

VERMONT NURSE INTERNSHIP PROJECT
FOCUS GROUP AND INTERVIEW REPORT

Prepared for:
Vermont Nurse Internship Project

Prepared by:
Rick Watters, RN, PhD
(May 11, 2009)

Principal Investigators:
Pat Winstead-Fry, RN, PhD
Susan Boyer, RN, MEd

Contents

Contents.....	2
Introduction.....	3
Methodology.....	3
Research Design.....	3
Sample.....	3
Participant Recruitment and Characteristics.....	4
Protocol Development.....	5
Data Collection and Analysis.....	5
Focus Groups.....	6
Individual Interviews.....	6
Study Limitations.....	7
Research Findings.....	8
Weekly Assessment Form.....	8
Model. The Transition Process.....	10
Major Themes.....	10
Conclusions.....	17
Nursing Implications.....	17
References.....	19
Appendices.....	20
A. Interview Guide - Nurse Manager.....	20
B. Interview Guide – Nurse Preceptor.....	21
C. Interview Guide - Nurse Intern.....	22
D. Weekly Evaluations Form.....	23
E. Questionnaire – Nurse Preceptors.....	25
F. Intern Evaluation of Program.....	26
G. Nurse Preceptor – Demographic Data.....	28
H. Transition Process.....	30

Introduction

The Vermont Nurse Internship Project (VNIP) was undertaken in response to the looming staffing issues identified in 1999 by the Vermont Organization of Nurse Leaders (VONL). VONL partnered with the Vermont Association of Hospitals and Health Systems (VAHHS) to study the nursing workforce issues specific to Vermont. The resulting report, the Vermont Nursing Report became the basis for further collaborative work and then strategic planning related to the pending workforce crisis.

The goals of the internship project are as follows:

1. Create a formal nursing internship program that provides adequate practical clinical experience for novice nurses to function at a competent level when they enter the workforce. This would force a marriage of schools of nursing and fields of practice that could strengthen both institutions, while promoting the preparation of nurses able to handle the currently complex and demanding field of health care.
2. Expand clinical opportunities for students by increasing the use of clinical staff as preceptors in specialty areas.

The principal investigators contracted with Rick Watters to conduct the focus groups and individual interviews with nurse managers, nurse preceptors and nurse interns who participated in the VNIP. The research was designed to fulfill the following two purposes:

1. To continue to implement and evaluate the VNIP.
2. To enhance the value of the VNIP by establishing the reliability and validity of questionnaires including the Weekly Evaluation Form used to evaluate the nurse interns.

In essence, the qualitative research study provided an opportunity to fine-tune the experiences of the diverse groups of nurses in the State.

Methodology

Research Design

A qualitative methodology was used to establish the reliability and validity of questionnaires including the Weekly Evaluation Form used to evaluate the nurse interns, and to describe the nurse preceptor and nurse interns' experiences in the VNIP.

Sample

Eight hospitals in the state of Vermont were selected to participate in the study using a convenience sample. The primary goal was to engage nurse managers, nurse preceptors and nurse interns who participated in the VNIP at each of these hospitals.

Using a convenience sampling strategy, Susan Boyer, Director, VNIP worked with Rick Watters to identify and recruit nurse preceptors and nurse interns to participate in the focus groups and individual interviews. The hospitals were chosen based on the following criteria: (1) number of beds, and (2) urban/rural location. The purpose of this selection strategy was to identify a cross-section of hospitals from across the state.

The sample consisted of 30 nurse preceptors, 33 nurse interns and 3 nurse managers. All of the nurse preceptors and nurse interns participated in the VNIP at their respective hospitals. The nurse managers who participated in the focus groups and individual interviews had nurse preceptors and nurse interns on their respective nursing units participate in the program.

The nurse interns who participated in the program were employed at one of eight hospitals in the state of Vermont. At the time of the individual interviews and focus groups, the majority of nurse interns were employed in Medical and Surgical nursing units. Other clinical areas in which the nurse interns were employed included Psychiatry, Critical Care and Surgery. The majority of the nurse interns participated in the nurse internship program within the past two years.

The nurse preceptors completed a demographic questionnaire at the beginning of their individual interviews and focus groups. Twenty-nine of the nurse preceptors attended a preceptor training program. Of the nurse preceptors (n=17) who identified when they attended a preceptor training program, approximately one-half (53%) attended a training program within the past three years.

Participant Recruitment and Characteristics

For each hospital, nurse managers, nurse preceptors and nurse interns were recruited to participate in the focus groups or individual interviews. Recruitment was conducted by the 'on-site' coordinators for the VNIP at each of the respective hospitals. Once the 'on-site' coordinators committed to scheduling a focus group or individual interview, the facilitator sent a confirmation email to acknowledge the same. Based on the challenges of scheduling focus groups and the responsibilities of nurses to provide patient care, it was decided that both focus groups and individual interviews would be conducted in this study.

In light of the constraints of the nurse preceptors' and nurse interns' work schedules and availability, the VNIP was involved the facilitation of 11 focus groups and the administration of 36 individual interviews. Table 1 lists the characteristics of the interview and focus group participants.

Table 1: Characteristics of Interview and Focus Group Participants

Size of Hospital	No. of Participants		Participant Titles
	Interviews	Focus Groups	
Large	3		- Nurse managers 3 Nurse preceptors
	2	6 x 2 focus groups	8 Nurse interns
Medium	9	3 x 1 focus group	3- Nurse managers 9 Nurse preceptors
	10	5 x 2 focus group	15 Nurse interns
Small	6	12 x 4 focus group	- Nurse managers 18 Nurse preceptors
	6	4 x 2 focus group	10 Nurse interns
Total	36	30	66

Protocol Development

The primary purpose of the focus groups and individual interviews was to gather input and perspectives of nurse managers, nurse preceptors and nurse interns who participated in the VNIP. In essence, the focus groups and individual interviews provided the opportunity to fine-tune the experiences of the diverse groups of nurses in the State.

The focus group protocol was developed from the stated research questions. The protocol focused the discussions on the Weekly Evaluation Form and the experiences of the nurse preceptors and nurse interns in the VNIP.

The focus group protocol was pilot tested in one rural hospital and minor revisions were made for subsequent focus groups. The decision was made to add individual interviews to the protocol when it was determined that it was going to be a challenge to recruit nurse managers, nurse preceptors and nurse interns to participate in focus groups, only. The interview guides for the focus groups and individual interviews can be found the Appendices of this report. See Appendix A, B and C.

Data Collection and Analysis

Data was collected from nurse managers, nurse preceptors and nurse interns in individual interviews and focus groups conducted by the nurse research facilitator. With the assistance of Susan Boyer, Director, Vermont Nurse Internship Program, a list of nurse preceptors and nurse interns was created from which nurse preceptors and nurse interns were invited to participate in the research study.

Focus Groups

Eleven focus groups were conducted as part of this study. One of the focus group sessions were populated by nurse managers. Three nurse managers participated in this focus group.

Another 10 group sessions were comprised of nurse preceptors and nurse interns. Twelve preceptors attended four focus group; 15 interns attended the other focus groups. The focus group sessions were conducted on-site at the respective hospitals. The study's purpose and procedure were explained verbally and in a written informed consent to the participants. Participants who agreed to participate in the study signed the consent form before the beginning of the focus groups.

With slight modification for a focus group setting, the focus group participants were asked the same questions and given the same handouts as the nurse managers, nurse preceptors and nurse interns who participated in individual interviews. The information collected in the focus groups were summarized in handwritten notes by the nurse research facilitator.

Individual Interviews

Thirty-six nurse preceptors and nurse interns were individually interviewed. All of the nurse preceptors and nurse interns who were interviewed had participated in the VNIP. With the assistance of the director, a cross section of nurse preceptors and nurse interns were selected from large, medium and small size hospitals across the state of Vermont.

In addition, nurse managers were invited to participate in either an interview or focus group. Nurse managers who participated in the study had nurse preceptors and nurse interns from their respective nursing units involved in the nurse internship project.

The individual interviews were conducted in person and held at the interviewee's place of employment. The study's purpose and procedure was explained verbally and in a written informed consent to the participants. Participants who agreed to participate in the study signed the consent form before the beginning of the individual interviews. The interviewer asked approximately five questions over a period of 20 to 40 minutes. The information collected in the individual interviews were summarized in handwritten notes by the nurse research facilitator.

All of the nurse managers were asked the same questions and presented with the Weekly Evaluation Form. The nurse preceptors were all asked the same questions, requested to complete a Questionnaire – Nurse Preceptors and presented with the Weekly Evaluation Form. All of the nurse interns were asked the same questions, and presented with the Weekly Evaluation Form and a copy Intern's Evaluation of the Internship Project. Copies of the interview guide and accompanying handouts can be found in the Appendices of this report. See Appendix A, B, C, D and F.

Content analysis was used to analyze the data generated from the individual interviews and focus groups to make objective inferences through an integrative analysis of nurse preceptors and nurse interns' responses (Krueger, 1994). The management of the data and first level analysis began by having the written notes transcribed into an electronic text file.

The text was read and reread to gain an overall understanding of the data. In the analysis of the data, consideration was also given to the participants' responses relative to the meaning of the words spoken and the context within which they were provided.

Members of the research team also participated in the process of discussing and coding the data.

Study Limitations

The findings of this study should be viewed carefully because participants' experiences in the VNIP occurred 1-2 years before the focus groups and individual interviews took place. The participants' responses may have affected the other participants who attended the focus groups and ultimately affected the reliability of the study's findings.

Research Findings

From the transcripts of the individual interviews and focus groups, significant statements were extracted to describe the nurse preceptors and nurse interns' experiences in the Vermont Nurse Internship Project.

Six major themes were generated from the analysis of the data. The following is a summary of the major themes and key findings that surfaced from the discussions in the focus groups and individual interviews.

The nurse preceptors and nurse interns described the VNIP as a transition process. Nurse interns participated in a process of transition. Transition involved acquiring the knowledge, skills and abilities to function as members of the team on the nurse interns' respective nursing units. The transition process was impacted by a number of factors including: (1) establishing nurse preceptor and intern relationships, (2) participating in learning opportunities, and (3) becoming a team member. Other factors that influenced nurse interns' transition included the performance evaluation of nurse interns as well as the availability of clinical experiences during the nurse internship program.

The most compelling underlying theme in this study was the unanimous and overwhelming support for the VNIP and the importance of sustaining the program. Based on the analysis of the data from the focus groups and individual interviews, it was clear that the nurse preceptors and interns were satisfied with the delivery of the VNIP.

In this section of the report, we focus our attention of the nurse preceptors and nurse interns' experiences with the Weekly Evaluation Form, present a model depicting the relationships amongst the major themes, and finally describe the major themes that surfaced related to the nurse preceptors and nurse interns' experiences in the VNIP.

Weekly Evaluation Form

When asked how nurse preceptors and nurse interns used the Weekly Evaluation Form, approximately two-thirds (60%) of the nurse preceptors and four-fifths (82%) of the nurse interns completed and submitted the Weekly Evaluation Form on a regular basis. The form, however, was not always submitted on a weekly basis.

The majority of nurse preceptors and nurse interns who completed the form did not share comments with each other before submitting their forms, as directed. During the focus groups and individual interviews, a small number of nurse preceptors and nurse interns indicated that they did discuss the Weekly Evaluation Form with each other before submitting their completed forms. One nurse preceptor shared, "The nurse intern completes the form, e.g. level of comfort in each area. We can go over the form. If they are weak, then they did not feel comfortable, needed more work on an area, e.g. med administration."

A small number of nurse preceptors and nurse interns who completed the Weekly Evaluation Form indicated that the form was useful and beneficial. The form provided valuable information about the nurse intern's progression in the nurse internship program. The Weekly Evaluation Form provided a document to trend the growth and development of the nurse intern. One nurse preceptor stated, "the preceptee did feel more comfortable. It was a positive experience with the preceptee. I sometimes used the form more often, e.g. focused a lot of our time on time management." Another referred to the value of the form to track the progress of nurse interns:

I filled it out every week. Some in the mailbox. They would pick it up. Nursing Education. I am very open. I review it with them. I want them to know if there is an issue. It has been a positive experience. The form was a good form. If I could not be there, other preceptors can see the progress and the goals that have been set for the intern. It is a good form.

When nurse preceptors were asked why they did not complete and submit the Weekly Evaluation Form, they responded that the form was too time consuming to complete. One nurse preceptor indicated that time was not scheduled to complete the form. Another reported that she completed the form on the weekend. "Not enough time to go over with the student, unless you want to work overtime. Sometimes there is time like on the weekend. Sometimes a lull and then you can do the form." Other reasons for not completing the form included the fact that the form was not applicable to specific nursing units. For example, nurse preceptors assigned to specialty nursing units such as the Emergency Department and Operating Room indicated that the form was not applicable.

Nearly one-half of the nurse interns who completed the form indicated that the form did not track their progression or competence. One nurse intern remarked:

The form is repetitive since it is a 10 week process. It is limited in terms of growth and there is no room for growth. By mid-internship, I am already meeting expectations. The form does not allow for much change from week to week. The paper needs to change in some way as the intern progresses through the program – maybe two evaluations to show progress and growth by the preceptor.

Another shared, "The weekly assessment form is not a good indication of progression. You are at a 2.0 for awhile as a grad nurse. What does progressing well mean? Maybe we could add another category between 2.0 and 2.5."

Some of the nurse preceptors and nurse interns who did not complete the Weekly Evaluation Form focused their attention on establishing weekly goals. They reported that the Weekly Goals Form was more applicable to document nurse interns' progression during the nurse internship program. One nurse preceptor reported:

Weekly goals. I tend to use it the most. Set it up weekly with goals. Observe during the week and read it to the nurse intern. I have them add comments, then we would discuss. What was good, eg. improvement in relationships. We have a task checklist at our hospital. Found this form more helpful with the students.

One nurse intern shared, "... We found that some of the items were not applicable to the operating room. The nurse educator and intern set goals and if we had met the goals, we would go over any problems or concerns."

The nurse preceptors and nurse interns provided a number of specific suggestions for changes to the Weekly Evaluation Form. Recommendations included changing the rating scale to whole numbers and adding a qualitative component to the form. One nurse intern suggested adding a "comments section" to document examples of nurse interns' performance would be helpful. Another nurse intern reflected, "It struck me that there was not always a way to capture the qualitative aspects of what we did in our internship program."

Other suggestions included providing a sample of how to complete the form and how to evaluate nurse interns using the Weekly Evaluation Form.

Model. The Transition Process

The Transition Process model depicts the relationships amongst the major themes in the transition process. The transition process was impacted by establishing nurse preceptor and intern relationships, participating in learning opportunities, and becoming a team member. Performance evaluation of nurse interns and availability of clinical experiences also influenced the quality of the transition process. See Appendix H.

Theme 1. Transition Process

During the focus groups and individual interviews, nurse preceptors and interns spoke of the nurse internship program as a transition process, whereby nurse interns acquired the knowledge, skills and abilities to function as members of the team on their respective nursing units. As previously discussed, the transition process was influenced by the relationships established between nurse preceptors and interns as well as nurse interns' participation in learning opportunities and becoming team members on their respective nursing units. In most instances, nurse preceptors worked closely with nurse interns to provide them with the best learning opportunities. Nurse preceptors provided both guidance and support to the nurse interns. The more positive the relationship between nurse preceptors and nurse interns, the greater the opportunity for nurse interns to successfully complete the transition process.

One nurse preceptor described the essence of the transition process:

Then the preceptee has two or three patients, then we move forward related to the preceptee's skill level. Some of the preceptees are fast learners. They also learn in different ways and have different styles of learning. They are open and honest. I think the preceptees are more vocal today. They know their limits. Ask for help when they need your help. They interact, delegate, I see how they work with physicians and LNAs. They want to be on their own as good nurses.

One of the nurse interns also spoke of their perceptions of the transition process:

The preceptors are very good. They did a great job. They know what we are capable of and they knew what we need to learn to become independent. What I need to know is, if I can do the work by myself. Investigating – can I do this? You come to a point to know. I can do it even when the preceptor is not there. I know that I need to function independently. I can do it myself. The nurse preceptor needs to let me do it.

Another nurse intern expressed, “I know that I can go to someone for help. The internship tested my abilities – the right steps to take”.

Several nurse interns shared stories about their ability to effectively provide care to complex patients by the end of the transition process. One nurse intern reflected:

I had 2 patients and they were both transferred to the ICU. One patient was hypotensive through the day, in trendelenburg position. I called the Rapid Response Team twice and after the second call, they came and transferred the patient to ICU. The other patient was tachy and the patient was also transferred to the ICU, but I managed both patients after five months.

Data extracted from the focus groups and individual interviews clearly indicated that the nurse preceptors and nurse interns were satisfied with the delivery of the VNIP. In other words, the VNIP supported the transition process.

Overall, nurse preceptors and interns spoke favorably about the nurse internship program. One nurse intern summarized the sentiments of many who participated in the program:

I thought it was an excellent program. When I was looking for work and trying to find a job, I wanted to attend an internship program in a hospital. My goal was to be somewhere that was well organized and had the structure for an internship program. At this hospital, everything was laid out, it was professional and I was able to get answers to my questions from HR. The 13 week schedule as laid out and it was clear to me. The experience was really awesome. It was just what I needed as a new nurse in an internship program.

Theme 2. Establishing nurse preceptor and intern relationships

All of the nurse preceptors and nurse interns stressed the importance of the relationships that were established between nurse preceptors and interns. Nurse preceptors and nurse interns reported that these relationships were essential to the success of the nurse intern’s transition in the VNIP.

Many nurse preceptors and nurse interns indicated that communications were integral to the success of the relationships that were established between nurse preceptors and nurse interns. Some of the nurse preceptors and interns suggested that time be made available to “get to know each other” before the beginning of the nurse internship program. One nurse intern spoke about the importance of these communications to facilitate consistency and continuity:

The methods of communication were crucial to the internship program, not so much the paper work, it does not help. It helped to share the preceptor's style of teaching. Sometimes, when the primary preceptor was away, another preceptor was there, but the structure was not necessarily helpful. In some cases, the preceptor assumed that I understood. Sometimes it led to confusion and there was no order in the sequence of things. My primary preceptor never skipped over the detail. The approach was always the same and I knew what to expect – it was in the approach.

Several nurse preceptors and nurse interns also discussed the concept of “matching up” to facilitate the nurse preceptor and intern relationship. One nurse intern shared:

The internship really helped me. Matching up the preceptor and graduate nurse's learning styles was very important. I had a preceptor on days and then a preceptor on evenings from 3 to 11pm. These two preceptors have different personalities. I got something from the both of them. It was really an excellent experience.

One nurse preceptor commented:

Scheduling of preceptors and preceptees. If the preceptee or preceptor doesn't work, then you need to change the match of the preceptor and preceptee. Supervisors need to know that the preceptor should not take on additional workload with the preceptee. We want a positive experience for the preceptee and positive outcomes for the preceptees.

As part of establishing these relationships, many of the nurse preceptors and interns recommended that nurse interns have no more than two to three nurse preceptors. One nurse intern summarized the thoughts of many with respect to the nurse preceptor: nurse intern ratio:

In this program, if the preceptor was not available, we would have another preceptor. Having different preceptors, e.g. 1 or 2 is best. If you have more than two preceptors, it was hard for the preceptor to tell the skill level of intern. At times, the intern was to do nothing or the intern was to do everything. It was best with two preceptors because they know what you can do and what you cannot do.

Another shared the challenges of having several preceptors:

I had two preceptors for a couple of weeks and then I got different preceptors and did not get the first two preceptors again. The first two preceptors were very good. I think I had six preceptors – little continuity. On Wednesday this week, I had four patients, one student nurse had one patient, another student had another patient. I did not have support. Most of the RNs are supportive, but I do need help.

One of the nurse interns expressed:

I do have a second preceptor who is able to be with me. Comfort zone. I was able to get in a groove with someone. It opens a field of learning when you have someone regularly who is with you. I learn more, there is more discussion time and they know your abilities about how to do things.

Despite the nurse preceptors and nurse interns' positive experiences with establishing relationships, they did indicate that if nurse interns had more than two or three nurse preceptors, the relationship between nurse preceptors and nurse interns were negatively impacted. One nurse intern expressed:

I worked with the preceptor. I had multiple preceptors. I think it is best to have one preceptor, although I know I can learn from others, I would rather learn from one or two nurses. Limit it to two nurses. With more than two nurses, it makes it harder because preceptors have different priorities. For example, to assess patients or you need to get more information from the computer. When I am efficient, I will develop my own style of nursing.”

Several of the interns also shared that it was difficult for more than two or three nurse preceptors to effectively provide learning experiences as well as evaluate the performance of the nurse interns. In other words, nurse interns felt that they were “starting over” with the addition of each new nurse preceptor. They also reported that the nurse preceptors had different teaching and learning styles. One nurse preceptor reported:

One of the other issues, is that preceptees are told different things by different preceptors. This can be a challenge, e.g. a different preceptor each week can be a problem for the preceptee. It is hard to set goals, know the goals when the preceptee has different preceptors. It is hard to keep consistency for the preceptor, as well.

One nurse intern reported:

I had two preceptors for a couple of weeks and then I got different preceptors and did not get the first two preceptors again, The first two preceptors were very good. I think I had 6 preceptors – little continuity. On Wednesday this week, I had four patients, one student nurse had one patient, another student had another patient. I did have support. Most of the RNs are supportive, but I do need help.

Nearly one-quarter (22%) of the nurse interns (n=36) who completed the online evaluation survey of the VNIP in February 2009 also indicated that the use of ‘multiple’ preceptors negatively impacted the quality of the nurse intern’s VNIP experience.

Other factors that affected establishing positive relationships to support the transition process included the nurse preceptor’s understanding of the nurse intern’s learning needs, their desire to teach nurse interns as well as their work assignments and schedules. One nurse intern indicated, “The preceptor is always there. A support person to understand the situation better. If the patient does not respond, the preceptor helps to direct me.”

The nurse preceptor’s desire to precept and teach was another critical factor that impacted the nurse preceptor and nurse intern relationship. It was reported that nurse preceptors who did not want to teach had a negative effect on the nurse preceptor and nurse intern relationship. One nurse intern recommended:

Choose preceptors who want to teach. Some others do not want to share information. I have worked with some awesome teachers. You also have to ask as orientees. You need

to ask questions. There are two sides to the coin. The preceptor can make all the difference in the nurses' work – if good preceptor, good orientees.

Nurse preceptors' assignments and work schedules affected the nurse preceptor and nurse intern relationships. One nurse preceptor shared:

It is a large unit and it is very busy many patients. The nurse:patient ratio is 5:1. When precepting, I still have 5 patients. At first, the preceptee shadows me and I give them 1 to 5 patients. When busy, I may be asked to take more patients. Sometimes, we have to pull the preceptee into the role, but we must protect the preceptees. We must also take care of ourselves. I want to teach the right way to do things.

Many of the nurse interns expressed a desire to complete the majority of their nurse internship program on the day shift and then transition with an orientation to their respective primary shift such as the evening and/or night shifts.

Theme 3. Participating in learning opportunities

Nurse preceptors and nurse interns spoke about critical thinking, time management and organization skills, setting priorities and decision-making as essential to successfully completing the transition process. One nurse preceptor stated, "The nurse internship program got me away from thinking about a laundry list based on concepts of critical thinking. Can they critically think rather than just learn skills? You can be qualified to do everything, but not critically think." Another nurse preceptor shared:

... standardized for any person in a new area, eg. adapt if you want to be an ICU nurse. It could be used throughout the hospital. We put out an excellent nurse. The preceptors are set with the correct skills via the policies of the facility. The internship program = preceptees get some better organizational and time management. As you put more food on the plate, it becomes easier to handle. Able to make better decisions, develop critical thinking and decisions for better patient care.

Several nurse interns elaborated further and spoke of the importance of integrating their knowledge, skill and ability as part of the learning process. Learning skills was only one aspect of participating in learning opportunities. In other words, it was much broader than just learning new skills. One nurse intern shared the importance of the decision-making process:

Another competency that we had to learn was multi-tasking – learning to integrate communication with nursing skills as a nurse. In my preceptor program at school on Med/Surg, you have one hour to assess and care for the patient, but not in surgery. You have to document quickly, a RN may be coming to see the patient and you need to be ready. For example, if the patient is having a knee replacement, you need to plan ahead even before the patient arrives on the unit. You have to check the room, while getting ready for the patient, even though the patient is not there – if it is a knee replacement, the patient will probably need help with moving, etc. You need to know this before the patient arrives."

Another shared:

The design of the preceptorship is do able to become a new nurse. It is well thought out. It does feel overwhelming, e.g. I have 10 minutes to figure out the skills that I need. I need to get quicker at skills, e.g. patient comes back from the cath lab – they need v/s, specifics for this patient. Who do I call for meds? Is it the CVCA? There are so many services, blue, gold.

An additional nurse intern expressed:

The mentors that I had and the other nurses were receptive. They responded to my gradual increase in responsibility, e.g. 1 to 2 to 3 to 4 to 5 patients. I could focus more than on v/s, etc. I could look at the clinical picture and cues rather than tasks, e.g. diabetic patient – okay, chem.. Stick and between these times, insulin coverage, hypoglycemic signs. Looking at signs and symptoms behind the interventions. New dose of insulin – being aware of how it affects the patient.

Several of the nurse preceptors and nurse interns offered suggestions about how to structure the didactic and clinical experiences during the nurse internship program. They stressed the importance of a balance between theory and nursing practice in the clinical setting. Some of the nurse interns suggested that a learning environment be created within which to practice nursing skills. One nurse intern recommended, “It would have been good to have an empty operating room with no patients. We would have been more comfortable with scrubs, gowns and how to use the instruments.”

Theme 4. Becoming a team member

Nurse interns and nurse preceptors shared the importance of becoming members of a core team on their respective nursing units. “Fitting in” was an essential part of the transition process for nurse interns. One nurse preceptor stated:

It validates the need to support and encourage nurses to stay in nursing. ED for 10 years, not a day that I do not want to go to work, want to work. Want to come to work – that is what I want these nurses to have, eg. have to do together, PA, PT learn to work in a group, some people are solo. Sometimes a situation arises, you realize that you cannot do alone, eg. chest pain, MVA, multiple injuries, they will need your help.”

Another remarked:

Like the model. Novice to expert. It was a natural state of things, eg. novice. We need the continuum in our core team, e.g. need the expert, novice to develop expertise. There is plenty for a novice to do during a shift, e.g. SCU – want to brush teeth and walk into bathroom. I went to get med and he had an aneurysm. Experts had a role. I learned from the experience.

Nurse preceptors also shared positive stories to reinforce the meaning of team and becoming a member of the team on the nursing unit. One nurse preceptor expressed:

Everyone is scared of codes, e.g. bring in the tray for breakfast, talk about the experience, logical thinking. Why a priority? How to respond? It is a fear, let's control it. I do not know what to do. How do I get past that? Reassurance, we are a team. We are not alone, we work together.

Another referred to Benner's work:

Like the model. Novice to expert. It was a natural state of things, e.g. novice. We need the continuum in our core team, e.g. need the expert, novice to develop expertise. There is plenty for a novice to do during a shift, e.g. SCU - (patient) want to brush teeth and walk into the bathroom. I went to the med room and he had an aneurysm. Experts had a role. I learned from the experience.

Becoming a member of a core team on the nursing unit was impacted by the knowledge and understanding that nursing colleagues had of the nurse preceptor and the VNIP, itself. In some instances, nurse preceptors and nurse interns were given "a hard time" because nurses did not always understand the program.

Theme 5. Performance evaluation of nurse intern

As previously discussed under the Weekly Evaluation Form, nurse preceptors and nurse interns had both positive and negative experiences with the use of this form. Based on data analysis, the recommendation was to discontinue the use of the Weekly Evaluation Form and investigate the possibility of using the Weekly Goals Form to document nurse interns' growth and development through the nurse internship program.

Theme 6. Availability of clinical experiences

During the VNIP, nurse interns and nurse preceptors reported that they had positive clinical experiences, however, at times, the clinical experiences were limited based on the patient population served in the respective hospitals. One nurse intern recalled:

In a small hospital, it is good to do one thing, e.g. GI tubes, but you sometimes do not get it again for a time. Because of the types of patients, you may not get the same experience again, for a while.

In instances where the patients were not available, nurse preceptors worked with nurse interns to discuss how to care for specific types of patients. One nurse intern shared, "We (nurse preceptor and nurse intern) talk about procedures and find situations so that I can practice. Is the patient available? If not available, it is verbal". One nurse preceptor reported:

The preceptee wants critical patients for their experience, EKG <5 minutes, undress, monitor. Put in the chest tube, NG tubes, para/thoracentesis – these experiences are rare. The new grad and preceptor in 6 months may not see chest tube. We do labs, IVs, EKG, monitors, suction, codes. There are limitations to what they (preceptee) sees here, e.g. last week, cardiovert patient, first time in 6 months, other nurse had not done one.

Nurse preceptors and nurse interns also worked together to seek new clinical experiences after the completion of the nurse internship program.

All of the nurse preceptors and nurse interns realized that the limited clinical experiences were simply a reflection of the types of patients that received care at their hospitals as opposed to nurse preceptors limiting the nurse interns' exposure to particular types of patients.

Two of the nurse interns (n=36) who completed the online evaluation survey of the VNIP in February 2009 also indicated that the clinical experiences were limited.

Conclusions

The most compelling underlying theme in this study was the unanimous and overwhelming support for the VNIP and the importance of sustaining the program. The nurse internship program provided nurse interns with the knowledge, skills and abilities to successfully complete the transition process. It is clear from the analysis of the data from the focus groups and individual interviews that both nurse preceptors and nurse interns were very satisfied with the delivery of the VNIP.

The transition process was facilitated and enhanced when positive relationships were established between nurse preceptors and nurse interns, and nurse interns participated in learning opportunities and became members of a core team on their respective nursing units. The performance evaluation of nurse interns and the availability of clinical experiences also influenced the quality of the nurse intern's transition through the VNIP.

Nursing Implications

The results of this study have important implications for nurse managers, nurse educators, nurse preceptors and nurse interns. It is important that nurse managers and nurse educators continue to work collaboratively to offer a comprehensive nurse internship program.

Nurse managers are encouraged to advertise the VNIP. Some of the nurse interns chose their place of employment based on the nurse internship program. During the focus groups and individual interviews, nurse interns encouraged leadership to promote and market their nurse internship programs. Nurse preceptors and nurse interns who participated in the internship program recommended that nurse leaders pay attention to the work schedules, and the matching of nurse preceptors and nurse interns. They recommended that nurse interns should be scheduled with one, two or three nurse preceptors, only. The quality of the nurse interns' experiences were often negatively impacted when the intern had more than three preceptors.

Nurse educators are encouraged to continue to offer the preceptor training workshops and other continuing education activities for nurse preceptors. More specifically, nurse preceptors who have been preceptors for some time would like ongoing continuing

education. Nearly one-fifth (14%) of the nurse preceptors (n=29) who completed the preceptor survey attended an advanced training program. Many of the nurse preceptors did not know that there was an advanced training program. Approximately one-third (31%) of the nurse preceptors are planning to attend an advanced preceptor training program. Nurse preceptors also suggested that nurse managers and nurse educators teach staff nurses about the role and function of nurse preceptors. It was reported by some nurse preceptors that staff nurses did not understand the integral role of nurse preceptors and the nurse internship program.

Nurse preceptors are encouraged to attend the preceptor training programs and other continuing education activities that relate to the role and function of nurse preceptors.

In light of the feedback concerning the VNIP, nurse interns should be encouraged and supported to attend the nurse internship program in the state of Vermont.

The most compelling theme in this study was the unanimous and overwhelming support for the VNIP and the importance of sustaining the program.

References

Boyчук Dushscher, J.E. (2001). Out in the real world. Newly graduated nurses in acute-care speak out. *Journal of Nursing Administration*, 31(9), 426-439.

Cantrell, M.A., Browne, A.M. (2005). The impact of a nurse externship program on the transition process from graduate to registered nurse. Part II. Qualitative findings. *Journal of Nurses in Staff Development*, 21(6), 249-256.

Carey, M.A. (1995). Comment: Concerns in the analysis of focus group data. *Qualitative Health Research*, 5(4), 487-495.

Delaney, C. (2003). Walking a fine line: Graduate nurses' transition experiences during orientation. *Journal of Nursing Education*, 42(10), 437-443.

Gerrish, K. (2000). Still fumbling along. A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing*, 32(2), 473-480.

Godinez, G., Schweiger, J., Gruver, J., & Ryan, P. (1999). Role transition from graduate to staff nurse: A qualitative analysis. *Journal of Nursing Staff Development*, 15(3), 97-100.

Kelly, B. (1998). Preserving moral integrity: A follow-up study with new graduate nurses. *Journal of Advanced Nursing*, 28(5), 1134-1145.

Krueger, R.A. (1994). *Focus groups: A practical guide for applied research* (2nd ed.). Thousand Oaks, CA: Sage.

Morrison-Beedy, D., Cote-Arsenault, D., & Feinstein, N.F. (2001). Maximizing results with focus groups. Moderators and analysis issues. *Applied Nursing Research*, 14, 48-53.

Appendices

APPENDIX A

Vermont Nurse Internship Project

Focus Groups

Interview Guide

Nurse Managers

Introductory Remarks

1. Brief project overview
2. Staff introductions
3. General guidelines for focus groups, as applicable
4. Privacy and confidentiality assurance, re. consent form
5. Questions from participants?

Discussion Questions

1. Do you have any observations or comments that you want to make with respect to the Weekly Assessment form?
2. Describe your experience as a nurse manager in the Vermont Nurse Internship Program.
3. What are the benefits of the Nurse Internship Program?
4. What are the challenges associated with the Internship Program?
5. What recommendations, if any do you have to make the program more meaningful and worthwhile?

APPENDIX B

Vermont Nurse Internship Project

Focus Groups

Interview Guide

Nurse Preceptors

Introductory Remarks

1. Brief project overview
2. Staff introductions
3. General guidelines for focus groups, as applicable
4. Privacy and confidentiality assurance, re. consent form
5. Questions from participants?

Discussion Questions

1. Do you have any observations or comments that you want to make with respect to the Weekly Assessment form? What was helpful, confusing or not applicable?
2. Describe your experience as a nurse preceptor in the Vermont Nurse Internship Program.
3. What are the benefits of being a nurse preceptor in the Nurse Internship Program?
4. What challenges did you face as a nurse preceptor?
5. What recommendations, if any do you have to make the program more meaningful and worthwhile?

APPENDIX C

Vermont Nurse Internship Project

Focus Groups

Interview Guide

Nurse Interns

Introductory Remarks

1. Staff introductions
2. Brief project overview
3. General guidelines for focus groups, as applicable
4. Privacy and confidentiality assurance, re. consent form
5. Questions from participants?

Discussion Questions

1. Do you have any observations or comments that you want to make with respect to the Weekly Assessment form, Intern's Evaluation of the Internship Project? What was helpful, confusing or not applicable?
2. Describe your experience as a nurse intern in the Vermont Nurse Internship Program.
3. What experiences in the Internship Program were relevant to your role as a registered nurse?
4. What challenges did you face as a nurse intern?
5. What recommendations, if any do you have to make the program more meaningful and worthwhile?

APPENDIX D

Form 5: Weekly evals – tracking progression towards independent practice

Instructions:

Complete weekly and mail directly to: VNIP research project, 289 County Road, Windsor, VT 05089

Please keep the initial self-assessment and competency validation scoring key in mind as you are completing this.

An individual scoring ‘2’ will be working very independently, with little or no supervision required for tasks/procedures.

ID - Agency Date

Rate on a scale 1-4 (circle one) Rankings as per Benner’s model Novice Advanced Beginner

Safety/Technical/Clinical

Performance concerns Limited –little or no experience Progressing well
Capable –may need assistance Exceeds basic expectations

1. Maintains universal precautions.	.5	1	1.5	2	2.5
2. Safety for self & patients – body mechanics, emergency protocols.	.5	1	1.5	2	2.5
3. Assessment and planning.	5	1	1.5	2	2.5
4. General procedures and interventions.	.5	1	1.5	2	2.5
5. IV and medication management.	.5	1	1.5	2	2.5

Communication

6. Documentation/Charting of Work.	.5	1	1.5	2	2.5
7. Computer skills.	.5	1	1.5	2	2.5
8. Interactions with patients, colleagues, etc.	.5	1	1.5	2	2.5

Critical Thinking

9. Knows own limits; Seeks help when needed.	.5	1	1.5	2	2.5
10. Recognizes changes in patient conditions or equipment.	.5	1	1.5	2	2.5
11. Demonstrates self-confidence.	.5	1	1.5	2	2.5
12. Evaluates situation and plans interventions.	.5	1	1.5	2	2.5

Leadership and Management

13. Demonstrates organizational skills.	.5	1	1.5	2	2.5
14. Sets priorities during work experience.	.5	1	1.5	2	2.5
15. Works towards independence.	.5	1	1.5	2	2.5
16. Delegates effectively.	.5	1	1.5	2	2.5
17. Demonstrates accountability as team member.	.5	1	1.5	2	2.5
18. Knows resources and uses them appropriately.	.5	1	1.5	2	2.5

Human Caring and Relationship					
19. Interactions with patients/families.	.5	1	1.5	2	2.5
20. Interactions with team members, Drs./other health care providers.	.5	1	1.5	2	2.5
21. Provides care appropriate to age/culture/ethnic/individual.	.5	1	1.5	2	2.5
22. Demonstrates customer service behaviors.	.5	1	1.5	2	2.5
23. Maintains confidentiality and privacy for all customers.	.5	1	1.5	2	2.5
Teaching					
24. Participation in orientation/preceptor program.	.5	1	1.5	2	2.5
25. Initiates own learning opportunities.	.5	1	1.5	2	2.5
26. Implements patient teaching plan.	.5	1	1.5	2	2.5
Knowledge integration and Unit Specific					
27. Management of specialty specific clients.	.5	1	1.5	2	2.5
28. Personal role development within specialty.	.5	1	1.5	2	2.5
29. Specialty specific procedures & equipment.	.5	1	1.5	2	2.5
30. Intern progressing satisfactorily regarding completion of unit specific Skills Competency Checklist– See Skills checklist.	.5	1	1.5	2	2.5

APPENDIX E

Vermont Nurse Internship Project

Focus Groups

Questionnaire – Nurse Preceptors

Nurse Preceptors

Please read each of the following statements and place a check mark on the line that best describes your response, and write in details as requested.

Preceptor Training Program

6. Did you attend a preceptor training program?

Yes _____ No _____ (If no, go to Question #4)

7. When did you attend the training program?

Date _____

8. Where did you attend the training program?

Location _____

9. If not, do you plan on attending a preceptor training program?

Date (approximate) _____

Advanced Preceptor Training Program

10. Did you attend an advanced preceptor training program?

Yes _____ No _____

11. If not, do you plan on attending an advanced preceptor training program?

Yes _____ No _____

Thank you for participating in the Vermont Nurse Internship Project - Focus Group.

APPENDIX F

Form 3 Vermont Organization of Nurse Leaders Vermont Nurse Internship Project

4/19/08 A:\EvalIntrn.rtf

Intern Evaluation of the Internship Program Intern ID _____

KEY 1-5 Strongly disagree, disagree, unsure, agree, strongly agree
(please be sure to add comments and/or recommendations for any items that score high or low)

This program allowed me to:	Strongly disagree					strongly agree				
1. Learn to work effectively with co-workers.	1	2	3	4	5	1	2	3	4	5
2. Develop/polish interviewing techniques.	1	2	3	4	5	1	2	3	4	5
3. Develop clinical problem solving skills.	1	2	3	4	5	1	2	3	4	5
4. Develop skills in proper discharge management.	1	2	3	4	5	1	2	3	4	5
5. Develop documentation skills.	1	2	3	4	5	1	2	3	4	5
6. Perform procedures.	1	2	3	4	5	1	2	3	4	5
7. Work in a time efficient manner.	1	2	3	4	5	1	2	3	4	5
8. Learn to use pragmatic judgment in clinical management of care.	1	2	3	4	5	1	2	3	4	5
9. Gradually assume responsibility for complete patient care.	1	2	3	4	5	1	2	3	4	5
10. Manage a multi-patient assignment effectively.	1	2	3	4	5	1	2	3	4	5
11. Expand knowledge of patho-physiology of normal/disease states.	1	2	3	4	5	1	2	3	4	5
12. Assess my own learning needs with my preceptor.	1	2	3	4	5	1	2	3	4	5
13. Tailor my experience to meet my learning needs.	1	2	3	4	5	1	2	3	4	5
14. Improve performance based on constructive feedback from preceptor.	1	2	3	4	5	1	2	3	4	5
15. Increase comfort level in one-on-one patient encounters.	1	2	3	4	5	1	2	3	4	5

The program:	1	2	3	4	5
16. Provided orientation to my job description and/or role.	1	2	3	4	5
17. Included organized/efficient teaching methods.	1	2	3	4	5
18. Provided opportunities for self-directed learning.	1	2	3	4	5
19. Included and ensured support from co-workers/colleagues.	1	2	3	4	5
20. Provided needed clinical experience	1	2	3	4	5
21. Provided sufficient clinical experience to achieve goals.	1	2	3	4	5
22. Gradually increased my responsibility/capability in patient care.	1	2	3	4	5
23. Supports initial transition from new graduate towards confident, adaptable, independent practice.	1	2	3	4	5
24. I would recommend this program to other new graduates.	1	2	3	4	5
25. Please list any barriers to success that you experienced. (possible solutions?)					

APPENDIX G

Vermont Nurse Internship Project

Focus Groups

Questionnaire – Nurse Preceptors

Nurse Preceptors

Please read each of the following statements and place a check mark on the line that best describes your response, and write in details as requested.

Preceptor Training Program

1. Did you attend a preceptor training program?

Yes 29 No _____ (If no, go to Question #4)

2. When did you attend the training program?

<u>Year</u>	<u>Attended (No.)</u>	<u>Year</u>	<u>Attended (No.)</u>
2000	2	2001	2
2003	1	2004	2
2005	1	2006	3
2007	3	2008	2
2009	1		
Total	17		

3. Where did you attend the training program?

<u>Location</u>	<u>Attended (No.)</u>	<u>Location</u>	<u>Attended (No.)</u>
BTV	1	Claremont NH Tech	2
CVMC	5	FAHC	3
NCH	2	Mt Auscutney Hospital	1
NH	1	NBGH	1
NURH	1	Randolph	2
RRMC	2	VA	2
VNA	1		
Total	24		

Questionnaire – Nurse Preceptors (continued)

Nurse Preceptors

4. If not, do you plan on attending a preceptor training program?

Date (approximate)

1 – Unknown, willing to

Advanced Preceptor Training Program

5. Did you attend an advanced preceptor training program?

Yes 4 No 22

6. If not, do you plan on attending an advanced preceptor training program?

Yes 7 No 9 If available 2

Thank you for participating in the Vermont Nurse Internship Project - Focus Group.

APPENDIX H

