Nursing Education Practicum Synthesis

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Abstract

The American Nurses Association (ANA) (2010) describes the role of a Nursing Professional Development (NPD) specialist as a professional specialty dedicated to the science of nursing, research, education, evidence-based practice, change, communication, and leadership. An educational practicum within a Master of Science in Nursing (MSN) program allows students to gain experience and a better understanding of the NPD specialist role. This paper reviews the literature, research, and activities highlighted during a 300 hour practicum experience in which a NPD specialist served as preceptor and mentor. Emphasis was placed on developing increased competency in Standard 8 – Education and Standard 16 – Leadership from the ANA Standards of Nursing Professional Development (2010). The challenges encountered and strategies employed within the practicum are discussed. An educational PowerPoint on a culture of safety which served as a clinical project within the practicum will be explored. Jean Watson’s theory of caring, along with Relationship Based Care (RBC) served as the theoretical foundation for this paper.

*Keywords:* Nursing Professional Development specialist, culture of safety, education

Nursing Education Practicum Synthesis

Nurse educators play a pivotal role in educating the nursing workforce and serving as leaders and role models for the frequent changes within our current healthcare system. Thus, it is important that nurse educators provide nurses with the skills necessary to address the challenges associated with these changes. In order to fulfill this role, nurse educators must practice in a variety of specialties. One such specialty is Nursing Professional Development (NPD). This is an important role as these nurses are committed to quality care, patient safety, and performance improvement (Swihart, 2010).

The American Nurses Association (ANA) characterizes the NPD specialist as a professional specialty dedicated to the science of nursing, research, evidence-based practice, change, communication, leadership, and education (American Nurses Association [ANA], 2010). NPD specialists apply the ANA characteristics of this specialty through a variety of roles including educator, facilitator, consultant, change agent, coach, and researcher. Additional responsibilities in this role include providing orientation, in-services, competency and continuing education programs (Swihart, 2010). Throughout Ferris State University’s Master of Science in Nursing (MSN) program, I became increasingly interested in an educational role within the hospital setting. A 300 hour practicum was designed to allow myself to become engaged in the role of a NPD specialist.

The purpose of this paper is to provide a research and literature based overview of this NPD clinical practicum. In addition, this paper will identify issues and challenges encountered, and explore strategies used to address these challenges. An analysis and description of a clinical project within the practicum will be included along with self and preceptor evaluations. Relationship Based Care (RBC), which is based on Jean Watson’s theory of caring, was the theoretical foundation for this practicum.

**Practicum Overview**

This nursing education practicum took place within the surgical services department at Munson Medical Center (MMC) in Traverse City, Michigan. MMC is a 391 bed non-profit regional referral hospital serving 22 counties ("Munson," 2013). Valerie Pfander MSN is the clinical educator for the pre-operative and post anesthesia care unit (PACU) areas. With Ms. Pfander’s guidance I gained knowledge acting as a facilitator, change agent, researcher, leader, and educator in a 300 hour practicum within the specialty of nursing education. These were important experiences as these roles mirror the ANA characteristics of the NPD specialist role.

The first goal of this practicum was to increase understanding of how a NPD specialist meets the competencies within the 2010 ANA Standard 8 – Education. To achieve this goal I attended staff meetings, designed an educational poster, assisted in updating the sleep apnea policy, learned chart auditing, and prepared a case study for employee education on charting and litigation. In addition, the clinical project associated with this practicum was a culture of safety educational PowerPoint for charge nurses.

The second goal within this practicum was to learn how a NPD specialist focuses on ANA Standard 16 – Leadership (2010). Many activities during this practicum allowed me to achieve this goal including participating in a nurse interview, revising the peer review process, and facilitating a meeting with preceptor guidance. In addition I attended an organizational huddle, learning from defects assembly, a staffing matrix meeting, and a leadership committee meeting. These activities allowed me to observe the diverse role of an NPD specialist and understand the challenges and requirements needed to perform in this demanding position.

**Issues, Challenges and Strategies**

When anticipating a practicum experience, excitement can be coupled with fear of the unknown as unexpected issues can arise. As a result, maintaining a professional demeanor is essential when addressing these unanticipated issues. The strategies utilized within this practicum to address the challenges of organization, lack of regulation understanding, and teaching methods will be reviewed.

**Organization**

One challenge that arose early on was organization of schedules and activities. Ms. Pfander’s weekly schedule is quite varied and posed a challenge for me as my work schedule is set in advance. However we created a mutual calendar online which allowed me to view her schedule as she added to it. This also allowed me to prepare in advance for my time with her. In addition she was easily able to let me know of days or times when she would not be available. These unavailable times gave me an opportunity to arrange to spend time with other leaders in the department, including the peri-anesthesia manager, coordinator, pre-operative assessment clinic (POAC) staff, and charge nurses in the department.

Since my clinical project within the practicum was to create a culture of safety educational PowerPoint for charge nurses, spending time with them was crucial. This presented a challenge as I wanted to touch base with as many charge nurses as possible and the PACU is staffed around the clock. Encouraging engagement of the off-shift charge nurses was important as their input was as valuable to me as the day shift charge nurses. According to DeCordova, Phibbs, and Stone (2012), involving off-shift workers in decision making, having favorable meeting times, and encouraging communication between all shifts decreased feelings of under-appreciation. As a former off-shift worker it was important for me to touch base with these charge nurses, therefore I used numerous approaches to reach them. On several practicum days I arrived at 5:30 a.m. so I could speak with any nurses that were leaving at 7 a.m. I also came in after my regular work schedule so I could spend time with the afternoon and evening shift charge nurses. These strategies allowed me to spend time with most of the charge nurses and the two I was unable to reach I utilized email to communicate with. Furthermore, as one component of RBC is to accept responsibility for establishing and maintaining healthy relationships with co-workers, reaching out to all the charge nurses, no matter their shift, was important to me and appreciated by them (Creative Health Care Management, 2014).

**Lack of Understanding of Regulations**

A wide variety of experiences were enjoyed during the practicum, however I quickly realized that government regulations and Magnet® certification were the basis for most meetings and activities. My lack of understanding regarding these regulatory issues became a challenge as I realized I did not understand the basic groundwork or reasons for particular activities. Ms. Pfander confirmed that many aspects of her position have increasingly been affected by government regulations and Magnet® certification. As my goal was to learn more about the role of a NPD specialist, my learning needs in this area were great.

At my request, Ms. Pfander started sharing with me any regulatory or Magnet® certification purpose behind a meeting or activity. Once I understood the basic reason the activity was occurring, I was able to research and gain knowledge in this area. In addition, fully participating in the activity allowed for additional comprehension and a more hands on experience.

Within this practicum, chart documentation auditing was one area of regulatory knowledge deficit. During a recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit, Ms. Pfander was asked how she is aware new orientees are appropriately documenting. A verification tool she was able to show the JCAHO auditors was nurse documentation chart audits. Nursing documentation should show not only what the nurse did, but also information the nursing decision was based on and the outcome that was achieved (Mykkanen, Saranto, & Miettinen, 2012). Thus, this is one way educators can assess an orientee’s development. The chart documentation audit process was difficult since the pre-operative and PACU areas still use paper charting, but I learned how to find the appropriate charts and request them from medical records. In order to learn more about how a NPD specialist ensures staff documentation competency, I completed chart audits both with Ms. Pfander and independently.

The Inpatient Only (IPO) Centers for Medicare and Medicaid (CMS) requirement also created a regulatory knowledge deficit. If patients are not correctly scheduled as an inpatient and are sent home early, hospitals will not receive any reimbursement (Centers for Medicare and Medicaid Services [CMS], 2014). As several of these IPO patients have been incorrectly scheduled and were sent home early, it was imperative that a solution be found. This proved to be a very confusing issue as the IPO list of required inpatient surgeries did not make sense to most staff members, including physicians. Ms. Pfander and I collaborated with the utilization review department and created an educational board for use in the pre-operative area which attempted to clearly explain this issue. In addition, we had an instructional meeting with the charge nurses allowing them to be super-users for on-the-unit education.

Another regulatory knowledge deficit that occurred during this practicum was planning for a peer review process, which is a requirement for Magnet® certification. According to Davis, Capozzoli, and Parks (2009), the peer review process is a key element of professional nursing which can create positive relationships and foster a better work environment. The Magnet® certification process not only requires the organization to engage in peer review, but uses peer review when assessing the nursing practice of applicant organizations. Graduate degree prepared nurses with experience in the expectations of the Magnet® environment work as appraisers and examine the organization for Magnet® designation (American Nurses Credentialing Center [ANCC], 2014). As peer review is considered a vital element to a successful Magnet® organization, I was fortunate to attend a brainstorming session with the leadership committee. This conference allowed me to gain needed information on why peer review is so important and fostered an interest in continuing to learn more about the Magnet® process. This collaboration also allowed me to develop professionally as I was asked to be part of the committee for the 2015 Magnet® recertification.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys were another example of a regulatory knowledge deficit. This is a 32-item survey which is used to measure patients’ perceptions of their hospital experience (Centers for Medicaid and Medicare Services [CMS], 2013). Since 2007 most hospitals have been required to collect and submit HCAHPS data in order to receive full payment under the Inpatient Prospective Payment System. This incentive was further supported by the Patient Protection and Affordable Care Act of 2010, which specifically included HCAHPS performance in the calculation of the value-based incentive payment (CMS, 2013). This proved to be a very complicated issue for hospital personnel to understand, yet was so important in regards to reimbursement. I was able to attend a surgical services leadership committee meeting in which HCAHPS surveys were discussed. These patient surveys are directly connected to reimbursement however there are no specific questions in regards to the pre-operative and PACU areas. The leadership committee found it challenging to connect questions on the survey with their specialty area, however the ensuing discussion and information provided during this meeting assisted in overcoming my knowledge deficit in this area.

With these regulatory requirement examples, it is easy to understand why hospitals must focus on regulatory and certification issues. However, it was a challenge to understand not only the acronyms but the impact on hospitals and patient care. A research study by Schmaltz, Williams, Chassin, Loeb, and Washter (2011), found that JCAHO required performance data was examined to ascertain the association between JCAHO accreditation and hospital performance on quality measures. JCAHO accredited hospitals achieved significantly higher gains than non-accredited hospitals over a four year study period in 13 out of 16 standardized clinical performance measures. This study demonstrates that regulatory requirement understanding is important for a NPD specialist as this knowledge ensures greater reimbursement for hospitals and better outcomes for patients.

**Teaching Method**

Within this practicum, the clinical project was to create a culture of safety educational module for the pre-operative and PACU charge nurses. The decision on how to present this material was a challenge. The culture of safety module was to be number five in an educational series created by Ms. Pfander specifically for the charge nurses. The previous four modules were all non-narrated PowerPoints; however Ms. Pfander and I discussed whether this was actually the best way to deliver this information.

Discussions with the charge nurses found they did not agree on a preferred delivery method for this educational activity. Within the principles of RBC is a belief that people want to succeed and continuing education should encourage staff to learn and develop to their greatest capacity, fostering confidence (Koloroutis, 2010). Consequently, I looked to the literature for guidance and found extensive research on the learning styles of undergraduate nursing students; however a clear gap was noted in exploring the learning styles of practicing registered nurses (RN). According to Palermo, Walker, Brown, and Zogi (2009), learning is more effective if the material is provided in a way that suits each individual’s learning style. Thus I sought to create the educational PowerPoint with a method of delivery suitable to busy acute care nurses. I found one study by McCrow, Yevchak and Lewis (2014), which utilized the Felder-Silverman Index of Learning Styles (ILS) questionnaire to establish preferred learning styles of practicing acute care nurses. The Felder-Silverman ILS model was actually developed to discover the learning differences among engineering students and then to provide their instructors with the knowledge to design a teaching method that would address the needs of all students (International Centre for Educator’s Learning Styles, 2014). This model has not been widely used in nursing research, however the ILS questionnaire was chosen for several reasons including its ability to be self-administered, there was no cost in its use, and it was extensively used in other professions, thus had acceptable reliability (McCrow et al., 2014). The Felder-Silverman model categorizes students into four learning style dimensions:

* Sensing learners (practical, likes the facts) or intuitive learners (conceptual, likes theories and innovation;
* Visual learners (likes pictures, flow charts) or verbal learners (prefers written and verbal explanations);
* Active learners (likes to try things out and work with others) or reflective learners (likes to work alone or think things through);
* Sequential learners (orderly, likes to learn in steps) or global learners (holistic, likes to learn in large leaps) (International Centre for Educator’s Learning Styles, 2014).

This study revealed that the preferred learning styles of the acute care RN participants were quite balanced between active-reflective and sequential-global. In the other two learning style categories however, their preference leaned toward the sensing and visual styles (McCrow et al., 2014). In contrast to acute care RNs, many of the studies on under-graduate nursing students displayed reflection as the preferred learning style.

Due to the varied learning styles of the charge nurses, selecting a presentation method was a challenge. With information gained from a research and literature review, a decision was made to follow the previous four education modules and create a PowerPoint. It was felt a PowerPoint would satisfy visual, sensing, and reflective learning styles and also maintain consistency in the series. In addition, since research shows preferences and learning styles vary, the PowerPoint was narrated but can easily be used without the narration.

**Clinical Project – Educational PowerPoint**

An educational PowerPoint was the clinical project created within this practicum (Appendix A). This PowerPoint was fifth in a series of educational modules created for the charge nurses in the pre-operative and PACU areas at MMC. Since there were four previous modules in this series, background information on these preceding four segments will be explained. The development of the fifth educational module with a topic of a culture of safety will be described. In addition, the content selection and rationale will be explored.

**Background of Educational PowerPoint**

According to the ANA, nurse leaders are responsible for more than directing, dictating, and delegating; they assist others in succeeding to their full potential (American Nurses Association [ANA], 2014). A charge nurse provides leadership through engaging in teamwork, teaching, mentoring, and displaying creativity and flexibility through change. In addition, inspiring loyalty through valuing employees, having the ability to multi-task, and creating a culture of safety are essential attributes (ANA, 2010).

Recently in the pre-operative and PACU areas at MMC, a decision was made to hire specific charge nurses from within the department. Promoting leadership from the point of care is an Institute of Medicine recommendation (Institute of Medicine [IOM], 2010). Nurses needed to apply and interview for these newly created positions. This was an important element as department managers sought RNs who wanted this leadership role. Furthermore, the hiring process was seen as a necessity for the charge nurses to be regarded as leaders in the department.

This newly created position carries tremendous responsibility as increasing regulations such as core measures, HCAHPS, IPO, CMS and JCAHO requirements have added mounting challenges for department leaders (Eggenberger, 2012). Consequently more of these responsibilities are being delegated to these charge nurses. As a result, management wanted to provide some type of continuing education to support them in their new role. In addition, Jean Watson’s theory of caring and RBC believe for any initiative to work the front-line staff or leaders need to be inspired, empowered, and supported (Creative Health Care Management, 2014). It is important for the pre-operative and PACU charge nurses to be supported through education in order for them to become leaders who can create a caring and healing culture (Koloroutis, 2010).

As part of this ongoing support, Ms. Pfander started developing a series of educational modules, each focusing on an important function of the charge nurse role. Four modules had been created prior to the start of this practicum. All four modules were non-narrated PowerPoints which were required education for the charge nurses.

Module one focused on how to be an effective team leader. This role is similar to a gatekeeper who safeguards patients and staff. An effective team leader assesses unit productivity and staff resources while inspiring team members to work together for the common goal of safe and efficient patient care (Meliniotis, 2014). The second module concentrated on organization as time management, prioritization, resource utilization, delegation, collaboration, and critical thinking skills are necessary components of an organized leader (Meliniotis, 2014). Communication was the focus of module three as an effective team leader must be proficient in both clinical and communication skills (Meliniotis, 2014). Effective communication involves more than the spoken word; non-verbal gestures and listening skills are essential parts of successful communication. The fourth and last module completed by Ms. Pfander explored conflict management. This is important as a root cause analysis found a breakdown in communication among caregivers to be a top reason for sentinel events, and often this breakdown was due to unresolved conflicts (The Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2008). As the previous four educational modules have been explored, my development of the fifth module will be explained.

**Development of Educational PowerPoint**

The clinical project associated with this practicum was to develop module five with a topic of a culture of safety for charge nurses. The peri-anesthesia setting is a high-risk environment of care with great susceptibility for errors due to patient vulnerability and high levels of acuity (Windle, Mamaril, & Fossum, 2008). A qualitative study by Eggenberger (2012), found that safety was the principal concern of charge nurses working in acute care settings. Thus this fifth module on a culture of safety was desired and needed information for the charge nurses.

The American Society of PeriAnesthesia Nurses (ASPAN) is recognized as the national leader and voice for peri-anesthesia nursing practice ("ASPAN History," 2014). As a professional organization, ASPAN creates awareness and advocates for a safe environment for nurses and patients (Windle et al., 2008). ASPAN advocates for this safety culture through an environment of caring which is guided by research and evidence-based practice (Clifford et al., 2013). Thus guidelines developed by ASPAN were used as the foundation for this fifth educational module on a culture of safety. The content of this educational PowerPoint will be further explained.

**Content of Educational PowerPoint**

A culture of safety was the topic of this educational PowerPoint. Since this learning activity was created for and requested by the MMC pre-operative and PACU charge nurses, guidelines established by ASPAN were used to outline this learning module. ASPAN defines three specific areas supporting a culture of safety. The first area includes ASPAN’s five core values which are communication, advocacy, competency, efficiency, and teamwork. The second area incorporates the components of a safe, learning organization which support an overall organizational culture of safety. These components include system thinking, personal mastery, mental models, team learning, and having a shared vision. The third area outlined by ASPAN to support a culture of safety consists of information to advocate for civility in the workplace, which is essential to safe patient care (Clifford et al., 2013).

**ASPAN Core Values.** The first area identified by ASPAN in supporting a culture of safety consists of five core values. ASPAN defines these five core values; communication, advocacy, competency, efficiency/timeliness, and teamwork, as necessary components in a safe culture (Clifford et al., 2013). These five core values served as slide titles in the clinical project PowerPoint with examples given for each.

ASPAN core value one was communication. Examples given included reporting errors and unsafe practices. Ensuring a complete and safe hand off process and transfer of care is essential communication for safe patient outcomes. In addition, developing and using effective listening skills was another example given in which communication supports a culture of safety (Clifford et al., 2013).

Advocacy is ASPAN core value two. Protecting patients from harm, upholding ethical care, maintaining patients’ rights, and implementing best practice all contribute to advocating for safe patient care (Clifford et al., 2013). Even though nursing practice has been challenged with cost containment, staffing issues, and increased service needs, nurses remain a primary advocate in safeguarding patients’ interests (Choi, Cheung, & Pang, 2013). A field study by Choi et al., (2013) confirmed that nurses play an integral role in advocating for safe patient care through minimizing risks such as reporting changes in patients’ conditions and correcting near-misses of co-workers.

Professional competency was ASPAN core value three with examples given of achieving and supporting professional competence through continuing education and certification. In addition, initiating and supporting both patient and staff education and demonstrating appropriate clinical judgment and critical thinking skills were additional examples of professional competency. Measuring and monitoring quality indicators rounded out the examples of roles a competent team leader would perform (Clifford et al., 2013).

ASPAN core value four was efficiency; a well understood skill for many team leaders. In order to maintain a healthy environment of care, interventions and reports must be timely and initiated appropriately (Clifford et al., 2013). Furthermore, an efficient team leader promotes safe yet appropriate staffing and fiscal responsibility.

Teamwork, ASPAN core value five, concluded the PowerPoint section on promoting a culture of safety through these core values. Examples given for teamwork included collaboration with other healthcare providers and building a mutual respect and trust between all caregivers (Clifford et al., 2013). According to Koloroutis (2010), healthy teams are essential to a caring environment in which all members contribute their unique knowledge and skills. Teamwork also is a component of an organizational culture of safety. If a hospital such as MMC is to have an overall culture of safety, support must be organization wide. All employees of MMC have attended a three day RBC conference which encourages staff members to treat themselves, each other and those in their care with kindness, compassion, and respect (Creative Health Care Management, 2014). ASPAN backs these principals of RBC and believes there are certain components of an organization which are necessary for an overall organizational culture of safety. ASPAN’s second area supporting a culture of safety will now be explored.

**Organizational Components for a Culture of Safety.** The second part of the educational PowerPoint module examined the components of an organizational culture of safety. An organizational culture is the “assumptions, beliefs, attitudes, values, and experiences of the organization, and it often entails unwritten aspects” (Ross, 2011. p. 347). This is ASPAN’s second area defined as essential for a safe culture. There are five components defined as necessary for an organizational wide safe culture: system thinking, personal mastery, mental models, team learning, and having a shared vision (Clifford et al., 2013). Again, each of these components served as a header on a PowerPoint slide with examples given on the same slide.

ASPAN’s first component of a safe organization is called System Thinking, which encourages the entire organization to support and embrace change (Clifford et al., 2013). A belief that all departments are interconnected and interrelated supports the conviction that everyone learns from one another. Team members must work together to identify issues, prioritize, and work collaboratively. Based on the principles of RBC, team members must get reconnected with the purpose and meaning of their work, and develop deep commitments to co-workers rather than a surface compliance (Creative Health Care Management, 2014).

ASPAN’s component two of a safe organization is called Personal Mastery (Clifford et al., 2013). This concept promotes professional practice, certification, and leadership; which encourages nurses to strive for their full potential. MMC exemplifies this by supporting nurses financially in their quest for professional and educational growth. In addition, RBC beliefs include taking care of self and developing to your full potential (Creative Health Care Management, 2014). Personal mastery also includes teaching in a positive and non-punitive way, and learning ways to seek best evidence and apply standards for a safe workplace environment. Outstanding leadership is essential to ensure excellent and safe patient care, thus competency of department leaders is necessary in promoting personal mastery (Clifford et al., 2013).

The third ASPAN component is labeled Mental Models which allows nurses the freedom to think creatively to resolve patient or safety concerns (Clifford et al., 2013). One example given in the educational PowerPoint was to consider different options for staffing. As MMC provides staffing for two pre-operative and PACU areas on different floors, creativity with staffing amongst the charge nurses is needed and supported. Encouraging staff communication and allowing the charge nurses to think creatively is a mental model that MMC promotes.

Team leading is ASPAN’s component four of a safe, learning organization and perhaps the most important one (Clifford et al., 2013). Team leading must be done with an ‘I and we’ instead of an ‘us versus them’ attitude (Clifford et al., 2013). All members of the team should be included when possible and leadership should remember that team leaders must not only be supportive of others; they must also receive support.

ASPAN’s safe organizational culture component five requires having a shared vision. The entire group or organization must have a common goal that is internalized and meaningful to everyone. The RBC model believes quality and safe patient care will occur in an environment where members of the health care team respect and support each other’s unique scope of practice and contribution (Creative Health Care Management, 2014). This shared respect and support leads to having a shared vision and organizational goal. This common goal must include civility in the workplace, which is the third area defined by ASPAN as necessary for a safe culture in an organization. ASPAN’s third area supporting a culture of safety will be further explained.

**Civility in the Workplace.** Civility in the workplace is essential to safe patient care. There are several elements related to civility at work that charge nurses must exhibit. These nurses must be leaders and inspire these attributes in the people around them. Examples given in the PowerPoint contributing to civility in the workplace include respecting one another, communicating effectively, remembering teamwork, and appreciating individual and institutional values. In addition, intimidation must not be allowed, concerns must be reported, and the code of conduct strictly respected and enforced (Clifford et al., 2013).

**Evaluation of Clinical Project PowerPoint**

The purpose of an evaluation is to distinguish what was effective and what could be improved or changed (DeSilets, 2009). In other words, did the educational activity achieve the desired results? A post-test was prepared for the charge nurses to take after viewing the PowerPoint (Appendix B). This type of evaluation, Kirkpatrick’s level two, assesses knowledge learned during the activity (DeSilets, 2009). This post-test was requested and approved by Ms. Pfander to provide consistency with previous modules. In addition, a Likert scale evaluation will be given to the charge nurses to evaluate the education (Appendix C). This type of evaluation, Kirkpatrick level one, provides information on whether the student found the program valuable. Both of these evaluations will help give a comprehensive picture of the impact of the learning activity. As release of module four was delayed, this fifth educational PowerPoint module will be presented to the charge nurses in June, 2014 after completion of this practicum. However, both evaluations will be given to me at that time to foster continuous learning.

**Practicum Evaluation**

An evaluation tool is an essential documentation of work performance (Omstead, Falcone, Lopez, Sharpe, & Michna, 2012). Timely and accurate work evaluations are vital for both the organization and employee. These evaluations can provide employees with documentation on their current strengths and areas in which growth is still needed. Organizations rely on these tools to provide uniform and defendable evaluations. Evaluation tools should have ratings criteria that is clear to the employee and employer (Omstead et al., 2012).

An evaluation of a clinical performance during a practicum creates a learning experience for the student, thus two evaluation tools were created for this practicum based on The Standards of Practice and the Standards of Professional Performance (ANA, 2010). The first evaluation tool guides the preceptor in accurately appraising the student’s performance during the practicum. This evaluation tool was developed during NURS 730 in preparation for the practicum (Appendix D).

The second evaluation tool is a self-assessment which allowed the student to evaluate and reflect on this experience. Self-assessment in students has been shown to be very effective in student learning (Xiaohua & Canty, 2012). An interesting study by Xiaohua and Canty (2012) divided a group of anatomy students into two groups, which were both given feedback by the instructor on a first draft of an assignment. Both groups were then given a rubric-referenced self-assessment tool; however the intervention group actually performed the self-assessment whereas the control group did not. The results revealed that the students in the treatment group scored statistically significantly higher than the control group on the final paper. Thus a self-assessment tool was developed during NURS 730 specifically for this practicum to allow for self-reflection and provide a learning experience (Appendix E). The goals and objectives which served to guide this practicum are also included (Appendix F).

**Conclusion**

With current healthcare changing at a rapid rate, NPD specialists must perform in many roles including educator, facilitator, consultant, change agent, coach, and researcher. Throughout this 300 hour practicum I found my preceptor to exemplify this NPD role. Experience and knowledge were gained through attending meetings, working on projects, shadowing the preceptor, and personal discussions. With education and guidance from her, I was able to fulfill a goal of developing competency in the role of NPD specialist integrating Standard 16 – Leadership by facilitating a meeting, participating in a nurse interview, and revising the peer review process. In addition, I attended an organizational huddle, learning from defects assembly, a staffing matrix meeting, and a leadership committee meeting.

A clinical project was created as part of the practicum requirements. An educational PowerPoint on a culture of safety was created as number five in a series of instructional modules for the charge nurses in the pre-operative and PACU areas. This module discussed why communication, advocacy, efficiency, and teamwork are essential to a safe health-care environment. In addition, the need for organizational support and information on civility in the workplace was included.

The challenges of organization, lack of regulatory knowledge, and discovering an appropriate teaching method for the clinical project, along with the strategies used to overcome these challenges were discussed. Jean Watson’s theory based RBC was used as a framework and guide through these challenges and practicum. A self and preceptor evaluation allowed me to validate my successes and understand areas for growth. As Ms. Pfander epitomized the role of a NPD specialist, I gained knowledge, leadership skills, and professionalism through her guidance.

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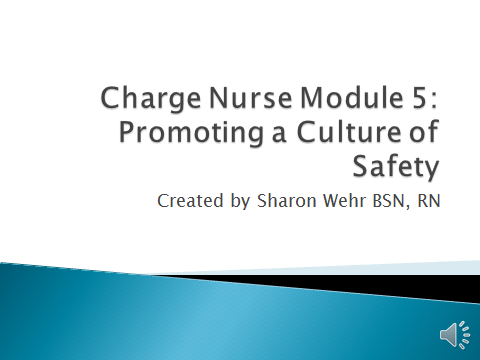
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Appendix A





Appendix B

**Charge Nurse Module Five – Post-Test**

Please answer the following questions after viewing the power-point. Sign your name at the bottom and hand in to Valerie Pfander MSN.

1. ASPAN is an advocate for a culture of safety in all PeriAnesthesia settings. This culture of safety is supported by an environment of caring and guided by research and evidence-based practice.

True False

1. ASPAN has five core values which support a culture of safety. Name three:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Part of advocating for a patient is to protect them from harm.

True False

1. Part of being a competent charge nurse includes understanding and having the ability to measure and monitor quality measures and indicators.

True False

1. Munson Medical Center supports a culture of safety. In system thinking, everyone learns from one another but departments are separate and function on their own.

True False

1. Learning to speak up is a component of personal mastery.

True False

1. Being creative to resolve safety and other concerns is encouraged as part of the mental model.

True False

1. As charge nurses it is important to set an example. Name three components needed for civility in the workplace.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Appendix C

**Charge Nurse Culture of Safety Module Evaluation**

**For each statement below circle one: 1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree**

The presentation was well organized:

1 2 3 4 5

The presentation content was appropriate for intended audience:

1 2 3 4 5

The presentation content effectively explained a culture of safety:

1 2 3 4 5

The presentation content effectively described a learning organization:

1 2 3 4 5

The presentation content effectively summarized civility in the workplace:

1 2 3 4 5

The information within the PowerPoint will assist in leadership skills:

1 2 3 4 5

I would recommend this presentation to others:

1 2 3 4 5

Additional Comments or Improvement Suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix D

Preceptor Evaluation Tool

|  |  |  |  |
| --- | --- | --- | --- |
| Standard of Education | Objective Met | Objective Not Met | Comments/What is needed to complete objectives |
| Student participates in educational activities related to appropriate knowledge base and professional issues | X |  | Sharon developed a powerpoint to educate the perianesthesia charge nurses on promoting a safety culture. |
| Student seeks knowledge and skills appropriate to the specialty area, practice setting, role, and learner diversity | X |  | Sharon consistently looked for ways to learn. |
| Student pursues experiences to develop, maintain, and improve competence in nursing professional development | X |  | Sharon seeks out opportunities to assist in the development of nursing education. |
| Student uses self-reflection and inquiry to identify learning needs | X |  | Sharon appeared to put a lot of thought into her practicum. |
| It is evident student uses current research findings and other evidence to expand knowledge, enhance role performance, and increase knowledge of professional issues | X |  | Sharon’s powerpoint she created for the charge nurses had the appropriate resources cited in the educational material. |

|  |  |  |  |
| --- | --- | --- | --- |
| Standard of Leadership | Objectives Met | Objectives Not Met | Comments/What is needed to complete objectives |
| Student works to create and maintain a healthy work environment in educational and practice settings | X |  |  |
| Student partners in setting goals to ensure that educational programs are aligned with organizational goals and strategic plan | X |  |  |
| Student exhibits creativity and flexibility in work environment | X |  | Sharon was very flexible considering she was also working. She was willing to work after hours and at home. |
| Student demonstrates energy, excitement, and a passion for quality work | X |  | Sharon has been very enthusiastic about participating in a variety of clinical opportunities. |
| Student creates a culture of innovation and risk taking | X |  |  |
| Student assumes leadership roles when appropriate, representing nursing professional development | X |  | Sharon provided leadership during a meeting on self-scheduling. She also helped facilitate a meeting. |
| Student works to influence, maintain and improve quality nursing and professional development programs | X |  |  |
| Student promotes the professional development program mission, goals, action plans, and outcome measures | X |  | Sharon always spoke positively about the profession of nursing and her goals for the future. |
| Student provides guidance, resources, and knowledge for professional growth of others, when appropriate | X |  |  |
| Student advances the profession through participation with professional interdisciplinary and multi-disciplinary audiences | X |  | Sharon attended an interdisciplinary nursing leadership/educator meetings |
| Student mentors colleagues, other nurses, students, and others as appropriate | X |  | Sharon developed a poster to educate the perianesthesia staff on post op care. |

Reflections on Student’s Practicum

I enjoyed spending this time with Sharon. She gained knowledge in my role in surgical services and was a tremendous help to me also. I believe she experienced a wide variety of activities and meetings which will allow her to decide if this is the career path she would like to take.

Appendix E

Self-Evaluation Tool

|  |  |  |  |
| --- | --- | --- | --- |
| Objective | Met | Not Met | Comments/Reflections |
| Literature Search compiled, reviewed and relevant | X |  | I spent numerous hours even above and beyond the practicum hours on literature searches. Evidence based practice is the foundation for nursing practice and was utilized by myself and my preceptor on a daily basis. One of my objectives was to spend time reviewing the literature and I definitely achieved this goal. I also believe I will utilize literature searches many times during my career in my work environment. |
| Clinical project was developed and approved by preceptor | X |  | My clinical project was number five in a series of PowerPoint modules my preceptor was creating for charge nurses in the pre-operative and PACU areas. It was also an objective to develop competency in the NPD specialist goal of Education. I took great care to view her previous modules so this one would follow suit. Much time was spent compiling appropriate literature for the culture of safety module. I researched the literature to find an appropriate means of delivery to my intended audience, the charge nurses. I did end up maintaining consistency in the series with a PowerPoint however I offered it both narrated and non-narrated. She seemed to like it very much and felt that I also helped her in her duties. |
| Clinical project – assessment for knowledge learned developed and approved by preceptor | X |  | As I created the clinical project, I kept my preceptor well informed of the information I was researching for inclusion in the PowerPoint. When she was not available I continued to obtain information and then approved it with her at the appropriate time. She also was asked and supplied some critical points that she wanted on the module. |
| Experiences were sought to develop and improve competence in nursing professional development | X |  | Every available opportunity that arose I was thrilled to attend. This included educational meetings, organizational huddles, a nurse interview, meetings with new orientees, and learning how to do chart audits. My preceptor was extremely grateful for my help with the chart audits as they are time consuming for her. In doing them I learned a great skill that will prove beneficial in the future. This was a goal of NPD Standard #8 Education and I was very pleased with the variety of experiences I was able to enjoy. |
| Evidence based research was examined to increase knowledge of professional development role | X |  | I was amazed at how much my preceptor also utilized evidence based literature. We spent much time looking for research to guide us in education. I learned that research skills are necessary outside of the school environment and will use them through the rest of my career. |
| Utilized self-reflection throughout practicum | X |  | After a very busy beginning in my practicum I began to utilize self-reflection which was an objective of the practicum. I also did research on the benefits of self-reflection. I found that allowing time at the end of my day to reflect on my experiences allowed me to fully appreciate them and also realize what I still wanted to accomplish. I really tried to use self-reflection and Watson’s theory, along with RBC to guide me in my daily activities. Self-reflection skills will continue to be an important practice for me. |
| Examined and discussed organizational goals and plans with preceptor | X |  | We frequently discussed goals and plans of the organization during my practicum. I was able to attend an organizational huddle with top managers and administrators. In addition, I found regulatory issues to be almost overwhelming. They played a role in just about every meeting and activity that we did. I was able to discuss this with my preceptor. Even though she agreed that regulation plays a huge role in her daily activities she did state that it does not need to take over what she does. She still is an educator and stated she always tries to remember that. I really appreciated this discussion and information as it started to sway my thinking in regards to the NPD specialist role. |
| Assumed a leadership role during practicum | X |  | Anytime she could my preceptor encouraged me to take a leadership role as she knew this was a goal of the practicum. I watched her facilitate meetings and then led my own meeting with her as a guide. She always made me feel like a part of the team. I attended leadership meetings which include the leaders in the various surgical services departments. This allowed me to understand the role of a leader. In addition they allowed me to fully partake in the meeting and take a lead role in discussing some issues. This is still an area in which I will continue to seek opportunities. |

My goal was to immerse myself in the role of a NPD specialist and learn everything I could during this 300 hour practicum. I felt this was an opportunity of a lifetime to learn this role and decide if this is a career path I would like to pursue. My goals of education and leadership were continually used as a guide for opportunities presented. I had an objective of attending my first Sigma Theta Tau meeting which I was unable to accomplish, but hope to in the near future.

I am immensely proud of all my work during this semester. My preceptor acknowledged my hard work and how much I helped her. I think we will both miss our time together. This practicum gave me a lot to think about for future endeavors. I am excited for the future and what unknown experiences it might hold!

Appendix F

Practicum Proposal Planning Guide

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals** | **Objectives** | **Activities** | **Timeline** |
| Goal 1: Develop increased competency in the role of Nursing Professional Development (NPD) specialist integrating Standard 8 – Education, from the Standards of Nursing Professional Development (*Nursing Professional Development*, 2010)  (Clinical Project) | * 1. – Review literature and other sources related to the role of NPD specialist   1.2 - Collaborate with preceptor to develop appropriate educational activity (clinical project)  1.3 - Seek experiences that develop and improve competence in nursing professional development  1.4– Use evidence based research to examine knowledge of professional development role  1.5 - Develop skills of self-reflection to identify learning needs | 1.1a – Search Cinahl, Pubmed, and other data resources for literature  1.1b – Compile the literature sources  1.1c – Review obtained literature for relevance to practicum and clinical project  1.2a – Schedule meeting with preceptor to discuss educational project  1.2b – Obtain and study previous modules so mine flows with the others.  1.2c – Conduct evidence based research on the culture of safety for charge nurses. This is the topic for the educational module I will be creating.  1.2d – Create educational power-point on the culture of safety for charge nurses. Include assessment for knowledge learned.  1.2e – Submit to preceptor for approval  1.2f – Introduce my educational module to the staff via a staff meeting. This will include going over the module plus answering any questions.  1.3a – Attend staff meetings with preceptor  1.3b – Attend and participate in weekly meetings with all staff educators  1.3c – Attend meetings related to organizational activities  1.3d – Assist preceptor in her every day role  1.3e – Assist with orientation for new employees  1.4a – Spend 1-2 hours weekly researching evidence based research which will help my preceptor in her role (any topic that she would benefit from this research)  1.4b – Include in this research time additional evidence based research on the role of the NPD specialist  1.5a – Find evidence based research on self-reflection  1.5b – Following this research, complete a self-reflection weekly to identify learning needs for following week  1.5c – Share my self-reflection thoughts with my preceptor for evaluation of further educational need | Throughout the semester  Throughout the semester  Throughout the semester  January, 2014, first week of semester  January, 2014, first week of semester  Complete by January 31, 2014  Complete by February 28, 2014  February 28, 2013  March, 2014 (according to preceptor needs)  Throughout practicum timeline  Weekly throughout timeline. Preceptor states these meetings are weekly on Thursdays  Throughout practicum timeline  Every day spent with preceptor  As available throughout practicum timeline  Weekly through practicum timeline  Weekly throughout practicum timeline  To be completed by January 31, 2014  Weekly throughout practicum timeline, starting week of February 1, 2014  Weekly throughout practicum timeline, starting week of February 8, 2014 |
| Goal 2: Develop increased competency in the role of Nursing Professional Development specialist integrating Standard 16 – Leadership, from the Standards of Nursing Professional Development (*Nursing Professional Development*, 2010) | * 1. – Understand the role of the NPD specialist   2.2– Examine  organizational goals and plans related to Nursing Professional Development  2.3 - Assume a leadership role representing nursing professional development  2.4 - Promote the professional development of the nursing profession | 2.1a – Search Cinahl, Pubmed, and other data resources for literature  2.1b – Compile the literature sources  2.1c – Review obtained literature for better understanding of the role of a NPD specialist  2.2a – Meet with preceptor regarding upcoming meetings with organizational goals and plans as the topic  2.2b – Attend and observe meetings with preceptor to examine knowledge on the goals and plans of the organization as a whole  2.2c – Write a summary of these meetings  2.2d – Share these summaries with co-workers to promote their understanding of nursing professional development at MMC  2.3a – Together with preceptor, discover an opportunity in which I can take a leadership role. This may be facilitating a staff meeting educational module is introduced  2.3b – Meet with preceptor and her manager regarding facilitating this staff meeting if necessary  2.3c – Facilitate staff meeting if appropriate  2.4a – Encourage co-workers to also promote the profession of nurses by discussing what is learned in meetings with educators and organizational staffers.  2.4b – Attend a meeting of Sigma Theta Tau. I currently am a member though have never attended a meeting. Switch my membership to the Grand Rapids chapter as this is more convenient. | January – April, 2014  January - April, 2014  January – April, 2014  First week of practicum  Throughout semester as available  Throughout semester as available  Throughout the semester as available  January/February 2014 (per preceptor wishes)  January/February, 2014 (per preceptor wishes)  March/April, 2014  Throughout semester  Date to be decided |

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