

CONTENT VALIDATION OF COMPETENCY ASSESSMENT TOOLS:
EDUCATION PATHWAY PROJECT

by

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ABSTRACT

There is a diminishing workforce of nurses within British Columbia which affects the ability to provide quality health care, as well as education training and continual support to nurses. The Educator Pathway Project is a pilot project developed using intersectoral methods with the goals of creating an educational model that will allow nurses to acquire and retain skill in various levels of education roles. Four levels of nurse educator roles were identified. For each of the four levels, a competency assessment tool was created, first to guide the curriculum development, and secondly for self-assessment of the nurses participating in the project. The purpose of this study was to determine the validity of each of the four competency assessment tools of the Educator Pathway Project.

In this study, competency assessment tools for levels 1 thru 4 were validated using a qualitative comparative methodology. Each tool was validated on two levels – through the 6 core competencies and secondly through the individual indicators of the core competencies. It was found that all core competencies for each of the four levels was validated. Over 70% of the indicators were validated within the literature. Overall it was determined the all four of the competency assessment tools were found to have high validity.

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DEDICATION

To my love, Chris Bedford

1. PROBLEM IDENTIFICATION AND PURPOSE

1.1 Introduction

Nursing resources within Canada have come under increased scrutiny over the past several years with the realization of an impending, and now expanding, nursing shortage (O'Brien-Pallas, Alksnis & Wang, 2003). The severity of the already experienced and upcoming losses affects all areas of the health care system. Each province and territory within Canada must respond to the decreasing supply of registered nurses in order to provide quality health care.

According to the Canadian Institute for Health Information (CIHI) (2006), the average age for a registered nurse within Canada is 45 years. Of all the provinces, BC was found to have the highest average age of registered nurses (RN), 1.4 years older than the national average, and also the second highest percentage of RNs in the workforce over the age of 55 at 22%. Within two of the largest health authorities by population in British Columbia (Vancouver Coastal Health and Fraser Health), taking into consideration population growth, retention, and the aging workforce, a prediction of 3500 new nurses was needed to replace outgoing nurses by 2009. These statistics demonstrate a diminishing workforce within British Columbia with respect to health care services delivery and educational support and training of nursing students and nurses in clinical practice. This includes preceptors, mentors, clinical instructors and faculty who are essential for the preparation of students, the support of new graduates, as well as new hires. This shortage of nurses also reflects a shortage of competent educators to support the current educational needs of nurses in the practice setting, and to prepare strategically

for future nurses' educational needs, such as clinical nurse educators. Without nurse educators, the educational preparation, socialization and training in the workplace, and professional development of nurses will be unable to be maintained at the same standards we have come to expect from ourselves as a profession.

To address the complex issues related to the educational mandate for nurses in BC, a pilot project, known as the Educator Pathway Project (EPP), is underway. The goal of the EPP is to develop, implement and evaluate an integrated intersectoral (i.e. joint partnership between all organizations) service/education model to prepare, recruit and retain sufficient quality RNs to meet changing health population and service needs. This project includes partnerships between the Nurses Bargaining Association (NBA), the two largest health authorities within BC, Fraser Health (FHA) and Vancouver Coastal Health (VCH), and two nursing schools, the University of British Columbia (UBC) and the University of Victoria (UVic). In order to achieve the overall project goal of the EPP, one of the key objectives includes the creation of an education model that will allow staff to develop and retain skills in education roles. The provision of education to nurses is provided within both academic and clinical settings by clinical nurse educators and academic nurse educators. Although each type of nurse educator has a distinct role to play within his/her specific context, the overall goals of the EPP promote collaboration across sectors.

The EPP has four levels to suit the career needs of nurses: from the foundational preceptor and mentor level (Level 1); to novice and advanced clinical nurse educator (Levels 2 and 3); to Master's preparation at Level 4 (refer to Appendix A for the target audience of each level). Level 2 and 3 also differ in the complexity of their role, with

Level 3 educators dealing with multidisciplines, across programs and facilities, as well as working with regional initiatives. Level 3 educators also take a step from being more content based to more concept based. There are a number of intersectoral committees that oversee the EPP, including a steering committee, a curriculum committee, a research and evaluation committee, and an operations committee. The curriculum committee undertook an extensive search of the literature and reviewed programs related to the development of preceptors, mentors and clinical educators in order to design a curriculum framework for the EPP. Each of the four levels of the EPP was designed with learning competencies, specific indicators and educational content based upon the curriculum framework. The curriculum framework and philosophy along with the leveled competencies guided the development of the educational workshops for each level. Educational content for Level 4 of the EPP was based on already established Master's of Nursing curricula at both UBC and UVic. Several additional graduate courses related to education specifically were developed by the two university Schools of Nursing, and became core courses for those nurses sponsored by the two participating health authorities to take part in level 4 of the EPP.

While the competencies were initially developed to guide curriculum development, the competency statements became useful for applicants to the EPP to do a self-assessment to determine where they might fit in the pathway. Consequently, competency assessment tools were created for each of the four levels of the EPP (refer to Appendix B). These tools then became useful to help participants reflect on their own learning and practice throughout the educational workshops, to evaluate the effectiveness of the curriculum framework, and to assist with evaluation of each level of the pathway.

Competency assessment is used for the verification of skills and concepts/theories by those deemed as “expert” in the field/area being evaluated (Rebholz, 2006). During the literature search, the curriculum committee was unable to find leveled competency assessment tools for the continuum of nurse educator roles. Two single competency documents were located by the committee that provided a general basis for articulating the competencies of the first and fourth levels of the EPP. Although these documents were helpful in considering the context of nurse educator competency at Levels 1 and 4, there were elements of competency that were not well addressed. In addition, very little literature was found describing competencies for clinical nurse educators providing staff and professional development in health care facilities

The curriculum committee identified 6 core competencies which remain constant for each of the 4 EPP levels. Learning indicators associated with each of the 6 core competencies become more sophisticated or complex from Level 1 to Level 4. An indicator is a specific, measurable or observable statement that reflects the actions and responsibilities within a specific competency. More specifically for this study, the indicators included for each of the 6 core competencies represent examples of how the competency might be demonstrated or observed at each level. Indicators were created based upon the curriculum framework as well as on what roles participants would have in supporting learning within health care facilities in the health authorities..

1.2 Problem statement

One of the key challenges in the development of competency assessment tools is determining the competencies and indicators that most represent the population being targeted (Arcand & Neumann, 2005). Watson, Stimpson, Topping and Porock (2002)

found a notable lack of research related to the reliability and validity of nursing education competency assessment tools as a whole. Although expert knowledge was used to develop each of the four competency tools within the EPP, further validation is necessary before the four EPP competency assessment tools can be more widely disseminated.

1.3 Purpose of the study

The purpose of this research study is to determine the content validity of the competency assessment tools for all four levels of the EPP utilizing a qualitative methodology.

1.4 Research question

1. What is the content validity of the Level 1-4 competency assessment tools created in the EPP?

1.5 Significance of the study

Although a significant amount of evidence-based information has been published about clinical nursing education, information about core competencies and associated indicators is scarce. Determining content validity for the EPP competency assessment tools will determine whether the 6 core competencies and their leveled indicators are supported in the literature. By addressing the content validity of the tools, this study will provide a basis for recommending adoption of the EPP curriculum framework to remaining health authorities across BC, other Canadian provinces, and outside Canada. Finally, as an overriding implication, this study will support tools for building intersectoral education capacity and career mobility.

1.6 Operational definitions

For the purpose of this study, I used the following operational definitions. Those definitions without references are created and used solely for the purposes of this study.

Nurse educator: The term ‘nurse educator’ is a general term that refers to all individuals who may be involved in the education of a nurse and includes preceptor, clinical nurse educator and academic nurse educator. The term ‘academic nurse educator’ refers to an individual who provides education for nurses within academic settings, such as schools of nursing. The term ‘clinical or practice nurse educator’ refers to an individual who provides education for a group of nurses within clinical contexts, such as hospital settings. ‘Practice’ and ‘clinical’ are terms used interchangeably in the literature.

Mentor – an experienced clinician who works with a less experienced individual to foster “...the learning growth and advancement of the mentee” (Canadian Nurses Association, 2004, p. 18).

Preceptor: “a formal, one-to-one relationship of predetermined length, between an experienced nurse (preceptor) and a novice (preceptee) designed to assist the novice in successfully adjusting to and performing a new role” (Canadian Nurses Association, 1995, p. 3).

Both preceptor and mentor are used in the EPP to address the Level 1 nurse educator, as the two health authorities involved in the EPP use both preceptor and mentor to reflect similar roles. Although the roles of a preceptor and mentor have been found in the literature to be different (as described further in chapter 2), the content provided for the Level 1 preceptor/mentor workshop contains concepts that are similar for both the preceptor and the mentor role. The terms preceptor and mentor are therefore used

interchangeably within this study to describe the curriculum presented in Level 1 and to accommodate both health authorities participating in the pilot project.

Competence – encompasses the essential knowledge, skills and abilities needed to perform a specific task at the expected level and degree of quality.

Competencies – behaviour statements that reflect the integrated knowledge, abilities, skills, attitudes and judgment required to perform a particular role.

Intersectoral – developing joint organizational initiatives across two or more sectors, such as practice and academic sectors.

1.7 Chapter summary

In this chapter, I have provided an overview of the topic under study, including a background of the research study. I have outlined the problem statement and research question, and described the significance of the study as it pertains to nurse educator competency and the EPP. I have also presented operational definitions for pertinent terms used within this study. In the following chapter I will present a review of the existing relevant literature on nurse educators and competency development.

2. OVERVIEW OF THE KEY CONCEPTS

2.1 Introduction

This chapter presents a comprehensive, evidence-based description of the key concepts that were used to analyze and qualitatively validate the six core competencies and their respective indicators. The literature review begins with competency assessment tools. Competency assessment tool development is discussed to describe the rationale behind utilizing competency measures and how competency has typically been evaluated. Detailed descriptions of competency- related research on preceptors, mentors, clinical nurse educators, and academic nurse educators are reviewed next. Each of these areas relates to a level on the EPP (i.e. preceptor/mentor –Level one; novice clinical nurse educator – Level two; advanced clinical nurse educator – Level three; academic nurse educator – Level 4).

A brief description of complexity theory in nursing education completes the chapter. Complexity theory offers a lens for demonstrating how the levels of the EPP connect with each other. It also demonstrates how one level builds the theory and skills necessary for the next level of the EPP.

More discussion of the literature will follow after the results section to identify competency indicator strengths and weaknesses in the EPP with respect to the literature analysis.

2.2 Competency tool development

Competency, standards, and credentialing, are all terms used across different professions to describe the means by which individuals are evaluated or certified. The need for competency assessment arose as nursing became recognized as not just a trade skill, but a profession with a self-regulatory body overseeing the actions of members (McAllister, 1998). Competency assessment has continued to gain momentum as various organizations and accreditation processes require clinical competence to be assessed for nursing staff on an annual or regular basis (Redman, Lenbury & Hinton-Walker, 1999; Rebholz, 2006). Assessment of competency has also grown due to the recognized public eye on nursing as a profession, making employee performance and safe practice a major concern (McAllister). Most competency tools are aimed at entry level competencies, whether entry level refers to new nurse graduates or experienced practitioners changing their designation (e.g. RN to Nurse Practitioner) (McAllister).

Competency assessment involves the verification of skills and knowledge of concepts/theories by those deemed as “expert” in the field/area being evaluated (McAllister, 1998; Rebholz, 2006). Defining who is an expert will depend on the topic. An expert on a general level, however, is an individual who has specific training and/or extensive experience in the skill or topic area under assessment (Rebholz). Competency assessment documents typically contain standards, or indicators, which are specific statements about behaviours and attributes of the role in question. Competency can be assessed through a variety of measures, for example, paper and pen tests, observation of competency, skills laboratory competency and scenario competency (Rebholz).

McAllister (1998) outlined arguments for the use of competency-based assessment in nursing. McAllister described the potential for competency assessment to promote role clarity, which in turn helps with efficiency in an individual's job. Competency assessment can also assist with public accountability, as well as setting goals for the educators (both the nurse educator themselves and the education that a nurse educator may require). In addition to these benefits, competency standards can also create greater equality amongst colleagues as not all individuals may have had the same kind of education or experience (McAllister). Competency assessment through occupational standards, such as the EPP, provides performance requirements for nurses to assess and contrast with their own practices (Watson, Stimson, Topping & Porock, 2002).

2.3 Preceptors and mentors

Mentors and preceptors provide support and serve as role models for nursing students and new nurses in the practice setting (Bain, 1996; Cele, Gumede, & Kubheka, 2002). The role of preceptors and mentors is essential within the clinical setting for the professional development of nurses (Bain). Although the terms mentor and preceptor are often used interchangeably, they have some key differences in practice. While both preceptoring and mentoring involve some degree of passing on knowledge (e.g. an experienced nurse assisting a new nurse to learn how to take a wound swab), the relationship between the mentor and mentee is intended to evolve further. The preceptor/preceptee relationship is a short-term approach to help orient an individual to a new area (Firtko, Stewart & Knox, 2005). The Canadian Nurses Association (1995) defines a preceptor as “a formal, one-to-one relationship of predetermined length, between an experienced nurse (preceptor) and a novice (preceptee) designed to assist the

novice in successfully adjusting to and performing a new role” (p. 3). A mentor is an experienced clinician who works with a less experienced individual to foster “...the learning growth and advancement of the mentee” (Canadian Nurses Association, 2004, p. 18).

When providing education for nurses, both preceptors and mentors are essential and the two roles often overlap, especially when a new nurse enters into a practice setting (Firtko, Stewart & Knox, 2005). Depending on the prior experience of the nurse, sometimes more of a mentorship role develops, while at other times there might be a mix of preceptor and mentor roles. For example with a new graduate nurse in the first clinical setting, often the experienced nurse initially acts as a preceptor, but may develop as a mentor as the new nurse seeks out the experienced nurse for advice and support after the designated orientation period. Preceptorship and mentorship have been directly linked to the successful recruitment and retention of nurses to clinical areas (Bain, 1996; Smedley, 2008).

Normally, the preceptor role involves supporting learners one-to-one, with adjustments made to assignments to meet the unique learning needs of the new learner (Ashurst, 2008). Without having an adequate number of experienced nurses available, preceptors are often assigned on the basis of availability during the time of the clinical placement, rather than those who have received education to prepare them for the role (Myrick & Barrett, 1994). Other factors that contribute to a lack of experienced nurses filling these important positions include an overwhelming workload while attempting to support a novice, as well as a deficiency in administrative recognition of the role’s importance (Bain, 1996).

2.4 Clinical nurse educators

The clinical nurse educator, located in a variety of healthcare contexts, such as acute and community settings, provides an essential link between the academic and clinical settings. Clinical nurse educators (CNE) are often located within a specific unit, department or program and are responsible for the education of the nurses, and occasionally other health care professionals, in that area. Education provided by a CNE may include keeping staff up to date with changes in practice guidelines, equipment, drugs, and other technology. Due to their specific role in providing education, CNEs are instrumental in bridging the gap for nurses between the academic and research worlds, and the realities of the practice setting. In doing so, they aid in the professional development of staff, provide support for new nurses and contribute to student education. The clinical nurse educator also plays a role in developing educational packages and clinical teaching programs with other practitioners in their field for continuing education experiences (Valentine, 1998).

2.5 Academic nurse educators

Level 4 of the EPP allows the nurse wishing to pursue higher education and who wants to provide another form of education to move into a more academic focus, providing education for students entering into the nursing field before graduation. Academic nurse educators teach a variety of courses, ranging from lecture format to clinical labs, serve as advisors for students, design curricula and foster an environment within which this can all take place (Emerson & Records, 2008). According to the

Canadian Association of Schools of Nursing (CASN) (2008), an increasing number of nursing faculty are approaching retirement, which challenges the ability of nursing programs to increase the number of new nurses entering the nursing workforce. The impact of fewer academic nurse educators leads not only to a lack of faculty to educate the much needed nursing students, but also may affect the quality of the education being provided (Allen, 2008).

The number of students graduating from Master's and PhD programs to fill these positions barely meets the need to fill the spaces of retiring faculty. Adding to the academic nurse educator shortage is the notion the nurses must pursue and gain large amounts of clinical experience before entering into a teaching role (Allen, 2008). This not only provides unclear direction as to when to obtain additional education, but also lengthens the time for new graduates to return to the university system to achieve graduate level education. In 2007, only 16.4% of the total master's students and 6.8% of the total PhD students needed to accommodate for faculty loss graduated from programs in Canada (CASN, 2008).

2.6 Complexity theory in nursing education

Although each area of nursing education may seem at first glance to operate within its own environment with unique guiding principles, job descriptions and values, each area is related to the other through a series of complex systems. A brief review of complexity theory was undertaken to examine the intricate foundation on which education theory and the curriculum framework was created. Complexity theory, as outlined by Morrison (2008), provides a foundational link between all the levels of nurse educator competency. "Complexity theory is a theory of change, evolution, adaptation

and development for survival” and is based on the idea of relationships that are interconnected and non-linear in nature (Morrison, p. 19). As one individual interacts with their environment, they are influenced by other individuals, which then results in shaping of each other. This interaction involves feedback (both positive and negative), connectedness, and emergence (behaving at a new emerged level) (Morrison). The final element in complexity theory involves unpredictability, where we cannot know what the final outcome will be.

Complexity theory helps us better understand how learning takes place within complex healthcare environments. Nurse educators as a group interconnect and influence each other so that the education provided to nurses (nursing students and nurses with experience) is complementary. At all levels of nursing education, educators strive to make learning for the nurse “dynamic, active, experiential and participatory, open-ended, unpredictable and uncertain..”, all aspects of complexity theory (Morrison, 2008, p. 26).

2.7 Chapter summary

In this chapter I have described key terms pertaining to competency assessment tools, nurse educator roles and competencies that compliment the four levels of the EPP (i.e., preceptor, mentor, graduate-prepared educator), complexity theory and education, and competency evaluation. In the next chapter I will present the method I used to guide this study.

3. METHODS

3.1 Introduction

In this chapter, I provide a thorough description of the search terms, inclusion and exclusion criteria, as well as the databases searched; the research design, which employed qualitative comparative analysis; the validation process; and research rigor from a qualitative research perspective. Also, as the competency measures in each of these levels are being assessed for validity, it is important to determine what literature is available for comparative analysis.

3.2 Search history

A search of the literature included the PubMed, CINAHL, and ERIC databases. This was completed in collaboration with the UBC healthcare librarian who assisted with identifying databases and search terms. These databases provided the multidisciplinary scope of healthcare education literature. The search began with PubMed articles, then CINAHL, and finally ERIC articles. As similar articles began to reappear among all three databases, it was assumed that database saturation had been reached. Several search terms were used, as well as a variety of combinations with each of the key terms (see Appendix C for a list of the most common search terms used). Major and minor subject headings were used to help create search terms. For example, the terms ‘nurse’ and ‘educator’ were paired with a variety of terms related to competency such as ‘standard’, ‘certification’, ‘role’ and ‘expectation’. For Level 1, the search terms ‘mentor’ and ‘preceptor’ were used separately and together to yield results. The term ‘mentor’ alone yielded fewer

search results in comparison to ‘preceptor’, although the studies themselves often referred to both. Terms were typically put into databases as combinations because individual terms yielded thousands of search results, making it difficult to sort for relevant articles. For example the term ‘competency’ yields over 13,000 search results in the PubMed database. By adding other terms, such as ‘nurse’ and ‘educator’, the results were narrowed down to 282 making it easier to search through all of the articles retrieved.

Additional search strategies included reviewing references from articles retrieved in all databases. Reference lists were reviewed to ensure articles had not been overlooked or missed while searching in each database. Search terms were also put into Google for additional documents, such as papers from professional organizations and other sources of secondary literature.

Articles were excluded if they were published in a language other than English or could not be obtained in full text through the UBC library system. Articles were further excluded if they were more than 20 years old. The exclusion date was set at 20 years after a preliminary examination of the nursing education literature. Some recent articles were citing primary articles dating back 20 years. These original articles were included in this thesis work to provide a more comprehensive review of the nursing education competency literature.

3.3 The research design and analysis

To further delineate which articles contained content relevant to the six core competencies of the EPP and their respective indicators, I used a qualitative comparative analysis research design for this study. This type of research design involves comparing already existing evidence to another measure, where standardized, quantifiable measures

do not exist (Peters, 1998). “Comparison provides a basis for making statements about empirical regularities and for evaluating and interpreting cases relative to substantive and theoretical criteria” (Ragin, 1987 p. 1). A comparative research design works at both the micro and the macro level, as described by Ragin. On the micro level, this study compares individual indicators to the currently available literature in the field of nurse educators, and does the same on a slightly higher level with the core competencies for each level of the EPP. On a macro level, this study will validate not only the competency assessment tools for levels 1 thru 4 of the EPP, but will also provide support for the EPP project as whole. Thus, this research design can be used to compare the current literature available on clinical nursing education competencies and competency measures for nurse educators with the four EPP competency assessment tools and the respective indicators. It is also an appropriate approach when comparing items using purposeful selection, as described above (Peters, 1998).

The method used to do comparisons is called similar case design (Przeworski & Teune, 1970; Peters, 1998). A similar case design, for the purpose of this study, refers to the selection of research studies and other documents (as described further below) that most resemble the context of levels 1 thru 4 of the EPP. ‘Matches’ depend on similar language of terms or words being compared. It is hypothesized in utilizing a similar case design that in comparing the most similar cases, common themes that support or are similar will emerge, along with any additional variables that pose differences (Peters). “The assumption is that extraneous variance questions have been dealt with by the selection of the cases” (Peters, p. 38). The intent, thus, is to limit variability (or error) by careful selection/control of the ‘matched’ cases (i.e. literature) (Przeworski & Teune;

Peters). Specifically for this study, it was assumed that similar literature would provide support for the EPP competency tools, their competencies and indicators, and bring to light any additional variables (i.e., competencies or indicators) that may not have been included.

For Level 1, searched literature was selected if there was a discussion of either a preceptor or mentor relationship that was carried out in a specific clinical setting and involved one-to-one teaching. For Level 2, the searched literature focused on a single educator involved in a clinical/practice form of teaching for groups within a defined practice setting. In relation to Level 3, the reviewed literature focused on a single educator teaching groups within broader organizational or regional settings, versus specific unit-based settings). As educator roles within Levels 2 and 3 often overlap in the practice setting, articles for one level were considered automatically for the other. Level 4 documents needed to have reference to nursing education in an academic facility. All documents needed to include some discussion of competency or qualities related to a specific type of nurse educator (i.e. either preceptor/mentor, clinical nurse educator or academic nurse educator) (refer to Appendix C for a list of the most common search terms used).

In order to compare each of the documents found per level with the corresponding competency assessment tool and each tool's respective indicators, Excel spreadsheets were created. Four spreadsheets were created, one for each EPP competency assessment tool. For each level, the corresponding searched literature articles and/or documents were listed at the top of the spreadsheet. The spreadsheets were then transferred over into word documents for ease of comparison and presentation (refer to Appendixes D, E, F, G, and

H). Use of spreadsheets was initially for comparative analysis between content in individual articles/documents and the specific level's competency indicators, and also to identify which articles/documents were used across more than one level. In this latter instance, articles/documents were highlighted to note that they did not specifically fit within one level.

Each article was read through several times. Items were highlighted within the article that could be considered as competency indicators. Indicators within the literature consisted of action items that were performed by an educator similar to the indicators created within the competency assessment tools of the EPP. These indicators were, in the majority of circumstances, explicit in nature so that the document clearly stated that the items listed could be considered as evaluative indicators for nurse educators. This differed in only two articles (Schumacher 2007; Mateo & Fahje 1998) where comparison statements were described in the articles in general terms as characteristics nurse educators may display. The characteristics, however, were clearly described. The indicators within the literature were then compared to the indicators of the corresponding level competency assessment tool. If a match was found, the actual statement as written in the article/document was entered into the spreadsheet adjacent to the corresponding indicator. If a match could not be made between an indicator or competency within a document and the EPP competency assessment tools, they were marked within the document for later assessment of patterns for missed competencies and indicators.

Indicators in the literature were compared to the core competencies and indicators for the competency assessment tools using both an explicit and intuitive manner. Explicitly, the indicators were compared to each other using direct comparison of the

terms used. For example, if the indicator was “bases teaching on education theories”, I searched for those combination of words within the literature, such as ‘teaches based on theories of education’ or ‘lessons are based on educational theory’. Intuitively I was also aware that a statement such as ‘education theory should be used to guide new staff development’ would also fall under this category. Comparison tables can be found in Appendices E thru H.

3.3.1 Validation

Validation of the core competencies was found through direct quotes used within the study (e.g. Appendix F, point 2.5 – Core competency ‘Advances Professional Nursing Practice’; Ref 8) ‘Professional development’), or by the validation of the indicators under the core competency within each level. If at least one of the indicators was validated by one of the references, the core competency was considered validated. An example of the minimal requirements being met can be seen in Appendix E point 1.4; under the core competency ‘Understands works with multiple complexities related to learning’, only one indicator was supported in the literature. Validation of core competencies was achieved predominantly after determining if at least one indicator of the core competency was validated. Individual indicators were validated by having at least one reference match the indicator.

3.4 Rigor

The term rigor in qualitative research is often used interchangeably with the quantitative research term, validity, to describe the degree to which a study has results that are well founded or accurate (Polit & Beck, 2008). Within the field of qualitative

research, much debate has ensued over the years over how much and what kind of rigor should be included in a research study (Craig & Smyth, 2002; Polit & Beck). According to Sandelowski (1993), "...rigor is less about adherence to the letter of rules and procedures than it is about fidelity to the spirit of qualitative work" (p. 2). To assess qualitative rigor for this study, I utilized the criteria set out by Lincoln and Guba, as outlined in Polit and Beck (2008). This includes four dimensions: credibility, dependability, confirmability and transferability.

3.4.1 Credibility

Credibility in qualitative research refers to the degree of confidence one can have in the data presented and the interpretations made of the findings (Polit & Beck, 2008). One way to achieve this is to use constant comparison to look for support for the hypothesis being tested (Craig & Smyth, 2002). This was continuously done throughout this research study as the searched literature was systematically compared to the EPP competency indicators and schematically presented with exact words and references on Excel spreadsheets. In addition to matched terms, a list was also comprised of competencies and indicators that were not listed in the competency tools, thus ensuring that the results accurately reflect literature content with respect to clinical nursing education competencies. .

3.4.2 Dependability

Dependability refers to how stable (or reliable) the data is over time and across various conditions (Polit & Beck, 2008). Restated, a study is considered to have a high degree of dependability if other researchers can replicate the results. From the thorough

description given of the search methods and comparative analyses, another researcher should be able to replicate this study. The spreadsheets also provide other researchers with a detailed description and record of the comparative process.

3.4.3 Confirmability

According to Polit and Beck (2008), “confirmability refers to objectivity, that is, the potential for congruence between two or more independent people about the data’s accuracy, relevance, or meaning” (p. 539). In order to achieve confirmability, I made sure to use direct quotes from the article/documents when comparing individual indicators for the EPP competency assessment tools. This ensured that I was not making inferences about the terminology found in the articles/documents. Each of the members of the thesis committee also reviewed the comparison spreadsheets and could determine what quotes fit and which ones might not fit with the intent of the indicators.

3.4.4 Transferability

Transferability, or generalizability, is the extent to which a study’s results can be applied to other settings or groups (Polit & Beck, 2008). As this was not a traditional qualitative study with participants, the transferability of this study does not relate so much to people as it does to other competency measurements. Given the thorough description of the literature search and data analysis, it is expected that another researcher could use the same method to evaluate not only competency tools for nurse educators, but a similar procedure could be carried out for any other type of competency measure to ensure content validity.

3.5 Conclusion

In this chapter I have provided a detailed description of the methodology used in this study. I described research design and specifics of data analysis. I also described methods used to ensure rigor within this study.

4. RESULTS

4.1 Introduction

In this chapter, I present the findings of my study. The chapter includes a description of the articles/documents used for comparison, as well as major themes of core competency validation and indicator validation.

4.2 Description of the articles/documents utilized

Twelve articles in total were used to assess the content validation of the competency assessment tools of the EPP (refer to Appendix D for a numbered list of the references utilized). A breakdown of the references utilized for comparative analysis for each level's competency assessment tool can be seen in Table 1.

Table 4.1 Comparative Analysis Key References

Competency Assessment Tool Level	References
Level 1	1, 2, 3, 4
Level 2	5, 6, 7, 8, 9, 10, 12
Level 3	5, 6, 10
Level 4	6, 10, 11, 12

In regards to specific competencies of preceptors or mentors, literature in this area is minimal. Most research articles focus on the success or development of preceptor/mentor programs within an institution with few focusing on the specific competencies that the preceptors themselves need in order to fulfill the role. Studies which evaluate the preceptor or mentor role often use reports from those involved in the relationship (i.e. either the preceptor/mentor or the preceptee/mentee) (Schumacher, 2007). These studies typically report qualities that the preceptor/mentor is best to portray

as opposed to competencies or indicators of good performance. Only one document was found which specifically listed competencies for preceptors and mentors (Canadian Nurses Association, 2004). Each of the papers provided support for some of the indicators for the Level 1 core competencies, although no single document comprehensively covered all of the indicators proposed in the Level 1 competency assessment tool.

I have grouped Levels 2 and 3 together when discussing the literature found, because literature in the field does not distinguish well between the novice and advanced clinical nurse educator. Five studies were found that met the criteria for the study and were specifically related to competency indicators created for Levels 2 and 3 of the EPP (Conway and Elwin, 2007; Johnson, 2002; Mateo and Fahje, 1998; Naughton and Stobel, 1996; Rogan, Crooks and Durrant, 2008). Two additional documents were found that were written with an academic focus (i.e. Level 4) that included indicators that would be considered a part of Level 2 or 3 in the EPP. This finding was expected as each of the competency tools build upon the last tool, therefore all competency indicators from Levels 1 through 3 are a part of Level 4. Many of the articles reported on the type of standards that had been created within a particular institution. Although the standards were agreed upon with the facility writing the document, they had not been externally validated. Only one study completed content validation by means of a modified Delphi technique (Davis, Stullenbarger, Dearman & Kelley, 2005). Similar to the Level 1 competency assessment tool, no single document included all of the indicators proposed in the Level 2 and 3 competency tools, however collectively they provided support for the indicators contained within the six core competencies for both levels.

After completing the literature search for Level 4 competencies, only four documents were found. Although three of the documents provided support for the indicators within Level 4, the document of competencies and indicators from the National League for Nursing (2008) for academic nurse educators provided the most support. Without this document, there would not be sufficient literature to reliably validate the Level 4 competency tool. As determined for the other three levels, the Level 4 indicators were supported in the literature. Further discussion of comparative analysis findings will be provided in Chapter 5.

4.3 Results from the EPP core competencies and literature comparisons

Within each of the four competency assessment tools, each of the core competencies was found to be supported within the literature. It should be noted that clinical competence was listed repeatedly in the literature as a key skill to maintain for all levels of the EPP. Clinical competence was not listed as a core competency as this is an expectation within the job description of nurses within the two participating Health Authorities in BC. It is also written as a prerequisite for entering into the EPP. It was thus not deemed necessary to be considered a necessary additional core competency for the competency assessment tools. Although indicators were occasionally grouped together under different heading titles (i.e. core competencies), there were no additional patterns of core competencies found in the literature.

4.4 Results from the EPP indicators and literature comparisons

Over 70% of all indicators, across all 4 levels of the competency assessment tools were found to be supported in the literature. The most supported level was found to be

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4.4 Results from the EPP indicators and literature comparisons

Over 70% of all indicators, across all 4 levels of the competency assessment tools were found to be supported in the literature. The most supported level was found to be

‘Reflects on the application of educational theories and related knowledge relative to teaching practice’. Although it can be seen in 3.2d that references 5 and 10 both discuss the idea of reflection through other terms (i.e. Ref 5) “Regularly engages in the process of self-assessment”), neither of the documents spoke specifically about the type of reflection required in 3.1c. In 3.1c, the indicator specifically mentions educational theories and teaching practice. The more specific an indicator, the more difficult it was to find confirmatory examples. Another example of an indicator with very specific content can be found in Appendix H 4.5j: ‘Reflects on the relationship between knowledge and practice to surface system level complexities that influence the construction of health’.

Specificity of an indicator sometimes included multiple indicators combined into one. For example, in Appendix G 3.1e, the indicator describes several actions that may be taken by an individual (3.1e: ‘Plans, develops, implements and evaluates innovative instructional strategies for an educational series or program). Although occasionally a summative description could be found in the literature (e.g. Appendix G 3.1d), often the potential for creating multiple indicators out of one posed a difficulty in finding support for the individual indicator in the literature.

4.4.3 Indicator clarity

At times, indicators from one level were repeated within other levels. Although it is expected that the nurse within the educator pathway would be drawing upon similar skills, it was not clear how the demonstration of these skills would be found. An example of this is found within the first core competency, indicator ‘a’ for Levels 1, 2 and 3 found in Appendices E, F, and G. The indicator listed for all three levels states ‘Bases teaching on education theories and evidence informed teaching practices’. There is no indication

as to how this particular indicator would be expressed differently between levels, and therefore whether the references used to validate the indicator for Level 2 and 3 actually fit with the intention of the indicator from the EPP.

4.5 Chapter summary

In this chapter I have presented the results on the comparative analysis. I provided a brief description of the references utilized in the summary, as well as validation results for the core competencies and indicators across all levels. In the next chapter I will provide a discussion of the results found.

5. DISCUSSION

5.1 Introduction

This chapter includes an overview of the research study completed, as well as a discussion of the results reported in chapter four. This chapter also includes limitations of the current study and recommendations for further research, including directions for the EPP. This chapter ends with a brief conclusion of the research study.

5.2 Review

Decreasing nursing resources within Canada has called for unique problem solving strategies to find a solution. With the average age of RNs in BC being the highest in Canada at 45 years, BC faces a diminishing workforce able to provide care to those who need it, and a diminishing workforce able to train and educate nurse in clinical practice (CIHI, 2006). This shortage of nurse educators will affect how BC is able to respond to the nursing resource crisis.

The EPP is underway in order to help address the complex issues related to preparing our future nursing workforce and supporting nurses in the practice setting. A key objective of the EPP is to provide a framework through which nursing staff can develop and retain skills in education roles. The EPP developed education content for four levels: Level 1 – the preceptor/mentor role; Level 2 – novice clinical nurse educator; Level 3 – advance clinical nurse educator working with a more regional focus; and Level 4 – academic nurse educator. For each of the 4 levels of the EPP, a competency assessment tool was developed curriculum development and pathway evaluation, as well

as to provide a self-assessment tool. Each competency assessment tool contains 6 core competencies which remain constant across all 4 levels. The indicators under each core competency, however, are specific to the level of the competency assessment tool and informed the curriculum taught in that level.

Although expert knowledge was used to develop the competency assessment tools used within the EPP, further validation was necessary before the four EPP competency assessment tools can be more widely disseminated. The purpose of this research study was thus to determine the content validity of the competency assessment tools for all four levels of the EPP while utilizing a qualitative methodology.

5.3 Result discussion

Overall, all six core competencies and the majority of the indicators were found to be validated within the literature. Each level competency assessment tool of the EPP was found to have a minimum of 50% of the indicators validated, and overall 70% of the indicators were found to be validated in the literature. This is a high percentage given the lack of literature available of nurse educator competencies, with only 12 references being found that could be utilized for this study.

Given these findings, there is high content validity of the Level 1-4 competency assessment tools created in the EPP. These are important findings given the lack of research related to the reliability and validity of nursing education competency assessment tools as a whole (Watson, Stimpson, Topping & Porock, 2002). This study is a first step in describing how nursing competency assessment tools could be validated before a tool is published for wider use. This study also demonstrates some of the

difficulties inherent in nursing competency assessment tool validation and how best to address them using qualitative methodologies.

These findings indicate that the core competencies created for the EPP competency assessment tools are valid to represent the core competencies of nurse educators across the continuum. This is an important finding as it confirms the idea behind the EPP that there is a continuum of nurse educators, from a foundation preceptor/mentor role through to an academic nurse educator, and thus that a education program can begin at one level and use the same core competencies to frame the curriculum throughout other levels, as has occurred in the EPP. No one document was found that could validate all indicators in any one level, or across all levels, indicating the unique and ground-breaking work done by the EPP.

The uniqueness of the EPP is created by the commutation of several factors. Although the indicators themselves were for the most part validated, and thus represented within other literature, no other work has been done to date that pulls all the literature together in such a way to create a seamless pathway for nurses interested in pursuing education to follow. This may in part be the context from which the EPP was created. The partnership between practice and academia focused specifically on intersectoral possibilities, which is still considered groundbreaking in design. The context of intersectoral collaboration sets the EPP apart from other literature and may explain why no other documents like this were found.

5.4 Limitations

Limitations in this study focus primarily on two aspects – the comparison process and the literature availability. The comparative analysis completed leaves room for

human error of missed indicator matches or patterns in the literature that went unobserved. For those indicators that could not be matched directly with the literature, much of the challenge in comparing them to the literature came from how the indicator was written. One example of this includes the measurability of the indicator. The majority of competencies described in the literature are written in a measurable format, whereas many of the indicators within the competency assessment tools for the EPP are written in an abstract way where specific outcomes are hard to assess. Although this is not a reason for an indicator to be invalidated, it added to the challenge of finding a similarity within the literature.

A key limitation for this study was the lack of research found to determine the content validity of the competency assessment tools. Although all references were utilized to produce the final results, some of the references were used more than others. Another limitation of the study related to the similarity of wording used in the indicators to those of reference 10. Most similarities between reference 10 and the indicators were found to have only minor word changes. An illustration of this is in Appendix F, point 2.2g: the indicator of the EPP is written as “Demonstrates caring, confidence, patience, integrity and flexibility in facilitation of learning”; compared with reference 10 which states “Demonstrate personal attributes that facilitate learning (e.g., caring, confidence, patience, integrity, respect, and flexibility)’. Further analysis of the wording should be completed before moving forward to ensure that any occurrences of similar wording is either appropriately acknowledged with the source, or changed.

5.5 Moving forward

Given the high content validity found for the competency assessment tools, it is important that the EPP look forward to next steps to take. I would recommend a two phased approach – one based upon research, and one upon practice to further validate the competency assessment tools and the EPP as a whole. Due to the lack of research, I would recommend completing a Delphi study to provide further validation of the competency assessment tools. I would also suggest that the remaining Health Authorities within BC adopt the EPP to provide a larger population to then work with and evaluate the curriculum and competency tools.

5.6 Conclusion

This study reviewed the content validity of the competency assessment tools for the Educator Pathway Project. It was found that both the 6 core competencies and individual indicators for levels 1-4 had high content validity. These findings not only support the goals of the EPP to create a curriculum for nurse educators, from preceptors/mentors, to clinical nurse educators, to academic nurse educators, but also support the work to spread the pilot project beyond two Health Authorities with BC.

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APPENDIX A: TARGET AUDIENCES FOR LEVELS 1-4

Level 1:

Target audience are individuals who work 1:1 and possibly with small groups. Their primary role is supporting students and new staff in their practice area. Focus in the level 1 theory is on practice-based learning in nursing.

Level 2:

Target audience are individuals who work both with 1:1 and with small groups of unit staff that may be in multiple different roles and/or disciplines and are, or are working towards becoming, novice unit-based educators. Education in level 2 theory is content-based in focus.

Level 3:

Target audience are individuals who work with a diverse group of learners in terms of roles, practice areas and disciplines. They are often the advanced/experienced clinical nurse educator. Education in level 3 theory is concept and process-focused.

Level 4:

Target audience are individuals who are interested in moving into a new field of healthcare that crosses programs, organizations and sectors (academic and healthcare). Education in level 4 is philosophically based and system focused. The goal is teaching others how to teach.

APPENDIX B: COMPETENCY ASSESSMENT TOOLS

Level 1 Core Competencies and Indicators

1.1 Demonstrates knowledge of an engagement with education theories

- a) Bases teaching on educational theories and evidenced informed teaching practices
- b) Describes factors that motivate adults to participate and learn
- c) Identifies barriers to learning and adapts teaching strategies
- d) Identifies and addresses diversity in learning styles
- e) Understands that teaching and learning processes are intricately linked
- f) Demonstrates an awareness of own teaching perspective and how it impacts the teaching and learning process
- g) Fosters cognitive, psychomotor and affective knowledge development in learners
- h) Implements a variety of teaching and learning strategies appropriate to learners needs, desired learning outcomes, content and context
- i) In collaboration with the learner, assesses learning needs and plans appropriate teaching and learning experiences
- j) Able to design and implement a learning plan in collaboration with the learner
- k) Contributes to the evaluation of the learner
- l) Understands the concepts of preceptoring and mentoring in clinical education
- m) Understands the collaborative nature of this role

1.2 Fosters effective teaching and learning relationships

- a) Understands the concept of the teaching and learning relationship
- b) Identifies and responds to the needs of the learner
- c) Demonstrates caring, confidence, patience, integrity and flexibility in facilitation of learning
- d) Explains the factors influencing the teaching and learning relationship eg) trust, learning styles, previous experience etc.

- e) Chooses teaching and learning strategies that enhance the learning relationship
- f) Plans day to day learning experiences with the learner
- g) Respects diversity of learners
- h) Reflects on and addresses the importance of self care in the teaching/learning relationship
- i) Facilitates learners self reflection
- j) Provides constructive feedback
- k) Assists learners to give and receive peer feedback
- l) Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgment
- m) Identifies members of the preceptor/mentorship team and understands their roles
- n) Accesses appropriate members of the preceptor/mentor team as relevant

1.3 Facilitates learning and creates effective learning environments

- a) Understands the importance of engagement as key to learning
- b) Identifies factors that contribute to effective learning environments
- c) Develops collegial relationships to promote positive learning environments
- d) Identifies beliefs, values and behaviours that support learning
- e) Inspires enthusiasm for learning
- f) Fosters creativity in teaching/learning processes

1.4 Understands and works with multiple complexities related to learning

- a) Uses a variety of resources in complex learning situations
- b) Facilitates the development and application of critical thinking and clinical reasoning in learners
- c) Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgment

- d) Identifies effective strategies for promoting successful learning in practice settings
- e) Develops a variety of collaborative partnerships to maximize learning experiences

1.5 Advances Nursing Professional Practice

- a) Facilitates successful transition into the nursing role in a specific practice environment
- b) Promotes reflective professional practice
- c) Evaluates performance or assesses competencies as it relates to best practice relevant to a specific practice environment
- d) Accesses support and resources for preceptors

1.6 Demonstrates leadership abilities

- a) Communicates effectively eg. Listens carefully, writes and speaks clearly
- b) Identifies and uses established tools for evaluating performance
- c) Supports learners to establish appropriate inter professional relationships eg. Mentor/preceptor
- d) Advocates for learners and learning

Level 2 Core Competencies and Indicators

2.1 Demonstrates knowledge of and engagement with education theories

- a) Bases teaching on education theories and evidence informed teaching practices
- b) Selects and organizes content based on organizational priorities and consideration of learners needs
- c) Conducts a needs assessment to determine learning needs and learning priorities of staff
- d) Develops clear understandable learning goals
- e) Uses learning goals to establish learning expectations and intentions with the learner
- f) Chooses a variety of appropriate participatory teaching and learning strategies that match the focus of the learning outcomes, meet the needs of the learner and the unit and enhance learning for team members
- g) Develops practical lesson plans
- h) Facilitates participatory educational sessions
- i) Uses common instructional media, technology and resources
- j) Determines whether instructional events actually produced desired outcomes
- k) Implements evidence informed evaluation strategies to determine the effectiveness of clinical education sessions
- l) Develops, reviews and modifies learning materials including self directed and group learning materials
- m) Establishes and maintains educational data bases eg. Attendance, continuous improvement purposes etc.

2.2 Fosters effective teaching and learning relationships

- a) Respects diversity of learners
- b) Acts as a mentor to learners and colleagues

- c) Reflects on and addresses the importance of self care in the teaching/learning relationship
- d) Provides constructive feedback
- e) Assists others in giving and receiving feedback
- f) Participates in developing individual growth/learning plans for learners
- g) Demonstrates caring, confidence, patience, integrity and flexibility in facilitation of learning
- h) Ensures own competency in practice developing a plan for personal professional growth

2.3 Facilitates learning and creates an effective learning environment

- a) Supports preceptors/preceptees and mentor/mentees eg. Students and new staff
- a) Participates in planning learner clinical experiences in collaboration with the team
- a) Develops collegial working relationships to promotes positive learning experiences reasoning with learners
- a) Fosters creativity in the teaching/learning process

2.4 Understands and works with multiple complexities related to learning

- a) Collaborates with a variety of stakeholders eg. Practice placement coordinators, faculty members, staff practice educators, healthcare managers, co workers, educational institutions and healthcare agencies in preparing appropriate learner experiences in a particular area of practice
- b) Understands other healthcare roles and disciplines and their role in care delivery
- c) Facilitates the development and application of critical thinking and clinical reasoning in learners and groups of learners
- d) Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgment

2.5 Advances Professional Nursing practice

- a) Demonstrates expertise in nursing practice
- b) Promotes reflective professional practice
- c) Facilitates evidenced informed nursing practice
- d) Participates in patient care guideline development for interdisciplinary care planning
- e) Utilizes appropriate professional practice assessment tools
- f) Develops educational materials that promote best practices
- g) Disseminates nursing and educational knowledge eg. Knowledge translation and transfer

2.6 Demonstrates leadership abilities

- a) Participates in quality improvement and risk management activities
- b) Actively supports change
- c) Participates in groups/committees in relation to educational implications as a practice education resource person
- d) Communicates effectively eg. Listens carefully, writes and speaks clearly
- e) Uses effective communication in challenging situations
- f) Facilitates and negotiates problem resolution
- g) Provides information about resources for professional development and educational opportunities
- h) Provides support and resources and communicates to others information about their specific areas of practice
- i) Critically appraises the relevance of nursing and educational literature to specific area of practice

Level 3 Core Competencies and Indicators

3.1 Demonstrates knowledge of and engagement with education theories

- a) Bases teaching on education theories and evidence informed teaching practices
- b) Teaches/facilitates and develops concept-based sessions
- c) Reflects on the application of educational theories and related knowledge relative to teaching practice
- d) Assesses, plans, organizes, and sets educational priorities to meet identified program, organization and learner needs to enable quality practice environments
- e) Plans, develops, implements and evaluates innovative instructional strategies for an educational series or program
- f) Uses a variety of instructional strategies in knowledge transfer processes
- g) Teaches/facilitates educational sessions using a learner-centered approach (innovative, engaging, participatory)
- h) Implements new education based on changing practices eg. Legislation and technology
- i) Develops and implements evidenced based system and program evaluation processes to improve practice and quality care
- j) Uses formal and informal evaluation opportunities to collect formative and summative data

3.2 Fosters effective teaching and learning relationships

- a) Respects diversity of learners
- b) Provides effective educational advice and consultation
- c) Acts as a mentor to colleagues and other educators
- d) Reflects on the impact on others of one's actions and decisions
- e) Reflects on and addresses the importance of self care in the teaching and learning process

- f) Establishes and maintains systems for recording learning progress

3.3 Facilitates learning and creates an effective learning environment

- a) Implements a variety of teaching/learning strategies appropriate to learner needs, desire learner outcomes, the content and context
- b) Develops collegial working relationships to promote positive learning environments
- c) Demonstrates caring, confidence, patience, integrity and flexibility in facilitating learning
- d) Creates an integrated learning environment for interprofessional education
- e) Provides constructive feedback
- f) Fosters creativity in teaching/learning processes

3.4 Understands and works with multiple complexities related to learning

- a) Uses relevant instructional design processes
- b) Reflects on the impact of human and organizational resources, environment, context, and power factors on teaching and learning when planning for practice education
- c) Manages complex learning situations
- d) Facilitates the development and application of critical thinking and clinical reasoning in learners and groups of learners

3.5 Advances Professional Nursing Practice

- a) Ensures own competency by incorporating practice experience, research, and literature within a plan for ongoing professional growth related to a specific area of nursing practice
- b) Advances own competencies through the generative process of reflecting on the relationship between knowledge and practice
- c) Promotes reflective professional practice
- d) Develops sessions and educational materials that promote best practice

- e) Disseminates nursing and education knowledge
- f) Develops and utilizes appropriate practice assessment tools
- g) Uses nursing competencies to guide teaching practice
- h) Responds appropriately to educational and practice issues of individuals and groups

3.6 Demonstrates leadership abilities

- a) Functions as a change agent
- b) Reflects on development of self as a change agent relative to own actions, change theories, and change-related knowledge
- c) Communicates effectively eg. Listens carefully, writes and speaks clearly
- d) Participates in quality improvement and risk management activities
- e) Participates in learning communities that support practice and educational partnerships
- f) Works independently and in collaboration with others to strengthen practice
- g) Effectively facilitates problem resolution
- h) Respects diversity in teachers and learners in health and human resource teams
- i) Provides leadership to support excellence in learning and professional practice environments

Level 4 Core Competencies and Indicators

4.1 Demonstrates knowledge of and engagement with education theories

- a) Synthesizes educational theories and evidence to inform teaching practice
- b) Understands the relationship between educational, organizational and intersectoral goals
- c) Develops strategic goals for education programs to meet educational, organizational and intersectoral goals
- d) Develops and implements integrated evidence informed teaching and learning strategies appropriate to learner needs and desired learning outcomes
- e) Collaborates with internal and external stakeholders in curriculum development and revision
- f) Critically reflects on relationships between educational theory and curriculum trends and issues in both the healthcare and educational sectors and provides input and influence on development and revisions
- g) Develops and implements strategies for curricular and program evaluation

4.2 Fosters effective teaching and learning relationships

- a) Demonstrates caring, confidence, patience, integrity, and flexibility in facilitation of learning
- b) Provides effective feedback to educators, individual learners and groups
- c) Reflects on and addresses the importance of self care in the teaching and learning process
- d) Applies concepts related to learner diversity in the application of instructional program and curricular design to empower learners
- e) Mentors and supports cross sector educational colleagues
- f) Demonstrates a high level of conceptualization while facilitating strategies for coaching, mentoring, supporting, facilitating and leading learning

4.3 Facilitates learning and creates effective learning environments

- a) Mentors educators to translate and transfer knowledge iteratively between the academic and professional practice settings

- b) Fosters creativity in teaching and learning processes
- c) Develops collegial relationships to promote positive learning environments
- d) Contributes to research and policy development related to learners and the learning environment

4.4 Understands and works with multiple complexities related to learning

- a) Analyzes the impact of the relationship between healthcare and societal trends on practice and learning and incorporates this new understanding into their practice
- b) Facilitates the development and application of critical thinking, clinical reasoning with learners and groups of learners
- c) Understands the roles, culture and environment across the academic and practice sectors
- d) Works with and understands multiple stakeholder interests, needs and relationships
- e) Collaborates in the development educational priorities across sectors
- f) Develops and implements teaching modalities congruent with the evolution of healthcare delivery and learning environments
- g) Critically engages with the mission and strategic priorities of organizations to develop learning communities

4.5 Advances Professional Nursing Practice

- a) Promotes reflective professional practice
- b) Assists others to develop and utilize practice assessment tools
- c) Participates in inter professional efforts to address healthcare and educational needs
- d) Uses a systems view to address healthcare and educational needs
- e) Advances own competencies through the generative process of reflecting on the relationship between knowledge and education
- f) Opens spaces for conversations between nursing education and practice

- g) Advocates for and promotes evidence informed professional practice and education
- h) Contributes to new knowledge in the advancement of nursing education and nursing practice
- i) Critically reflects on current practice and provides input and strategies to influence change in professional and educational practice
- j) Reflects on the relationship between knowledge and practice to surface system level complexities that influence the construction of health
- k) Guides others in generative reflective processes

4.6 Demonstrates leadership abilities

- a) Communicates effectively eg. Listens carefully, writes and speaks clearly
- b) Designs and implements quality improvement and risk management strategies for professional practice and educational programs
- c) Creates and maintains learning communicates that support practice and educational partnerships
- d) Collaborates in implementing change strategies within organizations
- e) Analyzes the impact of population health determinations and institutional factors to influence education practice
- f) Develops and implements strategies for effective knowledge translation and transfer between education and practice sectors
- g) Provides transformational leadership to co create a vision for excellence in learning and professional practice environments

APPENDIX C: KEY SEARCH TERMS

Level 1 Key Search Terms:

- nurse preceptor competency
- nurse mentor competency
- preceptor competency
- preceptor evaluation
- mentor competency
- mentor evaluation
- nurse preceptor competency
- nurse preceptor evaluation
- nurse mentor evaluation
- nurse preceptor
- nurse mentor
- preceptor standards
- mentor standards
- preceptor professional development
- preceptor development
- mentor development
- clinical teaching

Level 2, 3 and 4 Key Search Terms:

- clinical nurse educator
- clinical nurse educator competency
- nurse educator competency
- nurse educator competence
- clinical nurse educator competence
- nurse educator expectations
- nurse educator standards
- nurse educator characteristics
- nurse educator role
- educator competency
- educator standard
- nurse educator certification
- nurse educator development
- clinical teaching

Level 4 Key Search Terms:

- academic educator
- academic educator role
- academic nurse educator
- academic nurse educator competency
- academic nurse educator standards
- academic educator competence

APPENDIX D: REFERENCES USED FOR COMPARISONS

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APPENDIX E: LEVEL 1 COMPARISON

The follow is a list of the Level 1 core competencies and indicators of the EPP with supporting literature for comparison. For each core competency or indicator, if a 'match' was found within the literature, the reference number (refer to Appendix D for the full citation) with corresponding quote can be found underneath

1.1 Demonstrates knowledge of an engagement with education theories

Ref. 3) "Facilitation of learning"

- a) Bases teaching on educational theories and evidenced informed teaching practices
- b) Describes factors that motivate adults to participate and learn

Ref. 4) "...instruction provided by preceptors need to be based on adult learning principles."

- c) Identifies barriers to learning and adapts teaching strategies
- d) Identifies and addresses diversity in learning styles

Ref. 4) "...know how to modify their teaching techniques to match orientees' learning styles."

- e) Understands that teaching and learning processes are intricately linked
- f) Demonstrates an awareness of own teaching perspective and how it impacts the teaching and learning process
- g) Fosters cognitive, psychomotor and affective knowledge development in learners

Ref. 4) "Psychomotor skill development is a vital component of orientation."

- h) Implements a variety of teaching and learning strategies appropriate to learners needs, desired learning outcomes, content and context

Ref. 2) "Customizes clinical coaching plan for specific learning styles & needs."

- i) In collaboration with the learner, assesses learning needs and plans appropriate teaching and learning experiences

Ref. 1) "Ask questions to understand how the orientees best learned."

Ref. 2) "Assesses learning needs & learning style."

Ref. 3) "Assess the preceptee's clinical learning needs in collaboration with preceptee and with faculty advisor/program coordinator, when applicable."

Ref. 4) "Preceptors need to place the primary responsibility for skill development on orientees and expect them to take an active role in identifying areas of competency and inability."

j) Able to design and implement a learning plan in collaboration with the learner

Ref. 2) "Plans learning activities collaboratively."

Ref. 3) "Plans clinical learning activities in collaboration with preceptee and with faculty advisor/program coordinator."

k) Contributes to the evaluation of the learner

Ref. 2) "Evaluates and documents competent care delivery."

Ref. 3) "Provides ongoing constructive feedback using structured evaluation tools, when available (e.g. formative evaluation usually occurs daily and weekly)."

Ref. 4) "Knowledge and skill retention are optimized when instruction is based on adult learning principles."

l) Understands the concepts of preceptoring and mentoring in clinical education

m) Understands the collaborative nature of this role

1.2 Fosters effective teaching and learning relationships

Ref. 3) "Fostering an Effective Mentor/Mentee Relationship"

a) Understands the concept of the teaching and learning relationship

b) Identifies and responds to the needs of the learner

c) Demonstrates caring, confidence, patience, integrity and flexibility in facilitation of learning

Ref. 3) "Demonstrates caring for the well-being of the mentee."

Ref. 4) "...preceptors have patience, enthusiasm, knowledge...must be competent..."

- d) Explains the factors influencing the teaching and learning relationship eg) trust, learning styles, previous experience etc.
- e) Chooses teaching and learning strategies that enhance the learning relationship
- f) Plans day to day learning experiences with the learner

Ref. 1) "...looked for experiences on the unit that would assist the orientees' progression of learning."

Ref. 2) "Provides experiential learning."

Ref. 3) "Identifies the potential learning opportunities/assignments available in the practice setting that will match the identified areas for growth and learning needs."

- g) Respects diversity of learners

Ref. 3) "Displays respect for the diversity of the preceptee (e.g., educational background, race, culture."

- h) Reflects on and addresses the importance of self care in the teaching/learning relationship
- i) Facilitates learners self reflection
- j) Provides constructive feedback

Ref. 2) "Gives constructive feedback."

Ref. 3) "Provides ongoing constructive feedback (e.g., coaching, encouragement, support, reinforcement)."

Ref. 4) "Knowledge and skill retention are optimized when...consistent competency evaluation and constructive feedback are provided."

- k) Assists learners to give and receive peer feedback

- l) Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgment

Ref. 1) "Preceptors were present physically to help orientees with complex procedures and nursing tasks and were present emotionally to answer questions and give emotional support and encouragement."

Ref. 2) "Develops critical thinking in novice."

Ref. 3) "When possible, sequence clinical assignments/learning activities during the preceptorship from simple to complex levels of challenge to promote increasing independence."

Ref. 4) "Preceptors can facilitate critical thinking in many ways, especially by communication."

- m) Identifies members of the preceptor/mentorship team and understands their roles

Ref. 2) "Establishes communication between manager, novice, and/or educator."

- n) Accesses appropriate members of the preceptor/mentor team as relevant

Ref. 2) "Works to ensure colleague support for novice."

1.3 Facilitates learning and creates effective learning environments

- a) Understands the importance of engagement as key to learning
- b) Identifies factors that contribute to effective learning environments
- c) Develops collegial relationships to promote positive learning environments

Ref. 2) "Teambuilding - ensures support of colleagues for socialization & orientation process."

Ref. 3) "Establishes and maintains collaborative partnership with faculty advisor/manager and other partners, as appropriate (e.g., peers, colleagues, other health care professionals, clients)."

Ref. 4) "Helping orientees to feel welcomed by peers and coworkers and assisting them to establish relationships..."

- d) Identifies beliefs, values and behaviours that support learning

- e) Inspires enthusiasm for learning

Ref. 4) "...preceptors have...enthusiasm..."

- f) Fosters creativity in teaching/learning processes

1.4 Understands and works with multiple complexities related to learning

- a) Uses a variety of resources in complex learning situations
- b) Facilitates the development and application of critical thinking and clinical reasoning in learners

Ref. 1) "...encouraged questions and discussion."

Ref. 2) "Develops critical thinking in novice."

- c) Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgment
- d) Identifies effective strategies for promoting successful learning in practice settings
- e) Develops a variety of collaborative partnerships to maximize learning experiences

1.5 Advances Nursing Professional Practice

Ref. 3) "Modeling Excellence in Professional Practice"

- a) Facilitates successful transition into the nursing role in a specific practice environment

Ref. 2) "Facilitates "novice to expert" progression."

Ref. 3) "Assists the preceptee to acquire the knowledge, skills and judgement to practice in accordance with the relevant provincial or territorial nursing standards and the Code of Ethics for Registered Nurses."

- b) Promotes reflective professional practice

Ref. 3) "Encourages the mentee to identify own strengths, gaps and growth potential."

- c) Evaluates performance or assesses competencies as it relates to best practice relevant to a specific practice environment

Ref. 2) "Evaluates & Communicates progression."

- d) Accesses support and resources for preceptors

Ref. 2) "Supports adjustment to all new life/role elements along with their new work role."

1.6 Demonstrates leadership abilities

- a) Communicates effectively eg. Listens carefully, writes and speaks clearly

Ref. 1) "Demonstrated open, approachable, friendly attitudes..."

Ref. 2) •"Listens well."
•"Speaks for self."

Ref. 3) "Demonstrates effective communication skills with clients and colleagues."

- b) Identifies and uses established tools for evaluating performance
- c) Supports learners to establish appropriate inter professional relationships eg. Mentor/preceptor
- d) Advocates for learners and learning

Ref. 1) "...orientees believed that the preceptors advocated for them by providing the best learning experiences possible."

Ref. 2) "Acts as an advocate for novice & protects from adverse behaviours of others."

Ref. 4) "They must be advocates, teachers, and confidants."

APPENDIX F: LEVEL 2 COMPARISON

The follow is a list of the Level 2 core competencies and indicators of the EPP with supporting literature for comparison. For each core competency or indicator, if a 'match' was found within the literature, the reference number (refer to Appendix D for the full citation) with corresponding quote can be found underneath

2.1 Demonstrates knowledge of and engagement with education theories

a) Bases teaching on education theories and evidence informed teaching practices

Ref. 6) "Incorporates theoretical concepts and research into educational programs (e.g. novice to expert, critical thinking, adult learning principles, cultural diversity, caring, theory of goal attainment)."

Ref. 10) "Use teaching strategies based on: educational theory; evidence-based practices related to education."

b) Selects and organizes content based on organizational priorities and consideration of learners needs

Ref. 6) "Selects content, teaching methods, and evaluation strategies based on expected (written) learner."

Ref. 10) "Implement a variety of teaching strategies appropriate to: content; setting; learner needs; learning style; desired learner outcomes."

c) Conducts a needs assessment to determine learning needs and learning priorities of staff

Ref. 5) •"Uses multiple appropaches to gather data about the learner."
•"Uses a range of teaching/assessment strategies, in order to capture the needs of all learners."
•"Provides formative and summative assessment for learners' clinical practice."

Ref. 8) "The professional development of the nurses, along the continuum of novice to expert, includes the identification of personal learning needs and the integration of a plan to meet these needs as the nurse engages in professional activities."

Ref. 9) "Identify staff who have potential and providing opportunities for developing their skills to maximize resources."

d) Develops clear understandable learning goals

Ref. 9) "It is desirable to have a plan for assisting the staff in all phases of an experience."

e) Uses learning goals to establish learning expectations and intentions with the learner

f) Chooses a variety of appropriate participatory teaching and learning strategies that match the focus of the learning outcomes, meet the needs of the learner and the unit and enhance learning for team members

Ref. 5) "Uses a range of teaching/assessment strategies, in order to capture the needs of all learners."

Ref. 6) "Matches appropriate teaching methods/strategies to program content and audience."

Ref. 9) • "...it is vital to ensure that programs are offered at various times to allow everyone working differens shifts to attend."

• "Management includes using various efficient teaching strategies to meet different staff modes of learning."

g) Develops practical lesson plans

Ref. 5) " the clinical nurse educator is involved in planning education"

Ref. 7) "Prepares clear statements which describe desired performance."

Ref. 12) "Plan appropriate learning experiences."

h) Facilitates participatory educational sessions

Ref. 9) "Inservice classes and continuing education programs provide forums for discussion of clinical topics..."

i) Uses common instructional media, technology and resources

Ref. 6) "Uses appropriate basic equipment, materials and facilities to develop educational programs."

Ref. 7) "Selects and uses A-V equipment effectively."

Ref. 10) "Use information technologies to support the teaching-learning process."

Ref. 12) "Incorporate technology into curricula and educational programs."

j) Determines whether instructional events actually produced desired outcomes

Ref. 5) "Provides formative and summative assessment for learners' clinical practice."

Ref. 9) "Evaluating outcomes is necessary for planning experiences related to the clinical development of staff."

Ref. 10) "Use existing evaluation tools for assessing clinical practice and educational outcomes."

Ref. 12) "Use appropriate evaluation instruments to assess learning and achievement of goals."

k) Implements evidence informed evaluation strategies to determine the effectiveness of clinical education sessions

Ref. 5) • "Provides formative and summative assessment for learners' clinical practice."

• "Demonstrates highly developed context specific assessment skills."

Ref. 9) "Evaluating outcomes is necessary for planning experiences related to the clinical development of staff."

Ref. 10) "Use a variety of strategies to assess and evaluate learning in these domains: cognitive; psychomotor; affective."

l) Develops, reviews and modifies learning materials including self directed and group learning materials

Ref. 6) "Designs educational materials and tests that are nonbiased to multi-level and multicultural learners."

Ref. 7) "Designs or revises educational activities."

Ref. 12) "Design instructional strategies, learning materials, and educational technology to achieve learning goals."

m) Establishes and maintains educational data bases eg. Attendance, continuous improvement purposes etc.

Ref. 5) "Contributes relevant data in order to maintain databases."

Ref. 6) "Articulates departmental, organizational, and external agency requirements for documentation and record keeping."

Ref. 7) "Maintains records."

Ref. 12) "Maintain appropriate academic records."

2.2 Fosters effective teaching and learning relationships

a) Respects diversity of learners

Ref. 6) "Provides a learning environment that is sensitive to learners."

a. Acts as a mentor to learners and colleagues

Ref. 5) "Provides mentorship for others where appropriate."

Ref. 6) "Mentors staff to achieve personal and professional goals."

Ref. 9) "Activities included in clinical development of staff are...acting as a role model..."

Ref. 10) "Act as a role model in practice settings."

Ref. 12) "Serve as an intellectual role model and mentor for students as they learn to become scholars."

b) Reflects on and addresses the importance of self care in the teaching/learning relationship

Ref. 9) "Although it may be necessary at times to take work home, it is important that reasonable limits exist to be re-energized."

Ref. 10) "Balance the teaching, scholarship, and service demands inherent in the role of the educator and as influenced by the requirements of the institutional setting."

c) Provides constructive feedback

Ref. 5) "Participates in formal and informal feedback to learner regarding their practice."

Ref. 9) "Monitoring staff progress and providing timely feedback and opportunities for growth contribute to retention and professional growth."

Ref. 10) "Provide timely, constructive, and thoughtful feedback to learners."

d) Assists others in giving and receiving feedback

Ref. 6) "Educates staff to advance knowledge in...interpersonal skills."

Ref. 9) "Using a peer evaluation process in education programs to help staff and colleagues identify areas of strength and growth needs is an effective way of increasing collaboration within a group."

Ref. 10) "Assist learners to engage in thoughtful and constructive self and peer evaluation."

e) Participates in developing individual growth/learning plans for learners

Ref. 7) "Determines and/or revises priorities for scheduled and/or unscheduled educational activities."

Ref. 9) "It is desirable to have a plan for assisting the staff in all phases of an experience."

Ref. 10) "Encourage professional development of learners."

Ref. 12) "Prescribe appropriate teaching/learning interventions based on analyses of learners' needs."

f) Demonstrates caring, confidence, patience, integrity and flexibility in facilitation of learning

Ref. 10) "Demonstrate personal attributes that facilitate learning (e.g., caring, confidence, patience, integrity, respect, and flexibility)."

g) Ensures own competency in practice developing a plan for personal professional growth

Ref. 5) "Regularly engages in the process of self-assessment."

Ref. 10) "Participate in professional development opportunities that increase one's effectiveness in the role."

Ref. 12) "Assess his or her own knowledge and skills and implement plans for ongoing professional development."

2.3 Facilitates learning and creates an effective learning environment

- a) Supports preceptors/preceptees and mentor/mentees eg. Students and new staff

Ref. 5) "Uses the mentoring framework for self and others, to review progress towards career goals."

Ref. 9) "Activities included in clinical development of staff are orientation..."

- b) Participates in planning learner clinical experiences in collaboration with the team

Ref. 5) "make a meaning contribution to the maintenance of quality of care and staff experience in their clinical unit through working collaboratively with others in the unit"

Ref. 6) "Is a member of at least two committees, task forces, or projects for assigned areas of responsibility."

Ref. 12) "Plan appropriate learning experiences."

- c) Develops collegial working relationships to promotes positive learning experiences reasoning with learners

Ref. 5) "Establishes positive relationships with colleagues."

Ref. 7) "Seeks assistance or supervision when needed."

Ref. 8) "The nurse educator initiates and provides consultation with other members of the healthcare community contributing to the advancement of pediatric health care."

Ref. 10) "Develop collegial working relationships with clinical agency personnel to promote positive learning environments."

Ref. 12) "Establish strong links among educational institutions, clinical institutions, and the community."

- d) Fosters creativity in the teaching/learning process

Ref. 6) "Supports and encourages critical thinking, new ideas, professional growth, adult learning, open communication, and collaborative relationships."

Ref. 8) "Clinical development refers to knowledge, skill, judgment, promotion of critical thinking..."

Ref. 10) "Create opportunities for learners to develop their own critical thinking skills."

- e) Fosters creativity in the teaching/learning process

Ref. 10) "Create a positive learning environment that fosters a free exchange of ideas."

2.4 Understands and works with multiple complexities related to learning

- a) Collaborates with a variety of stakeholders eg. Practice placement coordinators, faculty members, staff practice educators, healthcare managers, co workers, educational institutions and healthcare agencies in preparing appropriate learner experiences in a particular area of practice

Ref. 5) "The CNE demonstrates accountability to all relevant stakeholders."

Ref. 6) •"Applies knowledge of external agency requirements to educational programs for assigned areas."

•"Incorporates external agency requirements and information into educational offerings."

Ref. 9) "When planning, implementing, and evaluating education programs, it is helpful to seek active participation of staff and nurses in leadership positions because a multiperspective approach emerges."

Ref. 12) "Consult with others within and outside of the discipline."

- b) Understands other healthcare roles and disciplines and their role in care delivery
- c) Facilitates the development and application of critical thinking and clinical reasoning in learners and groups of learners

Ref. 6) "Supports and encourages critical thinking, new ideas, professional growth, adult learning, open communication, and collaborative relationships."

- d) Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgment

Ref. 6) "Educates staff to advance knowledge in technical, critical thinking, and interpersonal skills."

Ref. 10) "Create opportunities for learners to develop their own critical thinking skills."

2.5 Advances Professional Nursing practice

Ref. 5) "The CNE engages in activities that demonstrate a commitment to ongoing professional development to self and others to maintain best practice."

Ref. 8) "Professional development"

- a) Demonstrates expertise in nursing practice

Ref. 5) "acquire and demonstrate advanced practice in their particular specialty in order to role model clinical nursing to learners in that environment"

Ref. 6) "Participates in activities that promote staff competence (e.g. skills labs, clinical check-offs, unit inservices)."

Ref. 10) "Develop an area of expertise..."

- b) Promotes reflective professional practice

Ref. 6) "Role models continued professional growth and development for staff by updating clinical skills and developing educator skills."

Ref. 8) "Advancement of the nurse's career and/or academic trajectory is facilitated through strategies such as...the promotion of reflective practice."

Ref. 9) "Working with a mentor is a viable way of acquiring leadership, management skills, and scholarly attributes."

Ref. 10) "Assist learners to engage in thoughtful and constructive self and peer evaluation."

- c) Facilitates evidenced informed nursing practice

Ref. 12) "Disseminate knowledge of best practices in nursing education and research."

- d) Participates in patient care guideline development for interdisciplinary care planning

- e) Utilizes appropriate professional practice assessment tools

Ref. 10) "Select appropriate assessment instruments."

- f) Develops educational materials that promote best practices

Ref. 10) "Use evidence-based resources to improve and support teaching."

- g) Disseminates nursing and educational knowledge eg. Knowledge translation and transfer

Ref. 7) "Presents educational activities."

2.6 Demonstrates leadership abilities

Ref. 8) "Leadership development"

- a) Participates in quality improvement and risk management activities

Ref. 5) • "Acts to promote protection and safety of clients, self and others."
• "Intervenes when client care is compromised by unsafe or illegal practice."

Ref. 8) "The nurse educator demonstrates clinical, professional, and leadership development through program development, continuous quality improvement..."

- b) Actively supports change

Ref. 9) "Clinical educators are change agents and, therefore, must possess strong leadership management and communication skills."

Ref. 10) "Support changes as an early adopter."

- c) Participates in groups/committees in relation to educational implications as a practice education resource person

Ref. 6) •"Is a member of at least two committees, task forces, or projects for assigned areas of responsibility."

•"Leads or facilitates a committee, task force, or project in CSD or assigned area."

Ref. 9) "In the educator role, there is frequent involvement in leadership activities, such as chairing work groups, conducting meetings, monitoring staff progress, and providing a vision for clinical practice."

- d) Communicates effectively eg. Listens carefully, writes and speaks clearly

Ref. 5) "The CNE communicates in a manner that is open, responsive, non judgemental, facilitative & collegial."

Ref. 7) "Uses interpersonal strategies to achieve perception of satisfaction."

Ref. 9) "Excellent written and verbal communication skills are vital because they often are used by staff to determine educator capability."

Ref. 10) "Communicate effectively orally and in writing with an ability to convey ideas in a variety of contexts."

Ref. 12) "Communicate effectively."

- e) Uses effective communication in challenging situations

Ref. 10) "Respond effectively to unexpected events that affect clinical and/or classroom instruction."

- f) Facilitates and negotiates problem resolution

Ref. 5) "Acts to support staff in stressful situations."

- g) Provides information about resources for professional development and educational opportunities

Ref. 5) "Initiates strategies to promotes the learning of colleagues and others."

Ref. 10) "Encourage professional development of learners."

Ref. 12) "Help learners use resources effectively in coordinating diverse clients' healthcare needs."

- h) Provides support and resources and communicates to others information about their specific areas of practice

Ref. 10) "Provide resources for diverse learners to meet their individual learning needs."

- i) Critically appraises the relevance of nursing and educational literature to specific area of practice

Ref. 9) "Strategies that can be used to continue to grow professionally include keeping abreast of the literature from nursing and other disciplines, participating in activities of professional organizations through committees and attendance at conferences, networking, and using computer technology."

APPENDIX G: LEVEL 3 COMPARISON

The follow is a list of the Level 3 core competencies and indicators of the EPP with supporting literature for comparison. For each core competency or indicator, if a 'match' was found within the literature, the reference number (refer to Appendix D for the full citation) with corresponding quote can be found underneath

3.1 Demonstrates knowledge of and engagement with education theories

- a) Bases teaching on education theories and evidence informed teaching practices

Ref. 6) "Incorporates theoretical concepts and research into educational programs (e.g. novice to expert, critical thinking, adult learning principles, cultural diversity, caring, theory of goal attainment)."

Ref. 10) •"Use teaching strategies based on: educational theory: evidence-based practices related to education."

•"Use knowledge of evidence-based practice to instruct learners."

- b) Teaches/facilitates and develops concept-based sessions
- c) Reflects on the application of educational theories and related knowledge relative to teaching practice
- d) Assesses, plans, organizes, and sets educational priorities to meet identified program, organization and learner needs to enable quality practice environments
- e) Plans, develops, implements and evaluates innovative instructional strategies for an educational series or program
- f) Uses a variety of instructional strategies in knowledge transfer processes

Ref. 6) "Contributes to improving organizational performance inititatives in clinical staff development and assigned areas."

Ref. 6) "Incorporates innovative teaching methods/strategies into program content."

Ref. 10) "Implement a variety of teaching strategies appropriate to: content; setting; learner needs; learning style; desired learner outcomes."

- g) Teaches/facilitates educational sessions using a learner-centered approach (innovative, engaging, participatory)

Ref. 10) "Use knowledge of evidence-based practice to instruct learners."

- h) Implements new education based on changing practices eg. Legislation and technology

Ref. 5) "Relates legislative concepts to institutional policies and procedures."

Ref. 10) "Revise curriculum based on evaluation of:...societal and health care trends..."

- i) Develops and implements evidenced based system and program evaluation processes to improve practice and quality care

Ref. 10) "Incorporate current research in assessment and evaluation practices."

- j) Uses formal and informal evaluation opportunities to collect formative and summative data

Ref. 5) "Provides formative and summative assessment for learners' clinical practice."

Ref. 10) "Implement evaluation strategies that are appropriate to the learner and learning outcomes."

3.2 Fosters effective teaching and learning relationships

- a) Respects diversity of learners

Ref. 6) "Provides a learning environment that is sensitive to learners."

- b) Provides effective educational advice and consultation

Ref. 6) •"Consults on adult education issues. Assists with development of continuing education programs."

•"Consults on adult education issues, regional or state levels."

Ref. 10) "Provide resources for diverse learners to meet their individual learning needs."

- c) Acts as a mentor to colleagues and other educators

Ref. 5) •"Provides mentorship for others where appropriate."

•"Uses the mentoring framework for self and others, to review progress towards career goals."

Ref. 6) •"Mentors educators toward becoming experts in educational design and processes."

•"Mentors staff to achieve personal and professional goals."

- d) Reflects on the impact on others of one's actions and decisions

Ref. 5) "Regularly engages in the process of self-assessment."

Ref. 10) "Use feedback gained from self, peer, learner, and administrative evaluation to improve role effectiveness."

- e) Reflects on and addresses the importance of self care in the teaching and learning process

Ref. 10) "Balance the teaching, scholarship, and service demands inherent in the role of the educator and as influenced by the requirements of the institutional setting."

- f) Establishes and maintains systems for recording learning progress

Ref. 5) "Contributes relevant data in order to maintain databases."

Ref. 6) "Articulates departmental, organizational, and external agency requirements for documentation and record keeping."

Ref. 10) "Use assessment and evaluation data to enhance the teaching-learning process."

3.3 Facilitates learning and creates an effective learning environment

- a) Implements a variety of teaching/learning strategies appropriate to learner needs, desire learner outcomes, the content and context

Ref. 5) •"Uses a range of teaching/assessment strategies, in order to capture the needs of all learners."

•"Uses multiple approaches to gather data about the learner."

Ref. 10) "Implement a variety of teaching strategies appropriate to: content; setting; learner needs; learning style; desired learner outcomes."

- b) Develops collegial working relationships to promote positive learning environments

Ref. 5) "Fosters positive professional relationships."

Ref. 10) "Develop collegial working relationships with clinical agency personnel to promote positive learning environments."

- c) Demonstrates caring, confidence, patience, integrity and flexibility in facilitating learning

Ref. 10) "Demonstrate personal attributes that facilitate learning (e.g. caring, confidence, patience, integrity, respect, and flexibility)."

- d) Creates an integrated learning environment for interprofessional education

- e) Provides constructive feedback

Ref. 5) "Participates in formal and informal feedback to learner regarding their practice."

Ref. 10) "Provide timely, constructive, and thoughtful feedback to learners."

- f) Fosters creativity in teaching/learning processes

3.4 Understands and works with multiple complexities related to learning

- a) Uses relevant instructional design processes

Ref. 10) "Use information technologies to support the teaching-learning process."

- b) Reflects on the impact of human and organizational resources, environment, context, and power factors on teaching and learning when planning for practice education

- c) Manages complex learning situations

- d) Facilitates the development and application of critical thinking and clinical reasoning in learners and groups of learners

Ref. 10) "Create opportunities for learners to develop their own critical thinking skills."

3.5 Advances Professional Nursing Practice

- a) Ensures own competency by incorporating practice experience, research, and literature within a plan for ongoing professional growth related to a specific area of nursing practice

Ref. 5) "The CNE engages in activities that demonstrate a commitment to ongoing professional development of self and others to maintain best practice."

Ref. 10) "Demonstrate a commitment to lifelong learning."

- b) Advances own competencies through the generative process of reflecting on the relationship between knowledge and practice

- c) Promotes reflective professional practice

Ref. 10) "Assist learners to engage in thoughtful and constructive self and peer evaluation."

- d) Develops sessions and educational materials that promote best practice

Ref. 5) "the clinical nurse educator is involved in planning education"

- e) Disseminates nursing and education knowledge

- f) Develops and utilizes appropriate practice assessment tools

Ref. 5) "Demonstrates highly developed context specific assessment skills."

Ref. 10) "Design tools for assessing clinical practice."

- g) Uses nursing competencies to guide teaching practice

- h) Responds appropriately to educational and practice issues of individuals and groups

3.6 Demonstrates leadership abilities

- a) Functions as a change agent

Ref. 10) •"Implement strategies for change within the: nursing program; institution."

•"Support changes as an early adopter."

b) Reflects on development of self as a change agent relative to own actions, change theories, and change-related knowledge

c) Communicates effectively eg. Listens carefully, writes and speaks clearly

Ref. 5) "The CNE communicates in a manner that is open, responsive, non judgemental, facilitative & collegial."

Ref. 10) "Communicate effectively orally and in writing with an ability to convey ideas in a variety of contexts."

d) Participates in quality improvement and risk management activities

Ref. 5) • "Acts to promote protection and safety of clients, self and others."
• "Intervenes when client care is compromised by unsafe or illegal practice."

Ref. 6) "Participates in organizational initiatives to promote best practice."

e) Participates in learning communities that support practice and educational partnerships

Ref. 5) "Participates in and contributes to relevant meetings and working parties."

Ref. 6) "Participates in competency initiatives within PHS and at the regional, state, national level."

f) Works independently and in collaboration with others to strengthen practice

Ref. 5) "The CNE instigates, maintains & uses collegial networks in a mature, confident & assertive manner to achieve positive learning outcomes for clinical staff."

Ref. 6) "Leads or facilitates a committee, task force, or project in clinical staff development or assigned area."

g) Effectively facilitates problem resolution

Ref. 5) "Acts to support staff in stressful situations."

Ref. 10) "Respond effectively to unexpected events that affect clinical and/or classroom instruction."

- h) Respects diversity in teachers and learners in health and human resource teams
- i) Provides leadership to support excellence in learning and professional practice environments

APPENDIX H: LEVEL 4 COMPARISON

The follow is a list of the Level 4 core competencies and indicators of the EPP with supporting literature for comparison. For each core competency or indicator, if a 'match' was found within the literature, the reference number (refer to Appendix D for the full citation) with corresponding quote can be found underneath

4.1 Demonstrates knowledge of and engagement with education theories

- a) Synthesizes educational theories and evidence to inform teaching practice

Ref. 6) "Incorporates theoretical concepts and research into educational programs (e.g. novice to expert, critical thinking, adult learning principles, cultural diversity, caring, theory of goal attainment)."

Ref. 11) "Makes active use of the literature and research in the field."

Ref. 10) "Uses teaching strategies based on: educational theory; evidence-based practices related to education."

- b) Understands the relationship between educational, organizational and intersectoral goals

Ref. 10) "Demonstrate knowledge of curriculum development including: identifying program outcomes; developing competency statements; writing course objectives; selecting appropriate learning activities; selecting appropriate clinical experiences; selecting appropriate evaluation strategies."

- c) Develops strategic goals for education programs to meet educational, organizational and intersectoral goals

Ref. 6) "Participates in the development of educational goals at the regional, state or national level (e.g. government or professional organizations)."

Ref. 10) "Actively participate in the design of the curriculum to reflect: institutional philosophy and mission; current nursing and health care trends; community and societal needs; educational principles, theory, and research; use of technology."

- d) Develops and implements integrated evidence informed teaching and learning strategies appropriate to learner needs and desired learning outcomes

Ref. 11) "Encourages students to combine theory and practice."

Ref. 10) "Implement a variety of teaching strategies appropriate to: content; setting; learner needs; learning style; desired learner outcomes."

Ref. 12) "Design instructional strategies, learning materials, and educational technology to achieve learning goals."

- e) Collaborates with internal and external stakeholders in curriculum development and revision

Ref. 10) "Evaluate educational goal attainment through community and clinical partnerships."

Ref. 12) "Consult with others within and outside the discipline."

- f) Critically reflects on relationships between educational theory and curriculum trends and issues in both the healthcare and educational sectors and provides input and influence on development and revisions

Ref. 10) "Revise the curriculum based on evaluation of: program outcomes; learner needs; societal and health care trends; stakeholder feedback (e.g. from learners, agency personnel, accrediting agencies)."

- g) Develops and implements strategies for curricular and program evaluation

Ref. 10) "Implement curricular revisions using appropriate change theories and strategies."

Ref. 12) •"Use knowledge gained through clinical practice to maintain and improve nursing curricula."

•"Use information from program evaluations in planning instruction and improving the process."

4.2 Fosters effective teaching and learning relationships

- a) Demonstrates caring, confidence, patience, integrity, and flexibility in facilitation of learning

Ref. 10) "Demonstrate personal attributes that facilitate learning (e.g. caring, confidence, patience, integrity, respect, and flexibility."

- b) Provides effective feedback to educators, individual learners and groups

Ref. 6) "Communicates the impact of content, teaching methods, and evaluation strategies with other educators."

Ref. 11) •"Offers constructive feedback."

•"Encourages students to self-assess."

•"Is fair with assessments."

•Is honest in providing feedback."

Ref. 10) "Provide timely, constructive, and thoughtful feedback to learners."

- c) Reflects on and addresses the importance of self care in the teaching and learning process

Ref. 11) •"Is aware of personal strengths and weaknesses."

•"Is prepared to admit mistakes."

Ref. 10) "Balance the teaching, scholarship, and service demands inherent in the role of the educator and as influenced by the requirements of the institutional setting."

- d) Applies concepts related to learner diversity in the application of instructional program and curricular design to empower learners

Ref. 10) "Modify teaching strategies and learning experiences based on consideration of learner..."

- e) Mentors and supports cross sector educational colleagues

Ref. 6) "Mentors educators toward becoming experts in educational design and processes."

Ref. 10) "Share teaching expertise with colleagues and others."

- f) Demonstrates a high level of conceptualization while facilitating strategies for coaching, mentoring, supporting, facilitating and leading learning

4.3 Facilitates learning and creates effective learning environments

- a) Mentors educators to translate and transfer knowledge iteratively between the academic and professional practice settings

Ref. 10) "Mentor and support faculty colleagues in the role of an academic nurse educator."

- b) Fosters creativity in teaching and learning processes

- c) Develops collegial relationships to promote positive learning environments

Ref. 11) "Encourages mutual respect."

Ref. 10) "Develop collegial working relationships with clinical agency personnel to promote positive learning environments."

Ref. 12) "Use broad frameworks to build effective relationships within and among groups to enhance nursing education."

- d) Contributes to research and policy development related to learners and the learning environment

Ref. 6) •"Publishes or presents on educational concepts and theories."

•"Designs performance improvement studies to evaluate organizational initiatives."

Ref. 10) "Use legal and ethical principles to influence, design, and implement policies and procedures related to learners, faculty, and the educational environment."

Ref. 12) "Recognize opportunities for conducting research in nursing."

4.4 Understands and works with multiple complexities related to learning

- a) Analyzes the impact of the relationship between healthcare and societal trends on practice and learning and incorporates this new understanding into their practice

Ref. 10) "Identify how social, economic, political, and institutional forces influence nursing and higher education."

Ref. 12) "Help learners recognize the impact of societal forces on healthcare delivery to individuals and groups."

- b) Facilitates the development and application of critical thinking, clinical reasoning with learners and groups of learners

Ref. 11) "Encourages students to a critical way of thinking."

Ref. 10) •"Model critical thinking."

•"Create opportunities for learners to develop their own critical thinking skills."

- c) Understands the roles, culture and environment across the academic and practice sectors
- d) Works with and understands multiple stakeholder interests, needs and relationships
- e) Collaborates in the development educational priorities across sectors

Ref. 6) "Consultant to internal or external projects within areas of expertise."

Ref. 10) •"Create community and clinical partnerships that support the educational goals."

•"Participate in interdisciplinary effort to address health care and educational needs: within the institution; locally."

Ref. 12) "Establish strong links among educational institutions, clinical institutions, and the community."

- f) Develops and implements teaching modalities congruent with the evolution of healthcare delivery and learning environments

Ref. 10) "Design courses to reflect the philosophical and theoretical framework of the curriculum."

- g) Critically engages with the mission and strategic priorities of organizations to develop learning communities

Ref. 10) "Integrate the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of learners and colleagues."

4.5 Advances Professional Nursing Practice

- a) Promotes reflective professional practice

Ref. 10) "Advise learners in ways that help them meet their professional goals."

- b) Assists others to develop and utilize practice assessment tools

- c) Participates in inter professional efforts to address healthcare and educational needs

Ref. 6) "Consultant to internal or external projects within areas of expertise."

Ref. 10) •"Participate actively in professional organizations through committee work and/or leadership roles."

•"Engage in self-reflection and continued learning to improve teaching practices."

d) Uses a systems view to address healthcare and educational needs

e) Advances own competencies through the generative process of reflecting on the relationship between knowledge and education

Ref. 10) "Select professional development activities to continue to grow and evolve in the role."

Ref. 12) "Assess his or her own knowledge and skills and implement plans for ongoing professional development."

f) Opens spaces for conversations between nursing education and practice

Ref. 11) "Has a high regard for clinical skills."

Ref. 10) "Maintain community and clinical partnerships that support the educational goals."

g) Advocates for and promotes evidence informed professional practice and education

Ref. 12) •"Use current research findings and scholarly works in nursing to improve nursing education."

•"Help learners interpret and apply research in nursing practice."

h) Contributes to new knowledge in the advancement of nursing education and nursing practice

Ref. 12) "Disseminate knowledge of best practices in nursing education and research."

i) Critically reflects on current practice and provides input and strategies to influence change in professional and educational practice

Ref. 10) "Implements strategies for change within the: nursing program; institution."

j) Reflects on the relationship between knowledge and practice to surface system level complexities that influence the construction of health

k) Guides others in generative reflective processes

Ref. 10) "Assist learners to engage in thoughtful and constructive self and peer evaluation."

4.6 Demonstrates leadership abilities

a) Communicates effectively eg. Listens carefully, writes and speaks clearly

Ref. 10) "Communicate effectively orally and in writing with an ability to convey ideas in a variety of contexts."

Ref. 12) "Communicates effectively."

b) Designs and implements quality improvement and risk management strategies for professional practice and educational programs

c) Creates and maintains learning communicates that support practice and educational partnerships

Ref. 10) "Maintain community and clinical partnerships that support the educational goals."

d) Collaborates in implementing change strategies within organizations

Ref. 10) •"Implements strategies for change within the: nursing program; institution."

•"Create a culture for change within the nursing program."

e) Analyzes the impact of population health determinations and institutional factors to influence education practice

Ref. 10) "Demonstrate knowledge of curriculum development including: identifying program outcomes; developing competency statements; writing course objectives; selecting appropriate learning activities; selecting appropriate clinical experiences; selecting appropriate evaluation strategies."

f) Develops and implements strategies for effective knowledge translation and transfer between education and practice sectors

- g) Provides transformational leadership to co create a vision for excellence in learning and professional practice environments

Ref. 10) "Enhance the visibility of nursing and its contributions by providing leadership in the: nursing program; parent institution; community."