Independence Blue Cross Foundation
Summer 2017 Nursing Internship Program

Program Evaluation Report

January 8, 2018

Widener University

School of Nursing
Leadership Center for Nursing Education Research

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Acknowledgements

We would like to express our appreciation to the Independence Blue Cross Foundation Board of Directors and to Foundation President Rev. Dr. Lorina Marshall-Blake for sponsoring the Summer 2017 Nursing Internship Program evaluation.

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Zaynah Henry	Heather Major
Foundation Program Specialist	Manager of Foundation Programs

Lastly, we would like to thank the Summer 2017 Nursing Internship Program interns and intern supervisors and mentors who graciously agreed to allow us to interview them, visit and observe internship sites, and who provided additional information when requested.

Rigorous program evaluation is not possible without the support and participation of key program stakeholders and participants.

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Background

Beginning in 2004 through Independence Blue Cross (IBC), and carried on through the Independence Blue Cross Foundation (Foundation) since 2011, the Nursing Internship Program (NIP) provides undergraduate nursing students attending nursing schools in the greater Philadelphia area with a 10-week, non-hospital, paid internship experience. Since its inception, the NIP has provided summer internships to 239 interns, including 24 interns who participated in the summer of 2017 (which was the focus of this program evaluation). Interns, who work up to 37.5 hours per week, are placed into one of two types of internship settings: community-based health centers (including Federally Qualified Health Centers) or health care insurance/business settings within Independence Blue Cross.

After attending an initial orientation day at the Foundation's headquarters in Philadelphia, interns spend most of their time each week at their assigned internship site, supervised each day by an on-site professional staff member. Site supervisors are most often nurses but in some settings, other leaders may provide supervision. Interns return back to the Foundation's headquarters several times during the 10-week internship, including three times for day-long Leadership Labs and once for a recognition event near the end of the internship program.

In 2015 the NIP was restructured around the Competencies, Outcomes, and Performance Assessment (COPA) Model. Originally conceived of as way to organize, plan, deliver, and evaluate the development of competence among pre-licensure nursing students, the COPA Model has been applied in both academic and non-academic, practice-oriented settings (Lenburg et al., 2009; Lenburg et al., 2011). The COPA Model is described by Lenburg et al. (2009) as being built on four pillars, which are 1) core practice competencies, 2) competency outcomes, 3) interactive, practice-focused learning, and 4) competency performance assessment.

Guiding Questions

This program evaluation was guided by the following three questions:

1. To what extent is the COPA Model implemented in the NIP through identified competencies, clearly articulated competency outcome statements, use of interactive practice and learning experiences, and implementation of competency-based performance assessments and/or examinations?

2. To what extent does the NIP influence interns' a) conceptions of the role of the professional nurse in non-hospital settings, b) understandings of the role that social, environmental, and cultural determinants of health play in health behaviors, c) attitudes toward / likelihood to consider employment in non-hospital nursing roles, and d)

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leadership and professional role capabilities developed through participation in the NIP.

3. Considering programmatic resource requirements and impact on interns' professional role development and career trajectory, to what extent is the NIP applicable, scalable, and replicable both locally and in other geographic locations within and outside of the United States?

Methods

A holistic, 360° evaluation approach was used to answer the previously identified evaluation questions. Data were gathered in a variety of ways including structured in-person interviews with interns and supervisors at the assigned internship sites, online pre- and post-internship surveys that assessed interns' leadership skills, attitudes and beliefs toward social and structural determinates of health, nursing professional role self-concept, and intentions to pursue employment in non-hospital settings. The NIP program staff were also interviewed. The program evaluators (Dr. Spurlock and Dr. Mills) conducted in-person observations of the orientation day, each of the Leadership Lab sessions, and the recognition event held near program completion. Evaluators kept field notes from each of these events. Print materials provided at each of these events, such as agendas, handouts, and worksheets were retained and examined.

Interview and observational data (e.g., field notes) were evaluated thematically using systematic content analysis procedures, as generally described by Newcomer et al. (2015) and Tashakkori and Teddlie (2010). Survey data were analyzed in accordance with best practice approaches contained in Tabachnick and Fidell (2012).

Key Findings

General Findings

- Interns were provided a variety of transformative experiences which influenced their attitudes and beliefs about poverty, their leadership capabilities, and their professional nursing self-concept. The experiences that interns especially highlighted included the afternoon volunteer trip to MANNA and the session on networking and interviewing provided by the Foundation's President.

- Interns participated in numerous enriching leadership-building experiences that were unique to the internship program, compared to those they receive in their academic nursing education programs. Interns also identified certain aspects of the Leadership Lab days that seemed to cover issues and topics already thoroughly addressed in their academic nursing education programs.

- The managers (and others) who oversee the interns at their internship sites are uniformly positive toward and supportive of the internship program and are highly invested in its continued success. One manager interviewed is an alum of

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the Nursing Internship Program from 3 years ago and attributes her passion for community nursing and caring for the underserved to her experiences as an intern in the NIP.

- Interns' experiences varied greatly both across sites and throughout the 10-week program, especially among the community clinic sites. Some interns placed in community clinic settings were assigned primarily administrative tasks with little or no patient contact, while other interns had a robust clinically focused experience with little or no administrative component. This wasn't always viewed negatively by the interns but there was consensus among interns that clearer expectations of them in their roles early on would have eased their transition into their internship sites at the start of the NIP.

- Interns placed in non-clinical settings, primarily at IBC headquarters, were uniformly positive about their NIP experiences and suggested that the primary reason was because their role expectations were sufficiently clear from the start of the program. Most of those interns picked non-clinical settings very intentionally, and overall, their experiences exceeded their expectations.

- A segment of interns assigned to community-based sites (where hiring and onboarding was not exclusively handled by IBC HR and was unique to each site) experienced difficulty in communicating with HR and in understanding expectations related to the NIP onboarding process. This led to frustrations which were resolved once the internship got underway.

Guiding Question 1: Alignment with the COPA Model

- NIP-COPA Model alignment is strongest in Pillars 1, *Core Practice Competencies*, and 3, *Interactive, Practice-focused Learning*. Though individual experiences for each intern varied substantially across the Summer 2017 Intern group, nearly every intern had opportunities to learn, apply, and practice skills relating to communication, critical thinking, assessment and intervention, teaching, management and leadership, and knowledge and integration.

- COPA Pillars 1 and 3 were addressed through both didactic (e.g., Leadership Lab sessions) and experiential, practice-focused (e.g., at internship sites) learning opportunities.

- COPA Pillars 2 and 4 (*Competency Outcome Statements* and *Competency Performance Assessments*, respectively) were less well evident in the NIP. These Pillars are the most difficult to integrate in both academic and non-academic settings, so this finding is not unexpected. Additionally, establishing competency outcome statements and methods of performance evaluation which are applicable across the spectrum of NIP sites is a substantial challenge.

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- NIP interns and their managers alike expressed strong support for more structured guidance, support, and tools related to outcome expectations and methods to provide feedback and evaluation of intern performance. Addressing this identified need would directly improve NIP-COPA Model alignment relating to Pillars 2 and 4.

Guiding Question 2: Professional Nursing Role, Attitudes, and Beliefs

- Most interns expressed plans to pursue advanced study in nursing, with a substantial majority indicating their interest in Nurse Practitioner roles, and especially, in Family Nurse Practitioner roles.

- Though most interns indicated plans to pursue a hospital-based role after graduation, nearly all the interns described obtaining new insights into and respect for nursing roles outside of hospital settings as a result of their experiences in the NIP.

- Baseline attitudes toward social determinates of health, especially poverty, skewed strongly positive, and remained strongly positive at NIP conclusion.

- Baseline leadership skills and styles, measured using the Student Leadership Practices Inventory (SLPI), skewed strongly positive, and remained strongly positive at NIP conclusion. Interview data suggested more development in enacting successful leadership behaviors than was reflected in the survey data.

- The recognition event, where interns could present their research posters, was uniformly well received. Interns felt the opportunity to highlight their accomplishments and what they had learned throughout the NIP by developing and presenting their posters was rewarding and affirming.

- Interns reported generally positive experiences with their mentors. Challenges in this area included finding time to meet with the mentor and the actual matching process. To make a better-informed selection of mentors, interns expressed an interest in meeting the mentor prior to selection, or perhaps even seeing a pre-recorded video from the mentor to "put a face" with the mentor resumes the interns are given.

Guiding Question 3: Scalability and Replicability

- The NIP is currently staffed by two talented and passionate individuals who are highly invested in the success of the NIP and of the interns individually. While each manages several other programs and initiatives for the Foundation, they have been able to deliver rich, rewarding experiences to the interns fortunate enough to participate in the NIP.

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- The two primary staff members who oversee the program are strongly supportive of nurses and demonstrate an uncommon understanding of the role of the professional nurse without they themselves being nurses. Undoubtedly, the overall success of the NIP can be attributed to the efforts of these two staff members, and in particular to the frontline program specialist who provides day-to-day oversite of the NIP. Both interns and managers confirm the pivotal role that the NIP specialist plays in the success of the program.

- While the NIP is overseen by staff effort equaling approximately .20 FTE (annual effort), many functions such as marketing, recruitment, the intern application process, hiring, and ongoing HR support are provided by partners either internal or external to the Foundation. This is an important consideration for replication, where such functions may or may not be handled through resource sharing.

- Like the predominate model used in academic clinical nursing education, the success of the NIP hinges on the availability of partner organizations willing to offer a clinical or non-clinical site and to dedicate a staff member to oversee the intern. Given the national shortage of clinical sites, a strong network of partner organizations is crucial for the NIP to operate. The Foundation's staff have done well in building out this network of internal and external partners to ensure an adequate number of sites are available. Maintaining and expanding these relationships is time intensive – but critical to the success of the NIP.

- After strengthening NIP-COPA Alignment with Pillars 2 and 4, the NIP could be easily scaled up – restrained only by staff resource allocation and physical space limitations. As with any similar program, the staff resources necessary to scale the program up are not perfectly linearly related to the number of interns in the program. More likely, the relationship is somewhat logarithmic, meaning that, for example, to double the size of the current NIP to 50 students, the staff resources needed to ensure quality are likely closer to .7 FTE than to .4 FTE, given the additional number of partner sites (and the requisite expanding geographic basis) needed to support more interns. Scaling up the NIP's capacity by using existing partners who can accommodate more interns could be a more efficient option.

Recommendations

- To enhance NIP-COPA Alignment with Pillars 2 and 4, *Competency Outcome Statements* and *Competency Performance Assessments*, respectively, the NIP should consider developing a set of outcome statements addressing the knowledge, skills, and abilities that interns develop as a result of having participated in the NIP. These outcomes should be clear, achievable, and measurable. The brief nature of the NIP (10 weeks) and the variety of internship sites and settings should be considered when developing the statements so that the outcomes are relevant and broadly applicable. These outcome statements

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should be shared with interns and the partner organizations who host interns during the NIP.

- Related to the development of outcome statements, the NIP should consider providing structured guidance to partner organizations hosting interns in the form of a toolkit that functions to enhance the manager's capability to provide feedback to the intern and to NIP staff. This toolkit would include a guide to providing feedback (especially helpful for novice/inexperienced managers), a performance evaluation rubric used to document the feedback provided to the intern, and information supportive of setting individualized goals that are site-specific. Managers who oversee interns could benefit from additional professional development in this area, perhaps by webinar or in a half-day workshop offered at the Foundation's headquarters.

- While some Leadership Lab sessions were delivered using dynamic, engaging instructional methods, NIP staff should consider reviewing all of the Leadership Lab sessions to identify opportunities to further integrate engaging, interactive pedagogical strategies.

- Because the hiring and onboarding process is often subject to breakdowns in process, the NIP staff should consider either a) enhancing regular communication with incoming interns to identify issues or concerns which may need NIP staff intervention (e.g., HR paperwork delays, unclear email messages, issues with pre-employment documentation requirements, etc.), or b) bringing the hiring and onboarding process for all interns in-house to IBC. Under the second option, intern candidates would interact only with the HR staff at IBC for hiring and onboarding, and though they would technically be employed by IBC, they could still be assigned to the same partner sites currently in use.

Next Steps

- Priority consideration should be given to developing outcome statements and more structured methods of evaluation and feedback in preparation for the Summer 2018 intern cohort.

- Consider hosting 1-2 live skill-building webinars for intern supervisors in the month before the Summer 2018 intern cohort arrives. These webinars would focus on understanding and applying the NIP outcome statements and performance evaluation tools (e.g., forms). The use of a webinar format may be preferable to in-person methods for a variety of reasons (e.g., scheduling, commuting and parking, etc.).

- Consider how the current internship job descriptions are written, and if those could be improved or addended to give potential interns clearer sense of their duties at the various sites.

II. Background and Guiding Questions

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Introduction

Internship programs for college students are a well-established, reliable way of helping students develop work-related skills and often serving as pathways to student employment, frequently with the internship site, after degree completion (Binder et al., 2015; Velez & Giner, 2015). Though nursing education has a long history of embracing experiential learning within the formal academic program (e.g., student clinical experiences), little is known about the impact of non-academic, summer intensive nursing student internship programs on students' skill acquisition, professional role development, and intentions to seek employment with their internship site after graduation. The limited available research suggests that students emerge from non-traditional learning experiences with more positive attitudes and new skills (Anderson et al., 2002; Betony, 2012; Davenport et al., 2016).

The innovative nature of the Independence Blue Cross Foundation's Nursing Internship Program (NIP), provides a unique opportunity for rigorous program evaluation because it is one of only a few summer nursing student internship programs in the United States with an entirely non-hospital focus – and perhaps the only program with a health care insurance/administration option where students can work in areas such as clinical services, informatics, and government markets. Web searches and reviews of top-ranking summer nursing student internship program listings (e.g. here and here) confirm the one-of-a-kind focus of the IBC Foundation's Nursing Internship Program.

Description of the Nursing Internship Program

Beginning in 2004 through Independence Blue Cross (IBC), and carried on through the Independence Blue Cross Foundation (Foundation) since 2011, the Nursing Internship Program (NIP) provides undergraduate nursing students attending nursing schools in the greater Philadelphia area with a 10-week, non-hospital, paid internship experience. Since its inception, the NIP has provided summer internships to 239 interns, including 24 interns who participated in the summer of 2017 (which was the focus of this program evaluation).

With the U.S. health care system shifting increasingly toward a wellness-oriented, population health focus, learning and work experiences in non-hospital settings are crucial in providing students with an expanded concept of how professional nurses working outside the hospital setting can impact the health of individuals, families, and communities (Bowker et al., 2013). NIP interns, who work up to 37.5 hours per week, are placed into one of two types of internship settings: community-based health centers or clinics (which we label as *clinical* sites) or health care insurance/business settings within Independence Blue Cross (which we label as *non-clinical* sites).

After attending an initial orientation day at the Foundation's headquarters in Philadelphia, interns spent most of their time each week at their assigned internship site, supervised each day by an on-site professional staff member. Site supervisors are

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most often nurses but in some settings, other leaders may provide supervision. Interns return back to the Foundation's headquarters several times during the 10-week internship, including three times for day-long Leadership Labs and once for a recognition event near the end of the internship program. **Appendix I** contains a listing of the Summer 2017 internship sites, the type of site (clinical or non-clinical), and the school where the intern assigned to the site was enrolled in their nursing education program. **Appendix I-A** illustrates the geographic distribution of internship sites.

The NIP focuses on professional and leadership role development, which is uncommon among nursing internships, which are typically very patient-care oriented in nature. The NIP has the potential to equip internship participants with much-needed communication, conflict-resolution, and critical thinking skills. Professional role development skills are built across three days of focused leadership skills training sessions which, as previously noted, are called Leadership Labs. These Leadership Labs, along with the interns' experiences at their internship site sets the stage for the interns to develop a knowledge synthesis project which is presented to stakeholders at the end of the summer internship experience. Research findings (Benson et al., 2012; Larin et al., 2011) suggest students can benefit from additional opportunities to develop and apply these skills, confirming the value of such an experience.

The Leadership Labs were designed to allowed interns to explore topics such as mentorship, identifying one's passion, the challenges of being a young professional, emerging models focusing on a *culture of health*, cultural competency, professional networking, research in nursing, and public speaking. The Leadership Lab days were generally organized in a traditional workshop format, with several topics covered each day, separated by breaks and lunch. The instructional methods used varied from primarily lecture-oriented methods to very interactive, teamwork-based sessions. All the Leadership Labs were held at IBC headquarters in downtown Philadelphia.
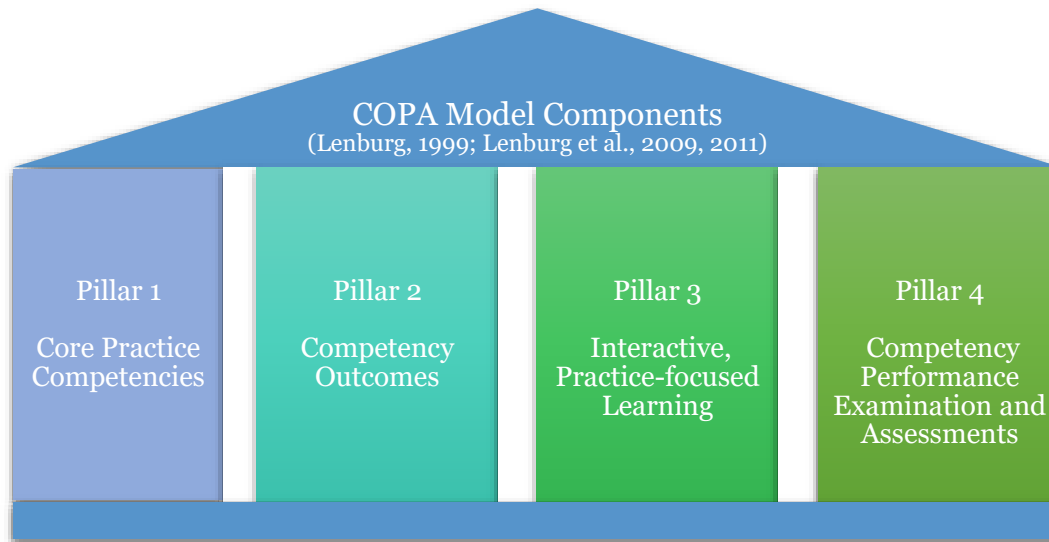
Interns were also able to engage in community service during the second half of one of the Leadership Lab days, visiting MANNA (http://www.mannapa.org/), a local service organization that prepares and delivers three meals per day, seven days per week to medically needy individuals in Greater Philadelphia and Southern New Jersey. NIP interns participated in activities such as food preparation and packaging and learned about the mission and effectiveness of MANNA.

Adoption of the COPA Model

In 2015, the NIP was reorganized around the Competencies, Outcomes, and Performance Assessment (COPA) Model, developed over several decades by Dr. Carrie Lenberg (Lenburg, 1999; Lenburg et al., 2009). Originally conceived of as way to organize, plan, deliver, and evaluate the development of competence among pre-licensure nursing students, the COPA Model has been applied in both academic and non-academic, practice-oriented settings (Lenburg et al., 2009; Lenburg et al., 2011).

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The COPA Model is described by Lenburg et al. (2009) as being built on four pillars, illustrated below in Figure 1:

Figure 1: Graphical Illustration of the COPA Model

COPA Model Components
(Lenburg, 1999; Lenburg et al., 2009, 2011)

Pillar 1	Pillar 2	Pillar 3	Pillar 4
Core Practice Competencies	Competency Outcomes	Interactive, Practice-focused Learning	Competency Performance Examination and Assessments

The COPA Model pillars reflect the four questions that nursing faculty or professional development educators ask in order to implement the model (Lenburg et al., 2011): 1) What are the essential competencies required for practice?, 2) What are the most effective outcome statements that reflect these competencies?, 3) What are the most effective interactive learning strategies to promote competence development?, and 4) What are the most effective methods of performance assessment to validate achievement of the competencies? The grand assumption of the COPA Model is that competencies – in essence, the *knowledge, skills, and abilities* (KSAs) necessary – for practice:

- can (and should) be identified and defined by experts
- can be articulated in clearly written, objective outcome statements
- are best learned through ecologically valid, practice-based learning that is engaging and effective
- are best evaluated through direct observation of performance on competency-based assessments/exams.

Though the COPA Model provides for extensive flexibility in its implementation, where each implementation of the model is customized, Lenburg (1999) defines eight general categories of core practice competencies for nursing:

1) assessment and intervention skills
2) communication
3) critical thinking skills

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4) human caring/relationship skills
5) teaching skills
6) management skills
7) leadership skills
8) knowledge and integration skills

It is within these *categories of competence* that specific skills and abilities can be further organized and specified.

In descriptions of the applications and evaluation of the COPA Model (see Lenburg et al., 2011), the most specific guidance is provided for framing the outcome statements and developing the competency-based performance assessment and examinations, Pillars 2 and 4, respectively. Less detailed guidance is provided by Lenburg on the best methods and procedures for identifying specific core practice competencies (Pillar 1) and identification of appropriate interactive learning experiences that support competence development (Pillar 4). During the course of this program evaluation, special attention was paid to the alignment and proportional focus of program activities across all four pillars of the COPA Model.

Program Evaluation Guiding Questions

The guiding questions, methods, and procedures employed in this program evaluation were designed in accordance with well-accepted standards and conventions. The program evaluation was guided by the following three questions (with associated sub-questions), derived from the RFP and the synthesis of findings from the literature:

1) To what extent is the COPA Model implemented in the IBC Foundation Nursing Internship Program through identified competencies, clearly articulated competency outcome statements, use of interactive practice and learning experiences, and implementation of competency-based performance assessments and/or examinations?

   a. What are the Program's strengths and opportunities for improving COPA Model implementation across each of the COPA Model's four pillars?

   b. For areas of opportunity for improvement, what are the best practices (evidence-based, with demonstrated effects, whenever possible) the Program might consider implementing for future Program cohorts?

2) To what extent does the Program influence interns' a) conceptions of the role of the professional nurse in non-hospital settings, b) understandings of the role that social, environmental, and cultural determinants of health play in health behaviors, c) attitudes toward / likelihood to consider employment in non-hospital nursing roles, and d) leadership and professional role capabilities developed through participation in the Program.

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3) Considering programmatic resource requirements and impact on interns' professional role development and career trajectory, to what extent is the Nursing Internship Program applicable, scalable, and replicable both locally and in other geographic locations within and outside of the United States?

Program Evaluation Team

Project Director/Principal Investigator:

The Program Evaluation was directed by Darrell Spurlock, Jr. PhD, RN, NEA-BC, ANEF, Associate Professor of Nursing and Scholarship Director in the Widener University School of Nursing. Dr. Spurlock also serves as Director of the Widener Leadership Center for Nursing Education Research. As a nurse-academic psychologist, Dr. Spurlock has over 75 peer reviewed publications and presentations on topics in educational research, measurement, statistical analysis, and evidence-based practice (EBP). Dr. Spurlock has been involved as either an investigator or consultant on over 100 studies, quality improvement projects, and program evaluations.

Co-Investigator:

Susan Mills PhD, RN serves as an Assistant Professor of Nursing at Widener University. Dr. Mills brings skills in qualitative data analysis to the project, essential for identifying themes and key findings from the interviews and site visits. Dr. Mills has focused on studying the development of conceptual understanding in undergraduate nursing students and has investigated curriculum revision and undergraduate student stress. Dr. Mills has taught at all levels of nursing education from the baccalaureate through PhD in nursing program level.

III. Methods

General Approach

Newcomer et al. (2016) describe the *policy-scientific* theoretical approach to program evaluation that was employed in this program evaluation, where the goal is to examine the alignment between the assumptions and/or propositions about the program and the evidence which supports those assumptions and propositions, gathered through observations, interviews, examination of programmatic materials, etc. Because the primary focus of this evaluation was to examine the extent to which the COPA model had been integrated into the NIP, the policy-scientific theoretical approach was most appropriate.

Key Stakeholders

The key stakeholders considered in the NIP program evaluation included:

- The nursing student interns participating in the Program during Summer 2017
- The primary RN preceptor(s)/site supervisors with whom interns work during the Program
- IBC Foundation Nursing Internship Program coordinating/administrative staff
- Potential hiring managers from the sites where interns complete their internship experiences (which may be the same person as the preceptor/site supervisor)

Data Sources

The data needed to answer the key questions outlined above are organized into four main categories, described further below.

1) **Program artifacts, documentation, and materials**: Evaluation staff reviewed all available written programmatic and learning-focused materials used in the NIP, examples of which include orientation manuals, educational handouts, calendars of learning activities, and copies of any surveys, rubrics, or evaluation tools currently in use. These documents provide for a strong conceptual understanding of how the program is organized, delivered, and evaluated by NIP staff and the interns. The list of documents reviewed are outlined in **Appendix II**.

2) **Direct observation by the program evaluators**: Program evaluation staff attended the NIP orientation day, each of the Leadership Lab days, and the end-of-program recognition event. Direct observations were supplemented by field notes taken by the evaluation staff, as appropriate. The program evaluation staff did not participate in any of the NIP programming or activities but were present merely as observers of the activities.

   Program evaluation staff also visited the internship sites to conduct interviews with the interns and their supervisors, with just one exception where the

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interview was conducted over the phone due to scheduling conflicts. All on-site observations and interviews were scheduled in advance at times and in places agreeable to the interns and their site supervisors, with the evaluators striving always to minimize disruptions to normal operations.

3) **Interviews with stakeholders**: Program evaluation staff conducted formal interviews with key NIP stakeholders, including the interns, their site supervisors, and NIP administrative staff. Informal interviews and conversations with NIP mentors were also conducted when possible.

   The goal with each interview was to gather information directly related to the stated evaluation aims/key questions noted previously. To that end, number of and length of each interview was tailored to meet the goals of the evaluation project – while minimizing the disruptions in the NIP's operations and the interns' work and learning experiences. However, to standardize the interview process, the evaluation team developed an interview guide to be used during each interview. The interview guide is available in **Appendix III**.

   All interviews with the interns and their site supervisors were, with the express permission of the participant(s) being interviewed and after receiving assurances of complete confidentiality, audio recorded for transcription and analysis. Recording files were identified by site name only and interviewees were encouraged to avoid using names during the interview (as this was unnecessary and bolstered the privacy of all issues and experiences being discussed). After the audio recordings were transcribed and their accuracy confirmed by the evaluation team, the audio files were destroyed.

   Lastly, in addition to the individual site visit interviews, all interns were invited (and all participated) in a 1-hour focus group session during the afternoon of the third and final Leadership Lab day. The interns were divided into two groups, each led by members of the evaluation team, to allow for more group interaction and better recordings of the interviews for transcription.

4) **Quantitative data collected through electronic survey administration**: Though the number of potential variables of interest to this program evaluation effort is extensive, the list below represents an effort to select measures that would be informative to the stated evaluation aims/key questions. Quantitative survey data were collected in a pre-/post-test design via an anonymous online survey system. Interns were invited via email from the evaluation team to complete all the questionnaires in the days leading up to the interns' orientation day and again in the last week of the internship program. Data were analyzed using SPSS v. 24 for Windows.

   - **Demographic and background questions**: Typical demographic and background questions addressing factors such as educational background,

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previous clinical experiences, and plans for future study were collected from interns – but because of the small sample size, data from the pre- to post-internship periods were *disconnected* (i.e., the data was treated as if it is coming from two unrelated groups) to ensure anonymity of the interns' responses.

- **Nurses Self-Concept Instrument** (NCSI; Angel et al., 2012): The NCSI is a 14-item, Likert-type instrument designed to measure nurses' and nursing students' self-concept within the professional nursing role. The NCSI has four subscales (confirmed by factor analysis): caring, knowledge, staff relations, and leadership. Respondents are asked to rate the extent to which they agree with each of the 14 statements and responses are provided on a scale from 1 (definitely false) to 8 (definitely true). An example from the leadership subscale is, "I am/will be a good leader of nurses." With the scale authors' permission, the response scale will be modified to one ranging from strongly agree to strongly disagree, a more familiar set of scale options in the United States. Cronbach alpha internal consistency reliability coefficients were robust in the instrument development study (Angel et al.), ranging from .78 - .93. To assess for changes from pre- to post-participation in the Nursing Internship Program, the NCSI was administered electronically before the Program began and in the final days of Program activities.

- **Student Leadership Practices Inventory** (SLPI; Kouzes & Posner, 2003; Posner, 2004): The SLPI is a 30-item leadership behavior inventory organized into five subscales: modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart. These subscale titles align with a commercially available college student leadership program that is popular on campuses nationwide in the United States. An example statement to which students respond, from the "challenging the process" dimension is, "I look around for ways to develop and challenge my skills and abilities" (Posner, 2009, p. 554). Responses are provided on a scale from 1 (rarely or seldom) to 5 (very frequently or almost always), with scores ranging from 6 – 30 for each of the subscales noted above. Cronbach's alpha internal consistency reliability coefficients range from .58-.84 (Posner, 2009), generally falling in the acceptable range; social desirability bias has been reported as low and test-retest reliability was robust. To assess for changes from pre- to post-participation in the Nursing Internship Program, the SLPI was administered electronically before the Program began and in the final days of Program activities.

- **Attitudes Toward Poverty Scale – Short Form** (Yun & Weaver, 2010): Yun and Weaver revised a previously-existing, but lengthy, scale that assess attitudes toward poverty. The revised, short form scale contains 21 statements about poverty-related concepts that respondents rate the extent to which they agree on a 5-point Likert scale from Strongly Agree to Strongly Disagree. An

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example item is, "People who are poor should not be blamed for their misfortune." The 21 scale items are organized into three subscales: the personal deficiency subscale (i.e., people in poverty are more deficient than those not in poverty), the stigma subscale (i.e., negative attitudes about poor people), and the structural perspective subscale (i.e., beliefs about why people are poor). Cronbach's alpha internal consistency reliability coefficients ranged from .67-.82 for each of the subscales, and alpha for the overall scale was .87 (Yun & Weaver). This newly developed scale has not been widely tested so the available validity and reliability evidence is limited. To assess for change from pre- to post-participation in the Nursing Internship Program, this scale, like the others, was administered electronically before the Program began and in the final days of Program activities.

- **Employment intentions**: To examine whether the Program impacts interns' intentions to work in non-hospital settings after graduation and licensure as a Registered Nurse, respondents were invited to indicate the likelihood of working in each of several typical settings (e.g., hospital, nursing home/long term care, outpatient/ambulatory setting, etc.) after graduation. This question was administered pre- and post-participation in the NIP.

Data Analysis

Preliminary analysis and evaluation of the interview and observational data occurred in an ongoing, continuous fashion. Interviews, once completed and transcribed, and observational data (e.g., field notes) were then evaluated thematically using systematic content analysis procedures, as generally described by Newcomer et al. (2015) and Tashakkori and Teddlie (2010). This involved reading and re-reading all of the interview transcripts, listening to audio files again for further clarity, and then identifying themes present in the qualitative data. Because of the semi-structured nature of the interviews, the themes generally organized themselves around the program evaluation key questions – and are presented as such in the findings section.

Descriptive and inferential analysis of the quantitative data obtained through survey procedures were conducted in accordance with the best practices contained in Tabachnick and Fidell (2012). This includes using independent samples *t*-tests to assess for differences in mean scores on each of the survey measures from pre- to post-participation in the NIP. Familywise error in null hypothesis statistical testing was controlled for using a Bonferroni's correction. Data were analyzed using SPSS v. 24 for Windows. The survey items administered to interns are contained in **Appendix IV** (except for those from the SLPI, which are copyrighted and may not be reproduced without permission).

IV. Findings

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Intern Demographic and Personal Characteristics

Of the 24 interns participating in the Summer 2017 NIP, 23 interns responded to survey invitations to provide both demographic and personal information, along with responses to the evaluation study instruments. Certain common demographic question such as age, race/ethnicity, and gender were not asked due to the small size of the cohort and the potential to identify interns based on these responses. This choice supported the program evaluation team's assurances to the interns that any data collected as part of the program evaluation process would be held in confidence and that privacy was a priority consideration. Anecdotally, the 2017 intern cohort was quite ethnically and racially diverse. There were also several male interns in the cohort.

Consistent with expectations based on national population-based demographic characteristics of pre-licensure nursing students, interns reporting being predominately senior-level students (i.e., entering their senior year) and expected to graduate in the Spring of 2018. Figures 2 and 3 below, illustrate these findings.

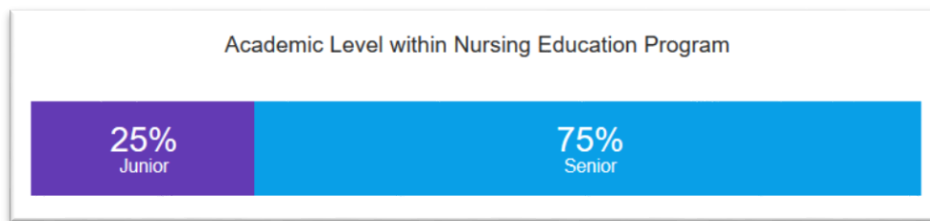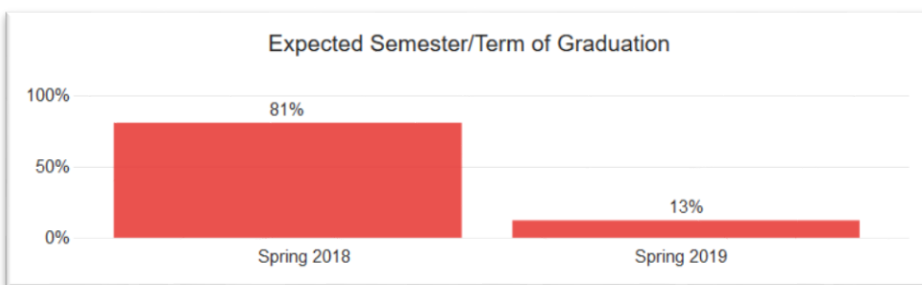Figure 2. Interns' current academic level within their nursing education program.[1]

Academic Level within Nursing Education Program

25% Junior — 75% Senior

Figure 3. Interns' expected semester or term of graduation.

Expected Semester/Term of Graduation
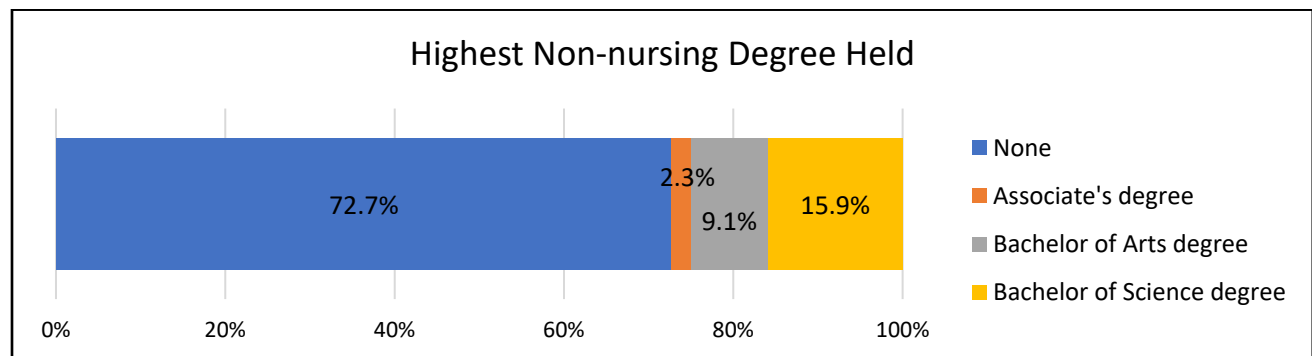
Spring 2018 81% Spring 2019 13%

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[1] A note for all figures: 1) In many instances, additional response categories beyond those presented in the figures were available for several of the survey items; for the sake of clarity, those categories receiving no responses are omitted from the figures. For example, the category "Sophomore" was an option for the question illustrated in **Figure 2** but is not depicted as it was not selected by any survey respondent. 2) Percentages may not always total 100% since no survey question were set to "force response" – meaning that respondents could chose not to answer some questions. **Appendix IV** contains a complete listing of the survey questions and possible response categories.

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While all the interns were enrolled in pre-licensure nursing education programs, we did not ask the type of program in which they were enrolled, such as a traditional BSN program, an accelerated BSN or MSN program, etc., because this characteristic could be used to identify interns enrolled in less common program types. Anecdotally, interns were enrolled in various types of BSN programs, including both accelerated BSN (sometimes called *second degree* programs, often completed in 12-18 months) and traditional BSN program (completed over the course of four years). One intern was enrolled in a pre-licensure entry-level MSN program, where students receive both basic pre-licensure and additional graduate-level nursing content, and graduate with a master's degree instead of a bachelor's degree. These types of programs are uncommon but provide another avenue into the profession for individuals already holding a bachelor's degree in another field.

The vast majority (72.7%) of Summer 2017 interns held no other degree, which would indicate they were enrolled in traditional BSN programs. Conversely, 25% of interns held a bachelor's degree in a non-nursing field; accelerated nursing programs are typically appealing to students already holding degrees. Figure 4, below, illustrates the breakdown of interns' highest degree earned.

Figure 4. Highest non-nursing degree held by interns.

Chart titled "Highest Non-nursing Degree Held" showing a horizontal stacked bar: None 72.7%, Associate's degree 2.3%, Bachelor of Arts degree 9.1%, Bachelor of Science degree 15.9%.

General Findings

1) Interns were provided a variety of transformative experiences which influenced their attitudes and beliefs about poverty, their leadership capabilities, and their professional nursing self-concept. The experiences that interns especially highlighted included the afternoon volunteer trip to MANNA and the session on networking and interviewing provided by the Foundation's President.

   One site supervisor pointed out how her student experienced a transformative understanding of living in poverty. She stated,

   "I think students are amazed when they see patients that don't have the means

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... Maslow's hierarchy of needs, I always speak to the students about that with our patients because some of our patients don't know where they're going to be living next week, and trying to have them start a prescription and they're newly diabetic is overwhelming, and it comes so true here with our patients, and they're always amazed."

An intern echoed the transformation stating,

"I think I didn't realize how many people want to be healthy but don't have the resources to be. Talking to some of those people, even for just the clinic visits, was so sad and so eye-opening that some of them know that they should be eating healthy but that's just not ... they don't have the time or the money or a close grocery store to get that stuff. I'd heard it before but listening to people to talk about it was different than just reading it in a textbook."

In developing their professional nursing self-concept, interns reported beginning with an intense discomfort of communicating with others over the telephone. Every intern described their increased confidence in telephonic communication as a result of their experiences.

Interns appreciated the variety of volunteer opportunities available through the Foundation and during the MANNA excursion. One intern said,

"And I even asked at MANNA, they gave me a business card, I want to take my little brother back and like my family members because I think it's just ... We forget that people need us because we are so wrapped up in our own lives and our own families."

Most of the interns admitted that they would love to volunteer more but get two busy once school starts. One intern stated that she appreciated the way the Foundation lays out all the options for volunteering and once she got her 'Blue Crew' t-shirt, she was planning on signing up.

2) Interns participated in numerous enriching leadership-building experiences that were unique to the internship program, compared to those they receive in their academic nursing education programs. Interns also identified certain aspects of the Leadership Lab days that seemed to cover issues and topics already thoroughly addressed in their academic nursing education programs.

3) The site supervisors (and others) who oversee the interns at their internship sites are uniformly positive toward and supportive of the internship program and are highly invested in its continued success.

One manager interviewed is an alum of the Nursing Internship Program from three years ago and attributes her passion for community nursing and caring for the

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underserved to her experiences as an intern in the NIP. She noted that after having worked in the hospital for just under 2 years, a position came open at the clinic where she did her internship (and where she is now a manager) and because of her connections through the NIP and because she already had experience in that clinic, her transition into a community-based role was much easier than if she had only had hospital-based experience after starting her nursing practice.

Site supervisors at several of the clinically-focused sites voiced concern over not being sure of the skills the students were able to perform, consequently some interns acted as aides, some worked closely with an RN and did more RN-type duties (e.g, assessments, charting, administering immunizations), and some worked on projects only with little direct patient care.

Site supervisors in several of the non-clinical internship sites were very hopeful that interns were gaining the experiences that would help them understand the expansive role of the nurse, and how not all nursing "care" is provided directly. The manager noted,

> *"I hope that she gets out of the program how we as nurses in the insurance company work with our members indirectly to improve health."*

All of the site supervisors stated that the NIP met their needs and many noted that while they were worried about the time it would take to orient an intern, the effort was worth it. At IBC, supervisors strongly encouraged each other to try taking an intern whenever possible because the rewards outweigh the rewards. One manager, in describing her reaction to taking on an intern, noted,

> *"I'm too busy…now I have to take the time to teach somebody. But that part paid off in about a week."*

Many of the site supervisors mentioned that allowing interns to have access to the electronic medical record (EMR) was substantially beneficial. In IBC non-clinical sites, managers discovered that it was more efficient to train the interns themselves and off-site, clinical site managers also agreed that it was not as time consuming to get interns on EMR – and ultimately beneficial for the interns.

4) Interns' experiences varied greatly both across sites and throughout the 10-week program, especially among the community clinic sites. Some interns placed in community clinic settings were assigned primarily administrative tasks with little or no patient contact, while other interns had a robust clinically focused experience with little or no administrative component. This was not always viewed negatively by the interns but there was consensus among interns that clearer expectations of them in their roles early on would have eased their transition into their internship sites at the start of the NIP.

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The first week of the orientation was difficult for interns in both the clinics and at IBC non-clinical sites. Written expectations and a structured orientation for the on-site orientation would have eased the transition. A few of the interns spoke about talking to their managers about how their expectations for the types of experiences they wanted were not being met. One intern said,

> *"The plan was somewhat made after the three, four weeks. I was like, 'Hey, I'm not really getting too much of a feel for this internship because I'm doing phone work and not really having hands-on experience with patients.' Then he was said, 'Okay, we'll try to set a schedule for this.'"*

5) Interns placed in non-clinical settings, primarily at IBC headquarters, were uniformly positive about their NIP experiences and suggested that the primary reason was because their role expectations were clearer from the start of the program than their peers placed in clinical settings. Most of those interns picked non-clinical settings very intentionally, and overall, their experiences exceeded their expectations.

6) A segment of interns assigned to community-based sites (where hiring and onboarding was not exclusively handled by IBC HR and was unique to each site) had trouble in communicating with HR and in understanding expectations related to the NIP onboarding process. This led to frustrations which were resolved once the internship got underway.

   These interns, some placed in clinical sites sharing a common HR department, expressed significant frustration in getting information from the HR department, and meeting the HR requirements. Communication was sparse and some interns felt as if they were an annoyance to the HR department for the clinic sites. Mixed signals on offer letters (e.g., timing of the letters and expected hours per week of work) nearly convinced two of the interns to accept other jobs had the interns not taken the initiative to dig deeper about what was happening with their positions within the NIP. One intern had a very difficult time with HR at her clinical site and reported waiting for six weeks to get her first paycheck.

Guiding Question 1: Alignment with the COPA Model

1) NIP-COPA Model alignment is strongest in Pillars 1, *Core Practice Competencies*, and 3, *Interactive, Practice-focused Learning*. Though individual experiences for each intern varied substantially across the Summer 2017 Intern group, nearly every intern had opportunities to learn, apply, and practice skills relating to communication, critical thinking, assessment and intervention, teaching, management and leadership, and knowledge and integration.

   COPA Pillars 1 and 3 were addressed through both didactic (e.g., Leadership Lab sessions) and experiential, practice-focused (e.g., at internship sites) learning

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opportunities.

2) COPA Pillars 2 and 4 (*Competency Outcome Statements* and *Competency Performance Assessments*, respectively) were less well evident in the NIP. These Pillars are the most difficult to integrate in both academic and non-academic settings, so this finding is not unexpected. Establishing competency outcome statements and methods of performance evaluation which are applicable across the spectrum of NIP sites is a substantial challenge.

    Addressing this identified need would directly improve NIP-COPA Model alignment relating to Pillars 2 and 4. Site supervisors expressed a clear interest in having access to an evaluation form and/or competency checklist/outcome goals and expectations. One manager stated, *"They never gave me any structured way to go about how to evaluate her."* Another of the supervisors noted,

    > *"If they want to collect some data, then they may want to consider preparing some kind of documentation for managers."*

    Site supervisors also noted that increased communication from the Foundation staff would be helpful for things such as the content and structure of the Leadership Labs, or how site supervisors are related to the mentors each intern is assigned. One site supervisor thought her intern was assigned a mentor because she (the supervisor) was not doing a good enough job at the site.

3) Related to finding 2 (above), NIP interns expressed strong support for more structured guidance, support, and tools to help supervisors to provide feedback and evaluation of intern performance. Addressing this identified need would also directly improve NIP-COPA Model alignment relating to Pillars 2 and 4.

    For example, interns often spoke of having to ask for feedback, and site supervisors confirmed that they frequently did not have a plan or method in place to provide feedback to interns. Rarely did the interns or the managers describe feedback as formal or written. For the most part, feedback was verbal and positive. Only one intern spoke of receiving corrective feedback early in the internship. She appreciated hearing what she was doing wrong and modified her behavior based on the feedback. Another intern was hoping for helpful constructive feedback stating,

    > *"I got all good feedback, which I'm never really sure about because I feel like there were definitely things I could have improved and they didn't tell me that."*

Guiding Question 2: Professional Nursing Role, Attitudes, and Beliefs

1) National trends in nursing education over the last decade reflect a number of notable changes when compared with decades past. These include sharply increasing numbers of students enrolling in baccalaureate versus associate's degree programs, a

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surge of enrollments in master's degree programs, especially those preparing graduates for Advanced Practice Registered Nurse (APRN) roles such as the Nurse Practitioner or Certified Nurse Midwife, and lastly, an increase in enrollments in Doctor of Nursing Practice (DNP) programs. Though some national organizations have strongly advocated for moving APRN education to the DNP level from its historical place at the master's degree level, many APRNs are still educated in MSN programs. Figure 5, below, illustrates interns' plans for additional nursing education.

Figure 5. Intern's plans for additional education in nursing.
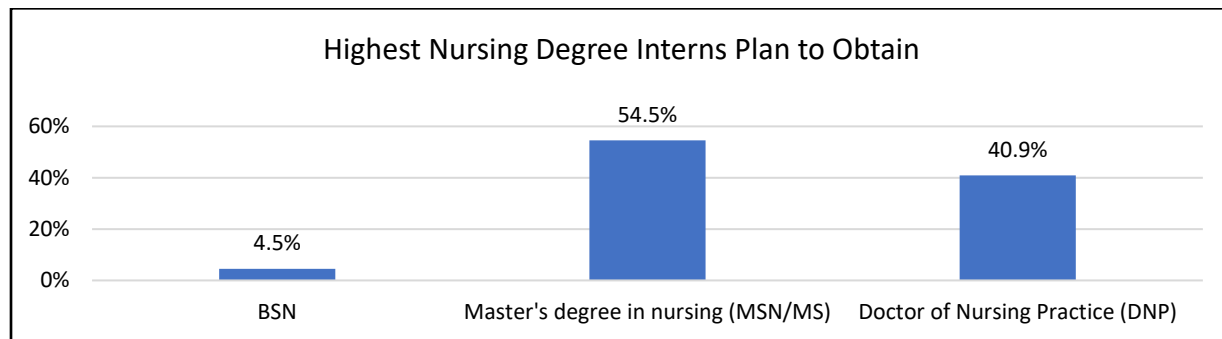
For those interns who indicated they planned to obtain nursing education beyond the BSN degree (94.5%), they were then asked about the specialty role preparation they planned to pursue during their graduate studies. Figure 6, below, indicates an unusually large portion of the interns were interested in nurse midwifery. The next most popular roles included that of the Family Nurse Practitioner (FNP), Nurse Administrator, and Psychiatric-Mental Health Nurse Practitioner. The additional specialty areas of interest to interns are depicted below, in Figure 6.

Figure 6. Interns' specialty interests for graduate study in nursing.
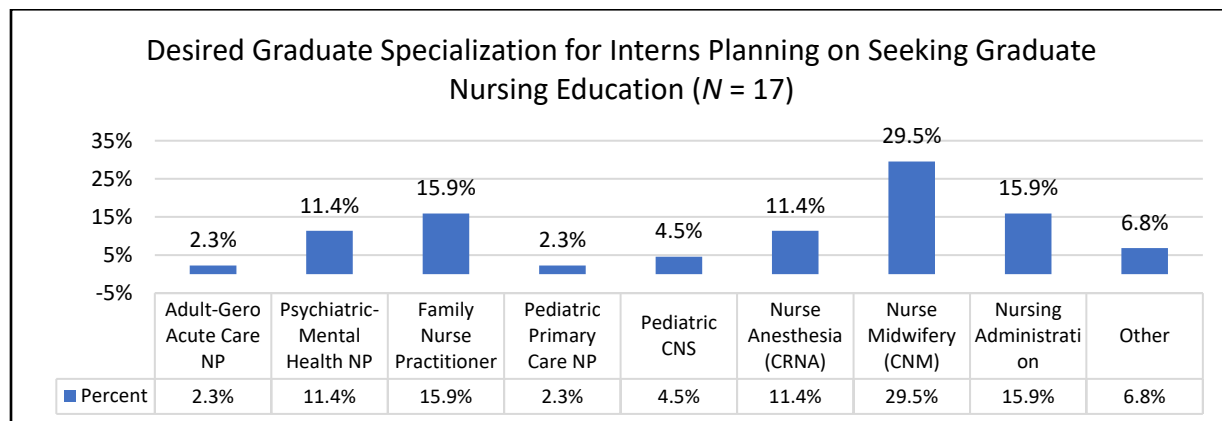

Because one of the core purposes of the NIP is to expose interns to non-hospital clinical and non-clinical settings, interns were asked to report the approximate percentage of time they spent in various types of clinical settings as part of their clinical nursing

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education experiences. Schools have wide latitude in how they design clinical experiences but nationally, most clinical experiences for pre-licensure nursing students still take place in hospitals. As Figure 7 below indicates, this trend is true among the interns as well, with nearly 60% of experiences taking place in hospitals, followed by long-term care settings, and then ambulatory/outpatient settings. Community or public health settings comprised only 10.1% of the interns' formal clinical education experiences.

Figure 7. Distribution of nursing education clinical experiences by clinical site type.
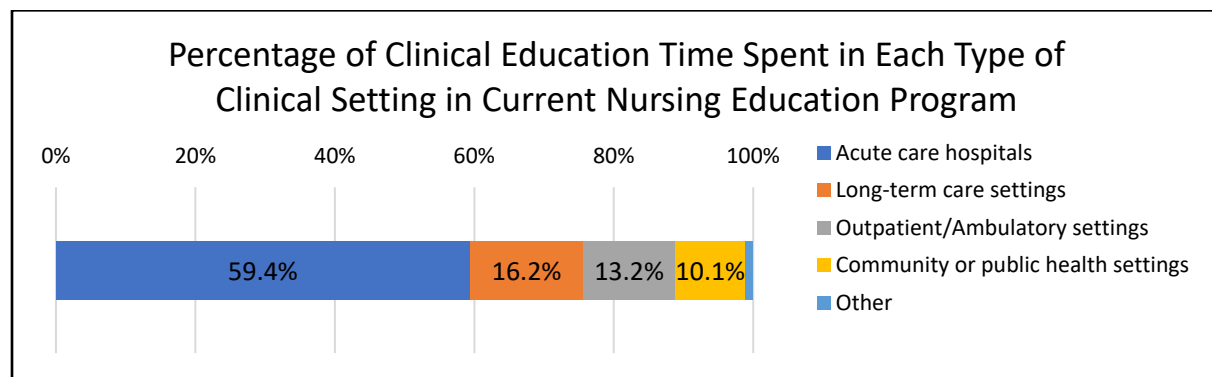

2) Though most interns indicated plans to pursue a hospital-based role after graduation, nearly all the interns described obtaining new insights into and respect for nursing roles outside of hospital settings as a result of their experiences in the NIP. Figure 8, below, depicts the counts of interns indicating their likelihood of seeking employment in various types of settings. Because interns could indicate the likelihood by setting and could skip providing ratings for all of the setting types, counts, rather than percentages are provided.

Visually, Figure 8 indicates that while the strong preference for hospital-based employment persisted from pre- to post-internship, there was a shift in preferences for the other types of settings, with more interns indicating a positive shift in their openness to seeking employment in community-based and ambulatory settings.

When the data were subjected to independent samples t-tests, the positive shifts toward community-based and ambulatory settings were found to be statistically significant ($p = .023$ and $p = .034$, respectively). A larger sample size is needed to confirm these findings given the low statistical power that sample sizes smaller than 50 respondents generally confer to any statistical analysis.

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Figure 8. Counts of interns' employment setting preferences, pre- and post-internship.

Intern Employment Setting Preferences, Pre- and Post-Internship
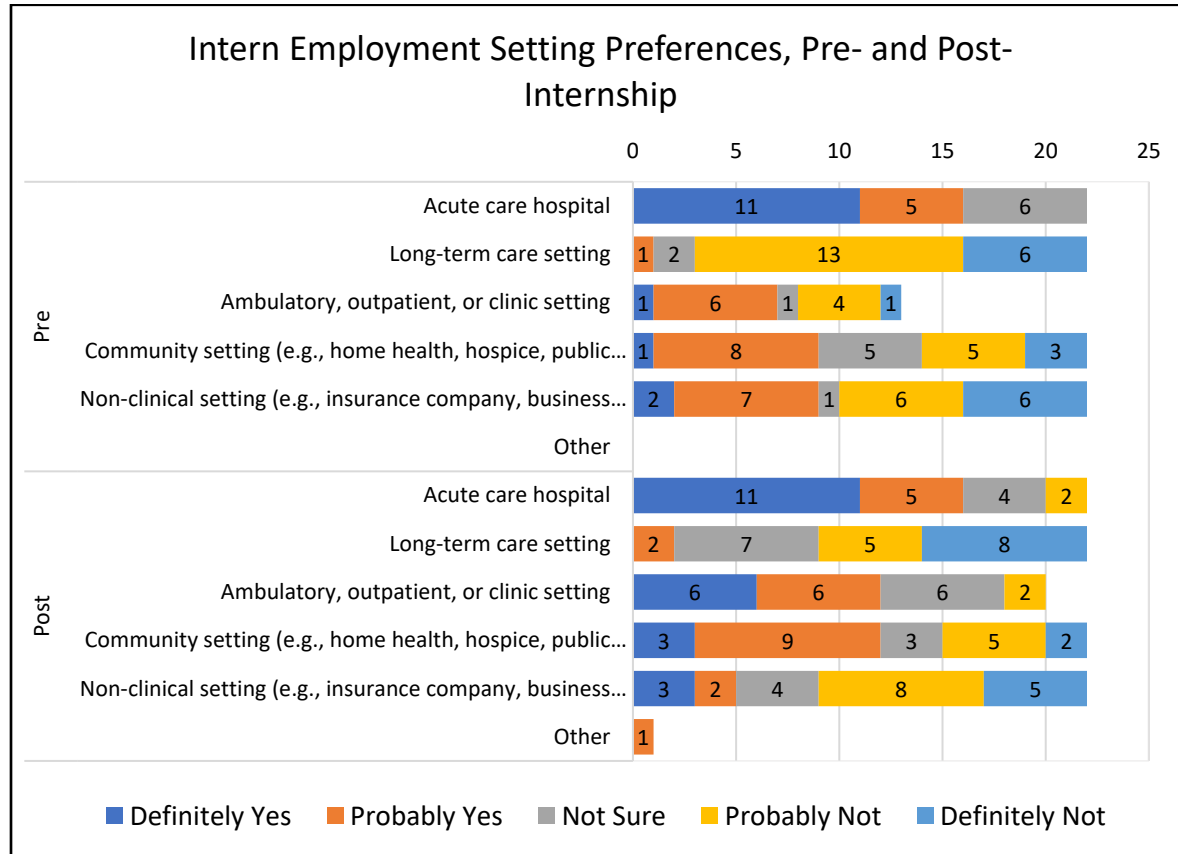
3) Baseline attitudes toward social determinates of health, especially poverty, skewed strongly positive, and remained strongly positive at NIP conclusion. Baseline leadership skills and styles, measured using the Student Leadership Practices Inventory (SLPI), also skewed strongly positive, and remained strongly positive at NIP conclusion. Interview data suggested more development in attitudes and beliefs than was reflected in the survey data. Supporting the notion that while baseline attitudes and beliefs were skewed positive both pre- and post-internship, this was not necessarily a negative finding, as one site supervisor noted,

> *"These interns are leaders already, they come in as leaders so it makes our job easy."*

In addition, interns frequently spoke of having an expanded view of the role of nursing in community health because their experiences in the NIP. One intern stated,

> *"Being in a community nursing environment, is a lot different than being in in-patient* [settings]. *And it really opened my eyes to the many, many, many opportunities that you can have as a nursing major and even as a nurse. I don't*

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know necessarily that I would go into public health nursing or community health nursing, but it's definitely opened my eyes to the opportunities."

The interns also seemed to gain an appreciation for the complexity of the needs of the patient, which are oftentimes easily overlooked when caring for patients only in the acute care setting. To illustrate, one intern stated,

"Like when I try to explain to my parents what this place does, I'm like: it's almost like the person's an onion. You just peel back each layer. There's so much to a person. There's so much that the person needs that this clinic can offer."

Figure 9 illustrates findings from the surveys on nursing self-concept, leadership capabilities, and attitudes toward poverty.

Figure 9. Interns' attitudes and beliefs from pre- to post-internship.[2]
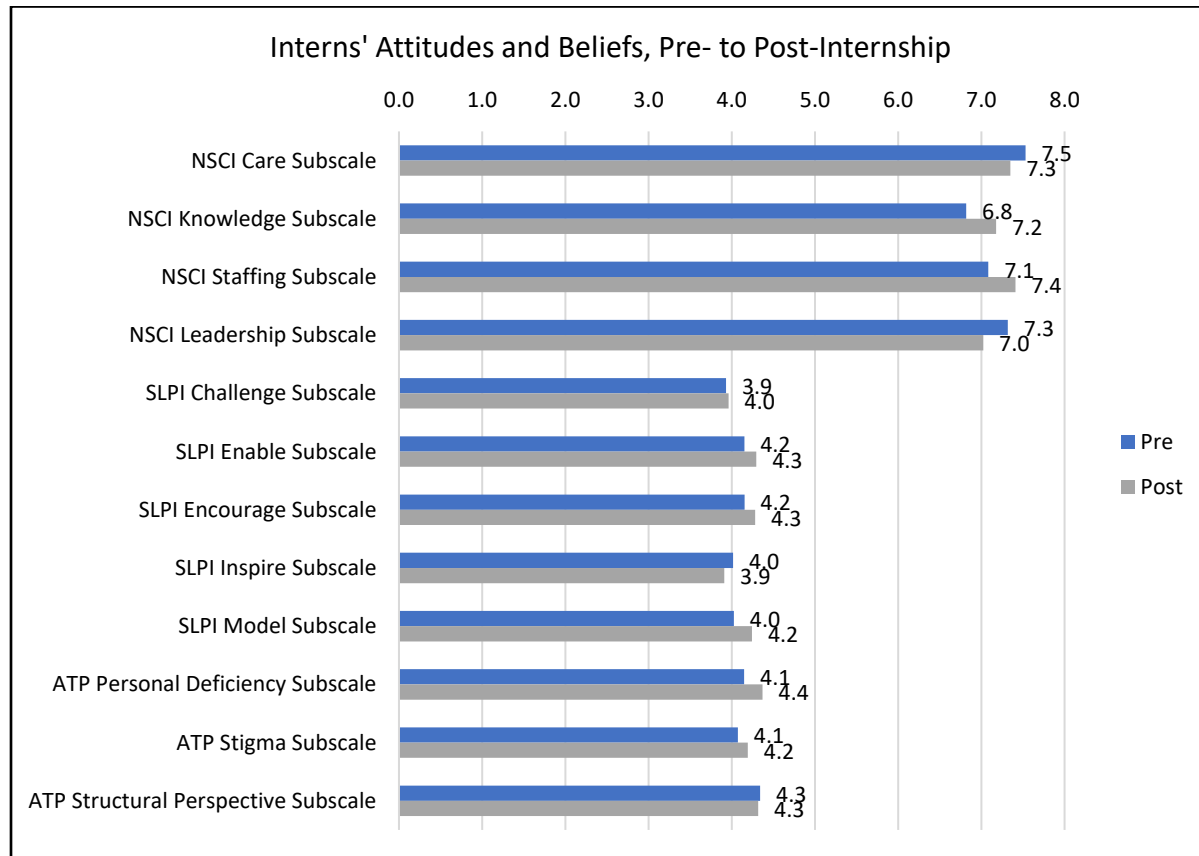
[2] NSCI scale scores are based on scoring where 1 = "definitely false" and 8 = "definitely true"; higher scores indicate a more positive nursing self-concept. SLPI scale scores are based on scoring where 1 = "rarely or seldom" and 5 = "very frequently or almost always"; higher scores indicate higher leadership self-ratings. ATP scale scores are based on scoring where 1 = "strongly disagree" and 5 = "strongly agree"; higher scores indicate more positive attitudes about aspects of poverty.

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Regarding the Leadership Labs, interns described the Leadership Labs overall as positive experiences, though sometimes the feedback was mixed. Interns felt that discussions of topics like cultural competence were redundant to what they have previously learned in their nursing education programs (where cultural competence is a key theme throughout all nursing education curricula), whereas the discussions about generational differences in the workplace and the networking topics were viewed as tremendously helpful. One intern stated,

> "The labs just need to be a little more interactive, not so much talking at us. The exercises we did together were fun and it made us have to talk to each other."

There were several suggestions of ways to allow the interns to work together more frequently in interactive learning situations – MANNA and the marshmallow ice breaker were both used as examples of activities that the interns found helpful in promoting leadership and service skills.

During the focus group interviews, many interns indicated that opportunities to get to know the other interns outside of "working hours" would be helpful. Examples included having a monthly after-work meeting for dinner and drinks, or more time during the Leadership Lab days to socialize and form relationships with the other interns.

4) The NIP end-of-program recognition event, where interns could present their research posters, was uniformly well received. Interns felt the opportunity to highlight their accomplishments and what they had learned throughout the NIP by developing and presenting their posters was rewarding and affirming.

One intern clearly described the leadership opportunities that her research poster project provided her, in that she needed to think critically, involve others by asking questions, and then by proposing solutions. She noted,

> "So, CHF has a lot of readmissions so I was looking at research on why, and depression was a big reason why – and it's not screened for properly a lot of times. These aren't questions we're asking much about, so I was thinking more of a questionnaire for depression, more of a scale, like the Beck Depression Inventory, and if the client hits a certain percentage, then they get referred on…".

5) Interns reported generally positive experiences with their mentors. Interns described the mentor program as one of the "perks" of the internship. Some intern-mentor dyads developed into worthwhile, ongoing relationships. Other interns indicated that they appreciated the willingness of the mentors to connect but didn't expect the relationship to continue after the NIP concluded.

Challenges with the mentoring program aspect of the NIP included finding time to meet with the mentor and the actual matching process. A common sentiment

expressed, especially during the focus group interviews, was that it was very difficult to meet with their mentor three times during the internship, especially when mentors and mentees may be working conflicting schedules and the internship is only 10 weeks long.

To make a better informed selection of mentors, including to perhaps avoid some of the scheduling difficulties, interns expressed an interest in meeting the mentor prior to selection, or perhaps even seeing a pre-recorded video from the mentor to "put a face" with the mentor résumé the interns were given to help with their selection. This idea was strong endorsed by the interns in the focus group interviews, with the universal acknowledgement that a mentor-mentee relationship could be a fruitful, rewarding endeavor for both mentors and mentees.

Guiding Question 3: Scalability and Replicability

1) The NIP is currently staffed by two talented and passionate individuals who are highly invested in the success of the NIP and of the interns individually. While each manages several other programs and initiatives for the Foundation, they have been able to deliver rich, rewarding experiences to the interns fortunate enough to participate in the NIP. This is especially impressive given that the 24 interns participating in the 2017 NIP cohort would have logged an estimated 9,000 internship hours during their 10-week internship program.

   To enhance the NIP based on the recommendations in this report, additional staffing resources are likely to be necessary, as discussed further below. The two primary staff members who oversee the program are strongly supportive of nurses and demonstrate an uncommon understanding of the role of the professional nurse without they themselves being nurses. Undoubtedly, the overall success of the NIP can be attributed to the efforts of these two staff members, and in particular to the frontline program specialist who provides day-to-day oversite of the NIP. Both interns and site supervisors confirm the pivotal role that the NIP specialist plays in the success of the program.

   One site supervisor noted that she receives "all her direction from Zaynah," highlighting the important role that the IBC Foundation staff play in keeping the NIP operating efficiently and effectively. In addition, the printed materials reviewed (see Appendices) were found to be accurate and professionally designed, further illustrating the importance with which the Foundation staff view the NIP and its stakeholders.

2) While the NIP is overseen by staff effort equaling approximately .20 FTE (annual effort), many functions such as marketing, recruitment, the intern application process, hiring, and ongoing HR support are provided by partners either internal or external to the Foundation. This is an important consideration for both replication and scalability, where such functions may or may not be handled through resource

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sharing.

Resource sharing works most effectively when the integration between the "verticals" of the organization (e.g., marketing, HR, program staff) are highly integrated. Outsourced or less well integrated systems may not produce as positive an experience as the NIP interns and site supervisors experience at the current time, given the difficult challenges faced by clinical education sites (MacIntyre et al., 2009).

3) Like the predominate model used in academic clinical nursing education, the success of the NIP hinges on the availability of partner organizations willing to offer a clinical or non-clinical site and to dedicate a staff member to oversee the intern. Given the national shortage of clinical sites (Richardson et al., 2014), a strong network of partner organizations is crucial for the NIP to operate. The Foundation's staff have done well in building out this network of internal and external partners to ensure an adequate number of sites are available. Maintaining and expanding these relationships is time intensive – but critical to the success of the NIP.

Though there was variability among interns as to why they chose this internship, all agreed that they enjoyed serving a different population than they were used to seeing during their clinical experiences in school. One intern took the internship not realizing she would be paid and two other interns drove over 90 minutes each way to get to their internship site. These interns experienced the profound dedication and caring of the partner organizations and of IBC employees, which made completing the internship easier for them.

4) After strengthening NIP-COPA Alignment with Pillars 2 and 4, the NIP could be scaled up – restrained only by staff resource allocation and physical space limitations. As with any similar program which involves extensive planning, communication, and coordination of activities offered by the program, the staff resources necessary to scale the NIP up are not related in a linear way to the number of interns in the program. More likely, the relationship is somewhat logarithmic, meaning that, for example, to double the size of the current NIP to 50 students, the staff resources needed to ensure quality are likely closer to .9 FTE than to .4 FTE, given the additional number of partner sites (and the requisite expanding geographic basis) needed to support more interns.

Scaling up the NIP's capacity by using existing partners who can accommodate more interns could be a slightly more efficient option to increase the number of interns in the program – but does not address the challenges related to administering the program, as noted above.

V. Recommendations

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1) To enhance NIP-COPA Alignment with Pillars 2 and 4, *Competency Outcome Statements* and *Competency Performance Assessments*, respectively, the NIP should consider developing a set of outcome statements addressing the knowledge, skills, and abilities that interns develop as a result of having participated in the NIP. These outcomes should be clear, achievable, and measurable. The brief nature of the NIP (10 weeks) and the variety of internship sites and settings should be considered when developing the statements so that the outcomes are relevant and broadly applicable. These outcome statements should be shared with interns and the partner organizations who host interns during the NIP.

   In developing the *Competency Outcome Statements* and *Competency Performance Assessments,* NIP staff may wish to identify which, from among the 8 COPA Model Practice Competencies (Lenberg, 2009), the NIP can most effectively impact during a 10 week summer internship program. Because the NIP is not a formal part of the interns' nursing education program, we suggest focusing on the following Competencies from the COPA Model: *2. Communication; 3. Critical Thinking; 4. Human Caring Relationships; 6. Leadership;* and *8. Knowledge Integration.* These Competencies are the ones most evident within the current design of the program and also fill a gap which exists in nursing education programs today, a gap that broadly includes important affective skills and abilities which are often not well developed at the conclusion of a nursing education program (Valiga, 2014). Focusing on these competencies will support internship activities that are consistent with state nursing practice regulations that restrict what clinical tasks can be done by nursing students outside their formal educational programs.

   Lenberg (1999) notes that competency outcome statements are like traditional learning outcome statements, except that the competency statements should include an observable, measurable behavior, and reflect real-world activities that the individual should be expected to do. So, there is a shift away from primarily ethereal verbs such as *discuss*, *examine*, or *recognize* to more action-oriented verbs like *conduct*, *deliver*, or *produce*. An example of an action-oriented, "COPA-compliant" outcome statement under *Competency 2. Communication*, could be:

   > *At the conclusion of the Nursing Internship Program, the intern will deliver a short (<5 minute) oral presentation of the findings from the intern's site-based research project to a small audience using a combination of audiovisual media and group discussion.*

   The example competency statement above reflects an activity that is observable and measurable, is ecologically appropriate (nurses actually need to be able to do this), and is appropriate as an outcome for skills which could be developed over the course of a 10-week internship program.

2) Supporting further development of *COPA Pillar 4, Competency Performance Assessments*, the NIP should consider providing structured guidance to partner

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organizations hosting interns in the form of a toolkit that functions to enhance the manager's/site supervisor's capability to provide feedback to the intern and to NIP staff. Research findings frequently support that notion that nursing preceptors feel unprepared and desire more support for their role as preceptors (Ward & McComb, 2017).

Minimally, this toolkit could include a guide to providing feedback (especially helpful for inexperienced managers), a standardized performance evaluation rubric to document the feedback provided to the intern, and information supportive of setting individualized goals that are site-specific. Managers and site supervisors who oversee interns could benefit from additional professional development in this area, perhaps by webinar or in a half-day workshop offered at the Foundation's headquarters.

3) While some Leadership Lab sessions were delivered using dynamic, engaging instructional methods, NIP staff should consider reviewing all components of the Leadership Lab sessions to identify opportunities to further integrate engaging, interactive pedagogical strategies.

The interns identified, and research findings support, that learning is enhanced when engaging methods of instruction are used. Once the content for the Leadership Labs is finalized (if any revisions are made prior to the 2018 cohort), then NIP staff should consider consulting with professional development or nursing education experts to identify pedagogical strategies for each topical area that are likely to be both well received by the participants and perhaps more importantly, effective in promoting learning and skill development.

4) Because the hiring and onboarding process is often subject to breakdowns in process, the NIP staff should consider either a) enhancing regular communication with incoming interns to identify issues or concerns which may need NIP staff intervention (e.g., HR paperwork delays, unclear email messages, issues with pre-employment documentation requirements, etc.), or b) bringing the hiring and onboarding process for all interns in-house to IBC. Under the second option, intern candidates would interact only with the HR staff at IBC for hiring and onboarding, and though they would technically be employed by IBC, they could still be assigned to the same partner sites currently in use.

We recommend the second option, where all intern hires are made through and by IBC, for several reasons. First, because of IBC's size and scale, IBC HR operations are more efficient and effectively delivered than what can be accomplished in much smaller organizations. Some of the clinic sites have very limited or no dedicated HR staff capability and thus, how hiring, onboarding, and payroll were handled varied substantially from site to site. If it were possible to bring this hiring process entirely inside IBC, all interns would receive a uniform HR experience and this would likely lead to a more productive internship where less time is spent in the first two weeks of the internship addressing HR-related issues and more time is spent working toward building the skills and abilities necessary to meet the established competency outcomes.

5) Separate from the staffing resources required to increase NIP cohort sizes, to address other recommendations noted throughout the report such as developing structured NIP outcome statements, creating new tools for evaluating interns, enhancing communication, coordination, and training for internship site supervisors, and lastly, revising the content and pedagogical methods used in the Leadership Labs, the NIP would benefit from additional staffing resources to support these efforts. These additional staffing resources would be valuable investment, however, in creating a model program ready for adoption nationally by other organizations similarly committed to the health of communities and the role that nurses can play in achieving that goal.

VI. Next Steps

1) Priority consideration should be given to developing outcome statements and more structured methods of evaluation and feedback in preparation for the Summer 2018 intern cohort. The development of a toolkit which includes some standardized forms and program outcome information would be useful to both site supervisors and interns.

2) Consider hosting 1-2 live skill-building webinars for intern site supervisors in the month before the Summer 2018 intern cohort arrives. These webinars would focus on understanding and applying the NIP outcome statements and performance evaluation tools (e.g., rubrics, forms, etc.). The use of a webinar format may be preferable to in-person methods for a variety of reasons (e.g., scheduling, commuting and parking, etc.).

3) Consider how the current internship job descriptions are written, and if those could be improved or addended to give potential interns clearer sense of their duties at the various sites. This step intersects with our suggestion that the NIP limit its focus to 5 of the 8 COPA Model Competencies that best align with the NIP's format and program length.

VII. References

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References

Anderson, P., Pulich, M., & Sisak, J. (2002). A macro perspective of non-clinical student internship programs. *Health Care Manager, 20*(3), 59–68.

Angel, E., Craven, R., & Denson, N. (2012). The Nurses Self-Concept Instrument (NSCI): Assessment of psychometric properties for Australian domestic and international student nurses. *International Journal of Nursing Studies, 49*(7), 880–886. https://doi.org/10.1016/j.ijnurstu.2012.01.016

Benson, G., Martin, L., Ploeg, J., & Wessel, J. (2012). Longitudinal study of emotional intelligence, leadership, and caring in undergraduate nursing students. *Journal of Nursing Education, 51*(2), 95–101. https://doi.org/10.3928/01484834-20120113-01

Betony, K. (2012). Clinical practice placements in the community: A survey to determine if they reflect the shift in healthcare delivery from secondary to primary care settings. *Nurse Education Today, 32*(1), 21–26. https://doi.org/10.1016/j.nedt.2011.01.010

Binder, J. F., Baguley, T., Crook, C., & Miller, F. (2015). The academic value of internships: Benefits across disciplines and student backgrounds. *Contemporary Educational Psychology, 41*, 73–82. https://doi.org/10.1016/j.cedpsych.2014.12.001

Bowker, D., Weg, B., & Hansen, E. (2013). Nontraditional clinical sites: Working with those who are homeless. *Nurse Educator, 38*(4), 139–140. https://doi.org/10.1097/NNE.0b013e318296dc9f

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INDEPENDENCE BLUE CROSS
FOUNDATION

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Davenport, M., Ooms, A., & Marks-Maran, D. (2016). Learning about population-health through a community practice learning project: An evaluation study. *Nurse Education in Practice, 17*, 43–51. https://doi.org/10.1016/j.nepr.2016.01.006

Larin, H. M., Benson, G., Martin, L., Wessel, J., Williams, R., & Ploeg, J. (2011). Examining change in emotional-social intelligence, caring, and leadership in health professions students. *Journal of Allied Health, 40*(2), 96–102.

Lenburg, C.B., Abdur-Rahman, V. Z., Spencer, T. S., Boyer, S. A., & Klein, C. J. (2011). Implementing the COPA Model in nursing education and practice settings: Promoting competence, quality care, and patient safety. *Nursing Education Perspectives, 32*(5), 290–296. https://doi.org/10.5480/1536-5026-32.5.290

Lenburg C.B. (1999). The framework, concepts and methods of the Competency Outcomes and Performance Assessment (COPA) Model. *Online Journal of Issues in Nursing*, 17.

Lenburg, C.B., Klein, C., Abdur-Rahman, V., Spencer, T., & Boyer, S. (2009). The COPA Model: A comprehensive framework designed to promote quality care and competence for patient safety. *Nursing Education Perspectives, 30*(5), 312–317.

MacIntyre R.C., Murray, T.A., Teel, C.S., & Karshmer, J.F. (2009). Five recommendations for prelicensure clinical nursing education. *Journal of Nursing Education, 48*(8), 447–453.

Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (2015). *Handbook of practical program evaluation* (4th ed.). San Francisco, CA: Jossey-Bass.

Posavac, E. J. (2011). *Program evaluation: Methods and case studies* (8th ed.). Boston, MA: Pearson.

Widener University
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Leadership Center for Nursing Education Research

INDEPENDENCE BLUE CROSS
FOUNDATION

Independence

Posner, B. Z. (2004). A leadership development instrument for students: updated. *Journal of College Student Development, 45*(4), 443–456. https://doi.org/10.1353/csd.2004.0051

Posner, B. Z. (2009). A longitudinal study examining changes in students' leadership behavior. *Journal of College Student Development, 50*(5), 551–563. https://doi.org/10.1353/csd.0.0091

Price, J. H., Desmond, S. M., & Eoff, T. A. (1989). Nurses' perceptions regarding health care and the poor. *Psychological Reports, 65*(3), 1043–1052. https://doi.org/10.2466/pr0.1989.65.3.1043

Rasmor, M., Kooienga, S., Brown, C., & Probst, T. M. (2014). United States nurse practitioner students' attitudes, perceptions, and beliefs working with the uninsured. *Nurse Education in Practice, 14*(6), 591–597. https://doi.org/10.1016/j.nepr.2014.05.011

Ricahrdson, H., Goldsamt, L. A., Simmons, J., Gilmartin, M., & Jeffries, P. R. (2014). Increasing faculty capacity: Findings from an evaluation of simulation clinical teaching. *Nursing Education Perspectives (National League for Nursing), 35*(5), 308–314. https://doi.org/10.5480/14-1384

Tabachnick, B. G., & Fidell, L. S. (2012). *Using multivariate statistics* (6th ed.). Boston, MA: Pearson.

Tashakkori, A. M., & Teddlie, C. B. (2010). *SAGE handbook of mixed methods in social & behavioral research* (2nd ed.). Los Angeles, CA: SAGE Publications, Inc.

Yun, S. H., & Weaver, R. D. (2010). Development and validation of a short form of the Attitudes Toward Poverty scale. *Advances in Social Work, 11*(2), 174–187.

Valiga, T. M. (2014). Attending to affective domain learning: Essential to prepare the kind of

graduates the public needs. *Journal of Nursing Education*, *53*(5), 247–247.

https://doi.org/10.3928/01484834-20140422-10

Vélez, G., & Giner, G. (2015). Effects of business internships on students, employers,

and higher education institutions: A systematic review. *Journal of Employment*

Counseling, 52(3), 121–130. https://doi.org/10.1002/joec.12010

Ward, A., & McComb, S. (2017). Precepting: A literature review. *Journal of Professional*
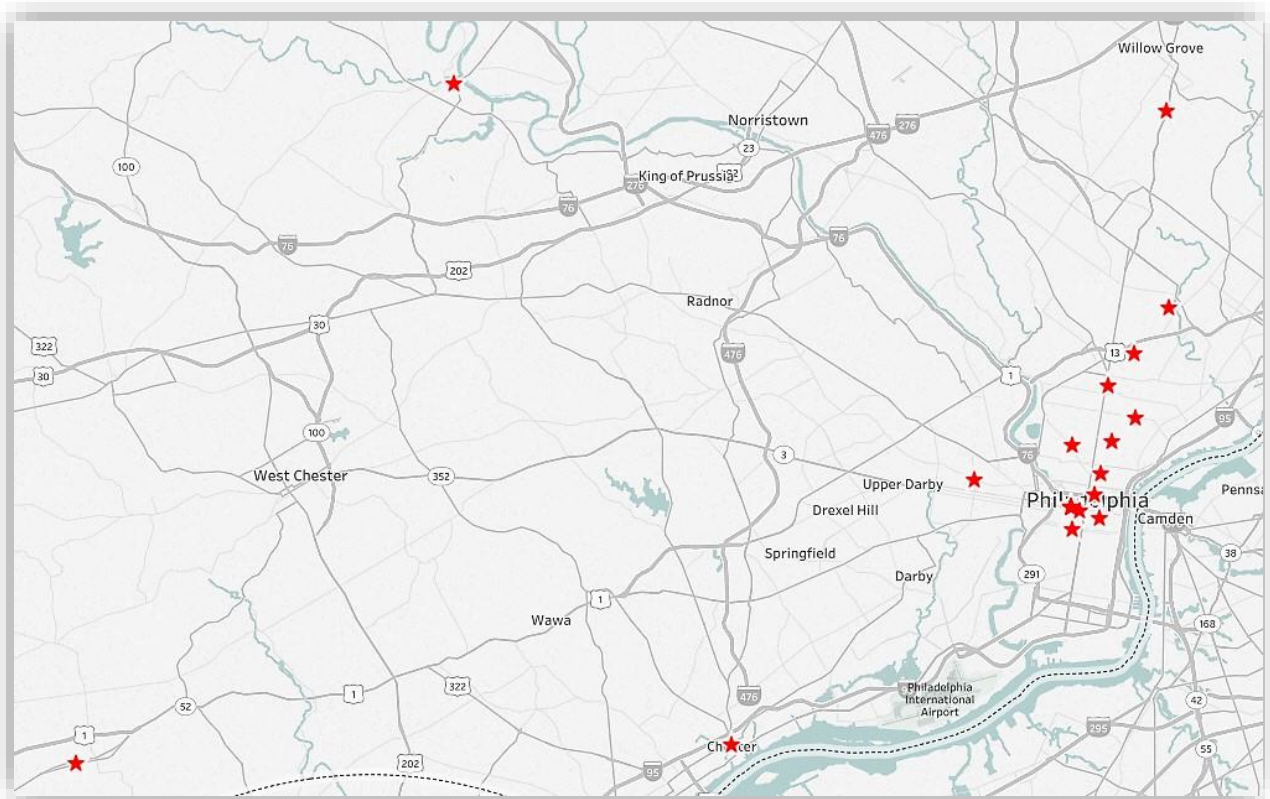
Nursing, *33*(5), 314–325. https://doi.org/10.1016/j.profnurs.2017.07.007

VIII. Appendices

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Appendix I: List of Internship Sites

Internship Site Name	Site Type*	Intern's School
PHMC Care Clinic	Clinical	University of Pennsylvania
PHMC Congreso Health Center	Clinical	University of Pennsylvania
PHMC Health Connection	Clinical	Temple University
PHMC Mary Howard Health Center (2 interns)	Clinical	Thomas Jefferson University
PHMC Mary Howard Health Center (2 interns)	Clinical	University of Pennsylvania
PHMC Rising Sun Health Center	Clinical	La Salle University
PHMC Health Center at Temple	Clinical	Eastern University
ChesPenn Health Services	Clinical	Villanova University
The Children's Health Center of VNA Community Services, Inc.	Clinical	Temple University
The Clinic	Clinical	Widener University
Drexel University Stephen & Sandra Sheller 11th Street Family Health Center	Clinical	Drexel University
Esperanza Health Center, Inc.	Clinical	Thomas Jefferson University
La Comunidad Hispana	Clinical	Temple University
National Nurse-Led Care Consortium	Non-clinical	Thomas Jefferson University
Puentes de Salud	Clinical	Temple University
Project H.O.M.E. Stephen Klein Wellness Center	Clinical	Temple University
Spectrum Health Services	Clinical	Holy Family University
IBC Case and Condition Mgmt	Non-clinical	University of Pennsylvania
IBC Case and Condition Mgmt	Non-clinical	Temple University
IBC Case and Condition Mgmt	Non-clinical	Temple University
IBC Case and Condition Mgmt	Non-clinical	Temple University
IBC Client Engagement	Non-clinical	Thomas Jefferson University
IBC Risk Analytics	Non-clinical	University of Pennsylvania
IBC Foundation	Non-clinical	Widener University

* Note: *Site type* refers to whether the intern's role at the site was primarily *clinical*, involving face-to-face contact with patients, or *non-clinical*, where the intern's role focused on administrative, business-focused, or other non-clinical aspects of nursing practice. Interns at non-clinical sites may have had contact with patients/clients, but this was primarily via telephone and not in-person.

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Appendix I-A: Geographic Distribution of Internship Sites

Appendix II: List of Program Documents Reviewed

- Job posting descriptions from the online portal where interested individuals apply for the internship program

- Orientation packet provided to interns on their first day of orientation

  - This packet included information about the Independence Blue Cross Foundation, guidelines for the research projects interns were to complete by the end of the program, and agenda-related information.

- Packets for each of the Leadership Labs

  - These packets included agendas for the day and any required handouts/educational material relevant to the day's lab content.

- The Nursing Internship Recognition Event Program.

  - The Program handout included an agenda, information on the keynote speaker, a list of the Summer 2017 NIP Interns and their internship sites, a review of the Leadership Labs presented over the summer (including presenter names and titles), and photos of the interns from throughout the summer.

  - A separate handout containing a list of the student research poster titles was also provided.

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Appendix III: Interview Guides

Intern Interview Guide:

- In what ways has the Nursing Internship Program helped you to develop skills in the following areas: (pick 3-4 areas for each intern; no need to go through each one with every intern - ask about leadership with each intern)
  - 1) assessment and intervention skills,
  - 2) communication,
  - 3) critical thinking skills,
  - 4) human caring/relationship skills,
  - 5) teaching skills,
  - 6) management skills,
  - 7) leadership skills, and
  - 8) knowledge and integration skills
- Think about how clearly the expectations of you in your internship experiences have been communicated to you.
  - Has your manager/supervisor provided written expectations for your work? Verbal only?
  - How often do you receive feedback from your manager/supervisor on your performance during your internship experiences?
  - Have there been any formal, written feedback given? Verbal only?
- During this internship experience, has there been a time you've experienced a challenge with communication, conflict, or any other part of your experience with someone at your internship site (supervisor, colleague, patient/client) -- if so, how did you resolve this challenge? What steps did you take?
- Have the experiences in the formal leadership labs helped to provide you with new skills to be more effective in a professional role? In what way?
- What is your experience with Volunteer work? Has the internship changed your thoughts on volunteering? If so how?
- How has your internship influenced your perceptions of nursing outside of the hospital system?
- Why did you accept the invitation for this internship?
- Thinking about your overall experience so far, what suggestions would you have for improving the Nurse Internship Program?
- What accolades or positive reflections do you have about the Nurse Internship Program?

Site Supervisor Interview Guide

- How many interns have you supervised?
- What has the experience been like in the past and has it changed as the internship has developed?
- What are the expectations you have for your intern in this particular setting?
- How are the interns assessed, in terms of their performance and meeting the role expectations for the site?
- Does the internship meet your needs as a manager? If so how?
- What do you think are areas for improvement?
- Do you think the internship has helped the interns develop skills in the following areas?
  - 1) assessment and intervention skills,
  - 2) communication,
  - 3) critical thinking skills,
  - 4) human caring/relationship skills,
  - 5) teaching skills,
  - 6) management skills,
  - 7) leadership skills, and
  - 8) knowledge and integration skills
- Thinking about your overall experience so far, what suggestions would you have for improving the Nurse Internship Program?
- What accolades or positive reflections do you have about the Nurse Internship Program?

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Appendix IV: Pre- and Post-Internship Surveys
(Condensed to save space)

Intro Greetings, Nurse Interns!

Thank you for taking a few minutes to complete this survey, which is part of an **external** evaluation of the IBC Nursing Internship Program being led by Dr. Darrell Spurlock, Director of the Leadership Center for Nursing Education Research at the Widener University School of Nursing.

On the following few pages you will have the opportunity to respond to questions and statements about a variety of nursing- and leadership-related topics. In total, completing this survey should take you about 15 minutes or less.

Your responses to the survey are **confidential**, **anonymous**, and will only be shared **in aggregate** with the with the staff who oversee the Nursing Internship Program as they look for opportunities to enhance the program and the experiences of each nursing intern.

Completing this survey is **completely voluntary** and you may skip any item you do not wish to answer. However, responding as completely as possible will enhance the value of the information collected.

If you have any questions, please feel free to contact Dr. Spurlock either via email at dspurlock@widener.edu or via phone at 610-499-4235 (office) or 614-656-2202 (mobile).

Thank you for taking the time to complete this survey!
_____

At which academic level are you considered to be in the nursing program in which you are enrolled?
- Sophomore (1)
- Junior (2)
- Senior (3)
- Other (4) _____

Approximately when do you expect to graduate/complete your nursing education program?
- Summer 2017 (1)
- Fall 2017 (2)
- Spring 2018 (3)
- Summer 2018 (4)
- Fall 2018 (5)
- Spring 2019 (6)
- Summer 2019 (7)
- Other (8) _____

Of the clinical experiences you have completed thus far in your nursing education program, please indicate the approximate percentage completed in each of the typical care settings below:

Approximate % of Total Clinical Experiences

Acute care hospitals (1)
Long-term care settings (e.g., nursing homes or assisted living facilities) (2)
Outpatient/Ambulatory settings (including clinics and office-based care settings) (3)

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Community or public health settings (e.g., hospice, home health, health
department) (4)
Other (please specify) (5)
Total

What is the highest nursing degree you hope to obtain?
- BSN (1)
- Master's degree in nursing (MSN/MS) (2)
- Doctor of Nursing Practice (DNP) (3)
- Doctor of Philosophy (PhD) (4)

What is your highest earned non-nursing degree?
- None (1)
- Associate's degree (2)
- Bachelor of Arts degree (3)
- Bachelor of Science degree (4)
- Master of Arts degree (5)
- Master of Science degree (6)
- Doctoral degree (7)
- Other (Please List) (8)

_____

If you are interested in graduate nursing education, which type of graduate nursing program/role
interests you most at this time?
- Adult-Gero Acute Care NP (1)
- Adult-Gerontological Primary Care NP (2)
- Psychiatric-Mental Health NP (3)
- Family Nurse Practitioner (4)
- Pediatric Primary Care NP (5)
- Adult-Gero CNS (6)
- Adult Psychiatric-Mental Health CNS (7)
- Pediatric CNS (8)
- Nurse Anesthesia (CRNA) (9)
- Nurse Midwifery (CNM) (10)
- Nursing Education (11)
- Nursing Administration (12)
- Clinical Nurse Leader (13)
- Other (14) _____

Q22 For each of the employment settings listed below, please indicate your **current** interest in obtaining
employment in that setting immediately after completion of your nursing education program.

	Definitely yes (1)	Probably yes (2)	Might/might not (3)	Probably not (4)	Definitely not (5)
Acute care hospital (1)	O	O	O	O	O
Long-term care setting (2)	O	O	O	O	O
Ambulatory, outpatient, or clinic setting (3)	O	O	O	O	O

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Community setting (e.g., home health, hospice, public health department) (4)	○	○	○	○	○
Non-clinical setting (e.g., insurance company, business office, administration) (5)	○	○	○	○	○
Other (6)	○	○	○	○	○

_____

Nurses' Self-Concept Instrument

Response scale: 8 points, 1 = definitely false to 8 = definitely true

Subscale: Care
1. I care about my patients needs.
2. I am proud of the way I care for my patients.
3. I get a lot of enjoyment out of caring for my patients.

Subscale: Knowledge
1. I am able to master new nursing knowledge.
2. I am good at applying my nursing knowledge to patient care.
3. I find new nursing knowledge stimulating.
4. I like having the knowledge to solve nursing problems.

Subscale: Staff relations
1. I like working with my colleagues.
2. I am able to form good working relationships with my colleagues.
3. I am good at helping my colleagues.

Subscale: Leadership
1. I am/will be a good leader of nurses.
2. I enjoy/will enjoy having nursing leadership responsibility.
3. I am/will be a respected nurse team leader.
4. I like/will like leading a nursing team.

_____

Short Form Attitude Toward Poverty Scale

Response scale: 7 point scale; Strongly Disagree – Strongly Agree

Subscale: Personal Deficiency

Poor people are different from the rest of society.
Poor people are dishonest.
Most poor people are dirty.
Poor people act differently.
Children raised on welfare will never amount to anything.
I believe poor people have a different set of values than do other people.
Poor people generally have lower intelligence than nonpoor people.

Subscale: Stigma

There is a lot of fraud among welfare recipients.

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Some "poor" people live better than I do, considering all their benefits.
Poor people think they deserve to be supported.
Welfare mothers have babies to get more money.
An able-bodied person collecting welfare is ripping off the system.
Unemployed poor people could find jobs if they tried harder.
Welfare makes people lazy.
Benefits for poor people consume a major part of the federal budget.

Subscale: Structural Perspective

People are poor due to circumstances beyond their control.
I would support a program that resulted in higher taxes to support social programs for poor people.
If I were poor, I would accept welfare benefits.
People who are poor should not be blamed for their misfortune.
Society has the responsibility to help poor people.
Poor people are discriminated against.

_____

Student Leadership Practices Inventory (SLPI) omitted due to copyright restrictions

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