Nursing Student Work-Study Internship: Partnering to Bridge the Education-to-Practice Gap

Jonalyn M. Wallace
University of San Francisco, jonalyn.wallace@yahoo.com

Follow this and additional works at: https://repository.usfca.edu/dnp

Part of the Nursing Administration Commons, and the Other Nursing Commons

Recommended Citation
Wallace, Jonalyn M., "Nursing Student Work-Study Internship: Partnering to Bridge the Education-to-Practice Gap" (2016). Doctor of Nursing Practice (DNP) Projects. 86.
https://repository.usfca.edu/dnp/86
Nursing Student Work-Study Internship:
Partnering to Bridge the Education-to-Practice Gap

Jonalyn Wallace
University of San Francisco

Committee Members:
Dr. Marjorie Barter
Dr. Robin Buccheri
Dr. Marty Mayhew

December 15, 2016
Acknowledgments

Special gratitude to my committee – Dr. Marjorie Barter, Dr. Robin Buccheri, and Dr. Marty Mayhew – for generously sharing your time, insight, and knowledge. My work is better for it, and I have a renewed passion for professional practice and lifelong learning.

To the entire excellent and dedicated faculty at the University of San Francisco’s Doctorate of Nursing Practice program, especially Dr. Judith Karshmer, who reminded me how important it is to follow your heart. Your vision and spirit inspire me!

To cohort five – Denise, Tim, Betty, Janette, Priscilla, Scott, and Carlton – thank you for the laughter, provocative discussions, and encouragement during this adventure! Scott, your zest for life and excellent event planning skills brought our group even closer – you are appreciated! Priscilla, thanks for being my phone-a-friend – your calm nature and steadfast friendship helped me stay on track. To Peggi, my EL mentor, friend, and colleague, your example made this accomplishment tangible, and your generous nature and sense of humor kept me smiling! To Bambi Nguyen, trainer extraordinaire, thank you for helping me stay grounded in mind, body, and spirit – you rock!

And finally, to my amazing family. Paul, my love and deepest gratitude to you for supporting my dream and putting up with all of the hours I’ve spent in front of the computer. Thank you for being a thought partner and for reminding me that I need to eat, go for walks, and talk about something other than work and school! To Nathan, Adam and Elianna, Lindsay and Ben, and Jamie. You are my heart. Thank you for cheering me on with thoughtful messages, technical assistance, and tolerance for my incessant preoccupation with this work. And to sweet Preston Grace, I love how you embrace life – let’s go play!
Table of Contents

Section I. Title and Abstract

Title .................................................................................................................. 1
Acknowledgments ........................................................................................... 2
Abstract ........................................................................................................... 8

Section II. Introduction

Background Knowledge .................................................................................. 9
  Background – California .............................................................................. 10
  Background – Kaiser Permanente-Northern California ......................... 11
Local Problem ................................................................................................. 12
Intended Improvement / Purpose of the Change ......................................... 14
  AIM Statement ............................................................................................ 14
  Impetus for Change ..................................................................................... 14
Review of the Evidence .................................................................................. 14
Theoretical and Conceptual Frameworks ................................................. 18

Section III. Methods

Ethical Issues .................................................................................................. 20
Setting ............................................................................................................. 21
  Kaiser Permanente National ................................................................. 21
  Kaiser Permanente-NCAL Regional Offices ........................................ 21
  Kaiser Permanente-NCAL Medical Facilities ..................................... 22
Planning the Intervention .............................................................................. 23
  Description and Purpose of Intervention ............................................. 23
Table of Contents (cont.)

IRB Process ................................................................. 24
Change Management Framework ........................................ 25
Stakeholder Identification ................................................ 26
Strategic Messaging Plan .................................................. 26
Financials ........................................................................... 27
Implementation of the Project ................................................ 29
The Intervention .................................................................. 29
Project Phases ..................................................................... 29
Planning the Study of the Intervention ................................. 31
Quality Improvement Design ............................................... 32
Gap Analysis ....................................................................... 32
Critical Milestones ............................................................ 32
Project Controls .................................................................. 33
Intended Changes and Improvements ................................... 33
Impact on Stakeholders ....................................................... 34
Project Leadership ............................................................. 35
Project Support and Resources ............................................. 35
Methods of Evaluation ......................................................... 36
Formative Evaluation .......................................................... 36
Summative Evaluation ........................................................ 38
Casey Fink Readiness for Practice Survey .............................. 39
Analysis ............................................................................ 40
NURSING STUDENT WORK-STUDY INTERNSHIP PROGRAM

Table of Contents (cont.)

Section IV. Results

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Evaluation and Outcomes</td>
<td>42</td>
</tr>
<tr>
<td>Outcomes of Project Interventions</td>
<td>42</td>
</tr>
<tr>
<td>Demographics</td>
<td>51</td>
</tr>
<tr>
<td>Comfort/Confidence Subscales</td>
<td>51</td>
</tr>
<tr>
<td>Future Evolution of the Project</td>
<td>54</td>
</tr>
<tr>
<td>Effects of the Project on Staff and Workflows</td>
<td>55</td>
</tr>
</tbody>
</table>

Section V. Discussion

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>56</td>
</tr>
<tr>
<td>Key Successes</td>
<td>56</td>
</tr>
<tr>
<td>Key Findings</td>
<td>56</td>
</tr>
<tr>
<td>Lessons Learned</td>
<td>57</td>
</tr>
<tr>
<td>Change Sustainability</td>
<td>59</td>
</tr>
<tr>
<td>Dissemination Plan</td>
<td>60</td>
</tr>
<tr>
<td>Relation to Other Evidence</td>
<td>60</td>
</tr>
<tr>
<td>Implications for Nursing</td>
<td>62</td>
</tr>
<tr>
<td>Limitations/Barriers to Implementation</td>
<td>64</td>
</tr>
<tr>
<td>Interpretation</td>
<td>65</td>
</tr>
<tr>
<td>Observed versus Expected Outcomes</td>
<td>65</td>
</tr>
<tr>
<td>Implications of the Project</td>
<td>67</td>
</tr>
<tr>
<td>Conclusion</td>
<td>67</td>
</tr>
</tbody>
</table>
Table of Contents (cont.)

**Section VI. Other Information**

- Funding ........................................................................................................... 69

**Section VII. References** ................................................................................. 70

**Section VIII. Appendices**

- Appendix A. CA BRN Guidelines for Work-Study Course ......................... 77
- Appendix B. Definition of Terms ................................................................. 79
- Appendix C. SWOT Analysis ........................................................................ 80
- Appendix D. Evaluation Table ................................................................. 81
- Appendix E. Letter of Support ................................................................. 89
- Appendix F. Statement of Determination Form ........................................ 90
- Appendix G. Kaiser Permanente not Research Determination Communication ................................................................. 94
- Appendix H. WSP Intern Survey Packet Sample ................................... 95
- Appendix I. Kotter Model WSP ................................................................. 99
- Appendix J. Stakeholder Communication Framework ............................ 100
- Appendix K. Communication Plan Implementation Matrix – External Stakeholders ................................................................. 101
- Appendix L. Communication Plan Implementation Matrix – Internal Stakeholders – Direct Users ................................................................. 103
- Appendix M. Communication Plan Implementation Matrix – Internal Stakeholders – Indirect Users ................................................................. 105
- Appendix N. Sample Messaging Plan for Senior Leaders .................... 106
- Appendix O.Projected Budget ................................................................. 107
- Appendix P. WSP Budget by Option .......................................................... 109
Table of Contents (cont.)

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>Cost Benefit Analysis by Option</td>
<td>110</td>
</tr>
<tr>
<td>R</td>
<td>Gantt WSP Project Map</td>
<td>111</td>
</tr>
<tr>
<td>S</td>
<td>Gantt Evaluation Plan Timeline</td>
<td>112</td>
</tr>
<tr>
<td>T</td>
<td>Formative Evaluation Plan</td>
<td>113</td>
</tr>
<tr>
<td>U</td>
<td>Summative Evaluation Data Collection Plan</td>
<td>114</td>
</tr>
<tr>
<td>V</td>
<td>Self-Reported Languages of 2016 WSP Interns</td>
<td>115</td>
</tr>
<tr>
<td>W</td>
<td>Casey Fink Readiness for Practice Survey Domain</td>
<td>117</td>
</tr>
</tbody>
</table>
Abstract

Discussed for decades, the need for transitional experiences bridging educational and practice settings gained momentum in the mid-1970s with the release of Kramer’s groundbreaking book *Reality Shock: Why Nurses Leave Nursing*. Nursing student internship programs were developed in the 1970s as one effort to address this issue. The Northern California Region of Kaiser Permanente partners with five universities to conduct the Nursing Student Work-Study Internship Program (WSP). The program provides senior level nursing students with a paid internship in clinical practice settings, working under the supervision of RN preceptors. The aim of the program is to improve the intern’s perception of readiness for practice as professional RNs. An evidence-based, change of practice, quality improvement project was conducted to improve the organization’s existing Nursing Student WSP. Interventions included an evaluation of the WSP structure, processes, and outcomes, and development of evidence-based resources to address identified gaps. The 2008 Casey Fink Readiness for Practice Survey© was administered to the 2016 cohort prior to and at the conclusion of the internship as a measure of the WSP impact on intern’s progression toward professional practice and demonstration of value to the organization. Quality improvement measures had a positive impact on nursing student interns and demonstrated program value to the organization.

Keywords: *pre-licensure nursing student internships, pre-licensure nursing student externships, new graduate nurse transition to practice, readiness for practice, new graduate nurse residency programs.*
Section II. Introduction

Background Knowledge

Negotiating the transition from student to professional nurse can be daunting. New graduate nurses report feeling overwhelmed, unprepared, and shocked by the level of responsibility required to work as a professional registered nurse (RN) (Cantrell, Browne, & Lupinacci, 2005; Kramer, 1974). These perceptions can lead new nurses to feelings of distress, often resulting in job dissatisfaction and the potential for high turnover in the first year of practice (Casey, Fink, Krugman, & Propst, 2004; Fink, Krugman, Casey, & Goode, 2008; Ulrich et al., 2010).

Complicating the situation are gaps in the perception of new graduates’ ability to render quality care upon graduation. Casey and colleagues (2004) found that a mere 4% of new graduates felt prepared to practice independently upon entering the workforce. In another study, over 400 academic leaders were polled, and 90% of them reported that their nursing students were fully prepared to provide safe and effective care upon graduation (Berkow, Virkstis, Stewart, & Conway, 2008). In sharp contrast, only 10% of health system nurse executives in the same survey felt that new graduate nurses were fully prepared to care for patients in their health system. More alarming, despite the overwhelming lack of confidence in the new graduate’s readiness for practice, nurse executives reported hiring and assigning new graduate nurses to care for up to seven or more patients in a shift (Casey et al., 2004).

Discussed for decades, the need for transitional experiences bridging educational and practice settings gained momentum in the mid-1970s with the release of Kramer’s 1974 groundbreaking book *Reality Shock: Why Nurses leave Nursing*. Kramer argued that a
juxtaposition between idealized versions of nursing promulgated by academic faculty contrasted significantly with new nurses’ experiences upon entering the workforce. The author hypothesized that this often led to a shock-like reaction, putting the new graduate nurse at risk for job dissatisfaction and disillusionment with the profession of nursing (Kramer, 1974).

Nursing student internship programs were developed in the late 1970s in response to an acute nursing shortage and to bridge the gap between educational and practice settings (Cantrell et al., 2005). Referred to as student nurse externships by many health systems, the programs are designed to broaden senior level pre-licensure nursing students’ exposure to the clinical practice environment by working additional hours under the supervision of an RN preceptor. Though structure, scope, and outcomes vary, many health systems offer similar programs as a way to narrow the education-to-practice gap, improve new graduate nurses’ perception of readiness for practice, and as a tool for recruitment and retention (Cantrell et al., 2005; Cantrell & Browne, 2006; Friday, Zoller, Hollerbach, Jones, & Knofczynski, 2015; Olson-Sitki, Wendler, & Forbes, 2012; Ramirez, Zimmerman, & Judson, 2013; Steen, Gould, Raingruber, & Hill, 2011; Tritak, Ross, Feldman, Paregoris, & Setti, 1997; Woodtli, Hazzard, & Rusch, 1988).

**Background – California**

In California, the State Board of Nursing (BRN) established the Nursing Student Work-Study Program (WSP), which permits BRN-approved, pre-licensure nursing programs to provide work-study courses for which students receive academic credit. The program serves as a template for bridge experiences by providing guidelines for both academic and practice partners. In this model, university partners design the work-study course, including a course syllabus that focuses on application of previously learned nursing theory and clinical practice skills.
Nursing students participating in the WSP are required to produce a skills checklist and demonstrate clinical competence upon arrival to the practice site, where they have an opportunity to hone previously learned skills. Nursing program faculty provide ongoing communication with nursing students and the practice environment as they monitor student progress throughout the semester. Practice sites are encouraged to compensate work-study participants and are required to provide a clinical preceptor responsible for direct supervision of the work-study intern (State of California BRN, 2011) (see Appendix A).

**Background – Kaiser Permanente-Northern California**

Kaiser Permanente-NCAL (KP-NCAL) partners with five northern California universities to conduct the Nursing Student WSP. The KP WSP provides select senior level pre-licensure nursing students with a paid summer internship in the health system. Interns are exposed to the realities of clinical practice in one of the organization’s 21 medical centers, where they have an opportunity to master learned skills while working under the supervision of a RN.

Each spring, partnering universities invite senior level nursing students to apply to the program. Students must be recommended by faculty, in good standing, and demonstrate strong academic skills. Diversity is an organizational value, and students from underrepresented minorities are encouraged to apply.

The WSP is structured as a clinical practicum course designed by the academic nursing program, including objectives and a course syllabus that focuses on application of previously learned nursing theory and clinical practice skills. The intent of the nursing student work-study course is to master learned skills; new nursing skills may not be taught in the course. Nursing students are required to demonstrate clinical competence and produce a skills checklist when reporting to work at the practice site. Nursing program faculty provide ongoing communication.
with nursing students and the practice environment as they monitor student progress throughout the semester.

The WSP benefits academic partners by supplementing the school’s clinical practicum hours and by providing nursing students with a clinical immersion experience that helps bridge the education-to-practice gap. Participating medical centers incur no cost – the project director pays WSP intern salaries using community benefit monies. Kaiser Permanente hospitals benefit from an infusion of new nursing knowledge and energy and an extra pair of hands on the unit.

The WSP is funded using community benefit monies and is managed by the Academic Relations team. The program aligns with organizational goals for community giving and developing a more prepared and diverse nursing workforce. Importantly, the program meets regulatory obligations for maintenance of not-for-profit (NFP) status, including those under the 2010 Patient Protection and Affordable Care Act.

Nursing students who participate in the WSP report feeling an improved perception of readiness for practice at the conclusion of the internship. The WSP bridges the education-to-practice gap and actively supports nursing students’ transition to practice (see Appendix B) (Ramirez et al., 2013; State of California BRN, 2011; Steen et al., 2011, Wallace, 2016).

**Local Problem**

Feedback from WSP stakeholders has been consistently positive. That said, the program assessment revealed numerous opportunities for quality improvement. The WSP structure is sanctioned by the California Board of Nursing and designed to allow interns to perform nursing care for which they have received instruction and demonstrated competence through their academic course work. The program is competitive and attracts a significant number of candidates (up to 100 applicants apply for every 12 available positions); however, interns are
pre-licensure students and require supervision appropriate to a novice nurse. Faculty oversight of
day-to-day clinical activities is minimal; program structure requires medical center based
educators, nurse managers, and preceptors to assume responsibility for clinical supervision of
WSP interns.

Turnover in the health system was evident. Gap assessment (see Appendix C) revealed
personnel changes throughout the organization, including the human resources department
charged with recruitment, screening, and hiring of WSP interns. Likewise, turnover of chief
nurses, nurse managers, and preceptors in the health system’s medical centers resulted in
decreased familiarity with the WSP, impacting communication, workflow, and on-boarding
activities.

This turnover issue is compounded by a lack of trained and available preceptors. A hiring
surge and establishment of new graduate programs within the health system have increased the
need for qualified nurse preceptors. Some medical center leaders reported they had not had
nursing students or new graduate nurses’ onsite for many years, and their staff expressed anxiety
regarding supervision of novices.

Some WSP champions remain; however, a significant number of these WSP champions
have moved into new roles or retired. The assessment revealed that new chief nurses, service line
directors, and nurse managers at fully a third of participating medical centers were unfamiliar
with the WSP. This led to on-boarding challenges, miscommunication, variations in practice, and
potential patient risks related to lack of clarity around the program’s structure and processes, the
intern’s scope of practice, and evidence-based approaches to training novice nurses.
Intended Improvement / Purpose of Change

AIM Statement

This evidence-based, change of practice, quality improvement project was created to improve the existing KP-NCAL WSP through the evaluation of the program’s structure, processes, and outcomes and through the development, implementation, and evaluation of two evidence-based resources to address gaps – a User Guide and a Playbook. The Casey Fink Readiness to Practice Survey (CFRPS) was administered as one measure of program impact on WSP interns.

Impetus for Change

Catalysts for change included maximizing transfer of knowledge to WSP interns, mitigation of risk related to communication gaps and variations in practice, demonstration of return on investment (ROI) to the organization, and ensuring program alignment with development of a diverse and better equipped workforce.

Review of the Evidence

The purpose of this project was to improve the elements of an existing nursing student WSP and to determine if participation in the program improved perception of readiness for practice in senior level baccalaureate students. Identified gaps in practice were addressed through the development of two evidence-based resources in collaboration with key stakeholders. The CFRPS was used as a measure of program impact on the interns.

Improving perception of readiness for practice through nursing student internships or externships was the focus of the literature review. An evidence question was formulated using the population, intervention, comparison, outcome, time (PICOT) methodology (Fineout-Overholt, Melyn, Stillwell, & Williamson, 2010). The search question was: In nursing students
(P), how does participation in a nursing student internship/externship program (I) compared to not participating in such a program (C) affect perceptions of readiness for practice as a registered nurse (O). An evaluation table was constructed using the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal tool as a guide (see Appendix D).

Literature discussing pre-licensure internships is limited, and some research is dated. The CINAHL and PubMed databases were searched to assess for available knowledge regarding the following search terms: pre-licensure nursing student internships, pre-licensure nursing student externships, new graduate nurse transition to practice, readiness for practice, and new graduate nurse residency programs. An initial search was conducted September 10-29, 2015, with a subsequent search conducted September 10-15, 2016.

Articles were limited to English language, U.S. geography, academic peer-reviewed journals, and professional websites and resources. Articles were screened by title. Duplicates were omitted. Grey literature was searched, including Google, Google Scholar, and websites of the Advisory Board Company, the American Association of Colleges of Nursing (AACN), Future of Nursing, Bureau of Labor Statistics, and the Institute of Medicine (IOM). Exclusions included dissertations and articles related to topics outside the scope of this project.

The literature in this area primarily focused on the value of work-study internships/externships in bridging the education-to-practice gap for senior level nursing students. Data regarding the financial implications of work-study internships/externships, including ROI, were limited. Numerous researchers have studied bridging the education-to-practice gap, including how pre-licensure internships impact new graduate nurses’ perception of readiness for practice (Cantrell et al., 2005; Cantrell & Browne, 2005; Cantrell & Browne, 2006; Friday et al., 2015;
Olson-Sitki et al., 2012, Ramirez et al., 2013; Steen et al., 2011; Tritak et al., 1997; Woodtli et al., 1988).

Casey et al. (2011) conducted a study to validate the CFRPS instrument and look at factors thought to affect senior level nursing students’ perceptions of readiness for practice. The scholars recruited and administered the CFRPS to 429 senior level baccalaureate nursing students who had recently completed a precepted clinical practicum experience. Study participants reported feeling challenged by patient care assignments of multiple patients, physician communication, and end-of-life care. Upon completion of the practicum experience, study participants reported feeling more confident in their ability to solve clinical problems and reported feeling prepared to enter practice (Casey et al., 2011).

Steen and colleagues (2011) found that a pre-licensure internship program based in an academic medical center increased participating nursing students’ perception of confidence in performing nursing skills and eased the transition from student to professional nurse. In this study, former nursing student interns, later hired by the same hospital unit, reported that awareness of the clinical expectations, relationships, and familiarity with the environment improved their sense of comfort as a new graduate nurse and gave them greater ability to focus on achieving clinical competence and development of critical thinking skills (Steen, 2011).

Friday and colleagues (2015) found that individuals who had completed a pre-licensure externship program scored higher than their non-externship peers on support, communication/leadership, and job satisfaction. Externs also scored higher on professional satisfaction. The scholars argued that a pre-licensure externship program could be a useful tool for recruitment and retention of new graduate nurses. The authors questioned if there was enough added value to justify investing in both a pre-licensure and nurse residency program (Friday et al., 2015).
Ramirez et al. (2013) wrote an exemplar describing an innovative approach to leveraging an academic-practice partnership to develop an externship program aimed at pre-licensure senior level nursing students. The externship provided the nursing students with greater exposure to the clinical practice environment prior to graduation. The educators designed an evidence-based curriculum consisting of both didactic and clinical practicum hours. The program provided training to a group of mentors who supported the externs through the experience. The authors reported that participants demonstrated increased engagement in the health system and improved integration of knowledge into practice. The externship strengthened the academic-practice partnerships and narrowed the education-to-practice gap (Ramirez, 2013).

Cantrell and colleagues conducted a three-part study that considered the impact of a pre-licensure externship program on senior level nursing students’ transition into practice as new RNs (Cantrell & Brown, 2005, 2006; Cantrell et al., 2005). The researchers considered the externship’s influence on transition into practice, role socialization, and impact on recruitment and retention. The researchers identified three themes: (a) being a part of the real scene, (b) figuring out the environment, and (c) gaining awareness and becoming frightened. Participants reported that the pre-licensure clinical externship increased their understanding of the culture and norms of the clinical practice environment, giving them an ability to focus on skill acquisition during their transition into practice. The externship proved to be an effective tool for recruitment and retention (Cantrell & Brown, 2005, 2006; Cantrell et al., 2005).

Though estimates vary to what extent, a significant nursing shortage is on the horizon. Changing demographics, including an aging population, the addition of millions of Americans into the healthcare system through the 2010 Patient Protection and Affordable Care Act
expansion of health coverage, and impending retirements of an estimated 80 million baby
 boomers, including nearly 900,000 RNs, will impact the current workforce (Buerhaus, 2015).

In addition to a nursing shortage, the upcoming decade is destined to present significant
 challenges. New graduate nurses will enter the workforce at a time of increasing complexity,
 making bridge experiences even more relevant to practice. Experts are looking to new graduate
 nurses to meet or fill expected staff shortages over the next five years (AACN, 2007; Buerhaus,
 2015; IOM, 2011; Patient Protection and Affordable Care Act, 2010; U.S. Department of Labor,

Researchers expect that new graduate nurses will be needed to meet or fill anticipated
 staff shortages over the coming years. Health systems seeking to fill nursing positions with new
 graduate nurses should consider making resources available to conduct pre-licensure internships.
 Existing research demonstrates the value of using innovative programs, such as pre-licensure
 internships, as effective ways to recruit and assimilate new graduates into the professional
 nursing role, thereby mitigating turnover during the initial stage of a new a graduate’s career
 (Friday et al., 2015).

**Theoretical and Conceptual Frameworks**

Benner’s stages of clinical competence (Benner, 1984; Benner, Sutphen, Leonard, &
Day, 2010) was selected as a theoretical model to ensure that WSP elements and quality
improvement interventions aligned with WSP intern needs and organizational goals for preparing
a diverse and competent nursing workforce. Dr. Benner theorized that a strong educational
foundation, in conjunction with rich personal experiences, could lead nurses to gain an
understanding of patient needs and to develop skill competency over time. Built on the Dreyfus
model for skill acquisition, Benner defined five levels of nursing experience and developed
strategies to guide new nurses through this process. Author of *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Benner (1984) critically examined the transition from student nurse to member of the professional workforce. By providing the new graduate nurses an opportunity to take abstract constructs from their academic programs and put them into practice in a thoughtful way, the organization can support student work-study interns’ preparation for practice and their ability to offer safe and effective care to patients.

Donabedian’s (1988) healthcare quality model was employed to study, modify, and evaluate the WSP through application of its three components: structure, process, and outcomes. This conceptual model provides a mechanism for modifying structure and processes within the health system, where each element has a direct influence on the next. For example, the assessment showed that some managers were not clear about how the program was structured, resulting in anxiety and confusion for some and creating the possibility that rather than adhere to program guidelines, they might go rogue and develop their own norms and guidelines. Program structural inconsistencies potentially impact development of reliable program processes and this, in turn, can impact obtaining accurate outcome measures (Donabedian, 1988).
Section III. Methods

Ethical Issues

Ethical principles guided the implementation of this project, including the concepts of beneficence, non-maleficence, fidelity, integrity, justice, and respect for the autonomy of others. The WSP intern selection was aligned with the health system’s values and goals related to social justice; community benefit; and preparing a diverse, competent, and confident workforce of the future.

Quality improvement efforts reflected the health system’s commitment to providing a high quality, affordable, and consistent experience for WSP interns. This experience needed to include exposure to the realities of clinical practice and an opportunity to integrate and synthesize previously learned skills in a way that bridged the education-to-practice gap and improved the intern’s perception of readiness for practice as professional RNs.

The WSP interns, faculty, and KP nurses were invited, but not required, to take part in the evidence-based change of practice, quality improvement project aimed at improving the existing WSP. Participation included providing input and feedback regarding elements of the WSP’s structure, processes, and outcomes, and completion of the CFRPS. Additional information regarding the survey process is located in the Internal Review Board (IRB) section of this paper. This project presented no direct or indirect ethical issues or concerns. The author has no conflict of interest related to this project.
Setting

Kaiser Permanente National

Kaiser Permanente is an integrated healthcare system based in Oakland, California, made up of three separate, but closely cooperating, business entities: Kaiser Permanente Foundation Hospitals, The Permanente Medical Groups, and Kaiser Foundation Health Plan. The health system is comprised of eight geographic regions spanning the United States, who together serve more than 10 million members. Kaiser Permanente is guided by its unifying Mission: Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the community we serve. An overarching nursing vision provides guidance for more than 50,000 KP nurses. Kaiser Permanente nurses advance the art and science of nursing in a patient-centered healing environment through our professional practice and leadership.

Kaiser Permanente-NCAL Regional Offices

The project was conducted in the Northern California Region of the KP healthcare system located in Oakland, California. Kaiser Permanente-NCAL spans north to the Sacramento valley, south to Santa Clara, east to the Central Valley, and west to San Francisco. The region provides health care to approximately four million KP members through its 21 medical centers, 238 outpatient facilities, and community-based practice sites and services. The health system employees more than 20,000 nurses and approximately 7,600 physicians, who work in hospitals, clinics, emergency rooms, and community services.

The KP-NCAL Academic Relations team worked collaboratively with the region’s senior leaders, regional and medical center based human resource departments, regional Community
Benefit, medical center based chief nurses, nurse managers, educators and preceptors, academic partners, and WSP interns to conduct this project.

**Kaiser Permanente-NCAL Medical Facilities**

Interns report to a hiring manager in one of the organization’s 21 medical centers and work under the supervision of an assigned nurse preceptor. The WSP interns are selected at their university based on criteria defined by the health system’s community benefit department. Attributes include academic excellence, diversity, and multilingualism. Candidates are screened by a university selection committee, with final selection by academic faculty of record. The Academic Relations team receives a list of applicants and, based on input from faculty, match them to available placements in the health system. Interns are interviewed by the recruitment team by telephone and must pass a background check, health screen, and agree to the terms of the position. Some managers prefer to interview interns prior to having them assigned to their medical center. This is not a uniform practice.

The interns are hired and on-boarded following the same process as a new hire RN. This is the first formal job for many of the interns, and the hiring process gives them a better understanding of the organization and provides them with an opportunity to participate in an official hiring process. On-boarding includes attendance at a new employee orientation, medical center orientation, department orientation, and training to the electronic medical record and necessary compliance modules.

The organization aims to function in a tightly coupled way to maximize adherence to regulatory and quality driven requirements and metrics. That said, variations in practice are evident related to a time when the organization’s regions, medical centers, and even departments competed against one another. Participation in the WSP is optional for medical centers.
The WSP interns work in a range of departments, including general and specialty medical units, intensive care units, emergency departments, maternal child, peri-operative teams, and procedurally-focused services. Some interns work on specialty teams, including infection prevention, quality and risk, and clinical education and informatics. Workflow and scheduling varies depending on the service line and departmental structure. The WSP exposes interns to new clinical situations and helps them to integrate clinical knowledge and critical thinking skills, improve prioritization and time management, and broaden their communication abilities within the inter-professional team.

Planning the Intervention

Description and Purpose of Intervention

The intervention was designed to improve the existing KP-NCAL WSP through evaluation of the program’s structure, processes, and outcomes, and the design, dissemination into practice, and evaluation of evidence-based resources. The CFRPS was administered as a measure of the program’s impact on WSP intern’s perception of readiness for practice as professional nurses.

To mitigate risk, improve stakeholder experience, and measure the value of the program to nursing student interns and the organization, the Academic Relations director led the project. Project drivers included decreasing program variability across 21 medical centers and five universities and enhancing the WSP intern’s integration into the clinical practice environment, supporting the transfer of knowledge for program participants, improving their perception of readiness for practice, and demonstrating value to the organization.
Objectives of planned intervention. Program objectives for this project were to:

- evaluate the WSP current structure, process, and outcomes, and identify areas for improvement;
- design, implement, and evaluate a User Guide;
- design, implement, and evaluate a Playbook; and
- evaluate WSP impact on perception of readiness for practice through administration of the CFRPS prior to (May 2016) and post-internship (September 2016).

Permission to conduct the project was granted based on a strategic financial and project plan proposal presented to the KP-NCAL leadership in early Q1 2016. Integration of a structured approach to quality improvement in the WSP provided the ability to enhance the existing program and ensure that accrued experience and outcomes would be evaluated in an ongoing way that maximizes program effectiveness.

IRB Process

The project director verified that the proposed project met guidelines for a quality improvement project beginning with a letter of support from Kaiser Permanente leadership. A Statement of Determination was completed, submitted, and approved by the University of San Francisco, School of Nursing and Health Professions IRB to verify that the project met criteria for an evidence-based change of practice project (see Appendix E and Appendix F).

Next, the author contacted and submitted a Not Human Subjects Research Determination form to Eric F. Garcia, Director, Research Privacy and Review Systems with the Kaiser Permanente National Compliance in Research Support Program at Kaiser Foundation Research Institute. The Nursing Student Work-Study Internship Program: Improved Readiness for Practice; a User Guide and a Playbook was reviewed and determined to not meet the regulatory
definition of research involving human subjects and, therefore, did not require review by KP IRB (see Appendix G for the copy of correspondence from Mr. Garcia).

Finally, the author contacted each participating university to discuss the plan to offer the CFRPS to WSP interns during two face-to-face meetings between May 15, 2016 and September 25, 2016, pre- and post-internship, respectively. Faculty of record were present during these meetings and provided a copy of the survey that students received. A letter describing the purpose of the survey and outlining risks and benefits of participation was attached to each survey. The WSP interns were not required to complete the survey, and no personally identifying information was included with the survey questions (see Appendix H).

Change Management Framework

Successfully conducting quality improvement (QI) projects relies upon effective change leadership. A key determinant to establishing an organization’s readiness to change is the belief that the change is both possible and attainable. When employees have faith that tasks are essential and achievable, that resources necessary to implement the change are readily available, and that the environment is conducive and supportive of making changes, they are more likely to initiate change and do the work to make the changes stick. Consideration of these elements informed this project (Weiner, 2009).

Kotter’s eight-step change leadership model defines the characteristics of successful organizational change and provides a framework to support project phases, including planning and initiating change, developing a strategic messaging plan for stakeholders, and working iteratively to design and improve project components and deliverables. The model provided vision and structure to the change management process and was integrated into a strategic messaging plan designed to energize, engage, and enable stakeholders to participate in the
project. In a Harvard Business Review piece, Kotter and Schlessinger (2008) discussed effective tools for managing resistance to change. These elements will be discussed in greater detail later in this document.

Identifying internal and external stakeholders and building coalitions amongst the different groups facilitated engagement and contribution to the project. Attention to drift and resistance to change related to QI efforts will be incorporated into annual program evaluation to mitigate the possibility that the WSP will be subject to *dying on the vine* in subsequent years. A table was constructed as a sample of how this theory was used to support project work (see Appendix I) (Kotter, 2012; Kotter & Schlessinger, 2008).

The plan, do, study, act (PDSA) model was utilized to inform project interventions and to test project deliverables. The model provides a systematic and disciplined way to conduct rapid cycle change needed to test new ideas and to integrate improvements into practice. These steps were utilized for making iterative improvements to the User Guide and the Playbook.

**Stakeholder Identification**

Stakeholders were identified, including community benefit *funders*, senior nursing leader *approvers*, regional personnel, medical center personnel, academic partners, faculty, and nursing student interns. Stakeholders were categorized as either external or internal to the health system and further stratified based on their relationship to the program.

**Strategic Messaging Plan**

A communication framework depicting how to promote engagement and effectively energize, inform, and enable stakeholders was developed and utilized to support QI activities, including development of program resources and messaging plans (see Appendix J).
Strategic messaging was developed with stakeholder roles in mind and with respect to the similarities, dissimilarities, and shared needs of each group. A strategic messaging plan implementation matrix aimed at internal and external customer groups was developed (see Appendices K, L, M, and N).

Messaging to funders, approvers, and other organizational leaders was tailored to their macro perspective. These stakeholders advocate for the WSP, remove barriers, and approve the annual budget. The health system is experiencing turnover in this group; therefore, in addition to information regarding the User Guide and the Playbook, messaging told the story of the WSP’s purpose, objectives, and value to organization.

Academic partners, faculty, nursing student interns, and medical center personnel were identified as primary users of deliverables. Messaging to stakeholder groups was based on their needs and preferences and designed to assist stakeholders in effectively using resources to enhance their experience and improve program outcomes.

Financials

Gap analysis revealed that an increased focus on the financial aspects of the WSP was one key to program stability, sustainability, and future growth. A pro forma budget for 2016 and 2017 was developed (see Appendix O). The 2016 budget reflects the investment for the QI project. The 2017 budget builds on benefits of the QI project results and increases the WSP by adding two additional university partners and 24 student interns, resulting in 84 students from seven universities. In addition, project costs related to the proposed options were included (see Appendix P).
The project manager prepared a detailed cost benefit analysis depicting ROI and case assumptions for three potential options, including status quo, the preferred option, and an option that represents a compromised approach (see Appendix Q).

Option I and III would cost the health system an estimated $650,661, with a 5% ROI, and $130,306, with a 4.9% ROI. It must be noted that neither of these options includes the cost of the QI project. Further, Option III significantly limits positive impact on stakeholders and does not align meaningfully with organizational goals and objectives for community giving, honoring established academic partnerships, or regulatory requirements around NFP status. The estimated budget for Option II (preferred option) is $685,436, with a 66% ROI, and clearly aligns with the organization’s mission and strategy for increasing workforce diversity, community giving, and regulatory obligations related to maintenance of NFP status.

Data show that in the absence of any intervention, 10.5 of 60 new nurses will leave their first job within the first year of employment (Robert Wood Johnson Foundation, 2014). Option I (status quo) does offer some benefit, and we make the assumption that of the 60 WSP participants, 4.5 will leave their first position within the first year on the job. Option III (compromise) provides limited benefit due to the reduced scope and scale of the internship. Using the same formula, we assume that of 12 WSP participants, 0.9 will leave their first position within the first year. Option II (preferred) requires a modest investment of $31,200 for the QI project and results in improved retention. We hypothesize that it will result in the retention of 57 of 60 new nurses by the end of the first year of employment.

Replacement costs are based on 1.5 times the average salary of a California RN (see Appendix P). Conducting the WSP and a QI project provides a positive ROI that is related to higher retention of new nurses and associated cost avoidance related to decreased replacement
costs for new nurses leaving their position during year one of employment. A modest marginal investment of $31,200 in the WSP QI project will result in a significant marginal gain by amplifying the impact on retention. Funding the WSP, including a QI project, adds value and demonstrates success to the organization and the community of nursing.

Implementation of the Project

The Intervention

The intervention was designed to maximize the positive impact of the WSP intern’s experience during their paid clinical internship, mitigate risk to stakeholders, and demonstrate value to the organization and the community of nursing. A gap analysis of the WSP and evaluation of the program’s structure, processes, and outcomes was conducted to inform design and dissemination into practice of two evidence-based resources: a User Guide and a Playbook. The CFRPS was administered to interns as one measure of program impact.

Project implementation took place over 10 months and was conducted during the course of the 2016 WSP so that solutions could be tested and incorporated into practice during the course of the program. Implementation of the project required buy-in of a broad contingent of individuals and groups, including regionally based senior leaders, chief nursing executives, nurse managers, preceptors, academic partners and their faculty, and the WSP interns.

Project Phases

Project implementation took place in three inter-linking phases: pre-implementation, implementation, and post-implementation (see Appendix R for Gantt chart). The pre-implementation segment took place in Q4 of 2015 and Q1 of 2016 and was led by the Academic Relations director. Project approval was obtained from the KP-NCAL regional chief nursing officer, vice president of Clinical Integration, and funding was secured with approval and
support of the regionally based Community Benefit team. During this phase, stakeholder groups were identified and project goals and objectives were refined.

The implementation phase transpired primarily in Q2. The User Guide and the Playbook were designed concurrently with the 2016 program to meet identified gaps and were introduced incrementally into practice throughout Q2 and Q3. Project deliverables reflected current thinking and were designed to replace prescriptive task-based learning with educational activities that promoted critical thinking, reflective practice, and lifelong learning (AACN, 2009; Benner, 1984; Benner et al., 2010; Fletcher & Meyer, 2016; Knowles, 1984; Mezirow, 2000).

Several resources were developed and tested as part of the User Guide. For example, a flow chart showing the multi-step WSP hiring process was designed collaboratively with Human Resources personnel to give nursing students engaged in the hiring process a clearer idea of what to expect. Other resources included a hiring manager checklist, documents outlining roles and responsibilities for each stakeholder, and program evaluation tools. Continuous quality improvement was done iteratively in collaboration with relevant subject matter experts (SMEs).

Resources were distributed to stakeholders in face-to-face meetings and via email. Production logistics were managed by the author using a process that included setting a baseline, measuring progress and performance, comparing actual performance against the plan, and taking action to realign plan if necessary (Larson & Gray, 2014). The organization’s computer system was utilized for technical support, and project directors’ and Nurse Scholar Academy team members provided design and editing support. Thought partners included the organization’s senior leadership, medical center personnel, academic faculty, health system based SMEs, and WSP interns.
The post-implementation phase took place during Q2 and Q3 and primarily focused on program evaluation. A Gantt chart mapping out the evaluation process was developed and utilized to keep the evaluation process on track and to monitor progress toward meeting identified milestones. Data collection was organized according to the three project segments (see Appendices S, T, and U for detailed tables showing the evaluation plans).

Messaging tools, including process maps, ensured that WSP goals and objectives were met. With the exception of the CFRPS, the project director was responsible for development of evaluation forms and data collection and management (see Section IV for more information regarding the CFRPS outcomes).

**Planning the Study of the Intervention**

A comprehensive evaluation plan was developed to aid assessment of the intervention’s effectiveness. Evaluation of the WSP was both formative and summative and included evaluation of WSP structure, process, and outcome measures, and program impact on intern’s perception of readiness to practice.

The goal of the project was to provide a more effective clinical immersion experience, leading to improved perceptions of readiness for practice by select nursing students participating in the KP-NCAL Community Benefit funded WSP. This was accomplished through: (a) gap analysis of WSP structure, processes, and outcomes measurement; (b) design, dissemination into practice, and evaluation of a WSP User Guide; (c) design of a WSP Playbook; and (d) evaluation of perception of readiness for practice by WSP interns in the 2016 cohort through administration of the CFRPS and through conducting semi-structured interviews with open-ended questions during face-to-face student meetings. The project was evaluated against previously established success measures as milestones were achieved.
Quality Improvement Design

Assessment of the WSP was done using the five P’s framework. In this model, the project director views the microsystem through the lens of purpose, patients, professionals, processes, and patterns to better understand current state and the impact proposed changes may have on stakeholders and their environment. The model aligns with Deming’s structure, process, and outcomes model and provides a way for the nurse researcher to organize, assess, and evaluate elements of the WSP in a systematic way (Nelson, Batalden, & Godfrey, 2007).

Gap Analysis

A SWOT analysis established current state and provided baseline data and was utilized to write the AIM statement, project objectives, and proposed actions. Program gaps impacted key areas of practice, stimulating the development of specific resources and informing the evaluation plan.

Lack of familiarity with the WSP resulted in some nurse leaders and educators structuring the internship to meet their own priorities rather than the needs of the student intern. This impacted the student experience and potentially put the organization at risk, especially when WSP interns were either restricted in practice or allowed to practice without proper oversight. Increases in the organization’s membership, the opening of new facilities, turnover, and staff retirement contributed to numerous personnel changes across the region. These and other factors stimulated engagement by stakeholders to participate in defining gaps and providing iterative feedback as resources were in development.

Critical Milestones

Two Gantt charts were developed for this project. The first, developed in Q4 of 2015 and subsequently updated, depicts project phases, milestones, specific tasks, and work breakdown.
This chart was utilized to support QI project implementation and monitor progress toward meeting identified project milestones. A second Gantt chart focused on the project evaluation plan (see Appendices R and S).

**Project Controls**

The author managed project control using a 4-step process, which included setting a baseline, measuring progress and performance, comparing actual performance against the plan, and taking action to ensure that work continually aligned with the project plan (Larson & Gray, 2014). Using the Gantt chart as a reference, progress was measured and monitored weekly against the project plan. Project timing correlated with implementation of the 2016 WSP. Implementation was multifaceted and required cooperation between organizational departments, academic partners, and nursing students. Success of both the program and project required strict adherence to the project plan.

Project scope was limited to improving the existing WSP during the 2016 internship. Scope creep was monitored and assessed using the AIM statement and project objectives as a guide. Project tasks and reminders for progress checks were integrated into the Gantt chart. The project budget was monitored monthly to ensure that it remained within set parameters. A cost variance of 5% to 7% was tolerated in the program budget.

**Intended Changes and Improvements**

Gaps in program structure were evident. Aside from a one-page program highlights document and a statement on the California State BRN website, few resources describing the program were available. Scope and standards of practice were located in the regional nursing student policy; however, the information was not always accessible to nurse managers and
preceptors in real time. Course syllabi were dated and not disseminated broadly. Roles and responsibilities were established; however, they were unevenly communicated to stakeholders.

Process issues presented a challenge, as well. Due to significant turnover in the region, long established workflows were not consistently followed. Personnel changes in the Human Resources department impacted the timely hiring of nursing student interns into the health system and resulted in hiring delays for some of the interns. Given that the WSP is tied to summer semester, the delay decreased the amount of time the student worked with patients. Process delays on the medical center side sometimes resulted in delays obtaining access to hospital clinical systems, such as electronic medical record. This also impacted the student experience.

Outcomes measurement presented another area of opportunity. The program lacked a comprehensive, standardized, evidence-based evaluation plan. An unknown number of interns completed satisfaction surveys. Progression in clinical competence, communication, and teamwork skills were evaluated at most of the medical centers, but not all. These evaluation forms were completed by preceptors and shared with university faculty. Evaluation results were not uniformly completed and often not shared with the Academic Relations team to provide data to lend insight into the program’s influence on skill acquisition and progression toward professional practice. Surveys measuring the student’s satisfaction with the program were conducted at some universities. There was no mechanism in place to evaluate how participation in the program impacted the WSP intern’s perception of readiness for practice.

Impact on Stakeholders

Depending upon their role and responsibilities, both internal and external stakeholders were impacted by the project. A strategic messaging plan was developed to engage natural work
groups in project work. This included framing project tasks around what was relevant and useful to a given stakeholder. The messaging plan used the themes of energize, inform, and enable to draw stakeholders into the project work. Academic partners, nursing student interns, and practice partners were invited to contribute to the gap analysis, and SMEs from these groups were asked to give input to design, implementation, and evaluation phases of the project, including the User Guide and the Playbook.

**Project Leadership**

The project was led by the author, a DNP student, who works for the organization as the NCAL regional Academic Relations Director and has more than 25 years of experience leading people and projects related to nursing research, nursing education, professional development, and academic-practice partnerships. The project director reports to the KP-NCAL Regional Executive Director for Professional Practice, Leadership, and Research, and is funded by KP-NCAL Community Benefit. This hybrid role lends itself to driving work that addresses goals and objectives of both patient care services and community benefit and provides an opportunity to build bridges between stakeholders. Project approval was obtained from the regional chief nursing officer and the vice president of Clinical Integration and funding was secured through the Community Benefit budget.

**Project Support and Resources**

The Academic Relations team was authorized and funded to conduct this QI project. The WSP aligns with organizational goals and objectives for community giving and development of a diverse and competent professional workforce. The WSP meets regulatory obligations for maintenance of NFP status, including those under the 2010 Patient Protection and Affordable Care Act. Academic partners and students benefit from the program; the WSP supplements
clinical practicum hours and provides an experience that bridges the education-to-practice gap. Practice partners benefit from an infusion of new nursing knowledge and energy. The program is of no cost to individual medical centers.

Three elements were essential for the success of this project: (a) presentation of a compelling business case to demonstrate project alignment with community benefit goals for diversity and development of a more competent and confident nursing workforce; (b) engagement and endorsement by KP-NCAL senior leadership regarding the value of nursing education and a sound transition into practice; and (c) approval and access to resources necessary to fully conduct the project in a timely manner.

**Methods of Evaluation**

Evaluation methods were comprehensive and developed to address project objectives and stakeholder needs and preferences. Specific items are outlined in the Evaluation Timeline Chart (see Appendix S). Evaluation was both formative and summative.

**Formative Evaluation**

Formative evaluation was linked to each of the three project categories: pre-implementation, implementation, and post-implementation. Pre-implementation tasks included assessment of current state using SWOT analysis; identification of potential facilitators; identification of barriers to taking action and assessing readiness for change; analysis of internal and external stakeholders; and use of the plan, do, study, act model to evaluate and make iterative changes to deliverables as they were developed. Financial analysis was conducted to determine WSP program ROI as a measure of value to the organization (see Appendix T).

During the implementation phase, the emphasis shifted to tasks related to real time project implementation and progress. Project control was managed throughout this phase using a
4-step process that included setting a baseline, measuring progress and performance, comparing actual performance against the plan, and taking action to ensure that work realigned with the project plan (Larson & Gray, 2014). Steps included monitoring the impact and indicators of progress toward project goals and identifying high performers and less engaged performers, as well as considering implications of local adaptions of the WSP and how that affected program outcomes.

Feedback loops were incorporated to ensure that the WSP was meeting stakeholders’ needs and expectations and that deliverables met defined objectives in a timely manner and within budget. Feedback loops addressed the communication and control needs for both internal and external stakeholders.

Face-to-face student meetings were conducted at each of the five partnering universities prior to the start of the internship to provide hiring and on-boarding guidance and to respond to faculty or student questions. Students were invited to complete the CFRPS during the face-to-face session.

The WSP faculty were invited to attend a WebEx meeting to review the program elements and to identify gaps and opportunities for improvement. The meeting agenda included review and assessment of course objectives and syllabi related to alignment with the California BRN regulations. The syllabi were assessed for similarity and dissimilarity, and the project director led a discussion to consider how areas of standardization would support decreased variability across the region. Faculty were invited to review and explore linking academic-based QSEN (2014) competencies to the learning objectives in the syllabi.

On the practice side, stakeholders were invited to share feedback to augment the gap analysis and function as SMEs for relevant areas of practice. Current tools used to evaluate WSP
interns and preceptors were reviewed and updated for standardization and current needs. A program evaluation tool was developed de novo to provide additional data. These items were ultimately integrated into the User Guide.

The post-implementation phase focused on interpretive activities. Results of the CFRPS will be shared subsequently in this document. The project director worked with stakeholders to obtain \textit{just in time} evaluation of the User Guide and Playbook to stakeholders. Stakeholders were asked to provide iterative feedback regarding program changes and value of deliverables to their practice. Feedback was relayed to relevant stakeholders at prescribed times by telephone, face-to-face meetings, and email communication.

**Summative Evaluation**

A multifaceted, summative evaluation data collection plan was developed based on work by Buzachero, Phillips, Pulliam-Phillips, and Phillips (2013). Project objectives were listed with measures, data collection methods, sources, and timing (see Appendix U).

Two primary deliverables for the project were the User Guide and the Playbook. Elements of the User Guide were developed and implemented during the 2016 program. Iterative changes were made to the User Guide through working with a group of SMEs comprised of nurse managers, preceptors, nursing student interns, and faculty. The SMEs were asked to review the materials and evaluate for clarity, usability, and ease of use. Suggestions were integrated into the document. A final copy of the document was completed in September 2016 and will be reviewed and updated annually to reflect current practice and needs.

The Playbook was developed based on gap assessments and in collaboration with academic faculty, practice partners, and WSP interns. Many of the resources were contributed by SMEs in the medical centers and will be available to stakeholders as a resource for best
practices. This deliverable will become more of a repository of information for medical center personnel and will evolve over time.

Qualitative data was collected during face-to-face student meetings conducted pre- and post-internship. At the post-internship forum, WSP interns were asked the following: “Reflecting on your internship experience this summer, please share one pearl that you are taking away from the experience – what did you learn about yourself?” Faculty shared their perception of the program’s impact on their students and their satisfaction with program resources. A sample of self-selected medical center based preceptors, nurse managers, and clinical educators were asked, “What is your biggest take away from your experience with your intern this summer?”

**Casey Fink Readiness for Practice Survey**

The CFRPS was administered with the author’s permission. The survey is an investigator-developed, validated tool designed and tested by Dr. Regina Fink and Kathy Casey MS, RN as part of their ongoing work exploring entry into practice, including perceptions of readiness to practice after participation in clinical immersion experiences (Fink et al., 2008). The survey contains three sections. The first section asks for respondent demographic information, including age, gender, and ethnicity. This section was revised to reflect the WSP program needs and to be relevant to respondents. The second section asks interns to identify their level of comfort performing specific nursing cares and procedures independently and to indicate the number of patients they are comfortable caring for simultaneously. This section also contains a 20-item questionnaire, which captures the intern’s perception of comfort and confidence performing specific nursing activities within four domains established by the survey authors. The third section contains an open-ended question asking respondents to describe what could have been done to help them better prepare for a nursing career. Surveys were anonymous; neither
student names nor assigned numbers were included in the survey and none were added to the survey by either the project director or the students. The respondent had the option of checking a box indicating the school he/she attended.

Based on the recommendation of nursing faculty from two participating schools and 15 WSP interns from previous cohorts, a decision was made to administer the survey using paper and pencil. The WSP interns were invited to complete the survey during face-to-face meetings at their respective schools. The project director provided the survey. Students were not required to complete the tool, and upon completion, it was gathered by students and/or faculty and given to the project director. Data were subsequently placed in a secure file in the health system’s regional offices.

The pre-survey was conducted in face-to-face student meetings, and all responses were done in paper and pen/pencil. The post-survey was administered in paper and pencil. Due to unforeseen circumstances, which precluded an in-person visit to one school, the post-survey was administered via email using the Survey Monkey online software service to that specific school.

Analysis

Achievement of project objectives, including completion of deliverables and administration and evaluation of data related to the CFRPS, were key determinants to project success. Qualitative feedback was collected from stakeholders during iterative improvements to program structure, processes, and outcome measures. This was completed through discussion, WebEx, and email.

Qualitative and quantitative data were gathered from WSP interns using several methods based on the evaluative purpose. The WSP participants provided iterative feedback throughout their internship experience regarding elements of the User Guide and WSP program structure.
and processes. This occurred via email, telephone, comments shared with faculty, and face-to-face meetings with students.

The CFRPS was administered and data were collected and exported in aggregate to an Excel spreadsheet for analysis. The CFRPS survey data analysis was guided by Casey’s and Fink’s research. Data were grouped into four categories: clinical problem solving, learning techniques, professional identity, and trials and tribulations. Data analysis included observation for apparent affect and trends in WSP intern’s perception of readiness to practice based on the WSP.
Section IV. Results

Program Evaluation and Outcomes

The goal of the project was to improve the existing KP-NCAL WSP and provide a more effective clinical immersion experience to senior nursing students participating in a paid summer internship in the health system. Catalysts for change included lack of role clarity for WSP interns, risk mitigation related to variations in practice in the health system’s 21 medical centers and the partnering universities, communication gaps, and the complex nature of the current clinical environment.

In addition to project interventions listed below, measures of success included demonstration of ROI and establishing the program’s alignment with organizational goals for developing a more diverse and competent nursing workforce.

Project interventions:

1. Gap analysis of WSP structure, processes, and outcomes measurement
2. Design, dissemination into practice, and evaluation of a WSP User Guide
3. Design and introduction into practice of a WSP Playbook
4. Evaluation of the impact of the WSP on perceptions of readiness for practice of WSP interns in the 2016 cohort through administration of the CFRPS

Outcomes of Project Interventions

Intervention 1: WSP gap analysis – structure, processes, outcomes. Achievement of the WSP gap analysis measure was completed by end of Q1 2016. Overall, the assessment revealed a need for continuous quality improvement to ensure iterative refinement of the improvements, address emerging challenges, and hardwire change.
**Structure.** On the positive side, program assessment determined that the WSP purpose, goals, and intent were clear and strongly aligned with organizational goals. Program structure was originally designed to protect the safety of patients, WSP interns, and the health system. The program is sanctioned and regulated by the California BRN. The WSP interns are screened and selected by their respective universities and subsequently hired by the health system. The WSP interns are subject to the same scrutiny as a new hire RN, including references, health screen, and background check. Interns attend new employee orientation, medical center orientation, and appropriate new hire trainings prior to commencing work within the medical center and laying hands on patients.

The program aligns with organizational goals for community giving and developing a more prepared and diverse nursing workforce. It also meets regulatory obligations for maintenance of NFP status, including those under the 2010 Patient Protection and Affordable Care Act.

Infrastructure was found to be lacking. As noted previously, materials were developed and not disseminated uniformly or strategically to ensure that everyone understood how the program functioned and what, specifically, was included in their roles and responsibilities. The lack of a strategic messaging plan resulted in miscommunications between individuals and inefficiencies, such as multiple telephone calls, emails, and discussions to ensure that internal and external stakeholders understood WSP structure and stayed on course. Communication gaps varied between schools, medical centers, and even hospital departments. These issues continued to reveal themselves into Q2 of 2016 and precipitated the decision to continue with QI efforts iteratively.
Assessment of organizational readiness was challenging due to the complexity of the health system. Established readiness based on communication via presentation, discussion, or email exchanges did not always translate to a positive experience for WSP interns. Conversely, in two cases, medical centers seemingly less engaged provided WSP interns with consistent preceptors and a well-received experience.

Staffing issues impacted the WSP. Clinical education teams are stretched to capacity in some medical centers. This is related to small teams and increased demand for clinical education to support new hire on-boarding and training, development of new graduate nurse and specialty training programs, and providing supervision to nursing students, including the WSP interns. Lack of preceptors was cited by numerous educators, nurse managers, and directors. Numbers are not available at this time; however, the region is reviewing how to manage this in an effort to meet organizational needs for supervision of new hires, new graduate nurses, and WSP interns.

During the course of the program, WSP interns from two medical centers reported that they had not been assigned to a primary preceptor. This change from program structure required the student to adapt to varying nursing styles and required reestablishing her or his level of clinical competence with each new nurse during the shift. Until it was discovered and corrected by the clinical faculty and project director, one WSP intern resourcefully sought out a nurse each shift willing to precept her or him. This variation increased the intern’s anxiety and raised the potential of risk to the patient, intern, and organization. Program structure was built on Benner’s (1984) theory of skill acquisition and was designed to give students a consistent framework and enable them to focus on building their clinical competency and confidence.

Another previously noted issue involved medical centers, who for differing reasons, utilized WSP interns to fill local practice gaps, such as patient care technicians, ambulating post-
operative patients, and clinical rounding. There was a nuance to this finding. For example, ambulating patients was linked to an initiative promoting early ambulation post-operatively. The task was linked to the facilities strategy around improvement of patient outcomes, and all team members, including licensed personnel, were expected to participate. Students reported that they were not confident of their ability to juggle patient care priorities with departmental needs and experienced anxiety when pulled from patient care to support other efforts, such as to help promote early ambulation post-operatively.

School partnerships are strong; the health system has a history of positive working relationships with participating schools. Course syllabi were found to be dated and not broadly disseminated. Roles and responsibilities were established; however, they were unevenly communicated to stakeholders. Evaluation forms differed and were not standardized. Finally, clinical faculty were not uniformly engaged in the student experience; four of the faculty visited students’ onsite and one did not.

**Processes.** Gaps in process have been discussed throughout this paper and were addressed iteratively through the development of the User Guide and Playbook. Specific areas for improvement were identified through the assessment and fell into categories: communication, process workflows, and clarity regarding stakeholder and roles and responsibilities. Interventions focused on working with stakeholders to develop clear processes for the WSP. Iterative changes were made to the workflows and resources as they were integrated into practice and gathered to form the User Guide.

Discussed previously, processes related to identifying, hiring, on-boarding, and integrating the WSP intern into the clinical area were not done in a standardized way and were addressed through creation of resources for inclusion into the User Guide.
Communication regarding processes within the medical center presented challenges. For example, in five of the participating medical centers, nurse managers, clinical educators, and preceptors were not fully cognizant that leadership had agreed to bring in WSP interns and/or did not fully understand the implications of the program, including roles and responsibilities. This came to light in two cases where the education team was building orientation programs for new hires and a new graduate program and were not aware that they needed to appropriate time to on-board and train WSP interns.

Medical centers dealt with this with varying degrees of success. In two hospitals, nurse educators put WSP interns assigned to the clinical education team to work assisting with new hire and new graduate nurse training. In one case, the educator trained the WSP intern how to teach a specific skill during the Skills Lab. By teaching peers how to use a specific pump, the WSP intern improved competency and self-confidence while meeting a need in the medical center. Another intern was asked to develop infection prevention modules for new graduate nurses. This was done under supervision and supported medical center needs, as well as taught the intern how to develop curriculum relevant to new graduate nurses.

In contrast, some medical center personnel were less successful at integrating WSP interns into the system. In one case, interns expressed frustration over a fragmented on-boarding experience and the lack of cohesive processes within the hospital. Some reported feeling guilty that they were earning money, but did not feel they were learning skills nor, most importantly, contributing to the organization. These findings reinforce the need for continuous quality improvement and the inclusion of best practices in the Playbook, which provides clinical educators and preceptors solutions to challenges in the microsystem.
Based on WSP intern feedback, a new process will go into effect with the next cohort to ensure that the manager and preceptor have the information they need. The WSP interns will bring their course syllabus, skills checklist, and the User Guide to their first day on the unit and share with their manager and preceptor. These items will also be available in soft copy to all stakeholders. This will help mitigate situations where preceptors change at the last minute or stakeholders do not read email with soft copies attached.

Outcomes measurement. The program lacked a comprehensive, standardized, evidence-based evaluation plan. An unknown number of interns completed satisfaction surveys. Progression in clinical competence, communication, and teamwork skills were evaluated at most, but not all, of the medical centers. These evaluation forms were completed by preceptors and shared with university faculty. Evaluation results were not uniformly shared with the Academic Relations team to provide data to lend insight into the program’s influence on skill acquisition and progression toward professional practice. Satisfaction surveys were only conducted by some schools and some universities. There was no mechanism in place to evaluate how participation in the program impacted the WSP intern’s perception of readiness for practice.

Ongoing discussion with stakeholders identified possible areas for program enhancement. Integration of a structured approach to quality improvement offered the ability to enhance the existing WSP and ensure that accrued experience and outcomes are evaluated in an ongoing way to maximize the effectiveness of the program and demonstrate value to the organization.

Intervention 2: Design and evaluation of User Guide. Design and evaluation of the User Guide was completed by end of Q2 2016, with iterative development and refinement based on stakeholder feedback and dissemination into practice. The User Guide was designed to be a how-to manual for the WSP and includes FAQs, a program timeline, and a description of the
recruitment, hiring, and on-boarding processes, as well as roles and responsibilities and scope of practice information. Forms associated with the program are also included. The target audience for the User Guide includes WSP intern, faculty, nurse managers, and preceptors. In addition, the User Guide will be used as a reference during meetings for seeking approval and funding and when socializing the program to senior leaders in the health system.

Implementation of the User Guide was iterative. Rather than create the booklet prior to the program per the original plan, it was decided to develop and distribute individual pieces to meet specific needs. For example, flow charts were created to show the complicated hiring process. This was designed in collaboration with human resources recruiters and used to educate nursing students applying for the intern positions. A document showing roles and responsibilities for each stakeholder was useful and made clear to nurse managers, for example, what they were responsible for doing to support the interns. Individual tools were developed to meet identified needs.

Stakeholders were encouraged to use the material and give feedback. They were asked, “Does this meet your need?” “Is there anything missing?” and “Do you have suggested edits?” Nurse Managers, preceptors, nursing student interns, academic faculty, and staff from the health system involved in recruitment and management of the program were given an opportunity to participate in the iterative review of the User Guide. Changes were subsequently incorporated into the final document, which was disseminated for a final evaluation to ensure that it was comprehensive, clear, and easy to use. Final edits were made, and the User Guide was ready to be used as appropriate for a resource. Communication for iterative changes was made via email.

Qualitative comments from the final review included: “This looks very professional and has all the information that I need.” One WSP intern remarked, “I think that every intern should
bring this to the hospital unit with the skills checklist and syllabus and go over it with their preceptor at the beginning of the internship.” A faculty noted, “This is very well done, however our university does not allow students to perform X task – please make that clear in the User Guide. It will be nice to have this document to explain the program to others.” The User Guide will be reviewed annually as part of a continuous quality improvement to ensure that it reflects current practice and needs.

Another aspect of the evaluation was looking at how having access to the User Guide components impacted the experience of nurse managers, preceptors, WSP interns, and faculty. These were evaluated qualitatively. As noted, components of the User Guide were disseminated as needed and appropriate throughout the internship and consistently met with positive responses: “Thank you for making this so clear and easy to understand.” “I wasn’t sure what I needed to do to get ready for the intern, and your checklist made it really straightforward.” “Some of our nurses have been unsure what the WSP intern could do – the User Guide really helped make that clear.” In contrast to the previous year, when a third of the interns reported on-boarding difficulties, none of the current WSP interns indicated that their on-boarding or integration into the unit was delayed because of process issues this year.

**Intervention 3: Design and evaluation of Playbook.** The project director worked collaboratively with stakeholders throughout the implementation phase of the project to compile resources for inclusion in the Playbook. The Playbook is a repository of resources developed by the project director, medical center personnel, academic faculty, and others to provide templates, job aides, ideas, articles, and exemplars on best practices for working most effectively with WSP interns. Stakeholders, including nurse leaders, medical center clinical educators, and academic partners, generously contributed items for inclusion. Development of this resource moved less
quickly than initially planned, and dissemination into practice with evaluation of effectiveness is not complete. Achievement of this intervention was not completed to the extent outlined in the project plan.

Elements of the Playbook do not represent must do’s, rather they are resources designed to enhance the experience for both the medical center and the intern. The project director worked with stakeholders throughout the full dissemination into practice, and subsequent testing of the resource is not complete. The project director will continue to develop the Playbook, test it with stakeholders, and provide it as a resource to enhance the program.

The director will continue to collaboratively develop the Playbook as a resource for future cohorts. Examples of items in the Playbook include job aides and templates for SBAR communication, a guide for reflection, a module introducing WSP interns to Caring Science, an article showing crosswalk of QSEN competencies with AONE practice competencies, and readiness assessment for medical centers. Additional items for consideration include performance improvement tools and communication and coaching tips.

**Intervention 4: Evaluation of WSP interns’ perception of readiness for practice.**

Measuring the impact of the WSP on interns’ perception of readiness to practice was the driver for incorporating this survey into the project. Sixty senior level baccalaureate nursing students were hired by the organization to work as WSP interns during the 2016 summer semester.

The WSP interns were invited to complete the CFRPS during a group session offered at the student’s respective university prior to the start of their internship. Group sessions were held between May 15 and June 6, 2016. One student was unavailable to take the pre-survey. Students were not required to take the survey. Data were gathered from a convenience sample of 59 WSP interns (93% response rate). The tool was administered via paper/pencil. The project director
provided the survey to respondents. Surveys and survey results are stored securely in the KP regional offices and on a protected KP shared drive.

The post-survey was offered at the conclusion of the internship between August 10 and September 19, 2016 (88% response rate). Dates of administration reflected the universities’ summer semester end dates. One student dropped out of the program and was not invited to take the post-internship survey. The WSP interns from four of the five universities completed the survey at a group session located at their school. Due to unforeseen circumstances, the project director was unable to visit the fifth school. In a change of plans, the CFRPS survey was administered to this cohort of WSP interns by email using Survey Monkey online software. Quantitative data were entered or exported into an Excel spreadsheet and analyzed by the project director. Surveys were anonymous. Neither student names nor assigned numbers were included in the survey and none were added to the survey by either the project director or the students. The survey included a question asking the respondent to list their school name. This question was excluded from the data analysis process.

Demographics

Survey respondents ranged in age between 21 and 47, with a mean age of 25 years. One quarter of WSP interns identified as male. Thirty-eight percent of the cohort reported having a previous degree prior to entering the BSN program. Students reported 15 ethnicities and fluency in 13 languages in addition to English (see Appendix V).

Comfort/Confidence Subscales

Responses to the 20 items capturing the students’ perception of comfort and confidence performing specific nursing activities were categorized within four domains identified by the survey authors: clinical problem solving, learning techniques, professional identity, and trials and
tribulations. Responses to items within the four domains follow and are included in greater detail in Appendix W.

**Clinical problem solving (seven items).** The WSP interns reported improved confidence in communicating with physicians, problem solving, communicating and coordinating care within the interdisciplinary team, taking action to solve problems, and identifying actual or potential risk to patients. Respondents reported a less significant increase, compared to the other items, when asked to rate their comfort in knowing what to do for a dying patient (44% pre to 50% post).

**Learning techniques (two items).** Respondents’ views on the value of simulation experiences and writing in reflective logs shifted between the pre-internship and post-internship survey. The interns reported that both were less helpful learning techniques at the end of the clinical immersion experience than at the beginning.

**Professional identity (five items).** The WSP interns reported feeling slightly less (98% pre, 94% post) comfortable communicating with patients and family members at the conclusion of the internship. Asking for help from others was about the same before and after the clinical immersion experience (96% pre, 95% post). Fewer respondents reported that their clinical instructor had provided them with feedback about their readiness to assume a RN role upon completion of the internship than did prior to the internship. All respondents expressed satisfaction with choosing nursing as a career, and 90% of the interns (in contrast to 73% pre) felt ready for the professional nursing role after participating in the WSP.

**Trials and Tribulations (five items).** These items consider WSP interns comfort with task delegation, documenting care in the electronic medical record, recognizing significant changes in the patient condition, managing ethical issues related to patient care, and
prioritization of patient care needs. At the conclusion of the internship, WSP interns reported feeling more comfortable delegating tasks to team members (71% pre, 90% post) and less discomfort prioritizing patient care needs (pre 24%, post 12%), recognizing significant changes in patient condition (11% pre, 8% post), and feeling overwhelmed by ethical issues in patient care responsibilities (18% pre, 8% post). Interns entered the internship feeling comfortable working with the electronic medical record and reported even more comfortable at the conclusion of the program (pre 85%, 87% post).

**Open-ended question.** An open-ended question asked respondents, “What could be done to help you feel more prepared to enter the nursing profession?” Responses to this question were reviewed for themes. The word *more* was noted in 97% of total responses both pre- and post-internship, with an emphasis on more time and focus on skill acquisition and clinical competence. The theme for pre-internship respondents (60% response rate) was overwhelmingly focused on a desire for more practice with clinical and communication skills. Responses post-internship (75% response rate) were more nuanced. The majority of WSP interns responded to the question referencing their WSP assignment and expressed a desire for continued opportunities to hone skills to feel greater clinical competence, confidence, and skill acquisition. Four of the WSP interns not placed in direct patient care roles (e.g., quality and risk, infection prevention, and clinical education teams) reported that they worried they were behind peers who had focused primarily on clinical skills during the WSP.

Lack of a consistent and trained preceptor was evident in two comments: “More chances to allow me to think and make decisions first, then correct them after thorough conversation and clear constructive criticism to help me improve” and “I wish I had a single preceptor rather than
multiple ones.” One comment summed up post-internship responses regarding *more*: “I just need more time to gain confidence in all the complexities of nursing.”

Positive responses were evident in the majority of post-internship responses. This was exemplified by two comments: “Nothing, this internship has been an amazing opportunity and I am so grateful to have been able to get this experience” and “I don't think there is much that could be added. I believe this internship is very well rounded in terms of preparing us for being a registered nurse after graduation.”

Qualitative data included student responses to open-ended questions asked by the project director during the post-internship sessions at four universities. The session included a semi-structured interview, where the project director asked interns, “What is the one ‘pearl’ you are taking away from this experience?” Alternatively or in addition, students were asked to share, “What have you learned about yourself through this experience?”

Four themes emerged from these sessions: (a) gratitude for the experience, (b) overall improved comfort and confidence working in a hospital setting, (c) improved time management and ability to manage multiple priorities, and (d) broader understanding of the roles available to nurses in the health system.

**Future Evolution of the Project**

The health system is complex. This project provided an opportunity for senior leaders, academic partners, chief nurses, nurse managers, clinical educators, and preceptors in the region’s medical centers and WSP interns to join together to strengthen the existing WSP. Gap assessment and completion of interventions highlighted the need to continue to evolve the project.
The WSP has enjoyed stable support and funding for over a decade. The Academic Relations director is committed to building on the project’s foundation, key successes, and lessons learned to continue to evolve the project. Continuing to drive the work forward is a key to its continued success and value to the organization.

**Effects of the Project on Staff and Workflows**

New workflows were developed collaboratively with stakeholders. The goal was to make it easier to do the right thing, that is, to make the program structure clear and ensure that stakeholders understood and were part of project related improvements. The Academic Relations team intentionally established working partnerships throughout the project with both internal and external stakeholders, with the intent of continuing to guide quality improvement in the future.
Section V. Discussion

Summary

Key Successes

The project was considered a success, as evidenced by meeting objectives in a timely manner, including development of deliverables and dissemination of resources into practice. In addition to the project interventions listed below, measures of success included demonstration of ROI to the organization and establishing the program’s alignment with organizational goals for developing a more diverse and competent nursing workforce.

Project interventions:

1. Gap analysis of WSP structure, processes, and outcomes measurement
2. Design, dissemination into practice, and evaluation of a WSP User Guide
3. Design and introduction into practice of a WSP Playbook
4. Evaluation of the impact of the WSP on perceptions of readiness for practice of WSP interns in the 2016 cohort through administration of the CFRPS

Key Findings

Outcomes and findings were essentially positive and fell into four areas: (a) stakeholders were engaged in the development, evaluation, and adoption of items for integration into the User Guide and have been enthusiastic about the possibilities for the Playbook; (b) the majority of WSP interns’ CSPRS responses post-internship showed improved perceptions of readiness for practice; (c) ROI was demonstrated to the organization; and (d) the program added value to the organization. Attention to quality improvement is necessary to maintain the integrity and effectiveness of the program.
Lessons Learned

The project director utilized issues encountered during the implementation phase of the project to enhance QI efforts.

**Lesson 1: Complexity.** The project was conducted in a complex milieu involving at least four regionally-based departments, KP-NCAL senior leadership, 15 (of 21) KP medical centers, five Northern California based universities, 60 WSP interns, five faculty, chief nurses, service line directors, nurse managers, preceptors, clinical educators, medical center based Human Resources department, employee health, and ancillary staff in each of the departments noted. Functioning effectively in this environment required a strategic communication plan, patience, and adaptability.

**Lesson 2: Adaptability.** Competing priorities, new policies, and turnover throughout the health system provided the project director with insight into the impact of current operational challenges and stakeholder needs and preferences. Each of the examples below emerged during the 2016 program after the initial gap assessment, with solutions integrated into program resources and deliverables.

1. Senior leadership at the regional level changed, providing an opportunity to develop a streamlined approval and funding process for the 2016 cohort.

2. The regional Human Resources team experienced significant turnover and concurrently implemented new hiring practices affecting the process for hiring nursing student interns. Tasks historically completed by the recruitment department were shifted to the Academic Relations team. The project director worked with the recruitment team to develop new workflows and workflow support documents to support KP personnel and the WSP interns, as
they traveled through the hiring process. These resources were tested with stakeholders and incorporated into the User Guide.

3. Significant turnover in chief nurses, directors, and nurse managers highlighted the importance of developing clear messaging around the roles and responsibilities and scope of practice for nursing student interns. Need for these resources was urgent. Of interest, the urgent nature tested Kotter’s theory of creating a sense of urgency, and stakeholders were quick to offer feedback for iterative changes on resources, which in the end, made their jobs easier.

**Lesson 3. Change leadership.** The WSP enjoys broad support. Stakeholders were receptive and generous and seemed engaged in both the program and QI efforts. This was demonstrated through consistent and timely participation, including returning telephone calls and emails in a timely manner, participating in meetings, contributing opinions, providing feedback, and sharing documents and resources developed for inclusion in the Playbook. One of the objectives of the project was to make program processes clear and efficient; the project director incorporated what’s in it for me may have kept stakeholders engaged.

**Lesson 4: Surveying WSP intern’s perception of readiness to practice.** Life in the San Francisco Bay Area is complicated. Students juggle school, jobs, and other responsibilities. Finding a meeting time that works for a group of 12 to 15 students and their faculty can be challenging, and rescheduling it can be nearly impossible. A huge traffic jam provided an opportunity for the project director to learn a lesson. The project director missed one of the post-internship student meetings due to the traffic jam and used the opportunity to try a different approach for survey administration. Affected students were sent a link to an online survey service. The software allowed respondents to complete the survey on either a smart phone or computer. Response rate for that school was 100%. A question was added to the survey, “Please
indicate your preference for survey completion – online survey software or paper and pencil.”

The unanimous response was a preference for the online survey. This will be incorporated into future cohort surveys, and the author will test putting other program evaluations online, as well.

**Change Sustainability**

Two strategies for promotion of sustainability were implemented. The first relates to people and strategic messaging. A key to this project’s success was the continued engagement and contribution of meaningful and relevant resources to support the WSP intern’s safe integration into the microsystem. Stakeholder groups made significant contribution to the design and evaluation of resources.

Promotion of continued engagement will include cultivation of both formal and informal relationships and ensuring that individuals have a say in the identification of necessary resources and best strategies for design, evaluation, and dissemination of work into practice. Sharing improvement results and leveraging stakeholder’s interest in professional practice and lifelong learning will be used to facilitate engagement. Finally, the project director will work to ensure that individual and group contributions are recognized and that contributors are aware of opportunities for highlighting best practices internally and externally to the health system.

A second strategy is establishing easily available web based access to resources inside and outside of the health system’s firewall. Resources are currently available through email exchange with the project director. A more permanent solution is being explored and ties into a larger regional strategy.

Under the umbrella of the Kaiser Permanente Nurse Scholars Academy, the Region has a renewed emphasis on promotion of professional practice, including access to degree programs, professional certifications, new graduate programs, and leadership development opportunities.
The Nurse Scholars Academy website is under development and will include a tab for the Work-Study Program. The website is outward facing, meaning that it is accessible from both inside and outside of the organization. This is an important consideration, as faculty, interns, and nurse preceptors accessing the website from home will be able to review resources and tools in preparation for participating in the WSP program. The intent of the site will be to share information about the program, including program highlights, guidelines, dates, and timelines, and provide a repository for program resources. Under consideration is making access to the User Guide and the Playbook password-protected. This would help manage access and improve version control of materials.

**Dissemination Plan**

Information regarding the value of the WSP to interns, Kaiser Permanente, and the community of nursing will be shared both internally and externally. Internal communication will be shared through the Nurse Scholars Academy website, internal newsletters, and departmental and peer group meetings. Information will be disseminated to the Nurse Scholar Academy team during routine staff and project meetings, shared with the health system’s senior leadership through formal updates and dashboard reports, and shared with academic partners through face-to-face and collateral materials. The Academic Relations director will share project goals and outcomes to external audiences through speaking engagements and poster presentations for academic and professional organizations and publish in peer-reviewed publications.

**Relation to Other Evidence**

The focus of the literature review was to explore if pre-licensure internships or externships improve perception of readiness for practice by participants. As previously noted, literature specifically discussing pre-licensure internships is limited. Some research is dated. The
CINAHL and PubMed databases were searched to assess for available knowledge regarding the following search terms: *pre-licensure nursing student internships, pre-licensure nursing student externships, new graduate nurse transition to practice, readiness for practice*, and *new graduate nurse residency programs*. An initial search was conducted September 10-29, 2015, with a subsequent search conducted September 10-15, 2016.

Nursing student internship/externship programs were developed as one way for academic-practice partnerships to provide a paid, supervised clinical immersion experience for senior level baccalaureate nursing students that bridges the education-to-practice gap and facilitates improvement of participants’ perceptions of readiness for practice as registered nurses.

Friday and colleagues (2015) hypothesized that individuals who had attended both a pre-licensure externship and a post-licensure residency would show greater professional and job satisfaction and higher retention rates at one and two years, respectively. The authors concluded that the combination of programs did not improve key factors related to transition into practice retention rates, and that further, health systems should consider the value of adding an externship program to their offerings. What they did not discuss were intern educational backgrounds, the location and type of externship, nor was there an assessment of the quality of the externship nor specific roles assumed by interns during their clinical externship were factored in. This raises a question of whether it is *participation* in an externship that is key to improvement of perception of readiness to practice or *participation in an effective* externship that makes the difference.

Further, participation in a pre-licensure internship/externship may attract nurses to a specific health system, but it may not be the deciding factor in whether or not the nurse chooses to stay in that job. Data show that staff nurse satisfaction and retention rates are clearly linked to the relationship they have with their nurse manager and that nurse manager’s leadership skills.
For example, nursing researchers from Australia looked at the impact of leadership characteristics in nursing managers, as perceived by their staff. They found that nurse managers identified as having effective leadership skills, including being visible, consulting with staff, providing recognition, and demonstrating flexibility, correlated with nursing staff who showed high job satisfaction and retention (Duffield et al., 2010).

Outside of references to recruitment and retention, the reviewer found no literature discussing the ROI to the organization of a pre-licensure internship program. In contrast to organizations that conduct an internship or externship solely as a recruitment and retention tool, the Kaiser Permanente WSP was developed as a way to address the education-to-practice gap while meeting goals and objectives for community giving and maintenance of NFP status. This suggests the importance of looking at program ROI through a broader lens that includes both qualitative and quantitative value to the organization and community of nursing.

**Implications for Nursing**

The 2010 IOM report *Future of Nursing: Leading Change Advancing Health* recommended that nurse leaders explore ways to develop and fund transition to practice nurse residency programs targeting new graduate and advance practice nurses. This call to action has been the impetus for numerous transition-to-practice programs designed to address specific needs in the community, as well as development of research seeking the most effective mechanisms for improving a novice nurse’s transition into practice (Cantrell et al., 2005; Cantrell & Browne, 2006; Friday et al., 2015; Goode, Lynn, McElroy, Bednash, & Murray, 2013; IOM, 2010; Olson-Sitki et al., 2012; Ramirez et al., 2013; Steen et al., 2011; Tritak et al., 1997; Wallace, 2016; Woodtli et al., 1988).
New graduate nurses will enter the workforce at a time of increasing complexity, making bridge experiences that provide pre-licensure nursing students with additional practicum hours even more relevant. In addition to anticipated needs for additional nursing personnel, the coming decade will present significant challenges. Changing demographics, including an aging population, the addition of millions of Americans into the health care system through the 2010 Patient Protection and Affordable Care Act expansion of health coverage, and impending retirements of an estimated 80 million baby boomers, including nearly 900,000 RNs, will impact the current workforce in ways we may not even anticipate. Experts are looking to new graduate nurses to meet or fill expected staff shortages over the next five years (AACN, 2007; Buerhaus, 2015; IOM, 2011; Patient Protection and Affordable Care Act, 2010; U.S. Department of Labor, Bureau of Labor Statistics, 2014).

There is broad-based support for some kind of specialized transition program aimed at novice nurses. As nursing leaders continue to wrestle with the most effective way to manage transition to practice, they are faced with the reality that program development and funding is tied to a variety of organizational needs and goals and often stymied by competing priorities and limited resources allocated to development of the nursing workforce (Goode et al., 2013). While it is the ideal, not every health system will implement a formal residency program. In the meantime, nursing leaders have an opportunity to create solutions that address real community needs by giving students the tools they need to contribute fully and competently to the workforce.

This presents opportunities for nurse leaders to explore ways to meet concrete needs in their own community and take responsibility for clearly articulating program objectives and goals and demonstrate value to students, the health system, academic partners, and the
community of nursing. The WSP is an example of one way to narrow the education-to-practice gap, improve new graduate nurses’ perception of readiness for practice, and support the intern’s transition into practice and into roles within the wider community.

**Limitations/Barriers to Implementation**

Barriers to successfully implementing and sustaining change were impacted by the complexity of the project milieu and were broken down by stakeholder roles.

Practice Partners:

(a) Challenges related to dissemination of information and changing practice in up to 21 medical centers concurrently without the capacity to work face-to-face with each hospital.

(b) Turnover in the region and the need for continual assessment that information was disseminated effectively and that there was an understanding by all stakeholders of structure, process, and program outcomes.

(c) Potential for resistance to collaboration or adopting new tools and resources.

(d) Practice partners may express resistance in the form of “this is not a good time” to adopt new practices, which may delay integration into practice.

(e) Changes in organizational priorities may result in limited funding or being defunded.

Academic Partners:

(a) Potential resistance to collaboration with the organization’s Academic Relations team to review course syllabi, ensure alignment with California BRN rules, assess for areas of similarity and dissimilarity in course syllabi, and willingness to consider alignment when appropriate.
(b) Faculty may be resistant or unable to require students to read or use the User Guide and the Playbook.

Nursing Student Interns:

(a) May not read or use resources developed to support their experience and transition into the clinical practice site.

(b) Decline or otherwise fail to take Readiness for Practice survey at baseline and conclusion of program.

(c) Survey evaluation may be imprecise due to nursing student intern’s interpretation of Readiness for Practice survey items and/or ability to assess their level of readiness for practice.

Interpretation

Observed versus Expected Outcomes

This project resulted in greater improvements than anticipated. Project gaps were addressed to meet regulatory requirements and stakeholder needs and preferences. More new processes were developed than expected given the current dynamic health care environment, which may continue. A WSP evaluation plan was developed to facilitate continuous quality improvement to the program as it continues to mature.

Nurse researchers have found that senior level nursing students and new graduate nurses share similar concerns with feeling confident and competent enough to safely and effectively perform assigned nursing care duties. It has been established that new nurses benefit from structured support, constructive feedback, and opportunities for reflection to proceed from a novice to proficient nurse. Synthesizing information and transitioning from novice to advanced
beginner to proficient nurse can take up to a year in the clinical care environment (Benner, 2008; Casey, 2004; Casey, 2008; Spector et al., 2015).

Not all of the CFRPS outcomes were expected. It was hypothesized that a relatively short internship might introduce pre-licensure nurses to the complexities of the clinical environment without enough time to master learned skills, including time management and skill competency. Further, 10% of the interns were not placed in clinical environments, but instead worked in quality, infection prevention and clinical education, and informatics departments. These interns honed communication and leadership skills rather than medication administration or physical assessment skills. The summer semester is shorter than other experiences, and the interns are in the workplace three days per week for 10 to 12 weeks. The project director expected that interns could feel that they worked just long enough to understand that there were significant gaps in their clinical knowledge.

The WSP interns completed the CFRPS prior to the start of the internship and at the conclusion of the semester-long WSP. Survey results showed improved confidence in communicating with physicians, problem solving, communicating and coordinating care within the interdisciplinary team, taking action to solve problems, and identifying actual or potential risk to patients post internship. Respondents reported feeling less confident in two areas of care: caring for diverse patients and their families and caring for dying patients, and slightly less (98% pre, 94% post) comfortable communicating with patients and family members at the conclusion of the internship. It could be argued that these are more complex skills and that WSP interns came to understand, for example, that caring for dying patients involves symptom management, communication within the interdisciplinary team, addressing psycho-social issues with patients and their significant others, and managing one’s own emotions around caring for the dying. All
respondents expressed satisfaction with choosing nursing as a career, and 90% of the interns (in contrast to 73% pre) felt ready for the professional nursing role after participating in the WSP.

Implications of the Project

Project implications for the health system and academic partners include continuing to work collaboratively to support development of a diverse and competent workforce of the future through the WSP and other programs that may evolve to support the community of nursing. The WSP is especially compelling as a community benefit program because although interns are hired temporarily as nursing student interns, the intent of the program is to prepare them to transition into practice as registered nurses at whatever health system they choose to work. The WSP program also benefits academic partners who struggle to secure real world clinical placement opportunities for their nursing student population. And finally, the program benefits the organization through a modest investment that provides a structured clinical immersion internship that facilitates a safer and more effective transition into professional practice.

Conclusion

This project provided an opportunity to work collaboratively with a broad group of stakeholders and improve an existing program affecting the health system and the community of nursing. Project drivers included decreasing program variability across 21 medical centers and five universities, enhancing the WSP intern’s integration into the clinical practice environment, supporting the transfer of knowledge for program participants, improving their perception of readiness for practice, and demonstrating value to the organization. Project goals and objectives were met. Further QI is necessary to ensure that change is hardwired into the program and it remains a powerful tool for promotion of a competent and diverse nursing workforce.
Three elements were essential for the success of this project:

1. Presentation of a compelling business case to demonstrate project alignment with community benefit goals for diversity and developing a more competent and confident nursing workforce.

2. Engagement and endorsement by KP-NCAL senior leadership regarding the value of nursing education and a sound transition into practice.

3. Approval and access to resources necessary to fully conduct the project in a timely manner.

These elements were met – careful planning, persistence, and timely project management made this program more valuable to stakeholders.
Section VI. Other Information

Funding

The KP Community Benefit department provided funding for the WSP project, including salaries for the project director, support staff, and WSP interns. Funding covered general expenditures, including travel to universities for face-to-face meetings, catering for events with WSP interns, and costs related to development of the User Guide and the Playbook. No external organizations or foundations participated in the funding of this program or project.
Section VII. References


Section VIII. Appendices
Appendix A

CA BRN Guidelines for Work-Study Course

A student nurse worker may not perform nursing functions beyond the level of a nursing assistant unless enrolled in a BRN approved Work Study Course in a California approved pre-licensure nursing program.

Background:
The Nursing Practice Act permits students enrolled in a Board approved pre-licensure nursing program to render registered nursing services when these services are incidental to a course of study in the program (Business and Professions Code 2729 (a)). A work-study course offered by a nursing program complies with this section of law and provides additional clinical experiences for student nurses admitted to and enrolled in its own nursing program. With a work-study program, nursing students are exposed to the realities of the clinical environment and have the opportunity to master learned skills. Additionally, clinical agencies benefit by the student nurse’s skills and have the opportunity to attract new graduate nurses to their facility.

Work-Study Program
The nursing programs in California are responsible for following the Board’s guidelines in developing a work-study course as follows:
1) Nursing program develops a course in which previously learned nursing theory and clinical skills are applied

- A student must have acquired clinical competence in these skills. A list of skills competencies are provided to the clinical agency (work-study site).
- No new skills may be taught during this course
- Hours of instruction for the course follow the formula per CCR 1426(g)(2)
  - A course faculty of record is available and is responsible for ongoing
communication with students and agency and monitoring the student.

2) Nursing program develops an agreement with a clinical agency with which it has a contract, to provide a work-study course for which a student receives academic credit. Compensation of the student by the practice site is encouraged.

3) The clinical agency agrees to the objectives of the course and provides mentors or preceptors for direct supervision of students.

4) The instructor and agency mentors meet at regular intervals to discuss student progress and jointly share in the evaluation of the student.

5) The course instructor has the final responsibility to evaluate and grade students and their mastery of the course objectives.

Approval of work-study program

- All work-study courses require Board approval prior to course implementation.
- Nursing program submits a minor curriculum revision request to the assigned nursing education consultant following the curriculum revision guidelines.
## Appendix B

### Definition of Terms

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Guide</td>
<td>The User Guide is essentially a “how to” manual and provides information regarding the structure and processes of the nursing student work-study (WSP) internship program, including contact information, program timeline, course syllabi, recruitment, hiring, and on-boarding tasks and processes.</td>
</tr>
<tr>
<td>Playbook</td>
<td>The Playbook is a dynamic set of documents designed for WSP interns, nurse managers, clinical educators and nurse preceptors, unit staff nurses, and other ancillary staff who support this program. Documents include resources, such as performance improvement tools, communication and coaching tips, templates, teaching tools, and information to support the learning objectives of the WSP program.</td>
</tr>
<tr>
<td>Academic-Practice partnerships</td>
<td>An Academic-Practice partnership is developed between a nursing education program and a practice setting and is a mechanism for advancing nursing practice to improve the health of the public. Such intentional and formalized relationships are based on mutual goals, respect, and shared knowledge.</td>
</tr>
<tr>
<td>Externships</td>
<td>Describes programs developed in late 1970s by healthcare institutions as one effort to recruit and retain professional nurses in a time of a nursing shortage. Program provides student nurses with direct clinical care experiences to gain self-confidence in technical skills and therapeutic communication and to develop an awareness of the culture of nursing practice as a team member in an actual work environment.</td>
</tr>
<tr>
<td>Nursing Student Work Study Program (WSP)</td>
<td>The California Nursing Practice Act permits students enrolled in a board-approved pre-licensure nursing program to render registered nursing services when these services are incidental to a course of study in the program (Business and Professions Code 2729 [a]). A work-study course offered by a nursing program complies with this section of law and provides additional clinical experiences for student nurses admitted to and enrolled in its own nursing program. With a work-study program, nursing students are exposed to the realities of the clinical environment and have the opportunity to master learned skills. Additionally, clinical agencies benefit by the student nurse’s skills and have the opportunity to attract new graduate nurses to their facility.</td>
</tr>
</tbody>
</table>

## Appendix C

### SWOT Analysis

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Existing Program w/ + reputation</td>
<td>• Existing program with inconsistent practices</td>
</tr>
<tr>
<td>• Competitive program for interns</td>
<td>• New stakeholders unfamiliar with WSP in every market segment</td>
</tr>
<tr>
<td>• Aligns with organizational mission/vision/values/goals</td>
<td>• Current messaging inconsistent and insufficient</td>
</tr>
<tr>
<td>• Strong relationships present across stakeholder groups</td>
<td>• New messaging must be tailored to both internal and external stakeholder groups</td>
</tr>
<tr>
<td>• Organization has preferred ways of messaging</td>
<td>• Academic faculty have range of needs not being addressed</td>
</tr>
<tr>
<td>• Academic partners are collaborative</td>
<td>• New HR recruitment requirements that impact timeliness and processes</td>
</tr>
<tr>
<td>• Historically consistent funding</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aligns with CB values/goals-opportunity to expand scope and scale of program</td>
<td>• Shifting priorities could result in decreased funding for WSP</td>
</tr>
<tr>
<td>• Disseminate resources and integrate into practice</td>
<td>• Shifting priorities could result in decreased participation by Academic Partners</td>
</tr>
<tr>
<td>• Strengthen academic-practice partners</td>
<td>• Resistance to changes in practice by internal and external stakeholder groups</td>
</tr>
<tr>
<td></td>
<td>• Barriers to dissemination of new messaging to stakeholder groups in a timely manner</td>
</tr>
</tbody>
</table>
## Appendix D

### Evaluation Table

#### Evidence Rating Scale

<table>
<thead>
<tr>
<th>Level I</th>
<th>Experimental study/randomized controlled trial (RCT) or meta-analysis of RCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level II</td>
<td>Quasi-experimental study</td>
</tr>
<tr>
<td>Level III</td>
<td>Non-experimental study, qualitative study, or meta-synthesis</td>
</tr>
<tr>
<td>Level IV</td>
<td>Opinion of nationally recognized experts based on research evidence or expert consensus panel (systematic review, clinical practice guidelines)</td>
</tr>
<tr>
<td>Level V</td>
<td>Opinion of individual expert based on non-research evidence. (Includes case studies; literature review; organizational experience e.g., quality improvement and financial data; clinical expertise, or personal experience)</td>
</tr>
</tbody>
</table>

#### A - High

| Research          | Consistent results with sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence. |
| Summative Reviews | Well-defined, reproducible search strategies; consistent results with sufficient numbers of well-defined studies; criteria-based evaluation of overall scientific strength and quality of included studies; definitive conclusions. |
| Organizational    | Well-defined methods using a rigorous approach; consistent results with sufficient sample size; use of reliable and valid measures |
| Expert Opinion    | Expert opinion Expertise has been clearly evident |

#### B - Good

| Research          | Reasonably consistent results, sufficient sample size, some control, with fairly definitive conclusions reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence. |
| Summative Reviews | Reasonably thorough and appropriate search; reasonably consistent results with sufficient numbers of well-defined studies; evaluation of strengths and limitations of included studies; fairly definitive conclusions. |
| Organizational    | Well-defined methods; reasonably consistent results with sufficient numbers; use of reliable and valid measures; reasonably consistent recommendations |
| Expert Opinion    | Expert opinion |

#### C - Low Quality

| Research          | Little evidence with inconsistent results, insufficient sample size and conclusions cannot be drawn undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results; conclusions cannot be drawn. |
| Summative Reviews | Undefined, or poorly defined methods; insufficient sample size; inconsistent results; undefined, poorly defined or measures that lack adequate reliability or validity |
| Organizational    | Expert opinion Expertise not discernable or has been dubious |

The reason for this study was to look at factors thought to influence senior level BSN nursing student’s perception of readiness for practice, identify and correlate readiness with individual characteristics and reasons for entering the nursing profession, and to gain a better understanding of student readiness for the professional nursing role. Upon completion of a one semester clinical practicum experience. Validation of the Casey-Fink Readiness for Practice instrument was established

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Study Objectives</th>
<th>Level/Design/Subjects</th>
<th>Intervention &amp; Outcome Measures</th>
<th>Results</th>
<th>Study Limitations</th>
<th>Implications/relevance to practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casey, K., Fink, R., Jaynes, C., Campbell, L., Cook, P., &amp; Wilson, V. (2011). Readiness for practice: The senior practicum experience. Journal of Nursing Education, 50 (11), 646-652.</td>
<td>The reason for this study was to look at factors thought to influence senior level BSN nursing student’s perception of readiness for practice, identify and correlate readiness with individual characteristics and reasons for entering the nursing profession, and to gain a better understanding of student readiness for the professional nursing role. Upon completion of a one semester clinical practicum experience. Validation of the Casey-Fink Readiness for Practice instrument was established.</td>
<td>Level: III</td>
<td>Intervention: The Casey-Fink Readiness for Practice Survey was distributed by faculty instructors on the last day of senior practicum in class or via on-line survey</td>
<td>80% response rate</td>
<td>Overall response rate high, however survey distribution method at one of the study sites resulted in a lower %responses which may have affected the validity of the results.</td>
<td>There is evidence that an intensive preceptor guided clinical experience for senior nursing students is effective in increasing the confidence of graduate nursing. Measuring the effectiveness of a senior practicum course is an essential step in improving the transition experience of graduate nurse. Understanding student’s perceptions of readiness and preparedness for the professional nursing role is important and may provide insight into how the senior practicum develops student’s readiness for practice. Further research is needed to validate what new knowledge and competences these senior nurse students bring to the practice setting in regard to clinical problem solving, decision making and other professional nursing actions.</td>
</tr>
</tbody>
</table>
perform prior to graduation from their nursing education program and analyze levels of perceived readiness in light of personal characteristics and factors that were believed by the panel to influence readiness.

for help from others

- Need opportunities to practice conflict management skills delegate task and defend decisions made.
- Themes were identified from second open-ended question

- Making team leadership and cultural aspects of interpersonal relations.

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this study was to examine the effect of a student nurse internship on the ease of transition into professional practice as an RN.</td>
</tr>
<tr>
<td>Level: III</td>
</tr>
<tr>
<td>Design: Quantitative</td>
</tr>
<tr>
<td>Quality: B</td>
</tr>
<tr>
<td>Subjects: N=50 English speaking male/female RN’s who previously participated in a nursing student internship program and were subsequently hired into a new grad position at the health system.</td>
</tr>
<tr>
<td>Intervention: Participants categorized based on disposition post internship and hiring as an RN by the health system</td>
</tr>
<tr>
<td>1) Study participants who remained on the same unit as their internship upon graduation and being hired (38)</td>
</tr>
<tr>
<td>2) Study participants who changed units after graduation and being hired (11)</td>
</tr>
<tr>
<td>A questionnaire was developed and administered to participants. Questionnaire looked at</td>
</tr>
<tr>
<td>- Camaraderie with peers</td>
</tr>
<tr>
<td>- Familiarity with the health system</td>
</tr>
<tr>
<td>- Confidence</td>
</tr>
<tr>
<td>- Education and career advancement</td>
</tr>
<tr>
<td>Pressures to perform</td>
</tr>
<tr>
<td>Respondents reported that the internship program eased transition into practice, increased their confidence in performing nursing tasks, in interacting with patients and families, and also created opportunities for career advancement.</td>
</tr>
<tr>
<td>- Sample limited to one hospital in one geographic area</td>
</tr>
<tr>
<td>- University hospital that uses a primary care nursing model that limits generalizability with other private hospitals.</td>
</tr>
<tr>
<td>- No control group</td>
</tr>
<tr>
<td>- Time lapse between the internship experience and taking the survey</td>
</tr>
<tr>
<td>- Non-validated survey tool.</td>
</tr>
<tr>
<td>Education-to-practice gap must be conveyed to nurse managers, preceptors and other RN’s to ensure they understand the pressures that interns experience during the transition process. Although new hires have internship experience they experience similar stressors as those without an internship experience. Study results demonstrate that internship programs can significantly contribute to successful transition into practice by new gradate nurses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level: IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design: Cohort based educational program evaluation</td>
</tr>
<tr>
<td>Quality: B</td>
</tr>
<tr>
<td>• EVB curriculum with clearly articulated objectives and evaluation</td>
</tr>
<tr>
<td>• Strong literature review</td>
</tr>
<tr>
<td>• Consistent results</td>
</tr>
<tr>
<td>• Clear recommendations</td>
</tr>
</tbody>
</table>

**Subjects:** N=23

Senior level nursing students enrolled in an externship course through their school of nursing.

**Intervention:**
Senior level nursing students were recruited by participating academic partner faculty to participate in the Student Nurse Extern Program.

Students completed a 10 week program during senior year and received academic credit from the school of nursing and compensation from KPSC.

Program developed by project team and consisted of didactic and supervised clinical focused practicum using QSEN and Benner as a framework.

**Outcome Measures:**
Externs were evaluated against criteria derived from course objectives including:

- Integrate quality and safety competences when planning and providing nursing care for patience and collaborating with the interdisciplinary team
- Use an EVB mode of self-reflection to develop sound clinical judgment
- Practice newly acquired communication skills
- Acknowledge the importance of the

At publication time, the project team had completed three sessions totaling 23 pairs of nurse externs and primary preceptors.

- Small sample size
- Evaluation data not available

Demonstration of service and academia’s ability to work together to narrow the education to practice gap.

| Level II | Part I of a series investigation of long-term effect of an externship program on new graduate’s nurses role socialization into the health care environment, degree of professionalism, and level of job satisfaction | Intervention: Analysis of two groups of RN’s working in same acute care pediatric hospital  
1. Current practicing RN’s working in hospital who previously participated in the nurse extern program at the institution in summers 1997-2001  
2. Current practicing RN’s working in hospital who had not previously participated in an externship program | Analysis demonstrated significant differences in the mean scores for professionalism and role socialization between the two groups  
No statistically significant differences found between the groups on the variables of job satisfaction and sense of belonging. | Limitations: Study assessed two intact groups with preexisting differences that may have affected findings. Quality of and nature of externship experience unknown | This study might be replicated using a longitudinal time sequence repeated measures design where externs are measured pre and post externship and q 3months x year of residency. |

| | Design: Descriptive comparative study | Quality: B | Subjects: 52  
Intervention Group: N=26  
Comparison group: N=26 | | |

| | Outcomes Measures: subjects completed three instruments | | | | |

- Professionalism  
Nursing Activity Scales: 35 item self-report instrument to measure autonomy in professional nurses. Test-retest reliability at a 4 week interval with two convenience samples  
- Role Socialization  
Nurse Self-description Form (NSDF). Internal consistency for total scale reliability was test using Cronbach alpha which was .93 and .90. Construct validity was tested by principal component factor analysis.
analysis with a varimax rotation that revealed three factors with eigenvalues greater than 1.0

- Sense of belonging
  - Sense of Belonging Instrument. Internal consistency for each subscale was measured among three groups of subjects the coefficient alphas for each groups was as follows students .93 and .72

  Job Satisfaction
  - McCloskey/Mueller Satisfaction Scale: 31 item self-report scale that measures eight types of job satisfaction. Internal consistency for reliability for the total scale using Cronbach alpha which was .89 and test-retest reliability at a 6 month interval was .64

Cantrell, M. A., & Browne, A. (2005). The impact of a nurse externship program on the transition process from graduate to Part II of a series The purpose of study was to increase understanding of the experience of being a student nurse extern and how participation in a summer Level: II Design: Qualitative transcript based content analysis was used to analyze data generated from the focus Intervention: An hour long audiotaped focus group interview was conducted by the study’s two investigators using the methodology outlined by Krueger (1994).

Focus group interview occurred after quantitative data collection was completed for Part I of the study. 45 significant statements were extracted describing the experience of the transition and impact a nurse externship had on the process.

Three themes induced from the analysis of the findings:
1) Being a part of the real

Limitations include: Participants recalled experiences that occurred 1-2 years prior to the focus group interview

Influence of

The professional and personal growth that occurs through the experiences as an extern is significant
<table>
<thead>
<tr>
<th>Study Title</th>
<th>Level</th>
<th>Design</th>
<th>Intervention</th>
<th>Outcome Measures</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cantrell, M. A., &amp; Browne, A. (2006). The impact of a nurse externship program on the transition process from graduate to registered nurse: Part III. Recruitment and retention effects. Journal for Nurses in Staff Development, 22(1), 11-14.</td>
<td>IV</td>
<td>Retrospective</td>
<td>Retrospective review of employment records</td>
<td>Recruitment Retention Turn Over</td>
<td>Six years of employment data examined on 193 former student nurse interns. 79% interns converted to new hire graduate nurses. 77.2% remained employed at 12 months. 61.4% remained employed at 24 months. New Graduates who had not participated in an externship had a lower rate of retention (73%).</td>
</tr>
<tr>
<td>Friday, L., Zoller, J. S., Hollerbach, A. D., Jones, Study investigates the effects offering a pre-licensure</td>
<td>IV</td>
<td>Longitudinal</td>
<td>Convenience sample of New graduate nurses were asked to complete the Casey-Fink Graduate Nurse</td>
<td></td>
<td>Small Sample Size Convenience sample of New graduate nurses who had completed the externship scored higher than their non-externship.</td>
</tr>
</tbody>
</table>

**Outcome Measures:**
- Open ended question: “Tell us about your clinical experiences as an extern and their impact on the transition into a registered nurse role.
- “Several problems were then presented that focused on the transition process from graduate to professional nurse.
- 2) Figuring out the environment and 3) gaining awareness

**Quality:**
- C
- B

**Subjects:**
- N=6
- N=193

**Intervention:**
- Recruitment
- Retention
- Turn Over

**Recruitment and Retention Effects:**
- The nurse externship program appears to be an effective recruitment and retention strategy.

- **Quantitative study with repeated measures**
- **Quality:** C
- **Subjects:** N=11 new graduate nurses hired by a 630 bed acute care hospital in the southeastern part of the US
- **Experience Survey (CFGNES) at the beginning of their post-licensure nurse residency program and at 3, 6, 12 months**

**Outcome:** A repeated measures MONOVA test was conducted to determine if the pre-licensure extern program had an effect on any of the five factors: Support, Patient safety, Communication/leadership, Professional satisfaction, Job satisfaction.

Results showed no statistically significant difference (p > .05) between those who attended a prelicensure extern program versus those who did not in any of the five factors over time, F (12, 33) =1.919, p=069

- peers on 13/20 (65%) data points and higher at three time periods on three factors of the nurse experience as measured by CFGNES including:
  - support
  - communication job satisfaction
  - but scored lower at all time periods in patient safety.

NG in one hospital
- Lack of data on quality of externship program experience

in practice is an effective way to assimilate new graduates into the professional nursing role.

Participants in the externship scored positively on support, communication/leadership and job satisfaction.
Letter of Support

October 19, 2015

University of San Francisco School of Nursing
2130 Fulton Street
San Francisco, CA 94117-1080
To whom it may concern:

I am writing to express support for Jonalyn Wallace’s proposed evidence based, change of practice, and quality improvement project in partial fulfillment of her Doctor of Nursing Practice degree through the University of San Francisco’s Executive Leadership DNP program.

The project, entitled Nursing Student Work-Study Internship Program: Supporting improved readiness to practice through the implementation of two evidence based resources – a User Guide and a Playbook, will focus on improving an existing Nursing Student Work-Study Internship (WSP) Program conducted in one Region of a large integrated health system. The Project will involve evaluation of the program’s current structure, processes and outcomes and include the design, implementation and evaluation of resources that address identified gaps.

This letter also verifies that Kaiser Permanente has an existing contract with University of San Francisco School of Nursing.

Sincerely,

[Signature]

Jim D’Alfonso, MSN, RN, NEA-BC, DFNP
Executive Director - Professional Practice, Leadership Development & Research

Patient Care Services, Northern California
Kaiser Foundation Hospitals/Health Plan
1950 Franklin Street, 19th Floor
Oakland, CA 94612
### DNP Project Approval Form: Statement of Determination

**Student Name:** Jonalyn Wallace, MSN, RN-BC

<table>
<thead>
<tr>
<th><strong>Title of Project:</strong></th>
<th>Nursing Student Work-Study Internship Program: Supporting improved Readiness to Practice through Implementation of Two Evidence-Based Resources; A User Guide and a Playbook</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brief Description of Project:</strong></td>
<td>This evidence-based, change of practice, quality improvement project will focus on improving an existing Nursing Student Work-Study Internship (WSP) Program in one Region of a large integrated health system. The Project will involve evaluation of the program’s current structure, processes and outcomes, and include the design, implementation and evaluation of resources to address identified gaps. Two resources will be designed, implemented and evaluated. A User Guide and a Playbook. The User Guide is essentially a “how to” manual for the Nursing Student Work-Study Internship Program and provides information regarding the program’s structure and processes including contact information, program timeline, course syllabi, recruitment information, hiring and on-boarding tasks and processes. The Playbook is a dynamic set of documents designed to assist WSP interns, nurse managers, clinical educators, nurse preceptors, unit nurses and other staff who support this program in meeting the learning objectives of the WSP program. Documents include resources such performance improvement tools, communication and coaching tips, templates, teaching tools, and resources designed to link the more academic-based Quality and Safety Education for Nurses (QSEN) competencies to the practice environment.</td>
</tr>
<tr>
<td><strong>Aim Statement:</strong></td>
<td>This evidence-based, change of practice, quality improvement project will improve an existing Nursing Student Work-Study Internship (WSP) Program through</td>
</tr>
</tbody>
</table>
the evaluation of the program’s current structure, processes and outcomes and the development of two evidence-based resources, a User Guide and a Playbook to address gaps. The User Guide and Playbook will both be designed and implemented by June 1, 2016 and evaluated by September 15, 2016. WSP intern’s perception of readiness to practice will be evaluated at baseline and at the conclusion of the project as one evaluation of the programs impact.

B) Description of Intervention:

- Evaluate WSP’s current structure, process and outcomes
- Design, implement and evaluate two evidence-based resources; a User Guide and a Playbook to address gaps.
- Evaluate WSP intern’s perception of readiness to practice at baseline and at the conclusion of the program – June and September 2016 respectively.
- Evaluate user experience of both resources by nursing student Interns, academic faculty, human resources and practice site personnel.

C) How will this intervention change practice?

This project will change practice by decreasing program variability across 21 medical centers and five Universities, enhancing the nursing student intern’s integration into the clinical practice environment, and supporting the transfer of knowledge for program participants, thus improving their readiness to practice.

D) Outcome measurements:

Nursing student Interns will be evaluated at baseline and internship completion with the Casey-Fink Readiness for Practice Survey.

Evaluate user experience of the User Guide and the Playbook by Nursing Student Interns, Academic Faculty, Nurse managers, Educators and Preceptors through focus group, survey monkey survey and/or telephone conference.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)
☐ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: “This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional”</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
ANSWER KEY: If the answer to ALL of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files. If the answer to ANY of these questions is NO, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):
Jonalyn Wallace

Signature of Student:  
Jonalyn Wallace  
DATE 10/3/2015

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):
Marjorie Barter

Signature of Supervising Faculty Member (Chair):  
Dr. Marjorie Barter  
DATE: 10/3/2015
Appendix G

Kaiser Permanente not Research Determination Communication

Email Communication:

Subject: Nursing Student Work-Study Internship Program: Improved Readiness to Practice: a User Grids and a Playbook

As a Research Determination Official (RDO), I have reviewed the documents submitted for the above referenced project. The project does not meet the regulatory definition of research involving human subjects as noted here:

- **Not Research**
  The activity does not meet the regulatory definition of research at 45 CFR 46.102(d): Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

- **Not Human Subject**
  The activity does not meet the regulatory definition of a human subjects at 45 CFR 46.102(f): Human subject means a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

Therefore, this program evaluation project is not required to be reviewed by a KP Institutional Review Board (IRB). This determination is based on the information provided. If the scope or nature of the project changes in a manner that could impact this review, please resubmit for a new determination. Also, you are responsible for keeping a copy of this determination letter in your project files as it may be necessary to demonstrate that your project was properly reviewed.

Please note that you are responsible for obtaining any additional approvals needed for the conduct of this project. In addition, when describing this activity for presentation or publication you may not refer to this activity as research involving human subjects.

Sincerely,

Eric

Eric F. Garcia
Director, Research Privacy and Review Systems
Kaiser Permanente in Research Support Program
Kaiser Foundation Research Institute
1600 Harrison Street
Suite 1000
Oakland, CA 94612
810-206-1074 (mobile)
510-655-2307 (telephone)
510-655-2333 (fax)
Eric.F.Garcia@kp.org
Appendix H

WSP Intern Survey Packet Sample

September 1, 2016

Dear Work-Study Intern:

We are interested in learning about your perception of confidence and readiness to enter the nursing profession. The purpose of this letter is to ask you to take part in an evidence-based, change of practice, quality improvement project that focuses on improving the current Nursing Student Work-Study Program (WSP).

If you agree to participate, please complete the attached Casey-Fink Readiness for Practice Survey (2009). This survey should take approximately 10-15 minutes to complete. All of your answers will be kept completely confidential. The survey results will have no identifying information on it and no individual identities will be used in any reports or publications that may result from this work.

The survey asks for your thoughts on being a nursing student work-study intern. There is no benefit to you for participating in this study and there will be no reimbursement provided. There will be no financial costs to you as a result of taking part in this project. The survey results may help schools and colleges of nursing better prepare nursing students in the future.

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

Sincerely,

Jonalyn Wallace, MSN, RN-BC, CENP
Academic Relations Director
NCAL Kaiser Permanente
jonalyn.wallace@kp.org
Please fill in or circle correct response

1. **Age:** ___ years

2. **Gender:**
   a. Female
   b. Male
   c. I wish to identify as other
   d. I do not wish to include this information

3. **Ethnicity:**
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Native American
   f. Other
   g. I do not wish to include this information

4. **Do you have another non-nursing degree?**
   a. Yes ____ If so, what is it in? __________
   b. No

5. **What previous health care work experience have you had:**
   a. Nursing assistant
   b. Medical assistant
   c. Volunteer
   d. Unit secretary
   e. EMT
   f. Other (please specify)

6. **What school of nursing do you attend?**
   a. Dominican University
   b. CSUEB
   c. CSUS
   d. Samuel Merritt University
   e. University of San Francisco

7. **List three skills/procedures you are most uncomfortable performing independently at this time?**
   **Select from list below.**
   a. 1.
   b. 2.
   c. 3.
   d. 4. I am independent in all skills listed below
   e. List of skills
      • Assessment skills
      • Bladder catheter insertion/irrigation
• Blood draw/venipuncture
• Blood glucose monitoring device
• Central line care (dressing change, blood draws, discontinuing)
• Charting/documentation
• Chest tube care
• EKG/Telemetry monitoring and interpretation
• Giving verbal report
• Intravenous (IV) medication administration
• Intravenous (IV) starts
• IV pumps/PCA pump operation
• Medication administration
• NG tube/Dobhoff care
• Pulse oximetry
• Responding to an emergency/ CODE/changing patient condition
• Trach care/suctioning
• Wound care/dressing change/wound vac
• Other

Please answer each of the following questions by placing a mark inside the box/circle:
What is your current level of confidence in managing a patient care assignment on an adult Medical/Surg Unit?

<table>
<thead>
<tr>
<th></th>
<th>Not Confident</th>
<th></th>
<th></th>
<th></th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Caring for 2 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for 3 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for 4 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STRONGLY DISAGREE</td>
<td>DISAGREE</td>
<td>AGREE</td>
<td>STRONGLY AGREE</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>------------------</td>
<td>----------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>1.</td>
<td>I feel confident communicating with physicians.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>I am comfortable communicating with patients from diverse populations.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>I am comfortable delegating tasks to the nursing assistant.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4.</td>
<td>I have difficulty documenting care in the electronic medical record.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5.</td>
<td>I have difficulty prioritizing patient care needs.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6.</td>
<td>My clinical instructor provided feedback about my readiness to assume an RN role.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7.</td>
<td>I am confident in my ability to problem solve.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8.</td>
<td>I feel overwhelmed by ethical issues in my patient care responsibilities.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>9.</td>
<td>I have difficulty recognizing a significant change in my patient’s condition.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10.</td>
<td>I have had opportunities to practice skills and procedures more than once.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>11.</td>
<td>I am comfortable asking for help.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12.</td>
<td>I use current evidence to make clinical decisions.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>13.</td>
<td>I am comfortable communicating and coordinating care with interdisciplinary team members.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>14.</td>
<td>Simulations have helped me feel prepared for clinical practice.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>15.</td>
<td>Writing reflective journals/logs provided insights into my own clinical decision-making skills.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>16.</td>
<td>I feel comfortable knowing what to do for a dying patient.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>17.</td>
<td>I am comfortable taking action to solve problems.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>18.</td>
<td>I feel confident identifying actual or potential safety risks to my patients.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19.</td>
<td>I am satisfied with choosing nursing as a career.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>20.</td>
<td>I feel ready for the professional nursing role.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Appendix I

Kotter Model WSP

<table>
<thead>
<tr>
<th>STEPS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Establishing a sense of urgency</td>
<td>Identify stakeholder groups/conduct Gap analysis/ write strategic messaging plan for stakeholder groups that identifies the “why” and “what’s in it for me” to energize and engage stakeholder groups</td>
</tr>
<tr>
<td>2 Form a powerful/guiding coalition</td>
<td>Energize/inform senior leadership re need for approval and funding using business plan \ Energize/inform faculty seeking their expertise to improve the program \ Engage medical center personnel –identify SME’s \ Validate contribution of individual stakeholders</td>
</tr>
<tr>
<td>3 Develop a compelling vision</td>
<td>Communicate crisp message WHY QI to WSP is important and will be a benefit to them</td>
</tr>
<tr>
<td>4 Communicate the change vision</td>
<td>Develop project Gantt chart to guide timeline/controls \ Develop Evaluation Gantt chart to guide evaluation process \ Develop Communication Plan Implementation Matrix for each stakeholder group \ Develop Strategic Messaging Plan/use as a guide for communicating vision and plan</td>
</tr>
<tr>
<td>5 Empower others/remove obstacles</td>
<td>Make it easy for stakeholders and SME’s to participate by creating docs for them to review/meet on their terms/make their jobs easier through deliverables \ Respond quickly to requests for support when barriers arise and act to remove them if possible or connect them with correct individual</td>
</tr>
<tr>
<td>6 Create short term wins</td>
<td>Give feedback in a timely manner, validate contributions in a timely manner, and disseminate completed work so that stakeholders aware of and can celebrate what has been accomplished.</td>
</tr>
<tr>
<td>7 Consolidate &amp; build on change</td>
<td>Establish standard of continuous quality improvement through engaging stakeholders and SME’s in rapid cycle change \ /validate SME’s and team members contributing to change/provide concrete evidence of deliverables so change is tangible</td>
</tr>
<tr>
<td>8 Institutionalize/anchor change</td>
<td>Provide soft and hard copy to medical center personnel, interns and faculty. Put communication plan together for 2017 program that ensures that stakeholders have what they need to effectively and efficiently participate in WSP</td>
</tr>
</tbody>
</table>
## Appendix J

**Stakeholder Communication Framework**

- **ENERGIZE, INFORM & ENABLE**-

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>STAKEHOLDER</th>
<th>COMMUNICATION PURPOSE</th>
<th>OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External</strong></td>
<td>Direct users of resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|                                | WSP Faculty                                     | • Energize faculty regarding the WSP  
• Engage and inform faculty how to leverage the User Guide and the Playbook  
• Enable faculty to support nursing student interns in the use of new resources | Academic Relations Director       |
|                                | WSP Nursing Student Interns                     | • Energize WSP interns regarding the program  
• Inform WSP interns how to leverage the User Guide and the Playbook  
• Enable WSP interns to effectively transition into internship | WSP team                          |
| **External**                   | Indirect users of resources                     |                                                                                                           |                                   |
|                                | Academic Partners                               | • Energize and inform university partner re program and provide status update                                                                                                                                       |                                   |
|                                | Community                                       | • Energize, engage, and inform the community of nursing regarding value, structure, process and outcomes of the WSP                                                                                              |                                   |
| **Internal**                   | Direct users of resources                       |                                                                                                           |                                   |
|                                | Organization’s Medical Centers                  | • Energize and inform CNO’s re value, structure, process and outcomes for WSP  
• Energize and inform CNO, Nurse Manager/Assistant Nurse Manager in implementation of resources and how they support transition into Medical Center  
• Inform and enable NM/ANM/NP and others as necessary to leverage the User Guide and the Playbook to ease the interns transition into the practice site | Academic Relations Director       |
|                                | CNO                                            |                                                                                                           | WSP team                          |
|                                | Nurse Manager                                   |                                                                                                           | Organization’s Medical Centers    |
|                                | Assistant Nurse Manager                         |                                                                                                           | CNO’s                             |
|                                | Nurse Preceptors                                |                                                                                                           | CEPI’s                            |
|                                |                                                 |                                                                                                           | NM                                |
|                                |                                                 |                                                                                                           | ANM                               |
|                                |                                                 |                                                                                                           | Nurse Preceptors                   |
| **Internal**                   | Indirect users of resources                     |                                                                                                           |                                   |
|                                | Community Benefit Department                    | • Energize, and inform Community Benefit re WSP value, program structure, processes, outcomes                                                             |                                   |
| **Internal**                   | Indirect users of resources                     |                                                                                                           |                                   |
|                                | Health System Sr. Leaders                       | • Energize, and inform health system leaders re WSP value, program structure, processes, outcomes                                                              |                                   |
## Communication Plan Implementation Matrix – External Stakeholders

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>STAKEHOLDER</th>
<th>COMMUNICATION STRATEGY</th>
<th>METHOD</th>
<th>KEY MESSAGES</th>
<th>TIMING</th>
<th>OWNER</th>
</tr>
</thead>
</table>
| External direct users of resources | WSP Faculty: (Work for Academic Partner and function as faculty of record for WSP) | Energize Inform Enable | Email  
Crisp note to energize and inform  
Attachments may include:  
- 1 Page WSP Highlight doc  
- FAQ aimed at nursing students for distribution by faculty  
- Checklist for upcoming year  
- Soft copy of User Guide  
Telephone  
WebEx –info session (if needed)  
F2F meeting at University  
NSA Website  
Journal Article | ✓ Current year program plan including dates  
✓ Updates on program outcomes previous year  
✓ User Guide will make recruitment/onboarding process easier  
✓ Showcase program-with ‘elevator speech’ to help faculty ‘sell’ program to nursing students and University  
✓ Assist nursing student to best use the User Guide and the Playbook | Bi-monthly Feb-Sept. and as needed | Academic Relations Director and WSP team |
| External direct users of resources | WSP Nursing Student Interns | Energize Inform Enable | Lunch & Learn WebEx –info session  
Email  
Attachments may include:  
- FAQ aimed at nursing students  
- Checklist for upcoming year | ✓ User Guide will inform you how to transition into internship  
✓ Recruitment/onboarding process easier  
✓ Playbook will enhance WSP experience and support relationship with preceptor | Q 2, Q3, Q4 | Academic Relations Director and WSP team |
<table>
<thead>
<tr>
<th><strong>External indirect users of resources</strong></th>
<th><strong>Academic Partners</strong></th>
<th><strong>Engage Inform</strong></th>
<th><strong>Email</strong> Attachments may include:&lt;br&gt;• 1 Page WSP Highlight doc&lt;br&gt;• 1 page concept doc&lt;br&gt;<strong>Journal Article</strong></th>
<th>✓ Demonstrate value of WSP ✓ Strengthen partnership</th>
<th>Bi-annually Q 1 / Q 3</th>
<th>Academic Relations Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External indirect users of resources</strong></td>
<td><strong>Community of Nursing</strong></td>
<td><strong>Engage inform</strong></td>
<td><strong>Email</strong> Attachments may include:&lt;br&gt;• 1 Page WSP Highlight doc&lt;br&gt;• 1 page concept doc&lt;br&gt;<strong>Journal Article</strong></td>
<td>✓ Demonstrate value of WSP ✓ Strengthen partnerships</td>
<td>Quarterly</td>
<td>Academic Relations Director</td>
</tr>
</tbody>
</table>
### Appendix L

**Communication Plan Implementation Matrix – Internal Stakeholders – Direct Users**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>STAKEHOLDER</th>
<th>COMMUNICATION STRATEGY</th>
<th>METHOD</th>
<th>KEY MESSAGES</th>
<th>TIMING</th>
<th>OWNER</th>
</tr>
</thead>
</table>
| Internal direct user of resources | Organization’s Med Centers CNO     | Energize Inform Enable   | Face-to-Face presentation at CNO meeting 5” presentation- 5” Q & A / 2 slides -bulleted Handouts: 1 page concept doc, copy Journal article available per request Email follow-up: Crisp and engaging Attachments may include:  
  • 1 Page WSP Highlight doc  
  • FAQ aimed at Medical Center  
  • Checklist for upcoming year  
  • Soft copy of resources: User Guide/Playbook Telephone (if necessary only) WebEx –info session (if needed) NSA Website Journal Article | ✓ Current year program plan including dates  
✓ Updates on program outcomes  
✓ User Guide will make recruitment/onboarding process easier  
✓ Showcase program-help CNO to engage employees | F2F Jan Follow-up Jan/Feb | Academic Relations Director  
CNO’s CEPI’s NM ANM nurse preceptors |

WSP team
<table>
<thead>
<tr>
<th>Nurse Manager Assist NM Nurse Preceptors</th>
<th>Energize Inform Enable</th>
<th>Email</th>
<th>Ongoing Feb-Sept Sept-Dec if extended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisp email to engage NM/ANM in participating</td>
<td>✔️ User Guide will make recruitment/onboarding process easier</td>
<td>✔️ Updates on program progress</td>
<td>✔️ Understand how your nursing student/preceptor can best use the User Guide and the Playbook</td>
</tr>
<tr>
<td>Attachments may include:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 Page WSP Highlight doc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• FAQ aimed at NM/ANM/NP experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Checklist for upcoming year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Soft copy of resources: User Guide/Playbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone (if necessary only) WebEx –info session (if needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix M

### Communication Plan Implementation Matrix – Internal Stakeholders – Indirect Users

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>STAKEHOLDER</th>
<th>COMMUNICATION STRATEGY</th>
<th>METHOD</th>
<th>KEY MESSAGES</th>
<th>TIMING</th>
<th>OWNER</th>
</tr>
</thead>
</table>
| Internal Indirect users of resources | Community Benefit Department | Energize Inform | Email to Funder Crisp note to engage and inform Attachments may include:  
- 1 Page WSP narrative Highlight doc  
- 1 page concept doc  
- Program outcomes  
- Budget proposal for current year  
- Business case for program expansion  
F2F meeting  
NSA Website  
Journal Article | ✓ WSP team seeking funding  
✓ Demonstrate value of WSP  
✓ Demonstrate alignment with organizational values around workforce development, diversity, and not-for-profit status | Q 2 and 4 | Academic Relations Director |

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>STAKEHOLDER</th>
<th>COMMUNICATION STRATEGY</th>
<th>METHOD</th>
<th>KEY MESSAGES</th>
<th>TIMING</th>
<th>OWNER</th>
</tr>
</thead>
</table>
| Senior Leaders | Energize Inform Enable | F2F meeting Email to energize and engage Approver Attachments may include  
- One page concept doc  
- One page WSP narrative highlight doc  
- Projected budget  
- Outcomes from previous year  
- Printed copy of both resources- a User Guide and a Playbook Journal Article | ✓ WSP team seeking approval for current year budget and program plan  
✓ Demonstrate value of WSP  
✓ Updates on program progress/outcomes  
✓ Showcase program | Q1 for approval  
Q3 for status update | | |
Appendix N

Sample Messaging Plan for Senior Leaders

**Strategic Messaging for Organization’s Senior Leaders**

- Email using SBAR format
- PP presentation using ≤ 5 slides in bulleted format
- FAQs
- Website
- Published articles/videos showcasing program
- Offer Face-to-Face

**Community Benefit Department “Funders”**

- Email using SBAR format
- PP presentation using ≤ 5 slides in bulleted format
- FAQs
- Website
- Published articles/videos showcasing program
- Face-to-face

**Regional Senior Leaders “Approvers”**

- Face-to-Face 5”
- Follow up Email (bulleted)
- One page highlights doc
- Website
- Access to U/A/Playbook

**Other Senior Leaders**

- Email in SBAR format
- PP presentation ≤ 5 slides
- FAQs
- Website
- Article/Video

**Medical Center-Based Leaders**

- Be prepared with your ‘elevator speech’

Messaging to *internal* funders, approvers and senior leaders is tailored to their macro perspective. Message must tell the story in a compelling way. Include WSP overview, purpose, objectives, and value to organization. WSP outcomes, budget forecast, and projected program needs.

Communication preferences include:

- **F2F Presentations** – crisp, short, bulleted, PP deck
- Email in SBAR format
- Clear tables/graphics showing budget
## Appendix O

### Projected Budget

<table>
<thead>
<tr>
<th>CATEGORY OF COST</th>
<th>DESCRIPTION</th>
<th>KEY ASSUMPTION</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income/Revenue</td>
<td>Academic Relations Budget</td>
<td>Monies allocated for CB only</td>
<td>$685,436</td>
<td>$595,879</td>
</tr>
<tr>
<td></td>
<td><strong>Project Lead</strong>: Salary @ $75/hour</td>
<td>• 2016: 2 days/wk x 52 wks</td>
<td>$62,400</td>
<td>$46,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Av per student $1040</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2017: 1.5 days/wk x 52 wks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Av per student $557</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td><strong>Admin Support</strong>: Salary @ $50/hour</td>
<td>• 2016: 2 days/wk x 36 wks</td>
<td>$28,800</td>
<td>$28,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Av per student $480</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Design Consultant</strong>: Salary @ $100/hour</td>
<td>User Guide/Playbook Development</td>
<td>$500</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td><strong>Editing</strong>: Salary @ $40/hour</td>
<td>User Guide/Playbook</td>
<td>$1,000</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>General Office Supplies</td>
<td>Paper, folders, pens, pencils, Post-Its</td>
<td>$100</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>Printing/Photocopy</td>
<td>Printing resources for stakeholders</td>
<td>$1,000</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>Survey Monkey</td>
<td>$800/year cost to department</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Gift Cards @ $25/ea</td>
<td>“Thank You” to SMEs</td>
<td>$250</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td><strong>In-Person Meetings</strong>: Mileage @ .54/mile</td>
<td>5 universities x 2 visits each</td>
<td>$364</td>
<td>$509</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pre/post internship</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Catering for university mtgs.</td>
<td>5 universities x 2 visits each</td>
<td>$2,000</td>
<td>$2,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pre/post internship</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>WSP Intern Salaries</strong>: Salary @ $24.83/hour</td>
<td>60 WSP Interns 2016</td>
<td>$500,572</td>
<td>$504,000</td>
</tr>
<tr>
<td></td>
<td>Tuition for WSP course</td>
<td>Costs vary by school</td>
<td>$88,425</td>
<td>$123,795</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$685,436</strong></td>
<td><strong>$595,879</strong></td>
</tr>
</tbody>
</table>
## Appendix P

### WSP Budget by Option

<table>
<thead>
<tr>
<th>Category of Cost</th>
<th>Description</th>
<th>Key Assumption</th>
<th>Option I</th>
<th>Option II</th>
<th>Option III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income/Revenue</strong></td>
<td>Academic Relations Budget</td>
<td>Monies allocated for CB only</td>
<td>$650,661</td>
<td>$685,436</td>
<td>$110,725</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>Project Lead: Salary @ $75/hour</td>
<td>Option I &amp; III: 1 d/week x 12 months-Av per student $520&lt;br&gt;Option II: 2 d/week x 12 months-Av per student $1040</td>
<td>$31,200</td>
<td>$62,400</td>
<td>$6,240</td>
</tr>
<tr>
<td></td>
<td>Admin support: Salary@ $50/hour</td>
<td>2016 2 d/week x 36 weeks Av per student $480</td>
<td>$28,000</td>
<td>$28,800</td>
<td>$5,760</td>
</tr>
<tr>
<td></td>
<td>Design Consult: Salary @ $100/hour</td>
<td>User Guide/Playbook development</td>
<td>0</td>
<td>$500</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Editing: Salary@ $40/hour</td>
<td>User Guide/Playbook</td>
<td>0</td>
<td>$1,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>General Office Supplies</td>
<td>Paper, folders, pens, pencils, post its</td>
<td>$50</td>
<td>$100</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Printing/Photocopy</td>
<td>Printing resources for stakeholders</td>
<td>$50</td>
<td>$1,000</td>
<td>$20</td>
</tr>
<tr>
<td></td>
<td>Survey Monkey™</td>
<td>$800/year cost to department</td>
<td>0</td>
<td>$25</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Gift Cards @$25/ea</td>
<td>“Thank you” to SMEs</td>
<td>0</td>
<td>$250</td>
<td>0</td>
</tr>
<tr>
<td><strong>In-Person Meetings</strong></td>
<td>Mileage @ .54/mile</td>
<td>5 universities x 2 visits each pre/post internship</td>
<td>$364</td>
<td>$364</td>
<td>$62</td>
</tr>
<tr>
<td></td>
<td>Catering for university mtgs.</td>
<td>5 universities x 2 visits each pre/post internship</td>
<td>$2000</td>
<td>$2,000</td>
<td>$400</td>
</tr>
<tr>
<td><strong>WSP Intern Salaries</strong></td>
<td>Intern: Salary @ $24.83/hour</td>
<td>60 WSP interns 2016</td>
<td>$500,572</td>
<td>$500,572</td>
<td>$100,114</td>
</tr>
<tr>
<td></td>
<td>Tuition for WSP course</td>
<td>Costs vary by school</td>
<td>$88,425</td>
<td>$88,425</td>
<td>$17,685</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>$650,661</td>
<td>$685,436</td>
<td>$130,306</td>
</tr>
</tbody>
</table>
## Appendix Q

### Cost Benefit Analysis by Option

<table>
<thead>
<tr>
<th>GAIN</th>
<th>$683,505.00</th>
<th>$1,139,175.00</th>
<th>$136,701.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST</td>
<td>$650,661.00</td>
<td>$666,636.00</td>
<td>$130,306.00</td>
</tr>
<tr>
<td>NET PROFIT</td>
<td>$32,844.00</td>
<td>$453,739.00</td>
<td>$6395.00</td>
</tr>
<tr>
<td>ROI (Benefit to Community)</td>
<td>5%</td>
<td>66%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

### ASSUMPTIONS

- Data shows that 17.5% of new nurses leave their position within year one.
- In the absence of any intervention, 10.5 of 60 would leave their 1st position within first year of employment.
- WSP intervention will result in fewer new nurses leaving 1st position within first year of employment.
- Gain-Cost = Net Profit

### CITATIONS


*QI project will demonstrate value to funder and set the stage to increase scope and scale of program*

**Option III puts organization at risk for not meeting obligation for IRS 990 (H) and maintenance of not-for profit status**
### Appendix R

**Gantt WSP Project Map**

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Implementation Phase</td>
<td>11/30/15</td>
<td>01/29/16</td>
<td>JW</td>
</tr>
<tr>
<td>Assess Current State of WSP + SWOT</td>
<td>12/01/16</td>
<td>01/04/16</td>
<td>JW</td>
</tr>
<tr>
<td>Identify barriers and facilitators to taking action</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Readiness Assessment</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Establish that personnel/resources adequate to conduct project</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Change Management Consil</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Leadership support for project and changes in practice</td>
<td>01/31/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Leadership support for sustainability plan</td>
<td>01/31/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Integrate findings into WSP project</td>
<td>04/27/16</td>
<td>04/29/16</td>
<td>JW</td>
</tr>
<tr>
<td>Stakeholder Analysis 2015 WSP Interns</td>
<td>11/30/15</td>
<td>12/11/15</td>
<td>JW</td>
</tr>
<tr>
<td>Stakeholders Analysis 2015 Academic Partners</td>
<td>11/30/15</td>
<td>12/11/15</td>
<td>JW</td>
</tr>
<tr>
<td>Implementation</td>
<td>05/01/16</td>
<td>05/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>F2F meeting at SON X 5 PRE</td>
<td>05/02/16</td>
<td>05/06/16</td>
<td>JW</td>
</tr>
<tr>
<td>Administer Baseline RTP Survey</td>
<td>05/01/16</td>
<td>05/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>F2F Meeting at SON POST</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Administer Post RTP Survey</td>
<td>06/15/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Virtual Focus Group via WebEx</td>
<td>08/22/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Post-Implementation</td>
<td>05/09/16</td>
<td>05/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Ease of Use: User Guide</td>
<td>05/02/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Ease of use: Playbook</td>
<td>05/03/16</td>
<td>05/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Program Eval for each stakeholder grp</td>
<td>06/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP Interns</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP Faculty</td>
<td>06/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP hiring Managers</td>
<td>06/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP preceptors</td>
<td>09/26/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
</tbody>
</table>
Appendix S

Gantt Evaluation Plan Timeline

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Implementation Phase</td>
<td>11/30/15</td>
<td>04/29/16</td>
<td>JW</td>
</tr>
<tr>
<td>Assess Current State of WSP + SWOT</td>
<td>12/01/15</td>
<td>01/04/16</td>
<td>JW</td>
</tr>
<tr>
<td>Identify barriers and facilitators to taking action</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Readiness Assessment</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Establish that personnel/resources adequate to conduct project</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Change Management Considerations</td>
<td>01/04/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Leadership support for project and changes in practice</td>
<td>01/31/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Leadership support for sustainability plan</td>
<td>01/31/16</td>
<td>03/31/16</td>
<td>JW</td>
</tr>
<tr>
<td>Integrate findings into WSP project</td>
<td>04/27/16</td>
<td>04/29/16</td>
<td>JW</td>
</tr>
<tr>
<td>Stakeholder Analysis 2015 WSP Interns</td>
<td>11/30/15</td>
<td>12/11/15</td>
<td>JW</td>
</tr>
<tr>
<td>Stakeholders Analysis 2015 Academic Partners</td>
<td>11/30/15</td>
<td>12/11/15</td>
<td>JW</td>
</tr>
<tr>
<td>Implementation</td>
<td>05/01/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>F2F meeting at SON X 5 PRE</td>
<td>05/02/16</td>
<td>06/06/16</td>
<td>JW</td>
</tr>
<tr>
<td>Administer Baseline RTP Survey</td>
<td>05/01/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>F2F Meeting at SON POST</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Administer Post RTP Survey</td>
<td>05/01/16</td>
<td>06/15/16</td>
<td>JW</td>
</tr>
<tr>
<td>Virtual Focus Group via WebEx</td>
<td>06/22/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Post Implementation</td>
<td>05/02/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Ease of Use: User Guide</td>
<td>05/02/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Ease of use: Playbook</td>
<td>05/02/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>Program Eval for each stakeholder gp</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP Interns</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP Faculty</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP hiring Managers</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
<tr>
<td>WSP preceptors</td>
<td>08/29/16</td>
<td>09/30/16</td>
<td>JW</td>
</tr>
</tbody>
</table>
## Appendix T

### Formative Evaluation Plan

<table>
<thead>
<tr>
<th>PRE-IMPLEMENTATION</th>
<th>IMPLEMENTATION</th>
<th>POST-IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEVELOPMENT</strong></td>
<td><strong>IMPLEMENTATION-FOCUSED</strong></td>
<td><strong>INTERPRETIVE</strong></td>
</tr>
<tr>
<td>Assess current state of WSP</td>
<td>Assess discrepancies between implementation plan and execution</td>
<td>Assess User Guide and Playbook usefulness &amp; value to stakeholder group</td>
</tr>
<tr>
<td>Identify barriers and facilitators to taking action</td>
<td>Consider issues of fidelity and exposure</td>
<td>Elicit stakeholder input for further project refinements</td>
</tr>
<tr>
<td>Assess readiness for WSP project</td>
<td>Understand and document nature and implications of local adoptions</td>
<td>Assess satisfaction with changes to program structure, process and outcomes measurement</td>
</tr>
<tr>
<td>Integrate findings into WSP project and refine prior to implementation</td>
<td><strong>PROGRESS-FOCUSED</strong></td>
<td>Assess satisfaction with project implementation process</td>
</tr>
<tr>
<td></td>
<td>Monitor impact and indicators of progress towards WSP goals.</td>
<td>Identify additional barriers/facilitators to integrating User Guide and Playbooks into practice</td>
</tr>
<tr>
<td></td>
<td>Use data to inform need for modifying original strategy</td>
<td>Evaluate WSP interns response to Readiness to Practice survey</td>
</tr>
<tr>
<td></td>
<td>Use data to inform need for modifying original strategy</td>
<td>Provide + reinforcing to high performer/negative to low performer</td>
</tr>
</tbody>
</table>
### Appendix U

#### Summative Evaluation Data Collection Plan

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>BROAD PROJECT OBJECTIVES</th>
<th>MEASURES</th>
<th>DATA COLLECTION METHOD</th>
<th>DATA SOURCES</th>
<th>TIMING /ACCOUNTABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Reaction</strong>&lt;br&gt;What is value to KP PCS/KP CB?&lt;br&gt;What is value to community of nursing?&lt;br&gt;Is WSP important, relevant, and motivational to KP, Community of Nursing, interns?</td>
<td>Cost/ Benefit Analysis&lt;br&gt;Qualitative questions</td>
<td>Business Plan&lt;br&gt;Virtual Focus Groups&lt;br&gt;Readiness to Practice surveys&lt;br&gt;Debrief Interviews</td>
<td>Community Benefit&lt;br&gt;Academic Partner&lt;br&gt;WSP interns</td>
<td>Q3 and Q4 2016&lt;br&gt;Q2 and Q3 2016&lt;br&gt;WSP team</td>
</tr>
<tr>
<td>2</td>
<td><strong>Learning</strong>&lt;br&gt;User Guide: Ease of use, contents relevant, skill level appropriate, clarity&lt;br&gt;Playbook: Relevant, ease of use, clear messaging, skill level appropriate</td>
<td>Evaluation of ease of use for both the User Guide &amp; the Playbook</td>
<td>Questionnaires&lt;br&gt;Observation&lt;br&gt;Virtual Focus Group&lt;br&gt;Post WSP Internship debrief session</td>
<td>Academic Partners&lt;br&gt;WSP Interns&lt;br&gt;Medical Center personnel</td>
<td>Just in time and Q3 2016&lt;br&gt;WSP team</td>
</tr>
<tr>
<td>3</td>
<td><strong>Application</strong>&lt;br&gt;Integration into practice and knowledge transfer of User Guide and the Playbook content&lt;br&gt;Rate usefulness&lt;br&gt;Rate who/what/when/how utilized</td>
<td>Extent of use&lt;br&gt;Task completions&lt;br&gt;Frequency of use&lt;br&gt;Success with use&lt;br&gt;Barriers to use&lt;br&gt;Enablers to use</td>
<td>Questionnaires&lt;br&gt;Survey Monkey&lt;br&gt;Focus Group&lt;br&gt;WebEx Virtual focus groups</td>
<td>Academic Partners&lt;br&gt;Faculty&lt;br&gt;WSP Interns&lt;br&gt;Medical Center personnel</td>
<td>Just in time and Q 3&lt;br&gt;WSP team</td>
</tr>
<tr>
<td>4</td>
<td><strong>Impact</strong>&lt;br&gt;Did project achieve improvement of WSP structure, process, and outcomes measurement?&lt;br&gt;Did WSP improve WSP Interns Perception of Readiness to practice</td>
<td>Perceived readiness to practice&lt;br&gt;Stakeholder satisfaction and engagement&lt;br&gt;New Graduate turnover Rate&lt;br&gt;Recruitment rate</td>
<td>Questionnaires&lt;br&gt;Survey&lt;br&gt;Interview&lt;br&gt;Data collection from internal stakeholders&lt;br&gt;Review of the literature</td>
<td>Community Benefit&lt;br&gt;NCAL leadership&lt;br&gt;Academic Partners&lt;br&gt;WSP Interns&lt;br&gt;Medical Center personnel</td>
<td>Just in time and Q3&lt;br&gt;WSP team</td>
</tr>
<tr>
<td>5</td>
<td><strong>ROI</strong>&lt;br&gt;Compare project monetary benefits to project costs</td>
<td>Benefits/cost ratio (BCR)&lt;br&gt;ROI%</td>
<td>Business performance monitoring</td>
<td>Data</td>
<td>Q 2 and Q3&lt;br&gt;WSP team</td>
</tr>
</tbody>
</table>

**Definitions Key**

| Reaction | Reaction to the project including perceived value of the project-relevance, importance, usefulness, motivational impact |
| Learning | Learning to use the project content materials and system- includes skills, knowledge, capacity, competencies, confidence |
| Application | Use of project resources and integration into the work environment- extent of use, task completions, frequency of use actions completed, success with use, barriers/enablers to use |
| Impact | Consequences of WSP project – productivity, quality, cost, efficiency, satisfaction, employee engagement, readiness to practice, decreases in community NG turnover |
| ROI | Comparison of projects monetary benefits from project to project costs – benefits/cost ratio (BCR) ROI% payback period |
Appendix V

Self-Reported Languages & Ethnicities of 2016 WSP Interns

Languages Spoken by 2016 WSP Interns

2016 WSP Intern Ethnicity
Appendix W

Casey Fink Readiness for Practice Survey Domains

Clinical Problem Solving

<table>
<thead>
<tr>
<th></th>
<th>PRE Agree</th>
<th>PRE Disagree</th>
<th>POST Agree</th>
<th>POST Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident communicating with patients</td>
<td>82</td>
<td>84</td>
<td>94</td>
<td>84</td>
</tr>
<tr>
<td>I was satisfied with my ability to prioritize problems</td>
<td>84</td>
<td>94</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>I was current with evidence to support clinical decisions</td>
<td>84</td>
<td>94</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>I am comfortable communicating and coordinating care with interprofessional team members</td>
<td>44</td>
<td>58</td>
<td>68</td>
<td>77</td>
</tr>
<tr>
<td>I was comfortable involving nursing when to do harm a dying patient</td>
<td>58</td>
<td>68</td>
<td>77</td>
<td>98</td>
</tr>
<tr>
<td>I was uncomfortable taking action to solve problems</td>
<td>50</td>
<td>68</td>
<td>77</td>
<td>98</td>
</tr>
<tr>
<td>I feel confident identifying actual or potential safety risks to my patients</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Learning Techniques

<table>
<thead>
<tr>
<th></th>
<th>PRE Agree</th>
<th>PRE Disagree</th>
<th>POST Agree</th>
<th>POST Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulations have helped me feel prepared for clinical practice</td>
<td>88</td>
<td>84</td>
<td>74</td>
<td>31</td>
</tr>
<tr>
<td>Writing reflective journals/logs provided insight into own clinical decision making skills</td>
<td>34</td>
<td>74</td>
<td>79</td>
<td>37</td>
</tr>
</tbody>
</table>
Professional Identity

Trials and Tribulations