior degree, and GPA).

### **Research Design and Approach**

A pilot quantitative, retrospective design approach that examined secondary data from ADN students' capstone courses was used for this STEP study (Shadish, Cook, & Campbell, 2002). In spring 2018, a two-group (student and preceptor) post-test design utilizing the Casey-Fink Tool © 2008, collected data from ADN capstone students and their preceptors at the end of the capstone semester (Casey et al., 2011). Secondary analysis of the Casey-Fink Tool data includes the dependent variable, practice readiness perceptions of the student nurse and preceptor, and the independent variable, clinical capstone experience. Since all ADN capstone students received the intervention prior to this study, random assignment selection was not employed, and the convenience sampling approach was deemed the most appropriate assignment approach for this study.

### **Setting**

The setting was one Midwestern community college ADN nursing program, which is part of a 5-campus system within rural and urban sectors of the state, and is accredited through the Accreditation Commission for Education in Nursing (ACEN). The ADN program is comprised of student populations diverse in race, ethnicity, age, gender, disability, religion, and sexual orientation. Typical annual enrollment is approximately 400 ADN nursing students, with 100 students enrolled in a clinical capstone course each (fall and spring) semester.

The overall ADN nursing student population at the community college where the STEP study was conducted included the following demographic summary. The average age

of the ADN student was 26 years old, with ages ranging from 18 to 55 years old. The majority of students are female (91%), with males accounting for (8%) of the population. The ADN students are predominantly Caucasian (89%) with the vast majority English speaking (96%). The marital status of the ADN population includes single (67%) and to married status (27%). The dependent status of the ADN population consists of students without dependents (68%) and those with dependents (32%). The self-reported employment status of the sample population consists of 50% working 20 hours or less per week, 35% working 21 hours to 39 hours per week, three percent of students working greater than 40 hours per week, and unreported employment status of 12% (Arthur Brown, Dean of Health and Public Services personal communication, September 28, 2019).

### **Participant Selection**

Study participants were notified of study participation through college emails, information with course faculty and student enrollment in ADN550-Professional Nursing Preceptor course. Preceptor recruitment occurred via email with assistance from the course coordinator, who secured all clinical placements for the capstone course. A power analysis was also calculated for a two-tailed independent sample and based on an  $\alpha$  of 0.05, power of 0.80, and a moderate effect size of 0.35. A minimum of 88 participants would have been needed to not only reduce the risk of a type II error, but to ensure the statistical analysis would be accurate and reliable. The pilot STEP study examined the study instrument feasibility between the two-group participants ( $n=57$ ) and to determine potential large-scale study (Polit & Beck, 2008).

Inclusion criteria consisted of enrolled ADN students on the first day of the clinical capstone course and their assigned preceptors. Because there are no state requirements,

preceptor qualifications were decided by the nursing program and included in the preceptor packet (see Appendix C). The preceptor qualifications included an unencumbered registered nurse license, two years of clinical nursing experience, and recommendations from the nursing unit manager.

### **Human Subjects Considerations**

The researcher obtained Institutional Review Board (IRB) approval from the University of Missouri Kansas City (UMKC) and the Des Moines Area Community College (DMACC), where the retrospective study was conducted (see Appendix D and Appendix E). The researcher reviewed study consent with the DMACC College Dean of Health and Public Services prior to the study through a formal in-person meeting with the Dean.

### **Risks and Benefits**

There are no known risks to study participants by participating in the STEP study. The survey assessed the perceptions of readiness to practice level of senior-level nursing students prior to graduation from a pre-licensure program. It was anticipated that the study results will guide nursing leadership, educators, and preceptors to generate structural and pedagogical improvements in order to better prepare pre-licensure capstone students for the nursing role.

### **Conflict of Interest**

The researcher is an employee at the institutional study site, which does pose a potential conflict of interest. To reduce potential conflict of interest, the Dean of Health and Public Services maintained administrative oversight of the secondary data collection and coding. Confidentiality of study participant identifiers were recoded prior to being released to the researcher.

## **Resources**

The STEP study utilized available resources within the research environment at DMACC. The college offers instruction across 10 campuses located in a Midwestern region of the country, with a diverse college enrollment of approximately 25,000 students with regional accreditation by the Higher Learning Commission. The college offers nursing instruction across five (5) campus locations with an annual enrollment of approximately 400 ADN students from diverse backgrounds and settings. Dr. Arthur Brown, Dean of Health and Public Services, provided study and facility support as referenced in the DMACC IRB approval documents (see Appendix E). DMACC provided adequate resources needed to support the STEP study. Educational facilities included designated office space for a review of data sets, technical support assistance, and internet accessibility. Clinical facilities included acute care medical centers throughout the targeted region, as determined by institutional clinical agency agreements.

## **Survey Instrument**

The Casey-Fink Tool (see Appendix F) was utilized to measure perceptions of capstone student nurses regarding their capstone experience, as well as their preceptors' perceptions of the students' practice readiness for the nursing role after the capstone intervention. The survey instrument was piloted by a panel of expert faculty in 2007 and later evaluated for content and construct validity. Study measurements found Cronbach's  $\alpha$  ranging from 0.50 to 0.80. A Cronbach's  $\alpha$  greater than .70 and inter-item correlations between .30 and .70 are acceptable (Polit & Beck, 2008). Subscale correlations ranged from  $r = .04$  to  $.51$ , with significant inter-correlations between clinical problem-solving, professional identity, and trials and tribulations scales (Casey et al., 2011).

Researchers Casey and Fink were consulted in the review of the STEP study's design and provided permission to use their survey instrument in this STEP study (K. Casey & R. Fink, personal communication, November 29, 2017). The Casey-Fink Tool evaluates a three-factor set of correlated subscales: demographics/clinical experience, competency skill performance, and professional identity. The demographics/clinical experience subscale includes 23 items: degree type, gender, age, ethnicity, nursing assistant experience, previous degree, clinical hours, clinical setting, and preceptor data. Preceptors provided six demographic items related to gender, age, ethnicity, education, and clinical setting. The skill performance subscale identifies the top three skills/procedures that participants (student and preceptor) identified as uncomfortable to independently perform and their confidence level in managing multiple patient assignments.

The Casey-Fink Tool includes a 5-point Likert scale with 20 questions assessed a student's comfort level in performing nursing activities and relational skill performance (1=strongly agree, 2=somewhat agree, 3=neither agree nor disagree, 4=somewhat disagree, and 5=strongly disagree). Preceptors provided their perceptions of the 20 items related to students' practice readiness. Professional identity consisted of two open-ended questions regarding reasons for selecting nursing as a profession and what participants felt would better prepare them for entry into nursing practice.

### **Data in Pre-data Collection**

The Health and Public Service Dean and the nursing administrator submitted an IRB application (see Appendix D) and obtained DMACC IRB approval (see Appendix E) to administer the Casey-Fink Tool (see Appendix F) to all enrolled ADN students and preceptors during the 2018 spring semester. Upon IRB approval and consent from the

DMACC research office, the researcher obtained secondary data of the electronic Casey-Fink Tool from the DMACC Health and Public Services Dean's office. Randomized coding was utilized to remove participant identifiers. The procedure for recoding participants allowed the researcher to replace identifiable data fields with artificial markers to protect the identity and privacy of study participants (Munro, Plichta, & Kelvin, 2013). Paired (student and assigned preceptor) data were coded for comparative data analysis. Due to limited paired data, all results were aggregated for statistical significance. Participants who withdrew from the clinical capstone course or opted out of the study were removed at the time of data collection. Student and preceptor Casey-Fink Tool data were entered into Statistical Package for Social Sciences (SPSS) software (version 25).

### **Data Collection and Analysis Procedures**

Data collection took place during spring 2018 semester. Student participants enrolled in their senior capstone course were required to complete the five week, (5)-credit capstone course that is divided into two-credits didactic content and 135 hours clinical-precepted practicum hours. Per course guidelines and school policy, clinical registered nurse preceptors were then assigned to each capstone student.

Student and preceptor Casey-Fink Tool coded survey data were analyzed using SPSS software (version 25). Since secondary data were used for the STEP study, data could not be examined for accuracy (Munro et al., 2013). However, all incomplete data were excluded from data entry during the final data analysis phase. To ensure confidentiality of the Casey-Fink Tool data, only the assigned administrative nursing staff, under administrative supervision of the Dean of Health and Public Services, had access to the

original Casey-Fink Tool data and survey login. The administrative staff then removed and recoded all identifiable data prior to the investigator receiving this secondary data.

Data collected from survey results were uploaded into SPSS in order to conduct a descriptive analysis summary of the dataset. A factor analysis was conducted in order to explain noted correlations among the findings. Lastly, a determination was made to accept or reject the two hypotheses.

**Hypothesis 1:** ADN student nurses' mean scores on the Casey-Fink Tool will be higher than the mean scores of their preceptors at the post-clinical capstone experience timeframe.

**Hypothesis 2:** There will be a predictive relationship between readiness to practice scores and identified factors within the clinical learning environment (type of assigned unit) and individual student characteristics (gender, age, ethnicity, prior or current healthcare experience, prior degree, and GPA).

### **Summary**

This STEP study was a pilot quantitative, retrospective design employing secondary data analysis of ADN students and their nurse preceptors at a multi-campus Midwest community college. The Casey-Fink Tool surveyed perceptions of student nurses' practice readiness and their preceptors' perceptions of student readiness post-clinical capstone experience. The survey tool consisted of a three-factor set of correlated subscales: demographics/clinical experience, competency skill performance, and professional identity of the student nurse. Data collection and analysis procedures ensured fidelity of the STEP study was maintained. Data analysis and results are discussed in Chapter 4.

## CHAPTER 4

### RESULTS

This chapter discusses the data analysis results of the Casey-Fink Tool employing descriptive analysis, independent t-test, and exploratory factor analysis to determine the statistical relevance to the study question and hypotheses. The purpose of this pilot study was to explore differences in perceptions of practice readiness between associate degree student nurses and their preceptors after a clinical capstone experience. All data were aggregated based upon study population results to determine statistical significance.

#### **Hypotheses**

The STEP study presents two hypotheses to determine study significance on readiness to practice in ADN students enrolled in a clinical capstone course.

**Hypothesis 1.** ADN student nurses' mean scores on the Casey-Fink Tool will be higher than the mean scores of their preceptors at the post-clinical capstone experience timeframe.

**Hypothesis 2.** There will be a predictive relationship between readiness to practice scores and identified factors within the clinical learning environment (type of assigned unit) and individual student characteristics (gender, age, ethnicity, prior or current healthcare experience, prior degree, and GPA).

#### **Descriptive Analysis**

To address hypothesis 1, the Casey-Fink Tool was administered to 100 ADN student nurses and 106 registered nurse preceptors. Six student were assigned to two preceptors during their clinical capstone experience due to staffing needs on the assigned unit; the remaining students were assigned to a single preceptor. The Casey-Fink Tool survey was

emailed to 206 students and preceptors with a 28% return ( $n=57$ ). The response rate from students was 23% ( $n=23$ ), and a response rate from preceptors was 32% ( $n=34$ ), which is an acceptable rate for a pilot study. The STEP study consisted of 57 total participants. Demographic data were analyzed using descriptive statistics in SPSS (version 25). A discussion of the demographic summary characteristics of the student and preceptor population follows.

### **Demographics: Student and Preceptor Population**

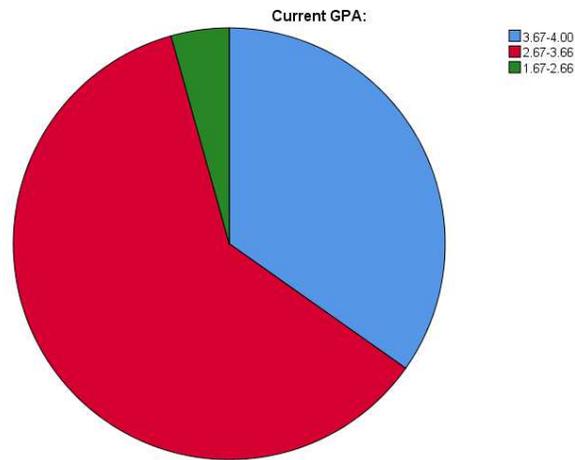
The descriptive analysis of the student demographics indicated that the age of the student ranged from 18 to 50. The majority of the students 60% ( $n=14$ ) were between the ages of 18 and 25 years compared to 70.5% ( $n=8$ ) of nurse preceptors who reported being between 26 and 50 years of age. There was limited diversity represented in the study population among both the students and the preceptors. The homogenous population was predominately Caucasian 96.4% ( $n=55$ ) and was consistent with the geographic location of the study setting with 90.7% of the Iowa population reporting Caucasian ethnicity (Iowa Census, 2018).

### **Student Characteristics**

The following data illustrate the students' demographic characteristics. The data were compared to similar study populations (mostly BSN populations) in the literature on practice readiness to determine generalizability and is discussed in Chapter 5.

The educational demographics reveal 70% ( $n=16$ ) are first time degree-seeking students compared with students who had education prior to their nursing degree (30%;  $n=7$ ). Prior educational awards were classified as certificate, diploma, and associate and/or bachelor degree. Non-nursing degrees included liberal arts, biology, business

administration, massage therapy, and paramedic. The student's self-reported grade point average (GPA) at the time of the clinical capstone indicates that 35% ( $n=8$ ) of the students earned a GPA higher than 3.67, 61% ( $n=14$ ) earned a GPA 2.67-3.66, 4% ( $n=1$ ) had a GPA below 2.66% on a 4.00 grading scale (see Figure 4.1).



*Figure 4.1.* Student Current GPA. Student grade point average on a 4.00 grading scale at the time of their capstone experience.

The vast majority of students (97.4%;  $n=21$ ) reported having previous healthcare experience prior to their clinical capstone experience. Previous experience as a nursing assistant represented 56.6% of students ( $n=13$ ), medical assisting and student preceptorship represented 9% ( $n=2$ ), and 35% ( $n=8$ ) of the students identified other healthcare experience such as licensed practical nurse, paramedic, home care assistant, or pharmacy technician. Only 3.6% ( $n=2$ ) of students reported having no previous healthcare experience (see Figure 4.2).

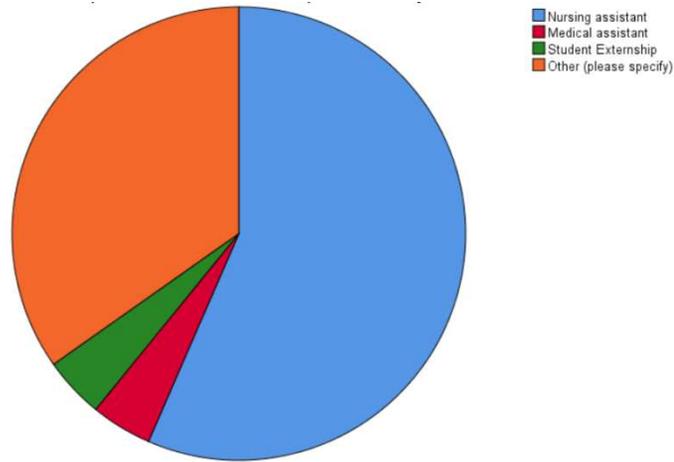


Figure 4.2. Student healthcare experience prior to their capstone experience.

Figure 4.3 demonstrates that 34.8 % of students ( $n=8$ ) worked 0-10 hours per week while enrolled in the ADN program compared to students who reported working an average of 11-30 hours per week (52.1%;  $n=12$ ) or more than 31 hours per week (13%;  $n=3$ ) while enrolled in the ADN program.

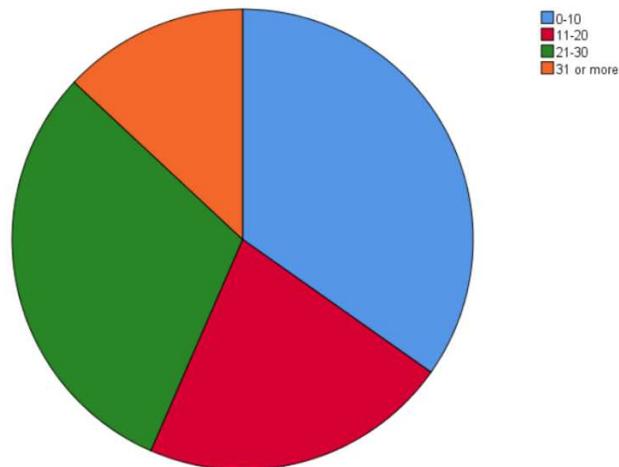


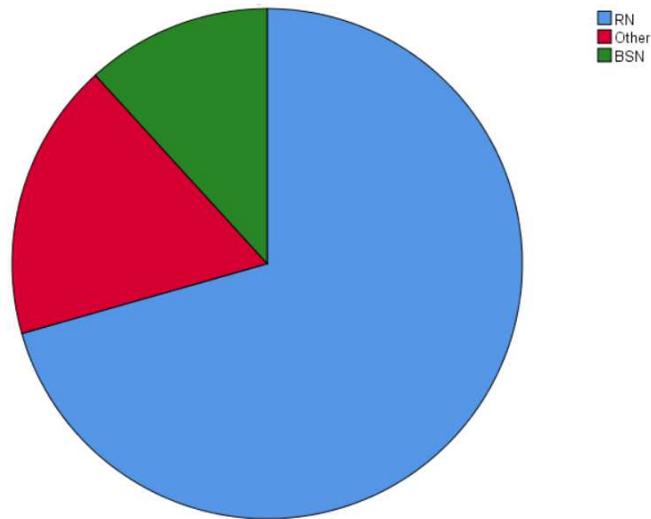
Figure 4.3. Average number of hour's students reported working per week.

### **Student Demographic Summary**

The demographic summary revealed a homogenous convenience sampling of the student participants. Females comprised 95.6% ( $n=22$ ), and 91% were Caucasian ( $n=21$ ), ranging between the ages of 18 and 25 years ( $n=14$ ; 60%). The earned GPA was between 2.67 and 3.66 for 60.9% of the students ( $n=14$ ). The majority of students, 87% ( $n=20$ ), were employed, with 52.1% ( $n=12$ ) working in a healthcare related field 11-30 hours per week while completing the ADN program.

### **Preceptor Characteristics**

The preceptor educational attainment level was assessed via the Casey-Fink Tool survey and revealed the majority of nurse preceptors, 70.6% ( $n=24$ ), reported their highest level of education attainment was an ADN degree; while 11.8% ( $n=4$ ) of the preceptors reported attaining a BSN degree. Of the respondents, 17.6% ( $n=6$ ) reported attaining an “Other degree” (see Figure 4.4). The NCSBN survey data (2017) reports 41.7% of RNs achieve a BSN as their initial nursing degree compared to 32% who achieve an associate degree as their first nursing degree (see Figure 4.4).



*Figure 4.4.* Preceptor Education. The highest level of education attained by nurse preceptors.

Descriptive and independent t-tests were used to measure students' and preceptors' confidence of the student's skills over 20 competency skills performance items (see Table 4.1). Student and preceptor were asked to identify the top three skills (out of 20 competency skills) the student was most uncomfortable performing independently during the clinical capstone experience using a Likert Scale: Strongly agree (1), Somewhat agree (2), Neither agree or disagree (3), Somewhat disagree (4), Strongly disagree (5). The 20-item competency skill performance had  $\alpha$  0.806 (see Table 4.1).

Table 4.1

*Level of Comfort Independently Performing Skills*

Skill	Evaluator	n (sample)	$\mu$	Std(X)	S.E.
Assessment skills	Student	23	.00	.000	.000
	Preceptor	34	.09	.288	.049
Bladder catheter insertion/irrigation	Student	23	.09	.288	.060
	Preceptor	34	.09	.288	.049
Blood draw/ venipuncture	Student	23	.09	.288	.060
	Preceptor	34	.12	.327	.056
Blood glucose monitoring	Student	23	.09	.288	.060
	Preceptor	34	.00	.000	.000
Central line care	Student	23	.30	.470	.098
	Preceptor	34	.18	.387	.066
Charting/documentation	Student	23	.09	.288	.060
	Preceptor	34	.15	.359	.062
Chest tube care	Student	23	.57	.507	.106
	Preceptor	34	.44	.504	.086
EKG/Telemetry monitoring/ interpretation	Student	23	.22	.422	.088
	Preceptor	34	.41	.500	.086
Giving verbal report	Student	23	.17	.388	.081
	Preceptor	34	.21	.410	.070
IV med administration	Student	23	.09	.288	.060
	Preceptor	34	.00	.000	.000
IV starts	Student	23	.04	.209	.043
	Preceptor	34	.15	.359	.062
IV pumps/PCA pump operation	Student	23	.04	.209	.043
	Preceptor	34	.00	.000	.000
Med administration	Student	23	.04	.209	.043
	Preceptor	34	.00	.000	.000
NG tube/Dobhoff care	Student	23	.22	.422	.088
	Preceptor	34	.09	.288	.049
Pulse oximetry	Student	23	.00	.000	.000
	Preceptor	34	.00	.000	.000

Table continues

Skill	Evaluator	n (sample)	$\mu$	Std(X)	S.E.
Response emergency	Student	23	.43	.507	.106
CODE/change patient condition	Preceptor	34	.38	.493	.085
Trach care/suctioning	Student	23	.43	.507	.106
	Preceptor	34	.32	.475	.081
Wound care/dressing	Student	23	.04	.209	.043
change/wound vac	Preceptor	34	.00	.000	.000
Other	Student	23	.00	.000	.000
	Preceptor	34	.06	.239	.041
I am independent in all skills listed above.	Student	23	.04	.209	.043
	Preceptor	34	.06	.239	.041

Figure 4.5 illustrates the comfort level of the student performing competency skills from both the student and the preceptor perspective. Of the competency skills listed in Figure 4.5, the three most identified skills that produced the most discomfort from the perception of student and preceptor were chest tube care (49.9%;  $n=27$ ); responding to a code (40%;  $n=22$ ); and tracheostomy suctioning (34.5%;  $n=19$ ).

The item, EKG/telemetry monitoring and interpretation demonstrated the greatest variance between the student and preceptor response. The students ( $n=5$ ) identified being uncomfortable with EKG/telemetry monitoring and interpretation compared to preceptors' ( $n=14$ ) perception of the students' comfort level in performing the skill. A Chi square analysis was conducted on the top four skills performance items with statistical significance noted on two items: EKG/telemetry monitoring and interpretation ( $p=.005$ ) and trach care suctioning ( $p=.042$ ). There was no statistical significance on skills items responding to a code ( $p=.167$ ) and chest tube skills ( $p=.358$ ).

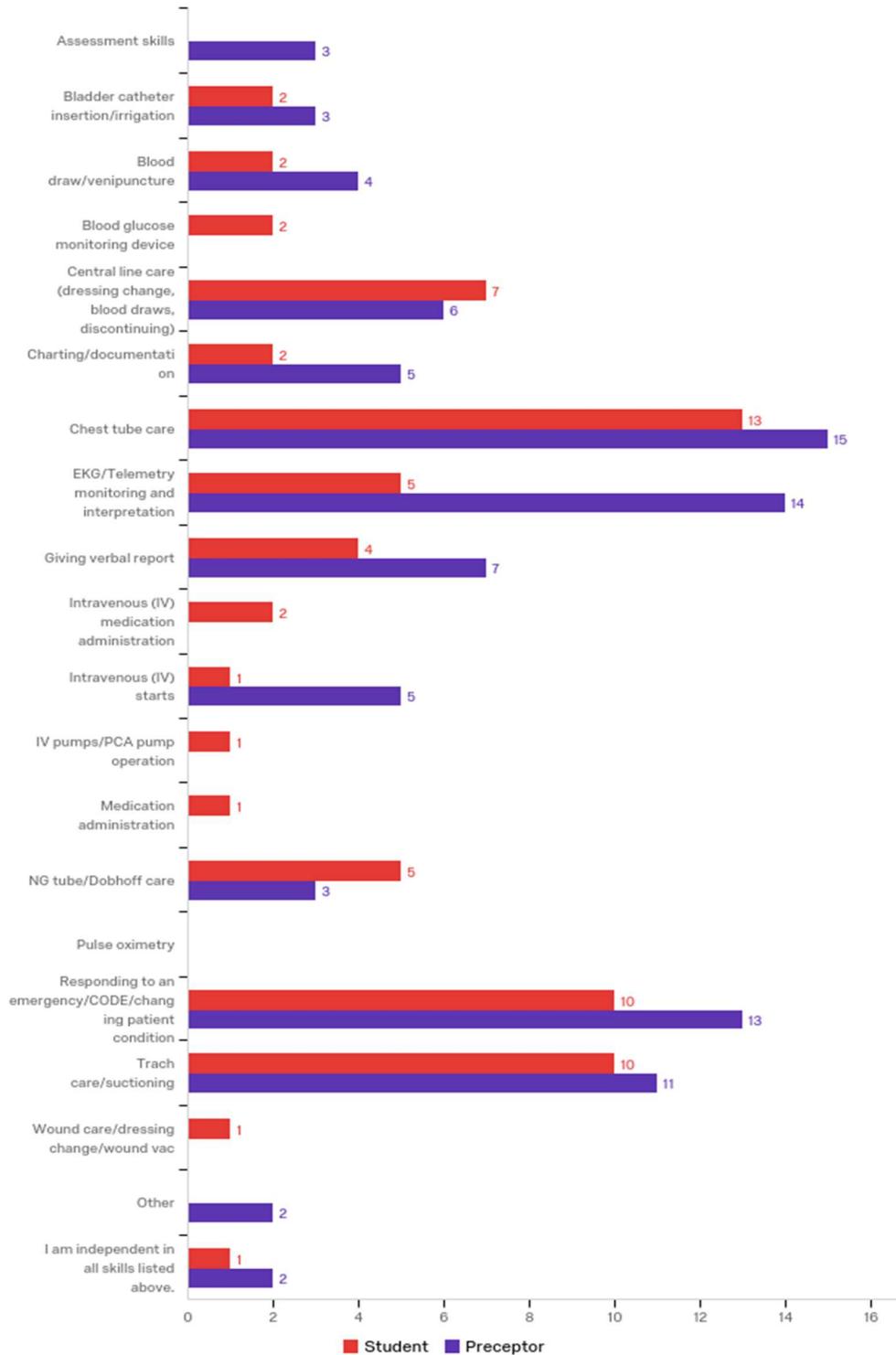


Figure 4.5. Comparison of the student and preceptor comfort level in students' performance of competency skills.

Table 4.2 demonstrates higher student mean scores compared to preceptor mean scores in level of confidence when managing a patient care assignment on an adult medical-surgical unit of 2, 3, and 4 patients respectively. The three items related to management of patient care assignments on a Likert Scale 1-5 (not confident–very confident) revealed that students’ and preceptors’ level of the student’s confidence in managing a patient assignment on an adult medical-surgical unit decreased as patient census increased from 2 to 3 to 4 patients respectively (see Table 4.2 and Figure 4.6).

Table 4.2

*Confidence Management Patient Assignment*

Patient Assignment	Evaluator	n	$\mu$	Std (X)	Std Error $\mu$
Confidence in managing: 2 patients	Student	23	4.65	.714	.149
	Preceptor	24	4.67	.761	.155
Confidence in management of care: 3 patients	Student	23	4.22	.902	.188
	Preceptor	24	4.33	1.129	.231
Confidence in management of care: 4 patients	Student	23	3.26	.964	.201
	Preceptor	24	4.04	1.334	.272

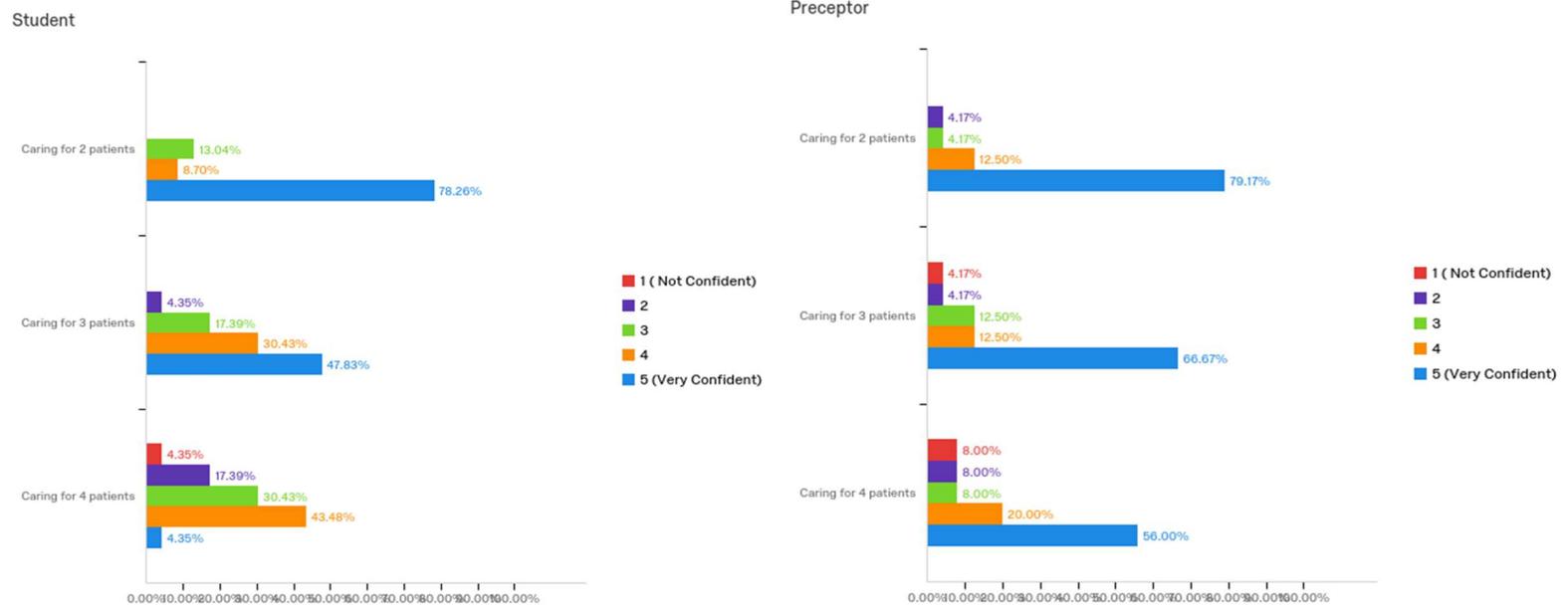


Figure 4.6 Management of Patient Care Assignment Comparison

To address hypothesis 2, an exploratory factor analysis and an independent T-test were used to determine predictive relationships among the variables (school, gender, age, ethnicity, previous work experience, and degree attainment (Polit & Beck, 2008).

Table 4.3 demonstrates that the majority (over 67%) of the clinical capstone experience occurred in an urban hospital setting compared to 30% occurring in a rural hospital setting.

Table 4.3  
*Clinical Setting*

Evaluator		Frequency	Percent
Student	Urban Setting	16	21.7
	Rural Setting	7	13.0
	Total	23	17.4
Preceptor	Urban Setting	23	8.7
	Rural Setting	11	8.7
	Total	34	8.7

Table 4.4 demonstrates that 50% of students completed their clinical capstone experience on a medical-surgical/intensive care unit with a registered nurse preceptor compared to 26% of capstone experiences that occurred on a specialty unit. The Casey-Fink Tool data included exploratory factor analysis (see Table 4.5), with a four-factor set of correlated subscales: clinical problem-solving, learning techniques, professional identity, and trials and tribulations (Casey et. al., 2011). Reliability estimates for the four factors ranged from 0.742 to 0.952 with inter-correlations range 0.571 between all scales. The summative score of the 20 items had an internal consistency of  $\alpha = 0.954$ .

Table 4.4

*Clinical Units*

Evaluator	Unit	Frequency	Percent
Student	Adult M/S	5	21.7
	Adult ICU	3	13.0
	Oncology/BMT	4	17.4
	Maternal Child	2	8.7
	Pediatric M/S	2	8.7
	Emergency Department	2	8.7
	Other	5	21.7
	Total	23	100.0
Preceptor	Adult M/S	11	32.4
	Adult ICU	4	11.8
	Oncology/BMT	2	5.9
	Maternal Child	4	11.8
	Pediatric M/S	2	5.9
	NICU	1	2.9
	Rehabilitation	2	5.9
	Emergency Department	1	2.9
	OR/Perioperative Setting	1	2.9
	Other	6	17.6
	Total	34	100.0

Table 4.5

*Clinical Competency Skills Performance*

Factor 1 Clinical Problem Solving			
Survey Item	Question	Student $\mu$	Preceptor $\mu$
1	I feel confident communicating with physicians.	1.91	1.84
7	I am confident in my ability to problem solve.	1.65	1.56
12	I use current evidence to make clinical decisions.	1.83	1.68
13	I am comfortable communicating and coordinating care with interdisciplinary team members.	1.74	1.60
14	Simulations have helped me feel prepared for clinical practice.	1.70	2.08
15	Writing reflective journals/logs provided insights into my own clinical decision-making skills.	3.26	2.64
16	I feel comfortable knowing what to do for a dying patient.	2.61	1.96
17	I am comfortable taking action to solve problems.	1.87	1.52
18	I feel confident identifying actual or potential safety risks to my patients.	1.70	1.52
19	I am satisfied with choosing nursing as a career.	1.43	1.48
20	I feel ready for the professional nursing role.	1.83	1.56
Total $\alpha=0.962$			Table continues

Factor 2 Trials and Tribulations			
4	I have difficulty documenting care in the electronic medical record.	4.09	4.40
5	I have difficulty prioritizing patient care needs.	3.96	3.96
8	I feel overwhelmed by ethical issues in my patient care responsibilities.	4.04	3.84
9	I have difficulty recognizing a significant change in my patient's condition.	4.26	4.08

Total  $\alpha=0.941$

Factor 3 Professional Identity			
2	I am comfortable communicating with patients from diverse populations.	1.61	1.48
3**	I am comfortable delegating tasks to the nursing assistant	2.09	1.60

Total  $\alpha=0.742$

\*\*  $\alpha=0.026$

Factor 4 Learning Techniques			
6**	My clinical instructor provided feedback about my readiness to assume an RN role.	1.52	2.12
10	I have had opportunities to practice skills and procedures more than once.	1.35	1.52
11	I am comfortable asking for help.	1.17	1.44

Total  $\alpha=0.849$

\*\*  $\alpha=0.04$

---

20-item internal consistency  $\alpha=0.954$

Significance  $p \leq 0.05$

## **Summary**

The STEP study data analysis examined how perception of workforce practice readiness differs between ADN student nurses and their preceptors' post-clinical capstone experience. Study results from employing the Casey-Fink Tool to ADN student nurses and their preceptor revealed relevant and statistically significant findings related to demographics/clinical experience, competency skill performance, and professional identity of the student nurse. Further discussion of STEP study findings, recommendations, and further research considerations are discussed in Chapter 5.

## CHAPTER 5

### DISCUSSION

This chapter provides a summary of the STEP study and discussion on future nursing implications on practice readiness in pre-licensure ADN students. The purpose of the STEP study was to explore differences in perceptions of practice readiness expectations between associate degree student nurses and their preceptors after a clinical capstone experience.

#### **Hypothesis 1: Student and Preceptor Mean Scores**

The STEP study hypothesis 1 assumed by statistical analysis that students' mean scores were higher than preceptors' mean scores post-clinical capstone. The student and preceptor perception of the students' confidence in managing cares for multiple patients decreases in both mean scores of student and preceptor as the number of patients assigned to the student increases (see Table 4.2 and Figure 4.6). The students' management of four patients was found statistically significant, suggesting both student and preceptor perceived a lack of confidence in the student's ability to independently manage the cares of multiple patients. Although pre-licensure education does not include the management of four patients as an end of program expectations, the graduate nurse is expected to manage multiple patients independently. Additionally, clinical facilities may lack adequate patient census for the management of multiple experiences for the student nurse.

STEP study recommendations include realistic practice readiness expectations in the clinical experience regarding the management of multiple patients. Simulation and multi-patient care scenarios can be utilized when clinical experiences lack adequate patient census, acuity, or concepts that all students need exposure to prior to graduation (for example, codes). Nurse educators and leaders should determine realistic expectations for the student

nurse to be able to perform independently prior to graduation. Further examination of clinical and experiential learning opportunities to promote student independence in the management of multiple complex patients in the healthcare setting is warranted.

The 20 skills performance items identified the top three items students and preceptors reported were uncomfortable for the student to perform independently. They included: chest tube care, responding to a code, and trach care suctioning (see Table 4.1 and Figure 4.5). These activities are considered advanced skills and students may have limited exposure during a pre-licensure program to develop sufficient competency levels. It should be noted that the greatest disparity between students ( $n=5$ ) and preceptors ( $n=14$ ) was found in the skill of EKG/telemetry monitoring and interpretation with Cronbach  $\alpha=0.005$ . A recommendation to nurse educators includes a curricular review of cardiac concepts to ensure student learning objectives include application of EKG/telemetry monitoring. Experiential learning experiences that include clinical judgment and reasoning concepts that incorporate advanced assessment skills would assist students' confidence during their CCE as opportunities arise in the patient care setting. A final recommendation based upon data analysis results includes frequent communication between student, preceptor, and clinical instructor.

### **Hypothesis 2: Practice Readiness Relationships**

Hypothesis 2 states that there will be a predictive relationship between readiness to practice scores and identified factors within the clinical learning environment (type of assigned unit) and individual student characteristics (gender, age, ethnicity, prior or current healthcare experience, prior degree, and GPA).

Hypothesis 2 explored the possibility of a predictive relationship between the practice scores and identified factors within the clinical environment with no statistical significance found. The STEP study findings suggest that student and preceptor perceptions of practice readiness varied across skills competency domains. Utilizing the Casey-Fink Tool, the 20 competency skills performance (see Table 4.5) included a four-factor set of correlated subscales: clinical problem-solving, learning techniques, professional identity, and trials and tribulations, yielding a reliability  $\alpha = 0.954$ . Clinical problem-solving, professional identity, and trials and tribulation subscales included nurse's clinical interactions with patients, supervisors, physicians, peers, and the patient care area (Casey et al., 2011). The learning technique included items related to the student learning experience. Although the four-factor subscales were included in the original Casey-Fink Tool, the STEP study itemized analysis yielded different exploratory factor analysis results from a homogenous ADN population compared to the Casey et al. (2011) study that utilized a mostly BSN population.

The Clinical Problem Solving subscale (see Table 4.5) assessed various clinical interactions of the student nurse and nursing related tasks that accounted for 59% of the variance across all 20 items with  $\alpha = 0.962$ . Over the 20 Competency Skills Performance items, items three and six were significant  $p < 0.05$  in Professional Identity and Learning Technique subscales (see Table 4.5). Professional Identity, item three, related to student comfort in delegating tasks to the nursing assistant, was significant  $\alpha = 0.026$ .

Nurse educators should review the registered nurse scope of practice in the curriculum to ensure principles of delegation are included in course competencies. As experiential learning opportunities exist, simulation scenarios that include delegation to

unlicensed and licensed personnel will allow students more exposure to the registered nurse scope of practice role. Additional recommendations are to seek theoretical concepts and clinical reasoning scenarios that provide critical thinking opportunities on nursing delegation for the student.

In the Learning Techniques subscale (see Table 4.5) item six, in which clinical instructors provided feedback about student nurses' readiness to assume the registered nurse role, was also found significant with  $\alpha=0.04$ . This supports the proposition that the clinical instructor plays a significant role in the CCE for both student and preceptor. Mentorship by the clinical instructor enhances confidence, role independence, skill development, and critical thinking skills by a content expert (IOM, 2011; Missen et al., 2015; Shepard, 2014). The preceptor also is reliant on the clinical instructor in providing continual evaluation of the student's ability to meet clinical competencies and expectations of a ADN graduate.

Over the 20 items, a lack of confidence remains in students' skills performance over all subscales with the average mean score of 2.00 (somewhat disagree). Opportunities exist to strengthen students' confidence in practice readiness skills prior to graduation. Curricular review in pre-licensure clinical education courses need to be reviewed for areas of deficiency and gaps in practice readiness competencies. Further evaluation of the clinical experiences is needed to ensure that clinical learning sites are adequate in meeting students' clinical competency objectives and end of program outcomes.

### **Assumptions and Limitations**

This STEP study included a theoretical assumption in the belief that a student nurse develops over time, moving through sequential transitional stages to enhance clinical competency based upon the student's perceptions and self-efficacy (Burke & Mancuso,

2012). It is implied that the student's knowledge and skills attainment can be obtained in the absence of model theory (Benner, 1984). This varying difference demonstrates that the practice readiness gap may be lessened by adopting a clear definition and expectations for the nurse generalist role. Study limitations include a single site and a homogenous study sample of ADN student and clinical instructor group. The sample population lacked diversity of gender and ethnicity. To increase generalizability to other student populations, further studies should include multi-site geographical populations and additional nursing degree types (Shadish et al., 2002). Although efforts to reduce bias were implemented throughout the research process, a potential limitation is that data collection occurred at an institution associated with the researcher.

Delimitations are boundaries intentionally placed as study constraints (Shadish et al., 2002). The STEP study's delimitation was the use of ADN students as the target population. Baseline data for comparative analysis of the study intervention would strengthen the data collection and analysis procedures (Shadish et al., 2002).

Increasing recruitment efforts to improve sample size, diversity in demographic characteristics, heterogeneity of population, and longitudinal data collection would strengthen further studies. A future study consideration would be to examine possible correlations between student GPA and hours worked during the clinical capstone experience. Although GPA is not a sole predictor of student success, the ADN population and the sample population demographics revealed that an alarming number of students are working while in nursing school. A comparative analysis of ADN and BSN students is warranted to examine dependent and employment status to evaluate grit. The management

of multiple demands during academic learning should be explored to determine impact on student success predictors.

### **Future of Nursing**

The STEP study advances the future of nursing education by providing nurse educators and leaders with new teaching modalities that can assist in the development of clinical curricular objectives to promote a sustainable novice workforce (Benner et al., 2010; Owens, 2013; Shepard, 2014). The STEP study findings can assist student nurses in their practice readiness skills of autonomy, confidence, and clinical competency prior to graduation. Future research exploration of a pre-post comparative analysis of student nurses psychomotor skills and critical thinking on practice readiness attainment is merited prior to graduation.

This STEP study has the potential for improving curricular strategies both in the academic and practice settings and providing recommendations for standardization of entry to practice competencies for the student nurse. With improved curricular strategies and workplace initiatives, student nurses will report higher perceptions of confidence in their clinical competency levels prior to graduation.

### **Conclusion**

The STEP study sought to promote recommendations for standardization in pre-licensure curricular competencies to strengthen the students' practice readiness skills prior to graduation. Curricular strategies such as CCE in pre-licensure education provides workplace learning experiences to enhance student confidence and independence in their generalist nursing role through the mentorship of an experienced registered nurse. STEP study findings suggest that preceptors' perception of students' practice readiness is not

congruent with student nurses' perceptions of their own practice readiness skills.

The CCE can assist mentoring preceptors in gaining knowledge of pre-licensure skills competencies and practice readiness deficiencies requiring further development. The STEP study identified professional identity, management of multiple patients, and advanced skills require more attention in the pre-licensure clinical curriculum to enhance students' readiness to practice. Developing clinical learning experiences that are evidence-based and intentional in promoting practice readiness competencies can assist in the transition-to-practice gap and ultimately affect patient care outcomes by the delivery of a competent, independent skilled nurse.

APPENDIX A

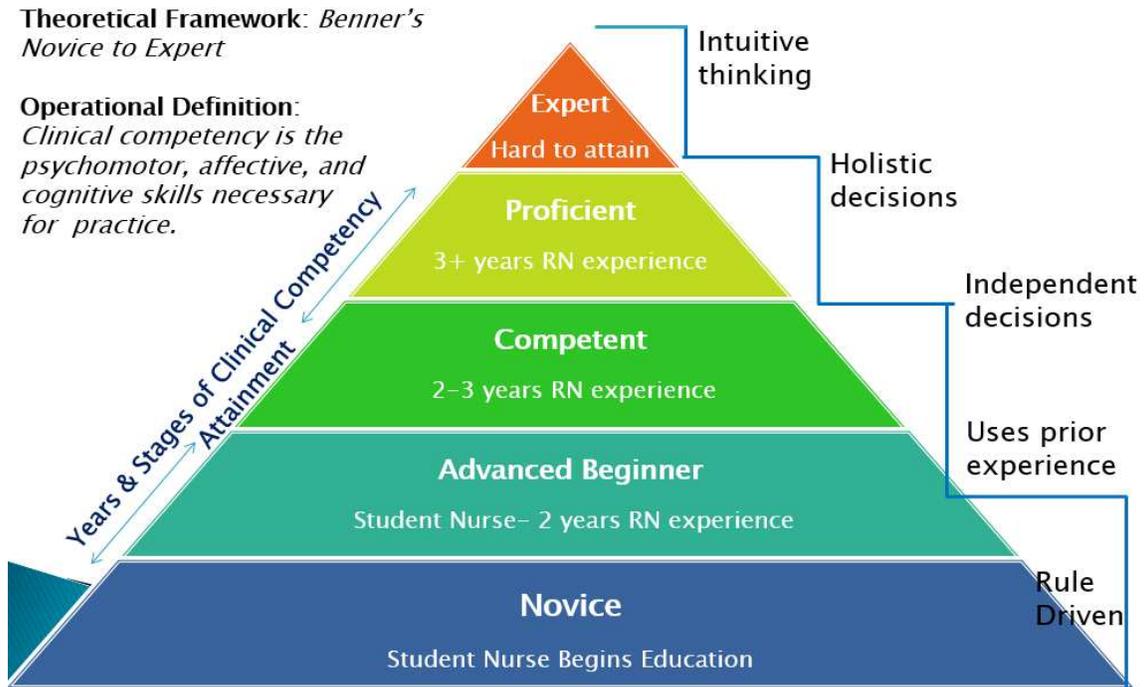
DREYFUS (1980) SKILL ACQUISITION MODEL

Skill Level Mental Function	NOVICE	COMPETENT	PROFICIENT	EXPERT	MASTER
Recollection	Non-situational	Situational	Situational	Situational	Situational
Recognition	Decomposed	Decomposed	Holistic	Holistic	Holistic
Decision	Analytical	Analytical	Analytical	Intuitive	Intuitive
Awareness	Monitoring	Monitoring	Monitoring	Monitoring	Absorbed

APPENDIX B

STUDENT TRANSITIONAL EXPERIENCE INTO PRACTICE (STEP) MODEL

Student Transitional Experience into Practice:  
STEP Model



The STEP model utilizes Novice to Expert Theory with an operational definition of clinical competency. The STEP model is a skill-oriented developmental model with approximate time lapses for each stage. Clinical competency moves along the continuum of each transitional stage, so years and stages can vary dependent on skill acquisition of the nurse and their learning environment.

Consultation with Dr. Benner in the review of the STEP study model provided feedback and support for the study (P. Benner, personal communication, December 21, 2017).

APPENDIX C

PRECEPTOR PACKET FOR CAPSTONE EXPERIENCE  
DES MOINES AREA COMMUNITY COLLEGE NURSING  
ADN 550 PROFESSIONAL NURSING PRECEPTOR

**RN PRECEPTOR PACKET**

**Spring 2018**

- ❖ **Letter from Director of Nursing Education**
- ❖ **Letter of Agreement**
- ❖ **Nursing Program Philosophy**
- ❖ **End of Program Student Learning Outcomes**
- ❖ **Course Description and Competencies**
- ❖ **Criteria for Preceptor**
- ❖ **Preceptor Roles and Responsibilities**
- ❖ **Preceptor Checklist**
- ❖ **Preceptor Evaluation of Student**
- ❖ **Preceptor Evaluation of Experience**
- ❖ **Emergency Contact Numbers**
- ❖ **DMACC Incident Report Form & Procedures**
- ❖ **Iowa Methodist Medical Care for Work-related Injuries**

To: Clinical Preceptors  
From: Kendra Ericson, MSN, RN, Director, Nursing Education  
Date: Spring 2018  
Re: Preceptor Service/Letter of Agreement

We appreciate your willingness to serve as a preceptor to one of our nursing students about to complete their Associate Degree educational experience. As a program, we are excited about providing this opportunity for our students. We believe they gain greatly from working 1:1 with an RN, especially learning about “real world” expectations through your personal sharing of clinical experiences and expertise. We are optimistic that this will be a very beneficial and personally rewarding experience for you as well.

The letter of understanding attached to this page clarifies the agreement between DMACC and yourself as you serve in the preceptor role for our nursing program. If you have any questions, please give your faculty liaison or myself a call. I can be reached at (515) 964-6466 or 1-800-362-2127, extension 6466 at Ankeny.



**Kendra Ericson, MSN, RN**  
DMACC- Director of Nursing Education  
2006 S. Ankeny Blvd.  
Building 24 – 212J  
Ankeny, IA 50021  
Office: 515-964-6466  
[kmericson@dmacc.edu](mailto:kmericson@dmacc.edu)

**DES MOINES AREA COMMUNITY COLLEGE  
NURSING PROGRAM  
LETTER OF AGREEMENT FOR CLINICAL PRECEPTORSHIP**

**1. Preceptorship Guidelines:** DES MOINES AREA COMMUNITY COLLEGE NURSING PROGRAM shall provide to the preceptor the following Preceptor Program guidelines and Nursing Program policies and procedures:

- a. Preceptor Program and Objectives
- b. Course Objectives
- c. Preceptor Requirements
- d. Nursing Program Philosophy
- e. Definitions of Preceptor Roles and Responsibilities
- f. Preceptor, Faculty Liaison, and Student Expectation Guidelines
- g. Parameters for Preceptor and Student Practice

It is expected that the faculty liaisons, students, and the preceptor adhere to these guidelines/policies.

**2. Faculty Liaison:** The DMACC NURSING PROGRAM shall provide a Faculty Liaison to facilitate communication between the preceptor and the program. The PRECEPTOR will contact the faculty liaison in the event questions and/or concerns in the above guidelines/policies arise.

**3. Qualifications of Preceptor:** In order to demonstrate qualifications to act as preceptor, the PRECEPTOR or PRECEPTOR'S EMPLOYER, shall provide the Nursing Program with documentation that the following qualifications are met and shall maintain such qualifications throughout the term of this agreement:

- a. Current Iowa Registered Nurse License
- b. A minimum two years (full-time) clinical experience
- c. Supervisor/Employer Recommendation
- d. Current with annual training or updates in the following: CPR, Health Screening and Immunizations, OSHA Safety Standards, Agency-Specific Standards

If the preceptor is an independent practitioner, the following is also needed:

- e. Certificate of professional liability insurance and description of coverage.

4. **Preceptor Education:** The PRECEPTOR will be provided an individual preceptor education/orientation. This education/orientation will be provided without compensation to or from DMACC.
  
5. **Services Provided by Preceptor:** Services provided by PRECEPTOR under this agreement shall be provided without compensation. The PRECEPTOR shall be deemed an employee of the PRECEPTOR'S EMPLOYER (or if self employed, the PRECEPTOR shall be deemed an independent contractor) and not as an agent or an employee of Des Moines Area Community College. The PRECEPTOR shall not receive any benefits provided by DMACC to its employees including, but not limited to vacation and sick pay, workers' compensation, unemployment compensation, liability insurance, group insurance coverage or retirement plan coverage.
  
6. **Term and Termination:** This agreement shall be for the **academic year 2017-2018** and terminate as follows:
  - a. By DMACC at any time in the event of incapacity of PRECEPTOR or loss of the PRECEPTOR'S qualifications as stated above, or
  - b. By either party, without cause, at the end of any specified period upon 10 working days written notice.

Des Moines Area Community College  
Nursing Program  
Philosophy

In alignment with the mission and vision of Des Moines Area Community College, the nursing program provides students with a quality, student-centered nursing education designed to build a foundation in cultural understanding, social enrichment, and life-long learning. Students are prepared to provide professional, safe, and culturally attentive nursing care for individuals and families across the lifespan.

The nursing faculty believes that all persons have the right to be recognized and respected as unique, holistic beings with inherent dignity and worth. Each individual person has both universal and specific needs and is distinguishable from the family, group and/or community to which they belong. Individuals, families and groups become clients when nursing is engaged to provide care that is desired or needed.

Health is a dynamic state of physical, emotional, intellectual, social, cultural, and spiritual well-being. Illness occurs when actual or perceived needs cause significant distress to the client or interfere with the ability to perform desired activities or needs of daily life.

Nursing is an art and a science. The art of nursing is the innovative and compassionate delivery of nursing care to all clients. The nurse works autonomously and in collaboration with others to create an environment that empowers the client to strive for their highest level of well-being. The science of nursing and other disciplines is the foundation for therapeutic nursing interventions provided to clients to meet their needs for health promotion, health maintenance, illness prevention, illness care, rehabilitative care and support until death.

Learning is an active process that is facilitated through the use of a conceptual approach to nursing education and focused on thoughtful application of the nursing process. A conceptual curriculum benefits students by; managing information, providing active engagement, fostering the development of critical thinking skills, and preparing students to function in a highly complex health care system (Gidden, Caputi, & Rodgers, 2015). Nursing student learning is facilitated using Knowles Theory of Adult Learning as a guide. Students are the primary focus of the DMACC Associate Degree Nursing curriculum and the four principles addressed are; student participation, problem relevance, past, present, and current experiences lead to learning, and activities are problem centered.

The goal of nursing education is to develop an individual who works within professional and ethical guidelines utilizing the nursing process to make sound clinical decisions and use effective communication to collaborate with the client and health care team. The graduate of the associate degree program is prepared to provide nursing care to clients across the lifespan in a variety of settings. The graduate is also prepared to continue his or her professional education.

8/16/16

Des Moines Area Community College  
Nursing Program  
ADN 550- Professional Nursing Preceptor  
**End of Program Student Learning Outcomes**

On successful completion of this program, the student will be able to:

**Professionalism:**

1. Display consistent use of professional nursing standards, behaviors, and attitudes

**Safe Practice:**

2. Deliver care to clients to keep them free from harm while remaining vigilant to threats in the environment which may precipitate an unsafe situation.

**Communication:**

3. Demonstrate the use of professional and therapeutic communication in a variety of healthcare settings.

**Culture:**

4. Integrate the uniqueness of an individual's cultural influence in the design and implementation of care.

**Care across the Life Span:**

5. Incorporate client's developmental stage in the design and implementation of care.

**Health Promotion**

6. Enhance positive outcomes for clients and self through health promotion, illness prevention, and management of care.

**Nursing Process**

7. Utilize the nursing process to provide individualized, holistic care to enhance the health of the clients in a variety of health care settings using evidence-based-practice.

Des Moines Area Community College  
Nursing Program  
ADN 550- Professional Nursing Preceptor

**Course Description**

This course will include the concepts of professionalism, safe practice, communication, culture, care across the life span, and nursing process. The course will focus on transition from nursing student to entry-level professional nurse. The course will include clinical practicum preceptorship/mentorship in a variety of settings.

**Course Competencies**

- 1. Appraise behaviors of a professional nurse.**
  - a. Reflect on personal and professional actions based on a set of shared core nursing values.
  - b. Demonstrate transition to the role of the professional nurse within organizational systems.
- 3. Appraise safe nursing practice.**
  - a. Integrate clinical decision-making skills in the care of clients with complex health problems.
  - b. Promote factors that create a culture of safety within the context of the healthcare team.
- 3. Appraise communication techniques.**
  - a. Manage communication, including the use of informatics, with clients, individuals, families, communities and colleagues.
  - b. Demonstrate the ability to succinctly and accurately convey comprehensive client information to members of the healthcare team.
- 4. Appraise cultural competence.**
  - a. Apply theories and concepts based on social and cultural factors of the client.
  - b. Demonstrate multicultural competence by valuing open-mindedness, inclusion, multicultural perspectives, and multiple ways of knowing, thinking, and being for clients and colleagues in health care.
- 5. Appraise knowledge of nursing care across the lifespan.**
  - a. Analyze assessment data based on age and developmental level.
  - b. Compare and contrast the role of the nurse in varying healthcare settings.
- 6. Appraise knowledge of health promotion.**
  - a. Describe how health promotion initiatives are organized and financed.
  - b. Integrate theories and concepts of prevention based nursing care.
- 7. Appraise the nursing process.**
  - a. Apply credible, evidence-based sources of information to guide, safe, preventative care.
  - b. Utilize current evidence to guide health teaching, health screening and program planning for clients, families and communities.

### **Criteria for Preceptor:**

1. Registered Nurse – current Iowa license number on file with employer or at college if independent contractor.
2. Supervisor or employer recommendation.
3. Minimum of two years nursing experiences as an RN in a clinical setting.
4. Employed in a clinical setting.
5. Serves as a role model and clinical resource person.
6. Desires to assist student nurse making the transition to the work world setting.
7. Employer verification that above criteria has been met by preceptor. Employer will provide documentation to program if requested.

### **Preceptor Roles and Definition**

A registered nurse currently employed in a clinical setting demonstrating clinical expertise who serves as role model and clinical resource person for a specified period of time to an assigned nursing student. A preceptor is willing to share his/her knowledge and skills as educator, advisor, and evaluator.

### **Preceptor Roles:**

1. Role Model – As a role model, the preceptor demonstrates effective leadership and interpersonal skills, is clinically competent, and utilizes the nursing process proficiently. As a clinical expert the preceptor provides client teaching, knowledge-based nursing care, and demonstrates the use of basic and advanced nursing skills.
2. Educator – As an educator, the preceptor must be familiar with the principles of adult learning. Integration of these principles into the educational process helps meet the needs of the learner (student).
3. Advisor – As an advisor, the preceptor facilitates the student in achievement of learning objectives. The preceptor provides support by creating an environment that encourages growth of the student. The student is guided toward self-direction using the strategies of collaborative goal setting. The preceptor facilitates the socialization into the work group and into nursing staff positions.
4. Evaluator – As an evaluator, the preceptor provides objective, constructive feedback to the

student regarding his/her clinical performance. The preceptor evaluates student progress toward achievements of learning goals and may identify additional knowledge or skills needed to achieve these goals. The preceptor and faculty liaison collaborate to determine the student's performance in relation to the preceptor program. However, the faculty liaison assumes ultimate responsibility for determining whether the student has achieved these (preceptorship) objectives.

*Preceptor Responsibilities*

1. Completes preceptor preparation by reviewing RN Preceptor Experience folder.
2. Individual or agency will provide DMACC Nursing Program with required documentation per the Preceptorship Training Agreement.
3. Meets with preceptee for introduction, determines clinical schedule and orients student to the nursing unit.
4. Supervises the preceptee in the clinical area and gives informal feedback.
5. Reviews the preceptee's daily assignments and objectives.
6. The preceptor guides student learning through selection of increasingly complex skills and responsibilities in order to meet the student's objectives.
7. Consults with faculty liaison as needed regarding student's clinical performance and complexity of nursing responsibilities assigned to the student.
8. Formally evaluates the preceptee in writing at the end of the experience and meets with the faculty liaison.
9. Contributes to the ongoing preceptor program development through completion of evaluation tools.

### **RN Preceptor Checklist (*For Personal Use*)**

- \_\_\_\_\_ Received **Preceptor Experience** folder from student and have reviewed contents of folder.
- \_\_\_\_\_ Received and reviewed **RN Preceptor Letter of Agreement** from DMACC Director of Nursing.
- \_\_\_\_\_ Established a clinical schedule with student and received a typed copy of the schedule from the student.
- \_\_\_\_\_ Oriented DMACC student to the unit environment and routine unit activities.
- \_\_\_\_\_ Ensured that student has access to documentation systems and parking and has obtained required identification badges.
- \_\_\_\_\_ Signed student **Preceptor Experience Initial Visit Checklist**.
- \_\_\_\_\_ Reviewed the student's **ADN 550 Practicum Evaluation Tool**.
- \_\_\_\_\_ Completed the **RN Preceptor Evaluation of Student** prior to the final evaluation conference with student and faculty liaison. Submitted evaluation to faculty liaison at the final evaluation conference.
- \_\_\_\_\_ Completed the **RN Preceptor Evaluation of Experience** and submitted to faculty liaison at the final evaluation conference.

**Des Moines Area Community College**  
**NURSING PROGRAM**  
 ADN 550- Professional Nursing Preceptor

**Preceptor Evaluation of Student \***

Student's Name: _____	SA – Strongly Agree
Preceptor/Mentor Name: _____	A - Agree
Date of Practicum Experience: _____	U - Undecided
	D - Disagree
	SD - Strongly
	N - Not Applicable
	^

**Please circle the response that best fits your evaluation of the student's performance, and include a comment or example to support your evaluation.**

1. Student anticipates actual and potential risks and institutes measures to provide for the safety of clients, others, and self in the preceptor setting. Acts in a caring, professional, and responsible manner. SA A U D SD NA

Comments/Example:

2. Student communicates effectively with clients, preceptor, and other members of the health care team and applies communication principles appropriately when functioning in the role of client care manager in the preceptor setting. Functions as a client/family advocate. SA A U D SD NA

Comments/Example:

3. Student organizes, collaborates, and completes client care assignments based on established priorities, accessibility of resources, and allotted time in the preceptor setting. SA A U D SD NA

Comments/Example:

4. Student participates in a comprehensive plan of care using the nursing process to meet the needs of clients in the preceptor setting and/or when teaching clients in the preceptor setting. SA A U D SD NA

Comments/Example:

5. Student integrates knowledge of pharmacological therapy with judgment in client care when administering medications in the preceptor setting. SA A U D SD NA

Comments/Example:

6. Student performs skills efficiently according to principles and policy of the institution, and provides competent care in a cost effective manner in the preceptor setting. Comments/Example: SA A U D SD NA

7. Student is interested and enthusiastic in the clinical setting and actively seeks out learning experiences. Exhibits professional behaviors and appearance in the preceptor setting. Comments/Example: SA A U D SD NA

8. Student has satisfactorily completed and met all personal learning objectives and action plan. SA A U D SD NA

Comments/Example:

**\* NOTE: Please have evaluation completed for evaluation conference with faculty liaison.**

*Des Moines Area Community College*  
NURSING PROGRAM  
ADN 550- Professional Nursing Preceptor  
Preceptor Evaluation of Experience

Student's Name: \_\_\_\_\_

Date of Clinical Evaluation: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

1. Do you feel you were adequately prepared for the role expectations of preceptor?

**Comments:**

2. Did the preceptor packet provide necessary information?

**Comments:**

3. Was the faculty liaison available for consultation as needed?

**Comments:**

4. Was the frequency of faculty visitation to the practicum site:

insufficient     \_\_\_\_\_  
adequate        \_\_\_\_\_  
excessive        \_\_\_\_\_

**Comments:**

5. Was the student able to function effectively in the role of preceptee?

**Comments:**

6. What suggestions do you have for improving the preceptor program?

7. Would you be willing to serve as a preceptor for future students?

8. Number of times per semester you would be willing to serve as a preceptor?

Once per semester \_\_\_\_\_ Twice per semester \_\_\_\_\_

9. Would you prefer to be a preceptor in the Spring or the Fall?

**Comments:**

**If you need to fill out an INCIDENT REPORT:**

*The DMACC online incident report*

*form provides you with the procedure to be followed for all campuses.*

*You will be prompted to select the type of incident to report.*

From DMACC Home page <http://www.dmacc.edu/>,  
click on **A-Z Index** click on “**I**” and then

Select “**Incident Report Form**” from the list.

4/11/14 Or go to: <https://infopath.dmacc.edu/security>

**Remember:** *Hard copies are no longer acceptable – only online reporting. See below for important guidelines.*

**What to do in case of a Bloodborne exposure incident?** The DMACC online incident report form provides you with the procedure to be followed for all campuses and the form you are to fill out.

From DMACC Home page <http://www.dmacc.edu/>,  
click on **A-Z Index** click on “**I**” and then

Select “**Incident Report Form**” from the list.

You will be prompted to select the type of Incident to report. If it is a needle stick, select Personal Injury and then you will be prompted to answer the question, Is this a needle stick/bloodborne exposure?

Select **Yes** and then further forms will open that you need to complete. **Give the student a printed copy of the completed form and the Physician checklist Evaluation to take to his/her doctor's appt.**

You can then scroll down the page to read or print the **DMACC Procedure For Blood Borne Pathogen Exposure Incidents** (it has a pale blue background) that you need to follow. A copy of the most essential information as of 5/5/14 is listed below. **HOWEVER, the procedures and providers are subject to change. The most current information will be found online and that is what you must follow.**

### **DMACC Procedure for Blood Borne Pathogen Exposure/Injury Incident during clinical**

Adhere to Standard Precautions and OSHA blood borne pathogen standards. This includes safe handling and disposing of sharps and contaminated material, adherence to exposure control policies, use of Personal Protective Equipment (PPE), and **immediate** reporting of exposure incident. If an individual is stuck with a needle or sharp object or exposed to blood or body fluids immediately wash the affected area with soap and running water, use appropriate first aid and contact the appropriate supervisor or instructor. Below is the contact information for Iowa Methodist Occupational Medicine who is contracted through DMACC to handle DMACC students/employees with incidents of exposure. The specific procedures for various campus locations are also listed in this procedure with specific follow-up information which may or may not recommend contacting Iowa Methodist Occupational Medicine. All department heads/ instructors are strongly encouraged to review the Blood Borne Exposure Protocol and Procedure with their clinical sites regularly, (yearly), to ensure that no changes have occurred which may delay the appropriate treatment for our students/employees with exposure. It is vital that the exposure is reported IMMEDIATELY, and the proper occupational medicine clinics are contacted immediately to begin the process of follow-up for all involved.

#### *During regular business hours contact:*

Iowa Methodist Occupational Medicine-Ankeny  
2515 SW State Street, Suite 200  
Ankeny, IA 50023  
515-964-6974

**Iowa Methodist Occupational Medicine-West** (515)241-2020 Lakeview Medical Park,  
6000 University Ave., Suite 124  
West Des Moines, IA 50266

**Iowa Methodist Occupational Medicine-East** (515)262-7619 Penn Medical Place, 1301  
Pennsylvania Ave., Suite 416  
Des Moines, IA 50316

After hours/weekends Iowa Methodist has 3 clinics to visit: [View Map](#)

**Lakeview Family Practice**, 6000 University Ave., suite 101 West Des Moines, IA  
(515)241-2600

**Ankeny Clinic Urgent Care**, 1105 N. Ankeny Blvd., Ste. 100 Ankeny, IA (515) 964-4600

**Merle Hay Urgent Care**, 4020 Merle Hay Road, Suite 100 Des Moines, IA (515) 278-0949-not shown on map

**DMACC PROCEDURE for STUDENT WITH BLOODBORNE PATHOGEN EXPOSURE**

**Ankeny Campus/Metro Campus Locations**

(On-campus exposure and most out-lying practicum locations)

- Notify the facility in which the exposure occurred ***immediately***. Testing will be done on the source person to ensure your safety.
- Call Iowa Methodist Occupational Medicine East, West or the Ankeny location to schedule an appointment to be seen for exposure follow-up. Appointments are mandatory- not a walk-in clinic.
- Fill out the online DMACC Incident Report. Print the Incident Report and take to appointment at evaluating facility.

**IOWA METHODIST MEDICAL CENTER, METHODIST WEST HOSPITAL, IOWA LUTHERAN HOSPITAL**

- If an exposure occurs at Iowa Methodist Medical Center, Methodist West Hospital or Iowa Lutheran call: 241-3333 (workmen's comp triage number) ***immediately*** for assistance 24hrs/day 7days/week. Do not report to the Emergency Department.
- The student will need to provide their name and a valid contact phone number. Employee Health Service/ Patient Care Coordinator will test the source person's blood for HIV, Hepatitis B Surface Antigen and HCV. Employee Health Service/ Patients Care Coordinator will contact the student directly with the results and forward the results to the Occupational Medicine Clinic providing follow-up. The cost of source person testing will be covered by Employee Health Service. If there are any problems with the 241-3333 contact Employee Health Service directly during normal business hours- Iowa Methodist Medical Center: 241-6425, Methodist West Hospital:343-1087, Iowa Lutheran hospital:263-5213. If problems exist after hours/weekends/holidays with the 241-3333 number, notify the Patient Care Coordinator/ Nursing Supervisor on call.

- When Iowa Methodist Occupational Medicine works with a student post-exposure they will complete the initial draws for the exposure, counseling and titers. It is the student's responsibility to schedule and follow-up with either Iowa Methodist Occupational Medicine or their primary physician for the ongoing follow-up care/testing, both options are covered by DMACC. If no primary exists Iowa Methodist Occupational Medicine can assist with finding a primary. Any positive results are referred to IMMC Infectious Disease Dept. by Occupational Medicine for prescriptions and information regarding their options for follow-up at that time.
- For other clinical sites outside of Unity Point Health Systems but in the Metro area, the source person will be encouraged to be drawn and tested at the expense of DMACC (Billing information is at the bottom of this protocol and on the Incident Report). If the source person consents they will either be drawn at the site of the exposure (Contact the nursing supervisor for protocol in drawing at the site), at their primary physician's office, or if they are physically able to go to Iowa Methodist Occupational Medicine they can be drawn there as well if they choose. Results of source persons' blood draw will be the responsibility of the student and the office they choose for follow-up to receive.

### **Boone/Ames**

Instructor at the clinical site where exposure occurred is to call the exposure to McFarland Clinic PC- Charles Mooney, MD-1215 Duff Ave-Ames, IA 50010, 515-239-4496, specify that it is a DMACC Student Workman's Comp issue. The clinic will have source questions for the instructor, and if they end up seeing the source person then they will bill Diane Sand. The student is to be seen that day and they will order labs. You may also call Iowa Methodist Occupational Medicine for an over the phone evaluation/triage and recommendation for follow-up. Bring a copy of the completed Incident Report which when printed will have billing information for DMACC and address for Diane Sand in bold print to send a copy of the physician's note or written plan of care for the student/employee.

### **Carroll**

Employee/Student/ is to call employee health staff person, Deb Brunett at 712-794-5228. Deb will triage the call and instruct where to go and put in any orders for labs for exposed person and source person. Complete Incident Report, take a completed copy of Incident Report to the visit, billing information is located at the end of the form this is also where to send a copy of the physician's note or written plan of care for the student/employee. Follow-up with primary physician ASAP for long term follow-up. If difficulty with this Plan of Care then call Iowa Methodist Occupational Medicine for over the phone triage and recommendation for follow-up.

### **Newton**

Student/Instructor is to call the Emergency Dept. first to let them know the student is coming and they will also start evaluation of the source person. Send

Employee/Student/Source person to Skiff Emergency Dept. along with a copy of the completed Incident Report which contains billing information for DMACC and this is the address to send a copy of the physician's note or written plan of care for the student/employee. Christie Milligan is the employee health staff person and wants student/instructor to call and leave a message with her on how they can be reached for follow-up of the incident. Long term follow-up is to be arranged with primary physician as soon as possible. For students at Pella Regional- call Occupational Health, they will see the student, however a receptionist will need to verify that they are a current student and then it can proceed as a workman's compensation case, otherwise if they use their own insurance they need to be seen through the ER. As above a completed Incident Report and billing information for DMACC need to be provided. If difficulty with this Plan of Care then call Iowa Methodist Occupational Medicine for over the phone triage and recommendation for follow-up.

## Payment

- If the exposure happens on campus, the department pays the claim
- If the exposure happens at the job site, workers comp pays the claim
- Either way, Diane Sand needs the incident report and a copy of physician's note or written plan of care for the student/employee as soon as possible along with any claim information: DMACC billing info. **DMACC Human Resources-attention Diane Sand-2006 South Ankeny Blvd. Bldg. #1, Ankeny ,IA 50023**

Link to complete DMACC Procedures for BBP Exposure Control Plan:  
<http://www.dmacc.edu/hr/bbpathogenplan.pdf>

Link to Iowa Methodist Occupational Medicine site locations: print a copy for the student if needed <https://www.universitypoint.org/desmoines/services-our-locations.aspx>  
<https://www.universitypoint.org/desmoines/services-occupational-health.aspx>

Notify **Kendra Ericson, MSN, RN, DMACC's Director of Nursing Education** that you have filed an incident report. [kmericson@dmacc.edu](mailto:kmericson@dmacc.edu) 515-964-6464

APPENDIX D  
LETTER OF PERMISSION  
CASEY-FINK READINESS TO PRACTICE SURVEY



[Find a location](#) | [Find a doctor](#) | [Schedule appointment](#) | [Services](#) | [My Health Connection](#)

## Casey-Fink Readiness for Practice Survey

[Home](#) > [Health care professionals](#) > [Professional development](#) > [Casey-Fink surveys](#) > Casey-Fink Readiness for Practice Survey

Thank you for completing the information form. The survey tool and related documents are available for download via the links below.

You have permission to use the survey tool to assess students' readiness to enter the professional nursing practice setting. Please note that this tool is copyrighted and should not be changed in any way.

We hope that our tool will be useful in your efforts to understand students' perceptions of readiness and preparedness for the professional nursing role.

Kathy Casey RN, MSN  
Regina Fink RN, PhD, AOCN, FAAN



[Casey-Fink Readiness for Practice Survey](#)

[Readiness for Practice Survey Model](#)

[Readiness for Practice Scale Psychometrics](#)

[Journal of Nursing Education: Casey-Fink Readiness Article](#)



APPENDIX E  
DES MOINES AREA COMMUNITY COLLEGE PRIMARY STUDY  
IRB APPLICATION



Application for Human Subjects Research Projects

Date: 3/24/2018  
Project Director or Investigator: Kendra Ericson, RN. MSN (PI)  
Institution: Des Moines Area Community College  
Phone Number: 5159646466 E-Mail: kmericson@dmacc.edu  
Other Researcher 1- Name: NA  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Project Title: Readiness to Practice of Senior ADN students  
Project Location: DMACC Nursing Program- ADN550 students  
Project Start Date: April 15<sup>th</sup>, 2018 Project End Date: May 3, 2018  
Project Type: Mixed Methods Survey  
Local Sponsor Name: Dr. Arthur Brown, Dean of HPS  
Sponsor E-Mail: acbrown9@dmacc.edu

*Abstract Describing Project and Purpose:*

*Briefly describe (a) the project or study and (b) what human participants will experience during the proposed study or project. Describe all strategies or experimental methods to be used, design and program activities. Indicate what data, measures or observations will be collected and used in the study or for the project. If any questionnaires, tests, or other instruments are to be used, include a brief description and one copy of the instruments.*

**Purpose** of the study is to explore ADN student perceptions of practice readiness expectations after a clinical capstone experience. **Method:** This study uses posttest quasi-experimental design of ADN participants at DMACC community college. **Instruments:** The STEP study will utilize the Casey-Fink Readiness to Practice survey (CFRPS) to measure

student nurse and preceptors practice readiness post capstone intervention. **Procedure:** Data collection will be conducted from the CFRPS survey on the last day of the capstone course to student and preceptor. **Analysis:** The STEP study will conduct a descriptive analysis of the CFRPS survey, including exploratory factor analysis to identify subscales and study findings.

The CFRPS survey will be used to measure student nurse perceptions and preceptor perceptions of students practice readiness post capstone intervention. The CFRPS survey will be used to evaluate a three-factor set of correlated subscales: *demographics/clinical experience, competency skill performance, and professional identity*. *Demographics/Clinical Experience subscale* includes 23 items evaluating school, gender, and age, and ethnicity, race, nursing assistant experience, previous degree, clinical hours, clinical setting, and preceptor data. *Competency Skill Performance* subscale will identify top three skills/procedures that participants identified as uncomfortable to independently perform and their confidence level in managing multiple patient assignments.

A 20 item Likert scale will assess student's comfort level in performing nursing activities and relational skill performance (1 =*strongly disagree*, 2 =*disagree*, 3 =*agree*, and 4 =*strongly agree*). *Professional Identity* consists of two open-ended questions on reasons for selecting nursing as a profession and what participants feel would better prepare them for entry into nursing practice. The survey was developed by a panel of expert clinical faculty in 2007 during a pilot study for content validity and measured over multiple studies (Casey et al., 2011).

Does your project involve participants from any of these special/vulnerable groups?

<i>Children (&lt;18 yrs. Old):</i>	Yes ___	No ___X
<i>People with intellectual disabilities:</i>	Yes ___	No ___X
<i>Prisoners:</i>	Yes ___	No ___X
<i>Economically disadvantaged:</i>	Yes ___	No ___X
<i>Elderly:</i>	Yes ___	No ___X
<i>People with physical disabilities:</i>	Yes ___	No ___X
<i>Pregnant women:</i>	Yes ___	No ___X

If you have indicated that you serve any of the special/vulnerable groups listed above, your project can not be EXEMPT. If the DMACC IRB identifies other vulnerable/special groups included in your project, they will also not be EXEMPT.

Human Subjects Research Protection Exemption Categories: Federal Law 45 CFR 46.101(b) identifies six (6) EXEMPT categories.

*Check all that apply to your project or study and explain why your proposed project or study falls into the category.*

Exemption Applies to  
Number this project

1.  Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. *Please provide an explanation as to how your research falls into this category:*

The Casey-Fink Readiness to Practice Survey is a nationally recognized valid and reliable instrument used to collect to better assess nursing students enrolled in an ADN degree program with role transition while learning about senior level ADN students and their preceptors perceptions of confidence and readiness to enter the nursing profession. The survey results may help colleges of nursing and employment partners better prepare nursing students in the future as they enter practice. The DMACC Nursing program has not conducted a practice readiness survey previously and the data is needed to assess student's readiness to enter the nursing workforce.

2.  Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, **unless:** (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **AND** (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. *Please provide an explanation as to how your research falls into this category:*

NA

3.  Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under the previous question are exempt If the human subjects are elected or appointed public officials, candidates for public office, or federal statutes require that the confidentiality of the personally identifiable information be maintained throughout the research and thereafter. *Please provide an explanation as to how your research falls into this category:*

NA

4.  Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available **or** if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers.  
*Please provide an explanation as to how your research falls into this category:*
- 

NA

5.  Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: a) public benefit or service programs; b) procedures for obtaining benefits or services under those programs; c) possible changes in or alternatives to those programs or procedures; or d) possible changes in methods or levels or payment for benefits or services under those programs.  
*Please provide an explanation as to how your research falls into this category:*
- 

6.  Taste and food quality evaluation and consumer acceptance studies, a) if wholesome foods without additives are consumed or b) if a good is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspective Service of the U.S. Department of Agriculture. *Please provide an explanation as to how your research falls into this category:*
- 

### **Project Checklist**

Does this project or study involve collection of data that identifies individuals (e.g., cohort databases include SSN# data on individual, surveys, or interviews identifiable by name or student number etc.)?

All students enrolled in ADN550 in the nursing program as of April 15-May 3, 2018 will recruited to participate in the survey. Each student and preceptor will be coded with participant identifiers being removed only to the administrative research staff and Dean of HPS. Comparative data analysis will be conducted to identify student results vs. RN preceptor results specific to readiness to practice of the student nurse. All responses confidentiality using survey construction features.

Will data identifiable by individuals be shared with anyone (such as in a performance report for a funding source, conference presentations, published articles and reports, etc.)?

Data will be presented to nursing faculty, nursing advisory members, and potential publication depending on data results.

Are the participants being offered one or more incentives to participate (*such as money, extra credit for the class, etc.*)? List Incentives:

Students enrolled at the completion of ADN550 will be provided a pizza party to celebrate their completion of DMACC Nursing program.

Is participation in this project or study voluntary for the individuals participating in the program or study?

Participation in the Readiness to Practice Study is voluntary for students and RN preceptors.

Will participants be fully informed about the benefits and any risks?

See attached letter of consent to student and preceptor.

Will participants be videotaped during the project or study?

No

Will participants' privacy and personal information be protected? *Describe process for ensuring protection of privacy and personal information.*

Each student and preceptor will be coded with participant identifiers being removed only to the administrative research staff and Dean of HPS. Comparative data analysis will be conducted to identify student results vs. RN preceptor results specific to readiness to practice of the student nurse. All responses confidentiality using survey construction features. During data analysis, all data collection results will be kept anonymous to the PI to ensure participant privacy and remove bias. Only the administrative assistant and Dean of HPS will have login access and pre-coded survey results.

Will participants be debriefed following completion of the project or study?

Study participants will receive a thank you at the completion of the study.

Will participants, prior to the project, indicate informed consent to participate by completing and signing a written form? *If yes, include a sample document included with this application.*

See attached letter of consent to student and preceptor. Completion of CFRPS survey implies consent to participate in the study.

Does the funding source have any potential for financial or professional benefit from the outcome for this study or project? *If yes, please explain.*

NA

Are data sources clearly identified (*such as interviews, survey, existing project data such as services received, reports, grades, existing school records, focus group, etc.*)?

Casey-Fink Readiness to Practice Survey is a nationally recognized, valid and reliable instrument. See attachment for survey.

Please indicate the estimated number of participants in each category from whom you will be collecting data. (*Enter 0 if none from this group is participating.*)

College Students: 100

Faculty: na

Staff: na

General Public: na

Minors (<18yrs old): na

Other (*Please describe or NA*): 100 RN preceptors used for ADN550

### **Methodology**

Specify who the project participants or research subjects will be. Indicate how they will be solicited, recruited, or contacted. Include any recruitment letters and materials with this document. State how much time will be required of each participant or subject. Describe procedures to which individuals will be subjected.

Data collection will be conducted using the CFRPS survey administered via Qualtrics by the DMACC Nursing Administration Office staff during ADN550 between April 15<sup>th</sup>-May 3, 2018 during final nursing course to student and their preceptor. Students will be recruited through ADN550 email distribution list for all enrolled students in ADN550 at the time of the survey. Preceptors will be recruited via email with assistance from the course coordinator who secures all clinical placements for the capstone course. The CFRPS survey will take approximately 10-15 minutes to complete online. See attachment for the letter of consent and survey instrument from CFRPS researchers.

Each student and preceptor will receive a randomized code to enter into the survey that pairs each group together. The instrument will taking approximately 10-15 minutes with survey completion implying consent and all responses kept anonymous using the survey confidentiality features during survey construction with the Dean of HPS and nursing administrative assistant assigned to study having the only login code to survey results. Participants that withdraw from the ADN550 capstone course or opt out of the study will be removed at the time of data collection. A list of preceptor emails will be provided to the nursing administrative assistant from the capstone coordinator for any communications as well as survey link. All participants data will be recoded prior to data being released to PI to remove bias and protect anonymity of each participant's responses.

### **Voluntary Participation**

Specify the steps that will be taken to insure that each individual's participation is voluntary. State what, if any inducement will be offered for their participation.

Survey completion implying consent and all responses provided to the PI will be kept anonymous and confidential using the survey features during construction. To assist in retention efforts, the nursing administrative assistant will send an email reminder of upcoming post survey, 1 week before the last day of course completion. The nursing administrative office staff will provide student and preceptor a thank you note at the completion of survey for participation in the study via study email list serve. All students enrolled in ADN550 will receive a pizza party at the conclusion of the course for all their hard work and to celebrate their completion of the nursing program.

---

### **Confidentiality of Data and Privacy Protection**

Describe the methods to be used to safeguard the privacy of your participants and ensure the confidentiality of data obtained, including plans for publication, disposition and destruction of data, including that of computer, print, videotape, and audio materials.

Each student and preceptor will receive a randomized code using a bank generator. The instrument will taking approximately 10-15 minutes with Qualtrics survey completion implying consent and all responses kept anonymous using the survey confidentiality features during survey construction with the Dean of HPS and nursing administrative assistant having the only login code to survey results. The survey letter will reinforce precaution of participants discussing survey content during ADN550 capstone course to reduce risk to the study findings. To maintain fidelity and integrity of the study intervention, each student will be assigned to a single preceptor on a designated medical unit. Faculty are required to complete the final course evaluation and post grades which will not be shared with the PI. Student and faculty will use their college email for all STEP study communications.

### **Risks to Participants**

a) Describe any potential risks to participating individuals – physical, psychological, social, legal, or other; B) include all known and anticipated risks to participants such as side effects, risks of placebo (inert) treatments, etc.; and c) in research that proposes substantial risk to human participants, list emergency backup procedures that are in place such as medical or counseling interventions.

There are no none risks to study participants. The survey is to assess the Readiness to Practice level of senior level nursing students prior to graduation from a pre-licensure program. Study results will be utilized to help guide nursing leadership, educators, and industry employers in curricular methodologies.

### **Benefits**

a) Describe the benefits and/or any compensation that the participating individuals can expect and b) describe the gains in knowledge that may result from the project or research study.

**Nursing Implications:** This study advances the future of nursing education by providing nurse educators with new teaching methods which aid in the preparedness and practice readiness of the student nurse by graduation. This study of research has the potential for leading to advances in curricular strategies for transfer programs, consistent entry to practice skills, and a sustainable nursing workforce able to deliver safe quality patient care.

### **Attachments**

- Informed Consent Form
- Letter of Support from Local Sponsor- Dr. Arthur Brown Dean of Health and Public Services; Consent from study instrument researchers
- Survey/Questionnaire used- Attached
- IRB Approval from other Institution(s) NA
- Other Supporting Documents

APPENDIX F

DES MOINES AREA COMMUNITY COLLEGE READINESS TO PRACTICE

IRB APPROVAL

Hi Kendra and Art;

Based on the information provided by you, the project appears to fall neatly with the federal requirements for IRB Exemption described in 45 CFR 46.101(b)(2):

*(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement) survey procedures, interview procedures, or observation of public behavior, UNLESS; (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects AND (ii) an disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing, employability, or reputation.*

You are good to go! Thanks for checking.

**Janet Emmerson, Ph.D.**

*Office of Institutional Effectiveness*

*Bldg 22-N, Ankeny Campus*

*515-964-6476*

## APPENDIX G

### CASEY-FINK READINESS TO PRACTICE SURVEY

April 15, 2018

Dear Nursing Student:

The DMACC Nursing program has received permission to administer Casey-Fink Readiness for Practice Survey ©2008. To better assist nursing students enrolled in an ADN degree program with role transition, we are interested in learning about senior level ADN students and their preceptors perceptions of confidence and readiness to enter the nursing profession.

The purpose of this letter is to ask you to take part in this study. If you agree to participate, please complete the survey link provided in the email. Casey-Fink Readiness for Practice Survey ©2008. Each student and preceptor will receive a randomized code using a bank generator. The survey will take approximately 10-15 minutes with survey completion implying consent and all responses kept anonymous. There will be no individual identities used in any reports or publications that may result from this study. Participation in this survey will have no impact on ADN550 grades and data analysis will not be shared with nursing faculty until all final grades have posted for ADN550.

The survey asks for your thoughts on being a nursing student at the end of your ADN program. There is no benefit to you for participating in this study and there will be no reimbursement provided. There will be no financial costs to you as a result of taking part in this study. All students enrolled in AND 550 will be provided a pizza party by the Nursing Administrative office to congratulate you on your hard work and completion of the nursing program. The survey results may help colleges of nursing and employment partners better prepare nursing students in the future as they enter practice.

Thank you in advance for assisting with and taking the time to participate in this study.

Sincerely,

Kendra Ericson, RN, MSN  
Director of Nursing  
Des Moines Areas Community College

**Casey-Fink Readiness for Practice Survey Copyright 2008**

Student View

---

Start of Block: Default Question Block

**Q2 Casey-Fink Readiness for Practice Survey © 2008 Kathy Casey and Regina Fink.**  
**All rights reserved.** Please fill in the blank or select the response that represents your individual profile.

-----

Q8 Please select your status:

- Student (1)
- Preceptor (2)



Q13 Please enter your survey number. Your number was sent in a separate email. This number will be used to pair the responses of students with those of their preceptors. It will NOT be used for identification or performance evaluation.

-----

Page Break

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1. Age:

- 18-25 years (1)
  - 26-30 years (2)
  - 31-40 years (3)
  - 41-50 years (4)
  - > 50 years (5)
- 

2. Gender:

- Female (1)
  - Male (2)
- 

3. Ethnicity:

- Caucasian (white) (1)
- Black (2)
- Hispanic (3)
- Asian (4)
- Native American (5)
- Other (6)
- I do not wish to include this information (7)

---

*Display This Question:*

*If Please select your status: =Student*

4. Other non-nursing degree (if applicable):

---

---

*Display This Question:*

*If Please select your status: =Student*

Q7 What previous health care work experience have you had:

- Nursing assistant (1)
  - Medical assistant (2)
  - Volunteer (3)
  - Unit secretary (4)
  - EMT (5)
  - EMT-Paramedic (6)
  - Student Externship (7)
  - Nurse Intern or Advance Care Partner (8)
  - Other (please specify) (9)
-

*Display This Question:*

*If Please select your status: =Student*

Q9 Currently employed:

Yes (1)

No (2)

---

*Display This Question:*

*If Currently employed: =Yes*

Q10 If yes, are you employed in a healthcare related position?

Yes (1)

No (2)

---

*Display This Question:*

*If Please select your status: =Student*

Q11 Average # hours worked/week while enrolled in ADN program:

0-10 (1)

11-20 (2)

21-30 (3)

31 or more (4)

*Display This Question:*

*If Please select your status: =Student*

Q12 Please share the major reasons why you chose nursing as a career.

---

*Display This Question:*

*If Please select your status: =Student*

Q14 Current GPA:

- 3.67-4.00 (1)
  - 2.67-3.66 (2)
  - 1.67-2.66 (3)
  - < 1.66 (4)
- 

*Display This Question:*

*If Please select your status: =Student*

Q15 Type of ADN program enrolled:

- Traditional (1)
- Accelerated (2)
- Worksite (3)
- CHOICE (4)
- Other: (5) \_\_\_\_\_

*Display This Question:*

*If Please select your status: =Student*

Q16 Are you enrolled in an employer supported scholarship program?

Yes (1)

No (2)

*Display This Question:*

*If Please select your status: =Student*

Q17

School of nursing attended:

DMACC (1)

Other (2)

*Display This Question:*

*If Please select your status: =Student*

Q18 Month/year (mm/yy) started in ADN Program:

\_\_\_\_\_

Q19 Clinical Area of Senior Practicum experience:

Adult M/S (1)

Adult ICU (2)

Oncology/BMT (3)

- OB (L&D, POST PARTUM) (4)
- Pediatric M/S (5)
- Pediatric ICU (6)
- NICU (7)
- Mental Health (8)
- Ambulatory Care Setting (9)
- Rehabilitation (10)
- Emergency Department (11)
- OR/Perioperative Setting (12)
- Other: (13) \_\_\_\_\_

---

*Display This Question:*

*If Please select your status: =Student*

Q20 Was your clinical practicum experience at your current place of employment?

- Yes (1)
  - No (2)
-

Q21 What setting was your clinical practicum experience located:

- Urban setting (1)
- Rural setting (2)

---

*Display This Question:*  
*If Please select your status: =Student*

Q22 Did you complete 135 clinical hours during your senior practicum?

- Yes (1)
- No (2)

---

*Display This Question:*  
*If Please select your status: =Student*

Q23 How many hours did you spend with your unit charge nurse?

---

---

*Display This Question:*  
*If Please select your status: =Student*

Q24 How many primary preceptors did you have during your senior practicum experience?

---

*Display This Question:*

*If Please select your status: =Student*

Q25 Were you required to review NCLEX-RN questions during your senior practicum course?

- Yes (1)
- No (2)

---

*Display This Question:*

*If Were you required to review NCLEX-RN questions during your senior practicum course? =Yes*

Q26 If yes, how many questions/week did you review?

---

---

*Display This Question:*

*If Please select your status: =Student*

Q27 **What did YOU do to prepare for your senior practicum experience: (may select more than one answer)**

- Practiced skills in learning lab (1)
- Participated in simulation assignment (2)
- Developed a care plan (3)
- Brought medication reference or PDA to clinical (4)
- Set daily goals with preceptor (5)
- Met with preceptor prior to start of clinical experience (6)

- Oriented to facility/tour unit (7)
- Discussed personal learning needs with clinical faculty (8)
- Did nothing to prepare (9)
- Other: (10) \_\_\_\_\_

Q28 Select 3 skills you are most *UNCOMFORTABLE performing* independently at this time?

- Assessment skills (1)
- Bladder catheter insertion/irrigation (2)
- Blood draw/venipuncture (3)
- Blood glucose monitoring device (4)
- Central line care (dressing change, blood draws, discontinuing) (5)
- Charting/documentation (6)
- Chest tube care (7)
- EKG/Telemetry monitoring and interpretation (8)
- Giving verbal report (9)
- Intravenous (IV) medication administration (10)
- Intravenous (IV) starts (11)
- IV pumps/PCA pump operation (12)
- Medication administration (13)
- NG tube/Dobhoff care (14)

- Pulse oximetry (15)
- Responding to an emergency/CODE/changing patient condition (16)
- Trach care/suctioning (17)
- Wound care/dressing change/wound vac (18)
- Other (19) \_\_\_\_\_
- I am independent in all skills listed above. (20)

Q29 Please answer each of the following questions by placing a mark inside the box/circle:  
 What is your current level of confidence in managing a patient care assignment on an adult  
 Medical/Surgical unit: 1 being Not Confident and 5 being Very Confident.

	1 ( Not Confident) (1)	2 (2)	3 (3)	4 (4)	5 (Very Confident) (5)
Caring for 2 patients (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for 3 patients (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for 4 patients (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 Please select the option the best fits your personal experience:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
1. I feel confident communicating with physicians. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable communicating with patients from diverse populations. □ (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am comfortable delegating tasks to the nursing assistant. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have difficulty documenting care in the electronic medical record. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have difficulty prioritizing patient care needs. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My clinical instructor provided feedback about my readiness to assume an RN role. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I am confident in my ability to problem solve. (7)

8. I feel overwhelmed by ethical issues in my patient care responsibilities. (8)

9. I have difficulty recognizing a significant change in my patient's condition. (9)

10. I have had opportunities to practice skills and procedures more than once. (10)

11. I am comfortable asking for help. (11)

12. I use current evidence to make clinical decisions. (12)

13. I am comfortable communicating and coordinating care with interdisciplinary team members. (13)

14. Simulations have helped me feel prepared for clinical practice.(14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Writing reflective journals/logs provided insights into my own clinical decision-making skills. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel comfortable knowing what to do for a dying patient. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am comfortable taking action to solve problems. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel confident identifying actual or potential safety risks to my patients. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am satisfied with choosing nursing as a career. (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel ready for the professional nursing role. (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Default Question Block

**Casey-Fink Readiness for Practice Survey Copyright 2008**

Preceptor View

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Start of Block: Default Question Block

**Q2 Casey-Fink Readiness for Practice Survey © 2008 Kathy Casey and Regina Fink. All rights reserved.** Please fill in the blank or select the response that represents your individual profile.

---

Q8 Please select your status:

- Student (1)
  - Preceptor (2)
- 



Q13 Please enter your survey number. Your number was sent in a separate email. This number will be used to pair the responses of students with those of their preceptors. It will NOT be used for identification or performance evaluation.

---

Page Break

---

1. Age:

- 18-25 years (1)
  - 26-30 years (2)
  - 31-40 years (3)
  - 41-50 years (4)
  - > 50 years (5)
- 

2. Gender:

- Female (1)
  - Male (2)
- 

3. Ethnicity:

- Caucasian (white) (1)
  - Black (2)
  - Hispanic (3)
  - Asian (4)
  - Native American (5)
  - Other (6)
  - I do not wish to include this information (7)
-

*Display This Question:*

*If Please select your status: =Preceptor*

Q31 Please select your level of education:

- Diploma (1)
- RN (2)
- BSN (6)
- MSN (3)
- Nursing doctorate (4)
- Other (5) \_\_\_\_\_

Q19 Clinical Area of Senior Practicum experience:

- Adult M/S (1)
- Adult ICU (2)
- Oncology/BMT (3)
- OB (L&D, POST PARTUM) (4)
- Pediatric M/S (5)
- Pediatric ICU (6)
- NICU (7)
- Mental Health (8)
- Ambulatory Care Setting (9)
- Rehabilitation (10)

- Emergency Department (11)
  - OR/Perioperative Setting (12)
  - Other: (13) \_\_\_\_\_
- 

Q21 What setting was your clinical practicum experience located:

- Urban setting (1)
  - Rural setting (2)
- 

*Display This Question:*

*If Please select your status: =Preceptor*

**Q32 Preceptor note: To better assist nursing students enrolled in an ADN degree program with role transition, we are interested in learning about senior level ADN students and their preceptors' perceptions of confidence and readiness to enter the nursing profession. Please select the following answers that best describe your perceptions as preceptor of your students' confidence and readiness to enter the nursing profession.**

---



Q28 Select 3 skills you are most *UNCOMFORTABLE performing* independently at this time?

- Assessment skills (1)
- Bladder catheter insertion/irrigation (2)
- Blood draw/venipuncture (3)
- Blood glucose monitoring device (4)
- Central line care (dressing change, blood draws, discontinuing) (5)
- Charting/documentation (6)
- Chest tube care (7)
- EKG/Telemetry monitoring and interpretation (8)
- Giving verbal report (9)
- Intravenous (IV) medication administration (10)
- Intravenous (IV) starts (11)
- IV pumps/PCA pump operation (12)
- Medication administration (13)
- NG tube/Dobhoff care (14)
- Pulse oximetry (15)
- Responding to an emergency/CODE/changing patient condition (16)
- Trach care/suctioning (17)
- Wound care/dressing change/wound vac (18)

Other (19) \_\_\_\_\_

I am independent in all skills listed above. (20)

Q29 Please answer each of the following questions by placing a mark inside the box/circle:  
What is your current level of confidence in managing a patient care assignment on an adult  
Medical/Surgical unit: 1 being Not Confident and 5 being Very Confident.

	1 (Not Confident) (1)	2 (2)	3 (3)	4 (4)	5 (Very Confident) (5)
Caring for 2 patients (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for 3 patients (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for 4 patients (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 Please select the option the best fits your personal experience:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
1. I feel confident communicating with physicians (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable communicating with patients from diverse populations. □ (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am comfortable delegating tasks to the nursing assistant. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have difficulty documenting care in the electronic medical record. □ (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have difficulty prioritizing patient care needs. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My clinical instructor provided feedback about my readiness to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

assume an RN  
role. (6)

7. I am confident  
in my ability to  
problem solve. (7)

8. I feel  
overwhelmed by  
ethical issues in  
my patient care  
responsibilities.  
(8)

9. I have difficulty  
recognizing a  
significant change  
in my patient's  
condition. (9)

10. I have had  
opportunities to  
practice skills and  
procedures more  
than once. (10)

11. I am  
comfortable  
asking for help.  
(11)

12. I use current  
evidence to make  
clinical decisions.  
(12)

13. I am  
comfortable  
communicating  
and coordinating  
care with

interdisciplinary  
team members.  
(13)

14. Simulations  
have helped me  
feel prepared for  
clinical practice.  
(14)

15. Writing  
reflective  
journals/logs  
provided insights  
into my own  
clinical decision-  
making skills. (15)

16. I feel  
comfortable  
knowing what to  
do for a dying  
patient. (16)



17. I am comfortable taking action to solve problems. (17)

18. I feel confident identifying actual or potential safety risks to my patients. (18)

19. I am satisfied with choosing nursing as a career. (19)

20. I feel ready for the professional nursing role. (20)

**End of Block: Default Question Block**

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## VITA

Kendra Ericson was born and raised in a rural town in Illinois on her family farm. She is a first-generation college student in her family along with three sisters. She received her associate nursing degree in 1998 and later was awarded her Bachelors in Science in Nursing in 2001 from Trinity College of Nursing and Health Sciences in Moline, Illinois. Kendra has worked for over 20 years as a registered nurse in various healthcare settings across the United States in both industry and higher education. She continued her nursing education at the University of Phoenix, in Phoenix, Arizona in 2008 with the conferral of her Masters of Science in Nursing. She is a current Ph.D. nursing student at the University of Missouri-Kansas City.

Kendra is a passionate leader who serves on local, state, and national committees to advance higher education initiatives for students. She is currently employed by Des Moines Area Community College as the Director of Nursing as the administrator of the largest nursing program in the state of Iowa. Kendra is a student advocate and promotes educational pathways that promote work-based learning that leads to employment opportunities. Kendra has been married to her spouse Jeremy for 23 years, where they reside in Iowa with their three sons, Brendan, Lucas, and Isaac. She enjoys any opportunity to travel, laugh with her family, and explore new adventures. Kendra's passion is to help others be successful and achieve their life's purpose.