2019

Clinical Nursing Faculty Competency

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This is to certify that the doctoral study by

Christine Kalt

has been found to be complete and satisfactory in all respects,
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Walden University
2018

Abstract

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Project Submitted in Partial Fulfillment

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Doctor of Nursing Practice

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February 2019

Abstract

Nursing faculty are responsible for graduating competent students and being competent themselves; however, the required competencies of clinical nursing faculty who instruct students in the clinical area are unidentified. The practice problem addressed in this project was the lack of a structured, organized process for identifying initial and ongoing competencies of a clinical nursing facility. The purpose of this project was to explore nursing faculty clinical competency and provide a multimethod, multispecialty approach for implementing clinical nursing faculty competency. The target population was clinical nursing faculty (n= 30) in an academic setting. This project explored the impact of a multimethod, multispecialty approach for assessment and evaluation of clinical nursing faculty competency. The project was guided by Benner's theory of novice to expert; Roger's theory of diffusion and innovation; and the plan, do, check, act model. The study analyzed the data obtained from clinical nursing faculty demographics, and competency validation of 3 clinical and 3 academic, remediation, and retesting outcomes. Descriptive statistics and *t* test were utilized in analyzing the data. The project findings revealed the clinical nursing faculty members are 100% clinically competent and 68.7% academically competent in the areas evaluated. The project findings have implications for social change through role modeling of leadership skills by clinical nursing faculty and improving student clinical instruction by cultivating competent clinical nursing faculty.

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Dedication

I dedicate this project to my husband and children who have supported me through this journey.

Acknowledgments

I would like to thank the Walden University Doctorate faculty who have provided the guidance and support throughout this project; Dr. Rosaline Olade, Committee Chairperson; Mirella Brooks, Committee Member; and Linda Matheson, URR, who have encouraged the perseverance needed to continue to the end.

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Section 1: Nature of the Project

Introduction

Nursing faculty competency contributes to high quality student learning in the clinical environment. Clinical nursing faculty (CNF) must maintain competence in nursing practice and education. However, maintaining clinical competency can be a challenge. The National League for Nursing (NLN, 2011) has recognized nurse educators as an advanced-practice role. The NLN (2016) Competency 1 addresses the expectation that nurse educators will create environments facilitating student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. This expectation is applicable in the clinical setting for nursing faculty. The expectation for nursing faculty is to graduate competent students for the future and for the nursing faculty to be competent. The CNF must choose teaching strategies that originate from theory and evidence-based practices (EBP).

Developing and implementing a clinical assessment process to measure CNF competency is challenging. Benner's (1982) theory novice to expert has been very influential in nursing education. Benner's (2001) theory of novice to expert supports that nurses develop skill and knowledge of patient care over time, and, thus, will advance from a novice to expert in their practice area. Some nursing faculty come to academia as clinical experts but novice in teaching experiences whereas other nursing faculty come as experts with teaching experience and are novice in clinical experience. To increase the student learning and elevate nursing knowledge, the CNF should be an effective clinical teacher. An identified gap in nursing practice is that no one has identified the desired competency

of CNF that instruct students in the clinical area. This has the potential to compromise quality student learning and may delay students from reaching their set goals.

Nursing clinical competency develops over time and requires experience and practice (Benner, 2001). At the academic setting where this project took place, there was no consistent clinical assessment and evaluation process that validates the EBP competency of CNF.

The focus of this doctoral project was to explore nursing faculty clinical competency. In this EBP project, I assessed and evaluated the competency of CNF. I provided education and remediation. Nursing faculty were remediated and retested when a competency deficiency was identified.

The project is expected to assist in social change by improving student education and cultivating competent CNF. Students expect the CNF to be competent in the area where they are training nursing students. The expected result is to implement a structured, meaningful process for assessment and evaluation of CNF competencies.

Clinical Practice Problem Statement

The clinical practice problem addressed by this project was the lack of understanding about which nursing competencies were necessary for CNF at this specified academic setting. The overall goal of competency is to assess and evaluate individual performance (Allen et al., 2008). There was no established decision-making process of which competencies were necessary for CNF to reflect student education, patient safety while working with students on the clinical unit, and EBP in the health care system. At this project site, full-time, part-time, and adjunct nursing faculty all have

different clinical competencies that are required. This process is dysfunctional, and the CNF have difficulty maintaining academic setting requirements.

In health care today, there are many changes in nursing practice. These changes require nurses to be prepared to function in the practice environment. This doctoral project holds significance for the field of nursing by educating and preparing the CNF to have a better understanding of and experience with student nursing care management by meeting diverse patients' needs, functioning as a leader in health care, and delivering safe, quality patient care.

Research Question

The practice-focus question is as follows: What is the impact of a multimethod, multispecialty approach for the assessment and evaluation of the clinical competency of the clinical nursing faculty at a small private college?

Project Purpose

The identified gap in nursing practice is that no one has identified the desired competency of CNF who instruct nursing students in clinical practice. There is no consistent clinical assessment and evaluation process that validates the EBP competency of CNF.

The purpose of this project was to improve the assessment and evaluation of CNF competency at the project academic setting. Each year, the nursing governance of the academic setting decides the nursing faculty competencies. The CNF participated in six selected competencies. Three competencies focused on clinical competencies, and

three focused on academic competency. In this study, I analyzed the data obtained from the competency testing as well as data from the remediation and retesting, if used. Through this project, I address the nursing practice gap by providing a consistent structured process for CNF competencies at this academic setting.

Nature of the Doctoral Project

In this project, I used a multimethod, multispecialty approach for the assessment and evaluation of nursing faculty competency. The multimethod approach includes clinical competency validation from procedural checklist tools and educational competencies validation with interrater reliability. There were clinical scenarios relevant to clinical practice for the educational competencies. This content was provided to the CNF on the learning management system (LMS) that is used by the academic setting. Sources of evidence for this project included a comprehensive literature review on CNF competency, assessment and evaluation of clinical competency performance of CNF using procedural checklist tools, and assessment and evaluation of educational competencies using clinical scenarios relevant to clinical teaching.

The multispecialty approach used at this academic setting has a variety of different clinical nursing specialty experiences. The multispecialty locations include medical-surgical, pediatric, obstetrics, psychiatric, intensive care, and long-term care.

At the academic setting where this DNP project was conducted, a model template is used for a change in clinical practice. It is the plan, do, check and act (PDCA) model (see Appendix A).

This was a staff education project to explore CNF competency at an academic setting. I implemented the steps in the staff education manual for DNP projects in collecting the data from educating the CNF, which was quantitative in nature. The data were analyzed with the Statistical Package for the Social Sciences (SPSS) program, and the anticipated findings were used to develop an educational plan that nursing faculty competencies will now follow to improve clinical practice.

Significance

Stakeholders in this change process are individual nurses who work as CNF at this academic setting, student nurses, the associate of science in nursing (ASN) program director, the Bachelor of Science (BSN) program director, the college dean, and executives. The program directors and the college dean needed clear communication and involvement throughout the project. This project was a change in the CNF yearly requirements. The change impacted the amount of time to complete the required competencies. This affected the academic setting budget. The college dean and program directors were directly involved in the project planning and implementation phase.

The contributions of this DNP project to nursing practice was to include CNF, providing the nursing students with high quality education in the clinical setting to assist students with a smooth transition into professional practice.

There is potential transferability of this doctoral project. This project may be used for nursing student preceptors at multiple care level facilities. Preceptors are registered nurses licensed by the state in which they practice and who provide supervision of nursing students' clinical experience at a clinical agency in which the preceptor is

employed. The preceptor implements clinical education to nursing students at the direction of CNF (Ohio Board of Nursing [OBN], 2016). The student preceptors are not considered adjunct clinical nursing faculty, but they also instruct the nursing students in this academic setting. To maintain consistency of clinical teaching, the preceptors may benefit by participating in the academic setting nursing competencies.

The potential implication for positive change is that by implementing and completing this project, the academic setting can continue to produce competent future nurses who are prepared to care for patients in today's health care environment.

Summary

In this project, I focused on CNF competency. At the academic setting where this project was conducted, the aim for CNF was to provide effective clinical teaching and learning to increase the student's nursing knowledge (see Lee, Cholowski, & Williams, 2002). The impact of this project was to ensure that nursing faculty at this academic setting are clinically competent to instruct nursing students.

The main areas covered in Section 1 included the introduction to the project, the problem statement, the project purpose, and the nature and significance of the doctoral project. In Section 2, I review the framework, the relevance to nursing practice, local background and context, the role of the DNP student, and the role of the project team.

Section 2: Background and Context

Introduction

The clinical practice problem addressed by this project was the lack of understanding about which nursing competencies were necessary for CNF at this specified academic setting. The practice-focus question was as follows: What is the impact of a multimethod, multispecialty approach for the assessment and evaluation of the clinical competency of the CNF at a small private college? The purpose of this project was to improve the assessment and evaluation of CNF competency at the project academic setting. In Section 2, I review the framework, the relevance to nursing practice, local background and context, the role of the DNP student, and the role of the project team.

The clinical practice problem of this DNP project was the lack of a structured, organized process for initial and ongoing competencies for CNF. This project provided CNF with competencies that are EBP, aligned with the academic setting's mission and vision, and are meaningful to the faculty. The overall goal of competency is to assess and evaluate individual performance (Allen et al., 2008). Effective clinical teaching and learning can increase nursing knowledge in clinical practice (Lee et al., 2002).

Framework, Models, and Theories

The nursing framework used for this project was Benner's (1982, 2001) novice to expert theory. The project drew from Roger's (2003) theory of diffusion of innovation. The PDCA model was used by the project academic setting and was implemented into this project.

Benner's (1982) theory of novice to expert has been very influential in nursing education. Benner's (2001) theory of novice to expert supports that nurses develop skill and knowledge of patient care over time, and, thus, will advance from a novice to expert in their practice area. The novice to expert theory predicts that CNF with higher competencies can identify problems with students more readily. Benner's (1982) novice to expert theory supports skill acquisition for nursing competency. The theory demonstrates how a nurse moves from novice to expert. Benner's (1982) theory was influenced by the Dreyfus and Dreyfus (1980) model of skill acquisition. Benner (1982) adapted five levels of nursing competency that a nurse must possess for advancement in nursing practice. The five levels include novice, advanced beginner, competent, proficient, and expert (Benner, 1982). Novice is the first area of where nurses begin to acquire skills. A novice is a student in an undergraduate nursing program (Benner, 1982). CNF may begin at the competent level. According to Benner (1982), in the competent level, the nurse has worked for 2 to 3 years and has gained knowledge and experience. CNF progress to each level of competence by increasing their knowledge, experience, insight, and understanding. Competence is influenced by time. The last level of competence is expert. In this competency level, the expert has extensive knowledge, confidence, and intuition that can be applied in many different clinical situations (Benner, 1982). Skill acquisition is a predictor of competency (Davis & Maisano, 2016). Benner's (2001) theory of novice to expert supports that nurses develop skill and knowledge of patient care over time, and, thus, will advance from a novice to expert in their practice area. Some nursing faculty come to academia as clinical experts but novice

in teaching experiences whereas other nursing faculty come as experts with teaching experience and are novice in clinical experience.

A competency evaluation identifies the strengths and areas that CNF need to further develop. According to Dadgaran, Parvizy, and Peyrovi (2012), the clinical education a student receives is predictive of how a nurse will perform in the clinical setting after they graduate. Successful skill acquisition it vital for CNF who teach nursing students. Competency and expertise in clinical skills are necessary to provide students with quality education. It is necessary for CNF competencies to change according to the evolving health care environment.

According to Rogers (2003), an innovation is an idea or a change in practice that is communicated over time among many members of a system. Diffusion is a special type of communication concerned with the spread of messages that are perceived as dealing with new ideas. Innovation consists of five stages: knowledge, persuasion, decision, implementation, and confirmation. The innovation-decision process is a slow process that happens over a period in a series of actions and decisions (Rogers, 2003).

Rodger's theory of diffusion explains that with a change in the competency process, individuals accept and implement change differently. Using this theory can guide project managers to assist nursing faculty with the change in the structure of CNF competency. According to Rodger's theory of diffusion, change in an organization process can cause employee uncertainty. The uncertainty may lead to frustration, discouragement, and dissatisfaction. This can cause the CNF to seek employment at another academic setting.

The academic setting used the PDCA model. This model was used in this project as well. This model can assist the academic setting by encouraging staff engagement and leadership while working through the change process (Peter & Paul, 2015). The PDCA template was revised during the project, and changes were tracked. The aim of working with this change model was to assist in guiding the project and improving quality care.

Relevance to Nursing Practice

The purpose of this doctoral project was to explore nursing faculty clinical competency and implement needed staff education. The focus of nursing faculty competency is to validate that each member of the team is competent. The responsibility of an effective clinical teachers is to graduate competent future nurses. According to Orta et al. (2016), nursing faculty have deficits in nursing knowledge, attitudes, and ability to teach EBP. Clinical assessment and academic assessment of CNF competencies are necessary to ensure an effective clinical education is provided to the nursing student (Lovric, Prlic, Zec, Puseljic, & Zvanut, 2015).

Frequently, the CNF perception of their competency and the clinical competency performance do not produce the same results. The nurse may feel that the perception of their competency is accurate, but when they are asked to perform according to guidelines, there are deficits. The deficits may interfere with student education.

Educational institutions depend on CNF to provide quality clinical education for students. Lovric et al. (2014) claimed, "Quality education is a pre-requisite for quality in clinical practice, patient safety, and priorities in every day health care" (p. 416). According to OBN (2016), the CNF are responsible for planning the student's clinical

experience and for evaluating the student's performance. The CNF are responsible to have competence in clinical practice in which they are providing supervision to a student (OBN, 2016). CNF are responsible for being role models to students and exhibiting leadership qualities. Thus, CNF must work collaboratively with all members of the health care team. Leadership qualities for CNF is vital. The competencies for CNF include leadership education. According to Patterson and Krouse (2015), "academic setting success depends on the leadership and competency of CNF" (p. 80).

The characteristics of an effective clinical educator includes "teaching ability, interpersonal relationships, personality traits, nursing competency, and evaluation" (Lee et al., 2002, p. 412). The characteristics of nursing competency are very important and include "theoretical knowledge, clinical knowledge, and attitude knowledge" (Lee et al., 2002, p. 414). Competent CNF assist nursing students in attainment of "professional knowledge, psychomotor skills, interpersonal and communication skills, self-confidence and independence in the clinical environment" (Lovric et al., 2014, p. 407).

Previously at this academic setting, CNF were required to attend medical/surgical nursing competencies provided for nursing staff at a clinical agency and bring completed validation form to their program director. The completed validation was placed in their employment file to provide evidence of completion for yearly evaluation and required regulatory bodies of nursing. The CNF were considered clinically competent to teach clinical nursing students after attending the medical/susrgical competencies.

In this doctoral project, I explored nursing competency of CNF and validated their clinical and academic skills. Nursing competencies are necessary for CNF to possess for

effective education of nursing students. In an evolving health care system, it is important for the nursing student to be able to transition from student to the professional nurse. CNF are instrumental in guiding students in the transition. This project advanced nursing practice by helping to ensure that CNF are competent. Competent CNF are vital in preparing the nursing student to practice with diverse populations in an evolving health care system.

Local Background and Context

The setting for this doctoral project was at a private academic setting in northeast Ohio. The relevance of this doctoral project was that the academic setting had no established decision-making process of which competencies were necessary for CNF to reflect student education and patient safety while working with students. There was no consistent clinical assessment and evaluation process that validated the EBP competency of CNF. This doctoral project streamlined the yearly CNF competencies that are required by this academic setting.

CNF who had the option to participate in this project were full-time, part-time, or adjunct status. The CNF may be assigned to a variety of clinical settings, including rehabilitation, long-term care facilities, psychiatric units, intensive care units, coronary care unit, pediatric facilities, obstetric units, and medical-surgical units. This staff education project was monitored by the college dean, program directors for the ASN and BSN curriculum, and the human research review board of the academic institution. However, the project started after the approval from the Walden University Institution Review Board (IRB).

Definition of Terms

Academic setting: For the purpose of this project, defined as a private nursing college in northeast Ohio that provides a registered nurse education program.

Clinical experience: An activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the supervised delivery of nursing care to an individual or group of individuals who require nursing care (OBN, 2016).

Clinical nursing faculty (CNF): Holding a current, valid licensure as a registered nurse, a baccalaureate degree in nursing or enrollment in a graduate level courses to obtain a master's or doctoral degree with a major in nursing, and experience for at least 2 years in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the faculty member provides supervision to a nursing student (OBN, 2016).

Competence: The skills reflecting knowledge, attitudes, and psycho-social and psycho-motor elements (World Health Organization, 2009).

Competence of CNF: Systematic skills and/or abilities that a clinical nursing teacher must possess to teach successfully (Hou, Zhu & Zheng, 2010).

Competency: The ability to perform a task with desirable outcomes under the varied circumstances of the real world (Benner, 1982).

Objective structured clinical evaluation: A multidimensional evaluation tool that is based on the principles of objectivity and clinical performance behaviors and skills of competency (Chen, Hou, Lin & Tung, 2015).

Preceptor: A registered nurse or licensed practical nurse who meets the requirements of OBN and who provides supervision of a nursing student's clinical experience at the clinical agency in which the preceptor is employed (OBN, 2016).

Registered nurse education program: A professional nursing education program that leads to initial licensure as a registered nurse (OBN, 2016).

Supervision of a nursing student in a clinical setting: A nursing faculty member, teaching assistant, or preceptor is immediately available to the nursing student at all times to provide guidance and review of the student's performance (OBN, 2016).

Role of the DNP Student

In this academic setting, my position is an assistant professor and CNF. My role as the DNP student, is that of a project leader for this doctoral project, and to design and implement a new staff education project that would change the process of CNF competency at this academic setting in northeast Ohio. My role included assessing each CNF and validating their competency. The CNF completed the designated nursing competencies appointed by the nursing governance of the academic setting. The clinical competencies were evaluated through clinical procedural checklist, and validated through interrater reliability, while the educational competencies were evaluated by utilizing relevant quizzes.

I participated in "validate the validator" at the health care institution associated with the academic setting. This ensured the accumulation of the necessary information needed as an expert to validate the CNF on the competencies required at the academic setting.

The motivation of this doctoral project was to provide structure and consistency to the CNF competencies at the academic setting. This doctoral project was a multimethod, multispecialty approach educational format to clinical competency at this academic setting. This project changed the future of CNF competency at this academic setting.

Each CNF was required to complete the CNF competencies. The data retrieval assisted the DNP student to explore the competency perception of CNF. CNF improved their clinical practice by participating in this project.

Role of the Project Team

This staff education project was a multi-method, multispecialty approach that involves various clinical nursing staff members and at multiple academic levels. The project team consisted of the ASN and BSN program director, academic setting dean, stakeholders, such as the college president and board members, and the doctoral student. Team members utilized interrater reliability for the academic competencies. The project team members were presented with project background information at nursing curriculum meetings, and bi-weekly doctoral project meetings scheduled for project collaboration. A project schedule was created and disseminated to the nursing governance at the academic setting. Project phases, and updates, were communicated through nursing governance meetings. Open communication allowed continued understanding of roles, responsibilities and changes as the project progresses.

Timeline:

February-May 2018: Proposal and IRB approval. Continue to work on project.

May-August 2018: Implement Project

September-October 2018: Analyze collected data

November 2018: Write up and disseminate findings

Summary

This DNP project uses evidence-based multimethod, multispecialty approach to validate the nursing competencies of each CNF participant. Remediation of CNF was completed through LMS modules and online tutorials usually used at the academic setting. The PDCA model was monitored for areas of possible improvements in the plan to eradicate the current gap in practice, which is the non-existence of the academic setting competency validation.

Section 3 will review the specific practice-focused question to be addressed by the project, the sources of evidence for the project, the participants in the project, the procedure for collecting the data for the staff education, as well as the proposed synthesis and analysis.

Section 3: Collection and Analysis of Evidence

Introduction

The clinical practice problem addressed in this project was the lack of understanding about which nursing competencies were necessary for CNF at this specified academic setting. The purpose of the project was to improve the assessment and evaluation of CNF competency at the project academic setting. The setting for this doctoral project was at a private academic setting in northeast Ohio. In the past, CNF at this academic setting have worked at a variety of different contracted clinical settings. The CNF may be contracted with the academic setting for full-time, part-time, or adjunct status. The CNF are responsible to be competent in clinical practice where they are providing supervision to a student (OBN, 2016). In Section 3, I discuss the practice-focused question and the sources of evidence as well as the analysis and synthesis of evidence.

Practice-Focused Question

The local problem at this academic setting is that there was no established decision-making process of which competencies are necessary for CNF to reflect student education and patient safety while working with students. The identified gap in nursing practice is that no one has identified the desired competency of CNF that instruct nursing students in clinical practice. There is no consistent clinical assessment and evaluation process that validates the EBP competency of CNF.

The guiding practice-focused question for the DNP project is as follows: What is the impact of evidence-based multimethod, multispecialty approach for the assessment and evaluation of the clinical competency of the CNF at a small private college?

Sources of Evidence

A literature search was completed through the Walden University Library, with multiple electronic databases used as sources of evidence to address CNF and the practice-focused question. The literature search consisted of Cumulative Index to Nursing and Allied Health Literature, ProQuest & Allied Health Services, and Medline to obtain relevant EBP research data. A combination of key search terms and phrases were used to yield results in this literature search. Phrases used were *CNF, CNF competency, nursing competency, evaluation of competency, objective structured clinical evaluation,* and *assessment of nursing competence*. Peer reviewed scholarly journals and journals that supplied full texts were searched for current EBP for this project. The search included research evidence that was conducted within the past 10 years.

An identified gap in nursing practice is that no one has identified the desired competency of CNF who instruct students in the clinical area. However, some studies have given recommendations for CNF competencies. According to Lovric et al. (2014), "clinical nursing faculties competency levels will improve or hinder their students' learning" (p. 407). They also noted that competent clinical faculty facilitate student acquisition of professional knowledge; technical, psychomotor, interpersonal, and communication skills; attitudes; professional responsibility; self-confidence; and independence in clinical environment. The focus on CNF competencies is to assist the

students' learning and to elevate their clinical nursing knowledge. If the CNF are not competent in the clinical practice area, this has the potential to compromise quality student learning and may delay students from reaching their set goals.

Franklin and Melville (2013) noted that "clinical competency assessment should incorporate a variety of levels of knowledge and clinical skill mix" (p. 26). In the academic setting where this project will take place, the clinical experience and education levels vary among the CNF. Some CNF come as experts with teaching experience and are novice in clinical experience**,** while others come to academia as clinical experts but novice in teaching experience. Clinical expertise does not produce academia expertise. CNF who come to academia as clinical experts need additional educational competencies to be an effective teacher in the clinical practice.

Orta et al., (2016) stressed that "the goal of nursing education programs should be the development of the competencies required to implement evidence-based practices (EBP) in the clinical setting" (p. 409). By focusing on EBP competencies, the CNF can be confident that they are instructing the nursing students with the best research evidence in practice.

According to Hou et al. (2010), CNF competencies should consist of clinical teaching skills, clinical practice skills, role model qualities, communication, and evaluation. They also recommended that CNF competencies include leadership ability, problem solving ability, educational intelligence, general teaching ability, and clinical nursing skills. Consequently, the staff education for CNF competencies in this project consisted of a combination of clinical skills competencies and academic competencies. In

addition, this project provided multimethod and multispecialty nursing competencies to improve effective clinical teaching and increase student learning in the clinical arena.

At the academic setting where this project took place, there was no consistent clinical assessment and evaluation process that validates the EBP competency of CNF. Remediation and retesting were provided for CNF who did not perform according to the procedural checklist.

Participants

The participation in this project was voluntary. The number of CNF at this academic setting vary each semester according to student volume. The number of participants was estimated at 20 to 30 CNF. The exclusion to participate in this project was nurses who were not CNF at the academic setting. Inclusion criteria for this project was full-time, part-time, and adjunct CNF at the academic setting who wished to participate in the project.

Participants completed an anonymous online form of their demographic data. The demographic data were collected and summarized to provide the demographic profile of the participants (see Appendix B). The data were collected and secured by keeping all evidence in a locked cabinet in a locked office.

Procedures

The clinical competencies included hand hygiene, personal protective equipment, and glucometer. The clinical competency tools used in the project to collect data were valid and reliable tools obtained from Wilkinson, Treas, Barnett and Smith (2016). The outcome of each criteria on the tool was *yes* or *no*. There was a comment section for the

validator. If the CNF obtained a score of unsatisfactory, the tool provided an area to document remediation (see Appendix C: Procedure Checklist for Hand Hygiene, Appendix D: Procedure Checklist for Donning Personal Protective Equipment, and Appendix E: Procedure Checklist for Checking Fingerstick [Capillary] Blood Glucose Levels).

The educational competencies include evaluating a student's completed nursing care plan (NCP), completing a Nursing Process Improvement (NPI) form after a nursing student had a medication error, and leveling student learning objectives (SLOs) according the progression of the medical surgical nursing courses. The first educational competency, evaluation of a student's completed NCP, was completed with a case scenario and a student completed NCP (see Appendix F: Practice Activity Case Scenario). CNF reviewed the student's documentation of an NCP of acute pain and document areas not complete, according to Wilkinson and Treas's (2016) NCP (see Appendix G: Plan of Care: Michelle and Appendix H: Documenting the Plan of Care). Scoring for this competency is located on the sample NCP and used interrater reliability (see Appendix I: Scoring the Plan of Care). According to Grove, Burns, and Gray (2013), "Interrater reliability values need to be reported in any study in which data is collected or judgments are made by two or more data gatherers" (p. 391). The data gatherers must independently observe and record the same event using the protocol developed in the study. The interrater nursing faculties have been determined as the nursing competency validators. These validators were the ASN and BSN program directors.

The next education competency was completing an NPI form after a nursing student had a medication error. This CNF competency involved a case scenario of a student medication error (see Appendix J: Case Study for ANS Nursing Performance Improvement Form). The CNF read the case scenario and completed the NPI form. A completed guideline of the ANS NPI form is provided (see Appendix K: ANS Nursing Performance Improvement Form, guideline). Scoring for this competency was 1 point for each section on the provided form. The total available points for this competency is 8 points (see Appendix L: ANS Nursing Performance Improvement Form Scoring). This CNF competency used interrater reliability.

The final CNF competency was leveling SLOs according to the progression of the medical surgical nursing courses. Each medical surgical clinical nursing course has SLOs that the students must meet satisfactorily to progress to the next nursing course. The SLOs were leveled with verbs from Bloom's taxonomy (2012) remembering to creating (see Appendix M: Bloom's Taxonomy Cognitive Domain Verbs). Each SLO is set up with content learning plans that assisted the student to meet the SLOs. The goal was for the student to meet the individual course SLO and ultimately meet the program outcomes of the academic setting. The CNF was provided with the program outcome and demonstrated caring, safe, and competent nursing interventions in diverse health care settings. The CNF were given seven SLOs, one from each medical surgical nursing course. The CNF were asked to level the SLOs according to the progression in each nursing course and Bloom's taxonomy to meet the program outcome. Each SLO was assigned one point if identified correctly. There was a total of seven points for this

competency. The document used in this CNF competency was the program outcomes and SLO from the academic setting (see Appendix N: Program and Student Learning Outcomes).

Protection of Human Rights

Participation in this staff education was voluntary, and all the forms used for the education, remediation, and retesting were coded and made anonymous. The Walden University and the IRB approved this staff education program for the doctoral project before it started in the academic practice setting. The IRB approval number was 08-06-18-0153108. A certificate of completion for the course "Protecting Human Research Participants" through the National Institutes of Health was obtained in preparation for this project and was provided.

Analysis and Synthesis

The data collection in this study was started when the participants completed the online CNF demographic survey. This survey took approximately 10 minutes to complete. In the survey, each participant was asked to create a unique identifier of their choosing, answer a brief demographic survey questions, and sign the project implied consent. Implied consent was signed by the participant upon completion and submission of the online survey. The participants were informed of the consent in the introductory portion at the beginning of the online survey. Unique identifiers were used by the participants when they completed the CNF competencies. The participants submitted their completed CNF competencies, with their unique identifier to the BSN program director. The BSN program director de-identified the data collected to maintain integrity

and validity of the study. The de-identified data was then delivered to the DNP student for analysis.

The SPSS software program was utilized for data analysis. Descriptive Statistics and t-test were utilized in analyzing the data. This software assisted in organizing the pre-and post-test competency results. The study findings were interpreted to form conclusions about the impact of clinical and academic competency level of the CNFs.

Summary

This staff educational project was to ensure that the CNF at this academic setting were competent in three clinical, and three educational competencies that were being evaluated. The expected contributions of this DNP project to nursing practice include providing the nursing students with high quality education in the clinical setting through the improvement of the competencies of the CNF that teach them in those settings. Providing high quality clinical nursing education will assist students with a smooth transition into professional practice. After approval of this project by Walden University IRB, competencies validation began at this academic setting. The project time line was approved by the stakeholders of the academic setting. Section 4 will discuss the findings and recommendations from the project.

Section 4: Findings and Recommendations

Introduction

The clinical practice problem addressed by this project was the lack of understanding about which nursing competencies are necessary for CNF at this specified academic setting. The identified gap in nursing practice is that no one has identified the desire competency of CNF who instruct nursing students in clinical practice. There was no consistent clinical assessment and evaluation process that validated the EBP competency of CNF. The practice-focus question was as follows: What is the impact of a multimethod, multispecialty approach for the assessment and evaluation of the clinical competency of the CNF at a small private college? The purpose of this project was to improve the assessment and evaluation of CNF competency at the project academic setting.

The analytical strategies used in this DNP project included an online CNF demographic survey, three clinical nursing competencies, and three academic nursing competencies. Statistical analysis was conducted using SPSS (version 17. for Windows, Inc., IL, USA). In the SPSS, descriptive statistics were used for interpretation of the collected data. Each nursing competency section was given a score of 1 in the SPSS for satisfactory performance and a 0 for unsatisfactory performance. The established level of achievement (ELA) for the clinical competencies is 100%, while the ELA for the academic competencies is > 77%. Remediation was given as needed to those CNF who performed below the established level of achievement.

Findings and Implications

Seventeen CNF participated in the online demographic survey. There were two individual questions in the survey that were not answered by a participant. As shown in Table 1, the analysis of the survey revealed that the majority of the CNF were between ages 41 and 70 years old. There were 29.4% in the 41 to 50 age range, 17.7% in the 51 to 60 age range, and 29.4% in the 61 to 70 age range. Ninety-four percent of the CNF held a Master of Science degree in nursing, and 5.8% held a BSN. The majority work experience for CNF was greater than 16 years at 58.9%, while 35.2% had 11 to 15 years, and 5.9% had 6 to 10 years. The clinical teaching experience results revealed that 56.3% had 6 to 10 years of instructing students in the clinical arena, while 3.9% had greater than 16 years. The majority of the CNF (81.2%) instructed nursing students in a medical/surgical clinical unit as their practice setting. The results of the level of satisfaction with their current position showed that 76.4% of the CNF were highly satisfied (See Table 1).

Table 1

Demographic Survey of CNF

Question	Response	Response	Response	Response	Response	Total
Age	20-30	31-40	41-50	51-60	61-70	
%	0	23.5%	29.4%	17.7%	29.4%	100%
Education	ASN	BSN	MSN			
%	0	5.8%	94.2%			100%
Work experience	1-5 years	6-10 years	11-15 years	>16 years		
%	0	5.9%	35.2%	58.9%		100%
Clinical teaching experience	1-5 years	6-10 years	11-15 years	>16 years		
%	18.9%	56.3%	18.9%	3.9%		100%
Type of clinical unit	Med/Surg	ICU	Psychiatric	Obstetrics	Pediatrics	
%	81.2%	6.3%	6.3%	0	6.3%	100%
Satisfied with current position	Very Low	Low	Moderate	High	Very High	
%	0	11.8%	11.8%	76.4%	0	100%

Thirty CNF participated in the clinical competencies, and no remediation was needed. The findings demonstrated that the CNF at this academic setting are 100% competent in all three of the clinical nursing competencies evaluated. The ELA for the clinical competencies was set at 100%. This supported that the CNF are competent in the clinical competencies of hand hygiene, personal protective equipment, and glucometer testing.

The ELA for the academic nursing competencies was set at > 77%. Fifteen CNF participated in the voluntary academic competencies. The analysis of the descriptive

statistics data verified the NCP academic competency mean of 88.2%, the academic competency of performance improvement (PI) mean of 93.3%, and the SLO mean of 53.3% (See Table 2).

Table 2

CNF Descriptive Statistics of Competency

Competency	Number of questions	Minimum	Maximum	Mean	Std. Deviation	Variance
Performance improvement (PI)	7	73.30	93.30	85.7143	7.12704	50.795
Nursing care plan (NCP)	16	58.80	88.20	82.3438	9.83680	96.763
Student learning objectives (SLO)	7	26.70	53.30	38.0857	8.34574	69.651
Total				68.7146		

The data collected revealed that there was statistical significance between the three academic nursing competencies. The statistical data compared the two variances of nursing care plan competency and performance. The descriptive analysis was used for the frequency distribution of the different competencies. The *t*test was used for inferential statistics to see the significant differences between the three academic competencies: t (28), p = .01, PI and NCP competencies M = 83.3696, SD = 9.07426, n = 23 and the SLO M = 38.0857, SD = 8.34574, n = 7 (See Table 3). The data analyzed using an independent t test verifies if the test is statistically significant. The level of

significance was .01. The data significantly revealed that the CNF are weak in the SLO academic competency. The differences in the competencies have meaning to the project and future recommendations for CNF at this academic setting.

Table 3

Clinical Nursing Faculty *t* Test

	N	Mean	Std. Deviation	Std. Error Mean
PI + NCP	23	83.3696	9.07426	1.89211
SLO	7	38.0857	8.34574	3.15439

The analysis of the evidence collected confirmed the CNF are clinically competent in the competencies tested to instruct nursing students at this academic setting. However, the evidence does suggest that the CNF are weak in the academic educator role. The academic competency of NCP and PI are routinely completed by the CNF who assist in developing their competency in these areas. The academic competency SLO is not frequently used by CNF. The SLO competency is important to understand the leveling of the student objectives across the curriculum. The nursing curriculum SLO's are presented to the CNF during orientation of employment at the academic setting. Each nursing course has assigned SLOs that provide guidance to educate the student across the curriculum. The evidence supports the need to offer additional education to the CNF on curricular objective leveling in the future. The data collected reinforces that clinical competency does not equate academic competency for CNF.

The unanticipated outcome is the low mean of the SLO competency. It was anticipated that the entire academic competencies would be satisfactory. The impact of

not meeting the established ELA for the SLO competency is that the CNF may not be guiding the nursing students according to the academic objectives aligned with the nursing curriculum. In the future, each nursing course coordinator will provide and review the SLOs with individual CNFs at the beginning of each semester.

The implications resulting from the findings in terms of the CNF is to add additional SLO education to the new hire onboarding pathway and to continue to focus on one early academic competency involving this content area. The education for the CNF would include Bloom's taxonomy. Each nursing course is leveled using Bloom's taxonomy. As the nursing courses increase in complexity, the verbs on the taxonomy change to associate different levels of thinking, learning, and student understanding. The implication for nursing students is the evaluation process. The nursing students are evaluated in each nursing course according to the course SLOs. In an academic setting, it is vital that each nursing student is evaluated fairly. The evidence shows that the CNF are weak in course SLO alignment. This causes inquiries into unfair and unequal clinical evaluation for the nursing students. Through this project, the data show that the CNF are clinically competent in the areas evaluated. By being clinically competent, the CNF can convert their clinical competence into identifying students at different levels in the curriculum and those students at risk for deficiencies and weaknesses. The CNF can then work with these identified students for improvement. Implications for the institution from the findings include placing an emphasis on orientation and the development of SLOs in multiple disciplines. This institution is growing and adding additional programs of study. Currently, there are no SLOs implemented in the new program curriculums.

The system may benefit from the findings and translate the evidence into the institutions preceptor education program.

The implications of positive social change from this DNP project are to assist in developing nursing students as nursing leaders in patient care within a dynamic health care environment. This academic setting strives to cultivate competent CNF to educate nursing students. The CNF are role models for the nursing students and assist in developing their leadership skills. Nursing students and the public expect the CNF to be competent in the area where they are working or instructing.

Recommendations

The identified gap in nursing practice is that there is no identification of the desired competency for CNF that instruct nursing student in clinical practice. There is no consistent clinical assessment and evaluation process that validates the EBP competency of CNF. A recommended solution to address the gap-in-practice is for each institution to establish which yearly competencies for validation and estimated level of achievement (ELA) for CNF. A recommendation for this academic setting is to confirm the CNF are understanding new education by providing feedback and post-testing. At this academic setting, there is a need to focus on nursing curriculum understanding for the CNF. One suggestion is to have more participation in curriculum development as new CNF are employed and provide yearly curriculum assessment activities for existing CNF.

A proposed solution to address the gap-in-practice for 2019-2020 academic calendar year is to continue addressing the three clinical, and three academic competencies for CNF that were evaluated during this project. The CNF will be required

to participate in Nurse Tim and the academic setting Learning Management System (LMS) modules for curriculum knowledge and development. An additional suggestion is to investigate the National League for Nurses (NLN) program for Certified Academic Clinical Nurse Educator (CNE-cl) for those CNF who meet the eligibility requirements for certification.

Contributions of the Doctoral Project Team

The doctoral project team consisted of several members from the academic setting. The working relationship required professional collaboration, effective communication, dedication, and consistent leadership. The Bachelor of Science in Nursing (BSN) program director role was vital for confidentiality and participant protection. The BSN program director was responsible for receiving the data from the participants, de-identifying personal information and assigning a unique identifier. This team member sent the data to the project leader in a specific labeled envelope. The Associate of Science in Nursing (ASN) program director and college dean assisted with faculty communication of project status. The communication was delivered by email and through nursing council meetings. This communication kept nursing faculty engaged and informed of project status. The communication provided nursing faculty with a projected time frame of when to expect competency validation to begin. The college president continues to list research being performed in the monthly newsletter. The academic setting statistician was instrumental in assisting with analysis and synthesis with the use of the SPSS program.

The roles of each project team members are vital for the success of the project. Each team member was an asset for this project and worked collaboratively to achieve the project goals. The plan to extend this project beyond the DNP doctoral study is expected. Yearly the nursing curriculum committee will establish required clinical and academic competencies for nursing faculty to be validated on the following year. This project is the beginning for structuring CNF competencies at this academic setting. A structured process for CNF competencies is beneficial and meaningful for CNF, the academic setting, the healthcare institution, and stakeholders.

Strengths and Limitations of the Project

One of the strengths of the doctoral project is that evidence supports the need for more education on the academic competencies in the new hire orientation. Through this project, there is now an organized structured process to select the yearly nursing competencies. A limitation of the doctoral project is that only CNF at the academic setting participated in evidence collection. There are several area colleges that have CNF who instruct nursing students within the healthcare system. These area CNF may have participated in the project if the opportunity had been offered.

The recommendation for future projects addressing similar topics may include competencies in new programs as the academic setting adds additional programs in multiple disciplines. The recommendation for future projects addressing similar methods may include focusing on additional academic nursing competencies for CNF and nonCNF.

Section 5: Dissemination Plan

Introduction

The plan to disseminate the project findings to the academic setting experiencing the problem in practice is in progress. The purpose of this project was to improve the assessment and evaluation of CNF competency at the project academic setting. This project was the beginning of a new structured approach for determining yearly competencies for CNF.

There will be several avenues to disseminate the evidence, analysis, and synthesis of the data. The first plan is an educational presentation of the project to all employees at the academic setting and the system. The next plan for dissemination of the project is at the systems "Spirit of Inquiry" day in November 2018. This will be a poster presentation of the highlights of the project for all system employees who attend to learn of project highlights and receive continuing education unit. The project will be placed on the academic settings LMS for employees and students to have access for translation of evidence into practice. The project leader may have the opportunity to present this project at the systems research academy to assist with mentoring new staff in research and translation of evidence into practices. There is the possibility of the opportunity to present this project at a conference locally and nationally and emphasize the translation of evidence into practice pertaining to CNF competency. An application and abstract have been submitted to the Ohio League for Nurses for possible presentation in Spring 2019. The professional audiences who would benefit knowing about this project and the findings include clinical and academic nurse educators, nursing students, directors of

nursing at colleges and universities, nursing administration, and institutional stakeholders. In the future, I plan to publish this project in the Journal of Nursing Education.

Analysis of Self

In this academic setting, I am employed as nursing faculty for didactic and clinical. I participated in the acute health care system "validate the validator" to ensure nursing competency interrater reliability. As a project leader, a focus was to encourage engagement in the project and enthusiasm for the success. As a scholar, I found the experiences rewarding professionally. The project experience provided an opportunity for the use of interdisciplinary collaboration and the continued development of DNP core essential competencies. I was especially grateful for the mentoring and teamwork at this academic setting where I observed throughout the project. As a project manager, the success of the project depended on communicating clearly with all participants and team members. Staying focused and organized with interdisciplinary collaboration, teamwork, and leadership played a vital role. A long-term professional goal that draws connection to this project is mentoring nurses into nursing research and translation of evidence into practice. At this academic setting, there are opportunities to teach online nursing research classes in the BSN curriculum. Opportunities are available to mentor staff for the "Spirit of Inquiry" practice improvement or research projects. The long-term goal of teaching online and mentoring nurses in research will stimulate me to continue nursing research and translation of evidence into practice to continue improving patient outcomes.

The completion of the DNP project is an exciting time. It has been an educational and professionally rewarding experience. Determining the nursing competencies for 2019-2020 is currently being discussed in the system's nursing competency task force committee and in the academic setting nursing curriculum committee. The challenges in this project include obtaining participants for the academic competencies. The academic competencies participation was voluntary. The only incentive was that the CNF would receive continuing education units for participation. There was no monetary incentive. Scheduling of the CNF to complete the competencies was a challenge. Many of the CNF work part-time or have adjunct status. In addition, the project implementation was in August, and many CNF were on vacation. Therefore, I had to be very flexible to get all CNF competencies scheduled and completed in a timely manner.

An insight gained from a DNP project is the finale of all program curriculum classes. The project gives the DNP student an opportunity to translate learned knowledge into practice. This is an opportunity to make potentially meaningful contributions to improve nursing practice and patient outcomes. This project reflected my expertise in nursing education. The project also showcased my interest in nursing competency and focused on a problem with CNF competency. My aim was to improve the academic setting competency assessment and evaluation process.

Summary

In conclusion, the DNP project does provide an answer to the research question. The impact of a multimethod, multispecialty approach for the assessment and evaluation of the clinical competency of the CNF at a small private college is vital for the academic

setting. From the analysis and synthesis of the data, having a consistent structured process of determining the required CNF competencies is vital for the nursing faculty and the academic setting. This permits the CNF to understand their yearly competency requirements as an employee of this academic setting. Knowing the expectations and understanding the requirements will allow the nursing faculty to be proficient and competent for assessment and evaluation.

The results of the project clearly indicate the need for future professional education on the current nursing curriculum. The academic setting should make sure they include the CNF with any curricular updates, changes, or revisions.

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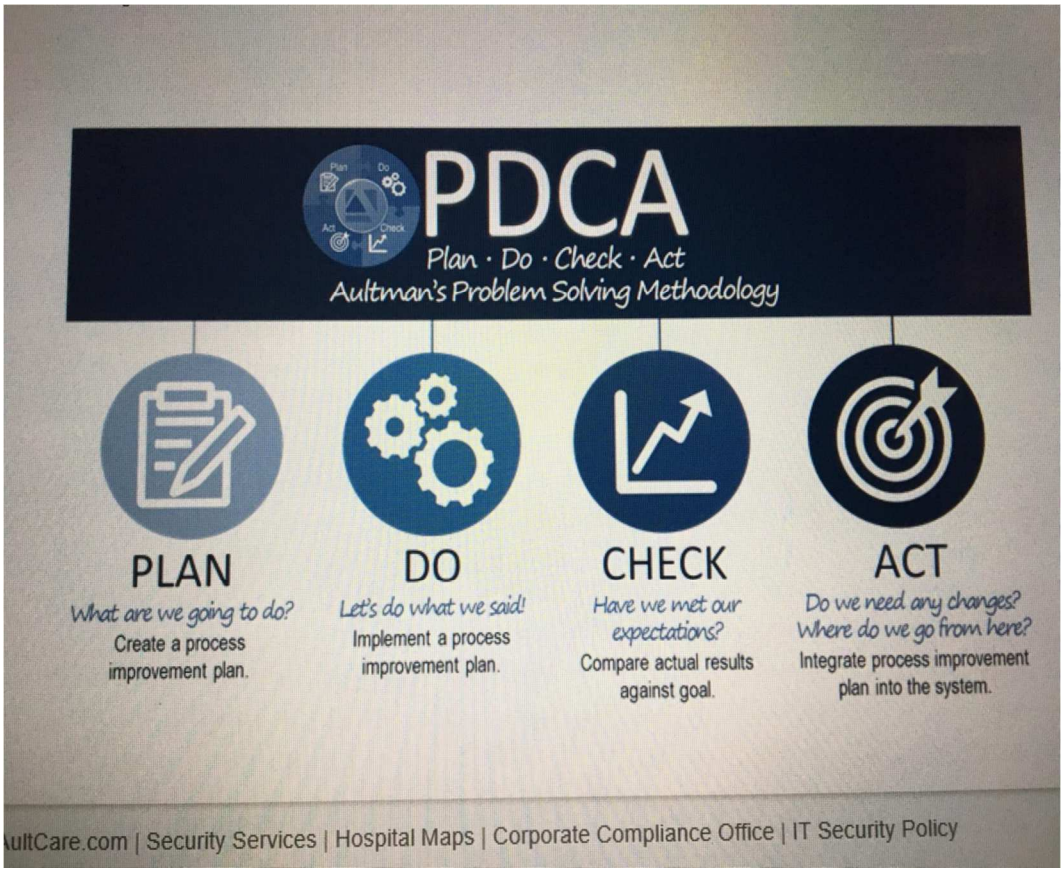
Appendix A: Plan, Do, Check, Act Model



Reference

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Appendix B: Demographic Profile of CNF Participants

Question	**Response**	**Response**	**Response**	**Response**	**Response**
Age	20-30	31-40	41-50	51-60	61-70
Nursing Education	ASN Degree	BSN Degree	MSN Degree		
Clinical Work Experience	1-5 years	6-10 years	11-15 years	> 20 years	
Clinical Teaching Experience	1-5 years	6-10 years	11-15 years	> 20 years	
Type of Clinical Unit working as CNF	Medical/Surgical	Intensive Care	Psychiatric	Obstetrics	Pediatrics
Satisfaction with current position	Very low	Low	Moderate	High	Very high
CNF Competency Level	Very low	Low	Moderate	High	Very high

Note: ASN= Associate of Science in Nursing, BSN= Bachelor of Science in Nursing, MSN= Master of Science in Nursing, CNF= Clinical Nursing Faculty

Appendix C: Procedure Checklist Hand Hygiene

Check (V) Yes or No

PROCEDURE STEPS	Yes		COMMENTS
Before, during, and after the procedure, follows Principles-Based Checklist to Use with All Procedures, including: Identifies the patient according to agency policy using two identifiers; attends appropriately to standard precautions, hand hygiene, safety, privacy, and bod mechanics.			
Using Soap and Water:			
1. Pushes up the sleeves; removes jewelry and watch.			
2. Adjusts water temperature to warm.			
3. Wets hands and wrists under running water, keeping hands lower than wrists and forearms.			
4. Avoids splashing water onto clothing,			
5. Avoids touching inside of the sink.			
6. Applies 3—5 mL liquid or foam soap.			
7. Rubs soap over all surfaces of hands.			
8. Rubs hands vigorously together for at least 15 seconds.			
9. Lathers all surfaces of the hands and fingers.			
10. Cleans under fingernails, if nails are dirty.			
11.Rinses thoroughly, keeping hands lower than forearms.			
12. Dries hands thoroughly: moves from fingers up forearms; blots with a paper towel.			
13. Turns off faucet with paper towel. Does not handle the towel with the other hand.			
14. Applies recommended hand moisturizer.			
Using Alcohol-Based Handrubs:			
L5. If hands are soiled, washes them with soap and water.			
2. Removes jewelry, bares arms, and so on, as with the soap -and-water procedure.			
3. Applies a sufficient quantity of antiseptic solution to cover the hands and wrists.			

4. Vigorously rubs solution on all surfaces of fingers and hands.			
5. Continues rubbing until hands are completely dry, or as recommended by the manufacturer or agency policy.			

Appendix D: Procedure Checklist Donning Personal Protective Equipment (PPE)

Check (V) Yes or No

PROCEDURE STEPS	Yes		COMMENTS
Before, during, and after the procedure, follows Principles-Based Checklist to Use with All Procedures, including: Identifies the patient according to agency policy using two identifiers; attends appropriately to standard precautions, hand hygiene, safety, privacy, and bod mechanics.			
1. Assesses the need for personal protective equipment. Gloves: the nurse may be exposed to potentially infectious secretions or materials. Gowns: When the nurse's uniform may become exposed to potentially infectious secretions. Face mask: When splashing may occur and potentially contaminate the nurse's mouth or nose. Face shield or eye goggles: When splashing may occur and potentially contaminate the nurse's eyes. N-95 respirator: When caring for patients infected with airborne microorganism. Hair cover: When there is potential for splashes or sprays of body fluids. Shoe covers: When there is potential for contamination shoes with bod fluids.			
2. Gathers appropriate PPE.			
3. Dons gown first. a. Picks up the gown by the shoulders; allows to fall open without touching any contaminated surface.			
b. Slips arms into the sleeves; fastens ties at the neck.			
c. If the gown does not completely cover clothing, wears two gowns. Places the first gown on with the opening in the front and then places the second gown over the first with the opening in the back.			
4. Dons a face mask or N-95 respirator. Identifies the top edge of the mask by locating the thin metal strip that goes over the bridge of the nose. a. Picks up the mask with the top ties or ear loops.			

b. Places the metal strip over the bridge of the nose and press it so it conforms to the bridge of the nose.			
c. Ties upper ties or slips loops around the ears.			

Appendix E: Procedure Checklist Checking Fingerstick (Capillary) Blood Glucose

PROCEDURE STEPS	YES	NO	COMMENTS
Before, during, and after the procedure, follows Principles-Based Checklist to Use with All Procedures, including: Identifies the patient according to agency policy: attends appropriately to standard precautions, hand hygiene, safety, privacy, and body mechanics.			
1. Verifies medical prescription for frequency and timing of test			
2. Instructs patient to wash her hands with soap and warm water, if she is able. Let dry completely			
3. Turns on the glucose meter. Calibrates according to the manufacturer's instructions.			
4. Checks the expiration date on the container of reagent strips and that it is the correct type for the monitor.			
5. Dons procedure gloves.			
6. Removes the reagent strip from container, tightly seals the container.			
7. Places reagent strip into the glucose meter.			
8. Selects a puncture site on the lateral aspect of a finger (heel or great toe for an infant) and cleans the site with soap and water (or according to facility policy), if the patient was not able to do so. Let dry completely.			
9. Uses a different site each time glucose is checked.			
10. Positions the finger in a dependent position and massages toward the fingertip.			
11. For infants, older adults, and people with poor circulation, places a warm cloth on the site for about 10 minutes before obtaining the blood sample.			
12. Performs fingerstick: a. Engages the sterile injector and removes the cover. b. Places a disposable lancet firmly in the end of the injector. c. Places the back of the hand on the table, or otherwise secures the finger so it does not move when pricked.			

d. Positions the injector firmly against the skin, perpendicular to the puncture site. Pushes the release switch, allowing the needle to pierce the skin. e. If there is no injector, uses a darting motion to prick the site with the lancet.			
13. Lightly squeezes patient's finger above the puncture site until a droplet of blood has collected.			
14. Places a reagent strip test patch close to the drop of blood. Allows contact between the drop of blood and the test patch until blood covers the entire patch. Does not "smear" the blood over the reagent strip.			
15. Inserts the reagent strip into the glucose meter, if not already inserted (Follow manufacturer's instructions).			
16. Allows the blood sample to remain in contact with the reagent strip for the amount of time specified by the manufacturer.			
17. Using a gauze pad, gently applies pressure to the puncture site.			
18. After the meter signals, reads the blood glucose level indicated on the digital display.			
19. Turns off the meter and disposes of the reagent strip, cotton ball, gauze pad, paper towel, alcohol pad, and lancet in the proper containers.			
20. Removes the procedure gloves and disposes of them in the proper container.			

Appendix F: NCP Practice Activity, Case Scenario

Read the following case study information. It has been used to develop a plan of care for Michelle.

When Michelle was admitted to the hospital the evening of 6/11, a physiological (Maslow's) or survival (Kalish's) need of pain avoidance was identified (i.e., acute pain). A higher-level need of safety or stimulation was noted (i.e., impaired physical mobility), as was a safety need of protection (i.e., risk for infection).

The following morning (6/12) during the 8 a.m. assessment, Michelle indicated that she was successful in obtaining relief of pain with the morphine sulfate patient control analgesic (PCA) and occasional bolus injections. Michelle also found that deep breathing exercises and focusing her attention on the scenic picture at the foot of her bed helped minimize the severity of recurrent muscle spasms in her right leg. In addition, frequent weight shifts using the overhead trapeze and range of motion exercises reduced general aches and joint stiffness, and meditation enhanced general relaxation.

The nurse noticed that most of Michelle's breakfast was untouched. Michelle reported she was not hungry but did want fruit juice and other fluids. After the morning bed bath, the dressing were changed, and he right leg wound was evaluated. Skin edges were pink, and serous drainage was odorless. Pin sites were also cleaned, and no signs of inflammation were noted. At lunch, Michelle's intake was poor. She indicated that she was having difficulty opening her mouth and chewing, and she had an aching sensation located in her right temple and ear.

During the afternoon assessment at 4:30p.m., Michelle's nurse verified that Michelle understood and using infection control techniques of proper handwashing and avoidance of contact with wound and pin sites.

When Michelle was set up on the side of the bed before her dinner, she reported dizziness and sharp pain in her right leg, and she became pale and diaphoretic. She was returned to the supine position, and a focused assessment was performed, revealing a blood pressure of 92/60. Within 20 minutes, Michelle's color had improved, the dizziness was gone, blood pressure had improved to 110/72, and the pain was relieved with an additional bolus of medication.

In reviewing the excerpts from Michelle's plan of care, complete the nursing care plan and denoting whether the outcomes have been met (m), partially met (pm), or not met (nm) appropriately for the time frames indicated.

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Doenges, M.E., Moorhouse, M.F. (2013*). Application of nursing process and nursing diagnosis: An interactive text for diagnostic reasoning.* F.A. Davis: Philadelphia

Appendix G: Plan of Care: Michelle

Client: Michelle, Age: 14, Gender: F, Admission 6/11/12 1730, Dx: Compound Fx r. Tibia/fibula, closed head injury, mild concussion

Date	Client Diagnostic Statement	Goal	Intervention	Outcomes
	Acute pain related to physical agents (movement of bone fragments, soft tissue injury/edema, and use of external fixator), as evidence by reports pain, guarding behavior, narrowed focus, and tachycardia	Pain-free or controlled by discharge	1. Maintain limb rest R. leg x 24 hours to 5 pm 6/12 2. Elevate lower leg with folded blanket. 3. Apply ice to area as tolerated x 48 hours to 5 pm 6/13. 4. Place cradle over foot of bed. 5. Document reports and characteristics of pain. 6. Morphine sulfate PCA IV with bolus, advance to Vicodin 5 mg PO q 4 hours prn. 7. Demonstrate/encourage use of progressive relaxation techniques, deep breathing exercises, visualization. 8. Provide alternate comfort measures, position change, back rub. 9. Encourage use of diversional activities-TV, music, texting, friends.	Verbalizes relief of pain within 5 min (IV) or 45 min (PO) of administration of medication. Identifies methods that provide relief by 9 am, 6/12. Uses relaxation skills to reduce level of pain by 9 am, 6/12

Reference

Doenges, M.E., Moorhouse, M.F. (2013). Application of nursing process and nursing diagnosis: An interactive text for diagnostic reasoning. F.A. Davis: Philadelphia.

Appendix H: Documenting the Plan of Care

Date	Client Diagnostic Statement	SMART Goals	Nursing Interventions with rationales	Evaluation	References
			1. 2. 3. 4. 5.		

Reference

Doenges, M.E., Moorhouse, M.F. (2013*). Application of nursing process and nursing diagnosis: An interactive text for diagnostic reasoning.* F.A. Davis: Philadelphia.

Appendix I: Scoring the Plan of Care

Date	Client Diagnostic Statement	SMART Goals	Nursing Interventions with rationales	Evaluation	References
	Points: 3 (Three-part statement, 1 point for each)	Points: SMART Short-term goal: 1 SMART Long-term goal: 1	Points: Each intervention will be 1 point Each rationale with citation will be 1 point 1. 2. 3. 4. 5	Points: 1	Points: 1 Must be APA TOTAL: 17 points

Reference

Doenges, M.E., Moorhouse, M.F. (2013*). Application of nursing process and nursing diagnosis: An interactive text for diagnostic reasoning.* F.A. Davis: Philadelphia

Appendix J: Case Study for ASN Nursing Performance Improvement Form

The student was approached by her assigned unit nurse. The nurse requested that the student draw up and administer two units of regular insulin with respect to protocol delineated using the physician-ordered sliding scale. The unit nurse checked the medication administration records for the patient and noted that a blood sugar reading was obtained at 0600. Despite the need for insulin coverage as ordered using the sliding scale, there was no record that the insulin was administered to the patient by the night shift nurse. The floor was busy and appeared chaotic. In addition, the unit nurses were under added pressure because of a new policy to administer medications in compliance to physician-ordered scheduled times. The student searched for the clinical instructor without success in an attempt to communicate about the opportunity to administer an injection of the medication. After reporting to the unit nurse that the clinical instructor was not available, the unit nurse reinforced the importance of administering the insulin as soon as possible because it was already past the medication's administration scheduled time. The unit nurse stated that she would watch the student because the clinical instructor was not available. The student reviewed the glucose level with the sliding scale on the order, verified the correct type and quantity of insulin, drew up the medication, and had the assigned unit nurse confirm the insulin type and dose. The medication was administered under the supervision of the unit nurse at 0730. While electronically charting the administration of insulin, the student noticed that the night shift nurse had retroactively charted the medication administration of two units of regular insulin for 0700. The student notified the clinical instructor and the unit nurse

immediately. The patient was informed of the situation, was given orange juice and breakfast, and was monitored for signs and symptoms of hypoglycemia. The patient's blood sugar was checked 30 and 60 minutes after the insulin was administered. The blood glucose levels were found to be within normal limits.

Reference

Dolansky, M.A., Druschel, K., Helba, M., Courtney, K. (2013). Nursing student medication errors: A case study using root cause analysis. *Journal of Professional Nursing, 29*(2) 102-108.

Appendix K: ASN Nursing Performance Improvement Form, Guidelines

Academic Institution

*ASN Program Student Learning Outcomes (SLOs) including list of examples (not an all-inclusive list)

1. Provide nursing care within the legal and ethical scope and standards of practice.
   - Paperwork submission as per guidelines
   - Follows policy and procedures
   - Dress code violations
   - Attendance o Provides safe care
   - Complies with HIPPA
   - Documents all data
   - Other_____

2. Promote an interdisciplinary approach to effectively use resources. o Communicates with other healthcare team members
   - Demonstrates accountability in team role
   - Asks for help when appropriate
   - Clarifies when doesn't understand

3. Utilize the nursing process to influence client outcomes across the lifespan.

   Demonstrates knowledge of basic scientific principles

   Completes a plan of care for the client (nursing diagnosis, realistic goals with timeframe, and evaluates client's response to interventions)

   Utilizes evidenced-based practice when completing nursing interventions

4. Adapt holistic teaching and learning principles to promote health.
   Implements appropriate teaching learning principles specific for client

Teaches at the client's and significant other's level

S. Incorporate a variety of communication modes for effective exchange of information.

Utilizes SBAR format to communicate with appropriate health care providers

Documents pertinent client data o Reports changes in client condition

Utilizes chart resources (labs, diagnostics and etc.)

Communicates on client's level

5. Demonstrate caring, safe and competent nursing interventions in diverse healthcare settings.

6. Possesses appropriate assessment skills

Utilizes 2 patient identifiers during interventions

Administers medications (6 rights, 3 checks) safely

Calculates math correctly

Completes safety checks

Universal precautions followed (sterile technique, hand hygiene, gloving, isolation)

*Failure to meet an outcome may result in a course failure.

Form 101

Academic Institution

ASN Nursing Performance Improvement Form

This form is to be used to identify, manage and improve upon student behaviors

that impede success in a course whether in the clinical/tab or classroom

Student Name: XX, ACNS Course: Med-Surg IV Semester/Year: Spring 2018 Date: _____ CurrQ dcde

1. Student Behavior(s) that hinder(s) satisfactory performance: Be specific

Medication error. Student administered insulin to a patient without updated medication administration record (MAR). The night shift nurse administered insulin at 0700 and the student nurse administered insulin at 0730.

2. Program student learning outcome (s) (SLO) not being met:(See reverse side)

_____

_____

#6 Demonstrate caring, safe, and competent nursing interventions in diverse health care settings.

3 Goal: The student will perform medication administration three checks prior to administering all medications.

Plan – Be Specific – (What interventions will assist with meeting the student's goal)

1.) The student will review medication on patients MAR, locate correct medication and dosage, and review medication in preparation for review c clinical instructor prior to check 2

2.) The student will review all medications on MAR c Clinical instructor with each medication administration

3.) The student will perform medication administration at the bedside with correct patient identification, correct medication according to MAR. With new medication administration.

Date the plan will be completed _____.

Student Signature XX, RCNS Date date student signs

Your signature verifies understanding of this meeting

Faculty Signature XX, MSN Date date reviewed

Formulated: 8/05 Revised: 11/05, 6/07, 4/16

Form 101

Appendix L: ASN Nursing Performance Improvement Form Scoring

ASN Nursing Performance Improvement Form

This form is to be used to identify, manage and improve upon student behaviors that impede student success in a course whether in the clinical/tab or classroom.

1 point: Student Name:_____Course:_____Semester/Year:

Date:_____

1. Student Behavior(s) that hinder(s) satisfactory performance: Be specific
   One point

2. Program student learning outcome(s) (SLOs) not being met: (See listing on reverse side)
   One Point

3. Goal: The student will: One point

4. Plan — Be Specific — (What interventions will assist with meeting the student's goal)
   One Point

la

Date the plan will be completed One Point _____

Student Signature: One point

_____ Date _____

Your signature verifies understanding of this

meeting.

Faculty Signature Date

One point_____Total Points: 8

Formulated: 8/05 Revised: 11/05, 6/07, 4/16

Appendix M: Bloom's Taxonomy Cognitive Domain Verbs

Cognitive Domain Verbs

	Abstract	Compose	Develop	Generalize	Join	Portray	Reorganize
	Animate	Construct	Devise	Generate	Lecture	Prepare	Report
	Arrange	Cope	Dictate	Handle	Model	Prescribe	Revise
	Assemble	Correspond	Discuss	Hypothesize	Modify	Produce	Rewrite
	Budget	Create	Enhance	Import	Network	Program	Schematize
	Categorize	Cultivate	Explain	Improve	Organize	Rearrange	Specify
	Code	Debug	Facilitate	Incorporate	Outline	Reconstruct	Summarize
	Combine	Depict	Format	Integrate	Overhaul	Refer	Support
	Compile	Design	Formulate	Interface	Plan	Relate	Write
	Compare						
Evaluating	Appraise		Defend	Explain	Justify	Rate	Support
	Argue	Conclude	Deter-mine	Grade	Measure	Recommend	Test
	Assess	Contrast		Hire	Predict	Release	Validate
	Choose	Counsel	Dis-criminate	Interpret	Prescribe	Select	Value
	Compare	Criticize	Estimate	Judge	Rank	Summarize	Verify
		Critique	Evaluate				
Analyzing	Analyze		Diagram	Explain	Inventory	Organize	Select
	Appraise		Differen-tiate	Explore	Investigate	Outline	Separate
	Audit	Compare		Figure out	Lay out	Point out	Size up
	Blueprint	Confirm	Distin-guish	File	Manage	Prioritize	Subdivide
	Bread-board	Contrast		Group	Maximize	Proofread	Summarize
	Break down	Compare	Dis-criminate	Identify	Minimize	Query	Test
	Charact-erize	Correlate		Illustrate	Optimize	Question	Train
	Choose	Criticize	Dissect	Infer	Order	Relate	Transform
	Classify	Deduce	Document	Interrupt			
		Detect	Ensure				
		Diagnose	Examine				
			Experi-ment				

Applying

Acquire, Adapt, Allocate, Alphabetize, Apply, Ascertain, Assign, Attain, Avoid, Back up, Calculate, Capture, Change, Choose, Classify, Complete, Compute, Construct, Customize, Demonstrate, Depreciate, Derive, Determine, Diminish, Discover, Dramatize, Draw, Employ, Examine, Exercise, Explore, Expose, Express, Factor, Figure, Graph, Handle, Illustrate, Interpret, Investigate, Manipulate, Modify, Operate, Personalize, Plot, Practice, Predict, Prepare, Price, Process, Produce, Project, Protect, Provide, Relate, Round off, Sequence, Schedule, Show, Simulate, Sketch, Solve, Subscribe, Tabulate, Transcribe, Translate, use, Write

Understanding

Add, Compare, Detail, Explain, Identify, Paraphrase, Rewrite, Approximate, Compute, Differentiate, Express, Infer, Picture graphically, Select, Discuss, Articulate, Contrast, Extend, Interact, Predict, Subtract, Distinguish, Extrapolate, Associate, Convert, Interpolate, Recognize, Summarize, Characterize, Defend, Elaborate, Factor, Interpret, Report, Translate, Estimate, Generalize, Locate, Clarify, Demonstrate, Restate, Visualize, Classify, Describe, Example, Give, Observe, Review

Remembering

Cite, Duplicate, Label, Name, Recall, Reproduce, Study, Count, Enumerate, List, Outline, Recite, Review, Tabulate, Define, Identify, Match, Point, Recognize, Select, Trace, Index, Describe, Meet, Quote, Record, Show, Write, Indicate, Repeat, Draw, Memorize, Read, State

.

Appendix N: Program and Student Learning Outcomes

Program SLO	**NRS 100**	**NRS 101**	**NRS 102**	**NRS 104**
Provide nursing care within the legal and ethical scope and standards of nursing practice	Identify individual responsibility to provide legal and ethical nursing care.	Identify legal and ethical behaviors related to nursing practice.	Recognize legal and ethical behaviors related to nursing practice	Identify legal and ethical responsibilities related to pharmacological interventions
Promote an interdisciplinary approach to effectively use resources	Describe importance of community supportive relationships	Identify roles of various members of the health care team	Recognize the importance of the interdisciplinary team with nursing practice	Identify roles of various members of the health care team related to pharmacological interventions.
Utilize the nursing process to influence client outcomes across the lifespan	Identify a process for problem solving	Identify components of the nursing process as the problem approach for nursing practice.	Recognize the components of the nursing process in care plan development	Discuss components of the nursing process related to pharmacological principles.

Program SLO	**NRS 103**	**NRS 105**	**NRS 201**	**NRS 203**
Provide nursing care within the legal and ethical scope and standards of nursing practice	Recognize legal and ethical behaviors related to nursing practice	Demonstrate legal and ethical behaviors related to nursing practice	Apply legal and ethical behaviors related to nursing practice.	Analyze legal and ethical behaviors related to nursing practice.
Promote an interdisciplinary approach to effectively use resources	Recognize the collaboration of the interdisciplinary team in client care.	Differentiate between the role of the registered nurse and members of the interdisciplinary team	Participate with members of the interdisciplinary team	Demonstrate collaboration with members of the interdisciplinary team.
Utilize the nursing process to influence client outcomes across the lifespan	Recognize the components of the nursing process care plan development.	Employ the nursing process in the delivery of client care nursing	Apply the nursing process in the delivery of holistic client care	Analyze the nursing process in the delivery of holistic care.

Program SLO	**NRS 202**	**NRS 204**
Provide nursing care within the legal and ethical scope and standards of nursing practice	Apply the legal and ethical behaviors related to psychiatric nursing practice.	Apply legal and ethical behaviors related to maternal-child nursing practice.
Promote an interdisciplinary approach to effectively use resources	Participate with members of the interdisciplinary team in the mental health setting.	Participate with members of the interdisciplinary team in the maternal-child setting.
Utilize the nursing process to influence client outcomes across the lifespan	Apply the nursing process in the delivery of holistic care to the mental health population.	Apply the nursing process in the delivery of holistic care to the maternal-child population.

Reference

Aultman College (2017). Student learning outcomes. Retrieved from www.aultmancollege.edu/studenthandbook