CLINICAL OBJECTIVES AND CURRICULUM HIGHLIGHTS FOR EDUCATING STUDENTS

by

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Abstract

A need for preceptor training programs has been demonstrated by past and current literature. The coach training program was developed for a second degree bachelor of nursing (BSN) program located at a school of nursing in Texas. The second degree program utilizes the coach model platform to provide clinical experiences for nursing students. Coaches are long-term preceptors who agree to oversee clinical experiences with a specific student for twelve consecutive months. The registered nurses working on the units are competent and prudent nurses but they require additional information regarding the role of a coach and the needs of the nursing students during each semester. The coaches are not aware of the type of didactic content or concepts that the nursing students are studying and need specific information regarding the content. Nurses provide patient teaching every day but extending the role to incorporate the task of coaching a student nurse required additional training. The coaches needed the ability of synchronizing the clinical experience with didactic studies when possible. The Clinical Objectives and Curriculum Highlights for Educating Students (COACHES) provided the specific training needed to assist the coaches in providing beneficial clinical education. The goal of the COACHES project was to synchronize the didactic and clinical courses with the ultimate outcome of providing the most beneficial clinical experiences for the nursing students. The data analysis demonstrated that the training sessions were successful. By increasing the nurses’ abilities and comfort levels the role of coaching was improved and the outcomes and goals were achieved.
Dedication

I dedicate this project to my family and friends, especially my sister Sue Hobbs and my grandchildren, Peyton, Gunnar, Hendrix, Colton, Brandon, and Lily. I would not be anything without them. Thank you to my DNP project preceptor, Kelly Moseley. I would not be successful without Kelly’s consistent encouragement and assistance. Kelly went above and beyond to assist me every step of the way. Thank you to Carol Boswell and Sharon Cannon for constant encouragement and assistance throughout my DNP program. Thank you to Diana Goodwin for her unfailing encouragement, helping create the catchy name for my project (COACHES), and for computer program assistance.
Acknowledgments

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CHAPTER 1. INTRODUCTION

New nurses need to be able to provide nursing care in a variety of complex patient situations (Bridges, Holden-Huchton, & Armstrong, 2013). Exceptional clinical experiences are needed for nursing students in order to provide competent nurses in the future. Providing quality patient care is the most important clinical aspect and receiving competent graduate nurses into nursing positions is of extreme clinical importance. A need for highly effective preceptors has been identified.

The purpose of this capstone project was to disseminate the quality improvement project titled “Clinical Objectives and Curriculum Highlights for Educating Students (COACHES)”’. The goal of the COACHES project was improvement and enrichment of the clinical experiences of nursing students. The project site is a school of nursing located in Texas for the nursing students who attend the Nontraditional Second Degree Accelerated Baccalaureate of Nursing Program. The lack of training programs for coaches provided a legitimate reason for the creation and implementation of the COACHES project.

Nature of the Capstone Project

Prior to implementing the COACH project, a questionnaire was completed by existing coaches regarding their preceptor comfort level and ability level. The result demonstrated that coaches had questions regarding this role and needed more training
regarding the coaching role. The main area of concern included unknown didactic course content, unknown specific topics to concentrate each week, and unknown expectations of the students. A one-time orientation for new coaches and a yearly update make up the current coach training process. The Bachelor of Science in Nursing (BSN) program, also known as the second degree program is a nontraditional accelerated program for students who already have a bachelor’s degree in another area and want to return to college for a nursing degree. The program utilizes the coach model for clinical experiences. In this model the preceptors are called coaches. Coaches provide one of the most important areas of nursing student education. While coaches are selected because they provide excellent nursing care, being a great coach or mentor requires a combination of didactic content with clinical expertise (Murphy, 2008). Nurses who provide excellent nursing care are not automatically great preceptors and mentors (Horton, DePaoli, Hertach, & Bower, 2012).

Prior to this project the coaches received minimal training and information regarding the didactic classes and the clinical experiences did not align well with application of the didactic studies. The ongoing monthly training packets provided the coaches with didactic content needed to assist the students with application of theory in the clinical setting. The goal was to provide a more beneficial clinical learning experience.

**Description of the Problem, Environment, and Target Population**

The clinical problem identified was the lack of a structured orientation and training program for coaches hired to coach BSN students in the clinical area. The term
coach equals long-term preceptor for the purpose of this project. The specific problem identified was a lack of correlation between the didactic and clinical courses along with a lack of a formal method of relaying didactic course information to the coaches. Coaches are assigned to precept one specific student throughout the program and provide one of the most important areas of nursing student education.

The current process was one coach orientation at the beginning of the calendar year. Currently, no other formal training had been incorporated and no delivery system was in place to notify the coaches of didactic material being taught in the class room. Nurse educators and coaches can bridge the gap between nursing education and the beginning competencies that employers need in newly hired graduate nurses by bringing classroom content into the clinical areas. The framework utilized to construct the proposed project was Population, Intervention, Comparison, Outcome, and Time frame (PICOT). The population was the coaches for the BSN students in an acute care area. The proposed intervention was participation in an ongoing formal preceptor training program, the comparison was a single orientation/in-service at the beginning of the program, and the expected outcome was more effectively combining didactic learning with clinical experiences. Will BSN student coaches working in an acute care setting who participate in an ongoing formal nursing student preceptor training program be more effective combining didactic learning with clinical experience compared to coaches who participate in a single preceptor training session?

The target population included BSN prepared nurses at an acute care facility in Texas which is a teaching hospital. The coach requirements included a BSN degree, two years of experience, an unencumbered nursing license, a genuine interest in the long-term
education of a nursing student, and an agreement to coach a student for the entire year.
Patient populations included medical units and critical care units. The student is required
to follow the coach’s schedule and attend two twelve hour clinical shifts per week.

**Purpose of the Capstone Project**

The purpose of the capstone project was to provide excellent clinical coaches for
the BSN students through the incorporation of a coach training program. Spending time
and effort on this project was very worthwhile for the school of nursing, the medical
center, and the patients. Improvement of the coaches’ teaching ability provided effective
clinical rotations for the nursing students which provided clinical experiences at the
bedside that solidified didactic learning and helped nursing students understand the
nursing process. The coaches were currently performing at a high and competent level
and with the additional training the coaches were able to provide more timely instruction
and provide clinical experiences that correlate with course study.

**Significance of the Capstone Project**

The new coach training approach was more effective and increased the teaching
ability of the coaches. Coach training ensured a better understanding of the course
curricula and provided needed knowledge when the student was assigned to patient
experiences. Prior to the capstone project, the clinical problem was a lack of correlation
between the didactic learning with the clinical experiences. The coaches were not
provided with set goals and assignments throughout the semester prior to the COACHES
project training. Expected outcomes of the COACHES project were an improvement in
mentoring and coaching of BSN students. Improvement of coaches needed to include an improvement in guidance, supervision, role modeling, and personal development of BSN students (Smedley, 2008).

**Definition of Relevant Terms**

*Coach* was a relevant term and was defined for the purpose of this paper to describe a long-term preceptor/mentor in the acute care clinical area consisting of two shifts per week throughout twelve months. The term *preceptor* is defined as a short-term teacher for the duration of one or two days during the year. The clinical relevance of implementing the coach training was graduation of competent registered nurses. At the conclusion of this project The Texas Board of Nursing had not written an official definition for the term *coach*:

A coach can be a retention counselor or a short-term preceptor. Rule 214 and Rule 215 defined a clinical preceptor as a licensed nurse who is not employed as a faculty member by the nursing program and who directly supervised clinical learning experiences for no more than two students. (Texas Board of Nursing, 2014, pp. 8)

**Assumptions**

The main assumption was the misconception that registered nurses automatically had the ability to coach student nurses. Registered nurses with many years of experience still needed education and training for coaching nursing students. Orienting new nurses to a nursing unit has some similarities to coaching students but also has many differences.
A novice registered nurse is more advanced than a nursing student and the nursing student benefited from a different type of preceptorship, such as coaching.

**Limitations**

A limitation of the COACHES project was the small sample size of 16 coaches. Also, generalization of the project is not possible due to the small sample size; therefore, larger quality improvement projects or further research is needed. Generalization and reliable results require a larger sample size (Boswell & Cannon, 2014).

Another limitation of the COACHES project was the implementation of the project in only one city in Texas. The project demonstrated a significant improvement in the coaches’ understanding of the coaching role, but it is unknown if the project would demonstrate a significant improvement if replicated on a grander scale. The recommendation is replicating the project with a larger sample size and in multiple hospitals and cities.

**Capstone Project Objectives**

The objectives of the COACHES project included increasing the knowledge and comfort level of the coaches with coach training sessions. Another objective included guiding the coaches by providing specific information regarding didactic course content. A third objective was for the coach to have the ability to provide coordinating clinical experiences on the patient units.
CHAPTER 2. THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Theoretical Framework

The theoretical framework utilized and the literature review completed for the COACHES project provided a foundation and evidence for the clinical coach training needs. The theoretical framework utilized was situated learning theory. Situated learning theory attempted to teach through the use of stories and hands-on application with newcomers working alongside old timers (Gieselman, Stark, & Farruggia, 2010). According to Lave and Wenger (2008) situated learning is scenario-based learning embedded within a social and physical environment. The coach model fit well within this definition presenting a hands-on learning experience in one specific nursing unit. Nursing students working alongside experienced preceptors fit with this theory. Learning was achieved through experience, practice, and through authentic activities such as clinical experiences and simulation laboratory experiences which provided the students with the opportunity to apply theory to practice. Actual experience with a situation provided a better comprehension than reading about the situation in the book. Reflection gave the student time to think through a situation and gain a better understanding of the situation. Cognitive apprenticeship is an important part of situated learning theory. Cognitive apprenticeship is an immersion into the area being studied. The learner begins slowly in a peripheral capacity and slowly becomes more and more involved in the situation (Lave and Wenger, 2008). Collaboration and multiple practices were important factors of situated learning theory. Multiple practices gave the learner many chances to learn in a specific situation (Gieselman, Stark, & Farruggia, 2000). Simulation with
mannequins was an example of a multiple practice situation. All of these key factors led to situated learning theory. Situated learning theory was being applied in the clinical experiences on an acute care unit and in simulation experiences.

**Summary of Relevant Research**

A literature review was an important part of the project and ensured the reliability and validity of the quality improvement project. The literature review was a necessary step when implementing a change or project in the clinical area (Boswell & Cannon, 2014). The purpose of this literature review was to summarize and critique previous projects and articles related to the coach model and coach training.

A literature review was completed at the beginning of the project to evaluate prior research to determine if there were any gaps in the literature. The literature review was completed utilizing several data bases including Cinahl Complete, ProQuest Medical Library, Ovid, Sage Journals Online, and Google Scholar. Several key words were utilized including coach, preceptor, nursing students, and clinicals. A search of the keyword *nursing coach* returned over 109,000 possibilities, but further evaluation demonstrated almost all of the returns applied to preceptors or sport team coaches. Only five articles related to coaches in the preceptor capacity were found. This lack of literature demonstrated the need for further research or quality improvement projects. A search for the keywords *preceptor* and *nurs* returned 13,588 possible articles. The PICOT was utilized to determine the keywords.

A large number of peer reviewed journal articles were reviewed by the author. A decision was made concerning the need to include or exclude the article in the final
literature review. Articles were appraised according to the ability to determine the clinical question, sample size, data analysis, and conclusions (Boswell & Cannon, 2014). Articles were chosen that included a method of improving clinical experiences through coach or preceptor education. Preceptor education was included due to the minimal number of articles concerning the topic of coaches.

Nineteen articles were determined to meet the criteria and were included in the literature review. The articles were closely examined and coach training was determined to be important for clinical experiences. Providing adequate and specific information in the training sessions improved the coaching outcomes.

Obtaining and using valid learning tools was important for the COACHES project. Two articles were included that involved creating a learning tool for preceptors. Riley-Doucet (2008) published an article that determined the learning tool was beneficial to improving the nurses’ precepting ability. Moore (2009) created a tool that was used by the nursing students to evaluate the effectiveness of the preceptors. Both articles utilized the term preceptor and not coach. According to Riley-Doucet (2008) and Moore (2009) student evaluation of the preceptors was determined to be an integral part of the preceptor/student paradigm.

Five articles were found regarding coaches, the coach model, and accelerated BSN programs. Bridges, Holden-Huchton, and Armstrong (2013) published a study with a focus on the relationship between the student and the coach. The coaches identified a lack of knowledge in their coaching role as a barrier to the coaching role. This finding reinforced the need for the coach training.
A white paper described and defined the role of a coach in an accelerated BSN program. The education model was described and key components of coaching were delineated. The white paper gave an overview of the clinical coaching model and did not speak to the need for coach training (Allen, 2012).

A dissertation by Bridges (2011) reinforced the need for more research and dissemination regarding the coach model. The dissertation also reinforced the success of the program related to graduating competent graduate nurses who are ready to join the nurse workforce. This dissertation focused on the aspect of the coach model and not on the need for coach training.

Tilley, Allen, Collins, Bridges, Francis, and Green (2007) discussed utilization of the scaffolded instruction in the Second Degree BSN program in addition to the coach model. The scaffolded method utilized collaboration between the coach and the student to increase learning opportunities. The faculty members reinforced a learning strategy for the students and critical thinking questions were posed to the students to facilitate learning. Student achievement was evident following the opportunity for scaffolding learning. The coaches utilized scaffolding daily on the nursing units. Scaffolding is relevant to the coaching model because it reinforced the concept of continuous clinical experiences with the same coach throughout the year. The coach can added to the student’s learning every week and continued to build the student’s experiences and knowledge. The COACHES project incorporated scaffolding by providing specific areas of didactic content every week.

The fifth article evaluated the results of the second degree accelerated BSN students one year after graduation. The findings demonstrated that the students felt well
prepared for their first employment opportunity following graduation from the program and were very satisfied with program. This article does not include coach training but does discuss the second degree accelerated BSN program and the coach model (Raines & Sipes, 2007).

Four articles were similar to the coach model. According to Freiburger (2001) one-on-one preceptorships led to positive outcomes. This study demonstrated the need for preceptor training. The study incorporated a one-on-one preceptor with each nursing student to improve the value of clinical time spent at the bedside. Nursing students needed more clinical experience including more time to apply theory to hands on practice. The preceptors were given a notebook of information including course objectives and clinical concepts for the semester. Each preceptor completed an evaluation of the preceptor program after completion of the semester. The results of the preceptor evaluations rated the program as fulfilling both personally and professionally. Overall the preceptors were supportive of the program and indicated the program was beneficial for developing skills and increasing student confidence. The preceptors also noted an increase in student organization, assessment, decision making skills, time management, caring for an increased number of patients and improved documentation.

Wieland, Altmiller, Dorr, and Robinson Wolf (2007) provided nursing students with preceptored clinicals for three weeks in order to improve time management and critical thinking. The goal was to ease the transition from student nurse to graduate nurse. The graduate nurse was placed with one specific preceptor, and the study demonstrated a positive outcome. Hickey (2009) focused on the ability of graduate nurses to care for patients. The overall goal is graduating competent graduate nurses who
are able to provide safe care for patients, and well trained preceptors contributed to this goal. Berry (2005) researched the effect of partnering with a specific nurse compared to a more traditional clinical utilizing the nurse working on a clinical day. The process mirrors the coach model and pairs a student with a specific nurse. All areas of the surveys demonstrated significant improvement in the registered nurse partnering model compared to the traditional model. Sandau and Halm (2010) published a completion of twelve preceptor program reviews. Positive findings included an increase in critical thinking, confidence, and autonomy. Increased positive reinforcement between the coach and student, and a feeling of belonging on the unit by the student was a positive outcome. Negative findings were a lack of adequate coach orientation, and a lack of continued coach support throughout the semester.

Situated learning theory was determined to be effective in nursing education. The findings included support for adding theory-to-practice modules and situated learning theory (Brown, Halabi, MacDonald, Campbell, & Guenette, 2011; Holland, Landry, Mountain, Middlebrooks, Heim, & Missildine, 2013). Applying situated learning theory had a positive impact on students in the clinical area. The students had an easier time acclimating to long-term placement and reported more support and better experiences with long-term placement (Cope, Cuthbertson, & Stoddard, 2000). Workshops were utilized for preceptor training. The workshop sessions determined that the preceptors were more comfortable after attending the workshops and were successful in improving the teaching ability of preceptors (Horton, DePaoli, Hertach, & Bower, 2012; Henderson, Fox, & Malko-Nyhan, 2006). Workshops for preceptors were used that incorporated scenarios in a simulation lab. The preceptors’ views on their own ability and satisfaction
before and after taking part in group supervision during a one year project indicated improved preceptor ability (Borch, Athlin, Hov, & Duppils, 2012).

Learning and teaching styles are an important aspect of precepting students in the clinical area. Matching a student with a preceptor who has similar learning and teaching styles can enhance the outcome. All students learn differently and coaches who understand the method of learning that works well for the student will be more successful in the preceptor role (Brunt & Kopp, 2007).

Relevant information for preceptors was much more plentiful than for coaches. The literature review indicated that nurses need additional education regarding coaching or precepting nursing students. Increasing the amount of coach training was determined to be beneficial for the coaches.
CHAPTER 3. CAPSTONE PROJECT DESIGN

Project Design and Description

The COACHES project was a quality improvement project utilizing descriptive statistics. The sample size for the COACHES project was obtained in a school of nursing. The nontraditional accelerated BSN program admitted 16 students in August and a coach was required for each student. Sixteen coaches were available at that time for incorporating into the training program. All 16 coaches verbalized interest in participating in the project and were given further information. The coaches agreed to take the pre-questionnaires and post-questionnaires and participate in the coach training. Full time coaches with a student assignment for the semester were included. Coaches who were not currently assigned with a student were excluded from the project. Questionnaires were created, and the data was collected.

Rationale for Design Framework

Situated learning theory was the framework for the COACHES project. The rationale for choosing situated learning theory was the effect of the theory to support novices developing their competence. Several strategies were utilized including coaching, scaffolding, modeling, mentoring, reflecting and exploring (Cope, Cuthbertson, & Stoddart, 2000). Coaching and scaffolding had fewer problems with introduction of nursing students into the clinical area and were supported by the nursing staff on the unit. The nursing students had a smoother transition into nursing and a feeling of belonging on the assigned unit. Legitimate peripheral participation is the process of contributing to the
unit through tasks which are peripheral but authentic to nursing care (Cope, Cuthbertson, & Stoddart, 2000). The coach maintained responsibility for the patient, and the nursing student was involved in the care of the patient under the instruction of the coach at all times. The nursing students had a better chance of acceptance into the community on the unit due to working closely with a specific coach for a long period of time compared to random placement on units for one shift. Incorporation and socialization into the unit was important for the nursing student to be comfortable and receive a beneficial clinical experience.

The quality of patient care was determined by the clinical competence of the nursing staff. Improving the clinical experiences while in nursing school increased the competency level of graduate nurses. The application of situated learning theory through the coach model was an effective method to improve the performance and critical thinking of nursing students. Situated learning theory placed the student nurse in a clinical experience that replicated real practice. The continuous clinical hours spent with one specific coach allowed for building the nursing student’s knowledge. The coach was aware of what learning situations were available to the student, and what type of learning situations were needed. Situated learning theory was also applicable to scenario-based simulation experiences. These simulation experiences provided critical thinking situations without the limitation of real life patients (Feng, Chang, Chang, Lin, & Chang, 2013).

Situated learning theory was applied to nursing education and the coach model was an effective method of incorporating the theory. Nursing students had an increased opportunity for developing the ability to apply theory in practice (Brown, Halabi,
MacDonald, Campbell, & Guenette, 2011). The nursing student was compared to a cognitive apprentice and gained knowledge through imitation and practice in actual and authentic situations. The coaches were supportive and motivated the students, engaged in clinical reasoning, and participated in building skills. Coaching was a situated learning technique that provided a guide for the nursing student. The coach provided scaffolding throughout the year by constantly building the knowledge of the nursing student. Both the coach and nursing student were actively involved in managing patient care. The coach guided the student in situations and during application of skills. The situated learning theory required a longer amount of time for success but provided lasting knowledge for the nursing student (Gieselman, Stark, & Farruggia, 2000).

**Capstone Project Intervention**

The first step of the capstone project intervention was determining the need for coach training. A questionnaire was distributed to the coaches with the goal of gathering information regarding the need for coach training. The coaches indicated they would be interested in obtaining coach training. A meeting was held with stakeholders of the school of nursing and formal approval was obtained to proceed with the coach training project. A formal letter of approval was received from the department chair for the second degree nontraditional undergraduate program.

The second step consisted of applying for and obtaining Institutional Review Board (IRB) approval for the project at both universities. The project was deemed a quality improvement project and received exempt status from both universities. No conflict of interest exists within the COACHES project.
The third step involved creating the pre-questionnaire and the post-questionnaire. The questionnaires were approved by a panel of experts and incorporated into the project. The pre-capstone questionnaires were distributed to the coaches.

The fourth step was implementation of the training sessions. The COACHES project intervention included in-depth one hour training sessions for the coaches. The intervention consisted of three face-to-face training sessions on the first of the month for three consecutive months. Each session was for the duration of one hour. The training sessions were offered four different times each month to allow the coaches to attend at their convenience. Content was transferred from the didactic course to a coach packet. The packet included specific information related to the didactic content being taught each week along with a student assignment for the week that correlated with the content. Cardiac content and a cardiac assignment were included during the second month of training. Interprofessional collaboration skills were incorporated in the third month with an interprofessional assignment and training (See Appendix D and Appendix E). The coach assisted the student in completing the cardiac and interprofessional teamwork building assignment during the month. Interprofessional teamwork has become an integral part of providing health care and improving patient care (Smith, 2014).

During the fifth step, data collection was continued through the distribution and collection of the post-questionnaire. All questionnaires were obtained anonymously. The questionnaires were kept in a locked drawer when not being analyzed.

The sixth step was analysis of the data collected. Statistical Packages for the Social Sciences (SPSS-14) computer software was used. The data were entered into the SPSS-14 and analyzed by a statistician and are discussed in Chapter 4.
Assessment Tools

Two evaluation tools were utilized during the project. A pre-capstone questionnaire and a post-capstone questionnaire were provided to the coaches. Evaluation questionnaires were obtained from the coaches before and after implementation of the training program. A 4-point Likert scale was used, and an area for suggestions and comments was incorporated in the evaluation tool. According to Arndt and Netsch (2012) quality improvement projects use evidence-based practice to support well defined methods to improve practice.

The pre-capstone and post-capstone questionnaires were evaluated by a panel of experts. The panel of experts consisted of three doctorally prepared nurses with over eighty combined years of experience in research. The three experts are heavily involved in evidence-based research and evidence-based practice (EBP). All three experts have disseminated multiple papers, articles, textbooks, and presentations related to research, and evidence-based teaching. The questionnaires were created and sent to the panel of experts along with the capstone proposal for an initial review of the content. The panel of experts made suggestions of ways to improve the questionnaires to meet the goals and purpose of the project. The suggestions were incorporated into the documents and returned to the panel of experts for further review. The questionnaires validated the quality improvement project aim. The questionnaires were utilized in the quality improvement project after Institutional Review Board approval was obtained.

See Appendix B and Appendix C.
Other Evaluative Strategies

The pre-capstone questionnaires and post-capstone questionnaires were the only qualitative evaluation strategy utilized during the implementation of the project. A qualitative evaluation included observing the coaches during shifts with a nursing student, questioning the students regarding their knowledge base and critical thinking, and the success of the students in the BSN program.
CHAPTER 4. ANALYSIS OF IMPACT

Analysis of Results

The quality improvement project utilized two questionnaires. One questionnaire was given prior to implementation of the capstone project and the second was given after the capstone project intervention was completed. The results of the questionnaires were entered in SPSS 14 software program and the analysis was completed by a statistician at a local university. The statistician has 35 years of experience analyzing data for quality improvement and research projects.

The method utilized for the capstone project was a pre-questionnaire, intervention, post-questionnaire descriptive quality improvement format. The project used a test/retest design with no control group. Multiple ANOVA analysis was utilized and the $F$ factor was determined. The $F$ factor demonstrated a degree of freedom of 7. The multivariate analysis ANOVA was chosen and utilized related to the format of the project. The COACHES project utilized two groups which were pre-capstone and post-capstone. The project examined the differences between the two groups utilizing one or more variables. Testing was completed more than once with a pre-questionnaire and a post-questionnaire. The $F$ factor is important to the results of the project because the higher the $F$ value, the more effective the project intervention (Pett, Lackey, & Sullivan, 2003).
Figure 1. Questionnaire comparative descriptive statistics

The $N = 16$ and demonstrated a convenience sample size. The sample size was determined by the number of coaches utilized by the school of nursing. Sixteen coaches agreed to participate in the quality improvement project and all 16 completed the entire project by participating in the pre-capstone questionnaires, the training sessions, and the post-capstone questionnaires. The results of the questionnaires demonstrated a
significant improvement in the difference between the pre-questionnaires and post-questionnaires in all seven categories. Seven different questions were included in the pre-questionnaire and post-questionnaire and all seven demonstrated improvement in the coaches’ ability and comfort level of coaching a BSN student. The results were run with 24 values of freedom. Repeated measures analysis of variance with 7, 24 degrees of freedom with a critical $F$ value of 2.46 for $p < .05$. The critical $F$ was 2.42 therefore any $F$ value above 2.42 indicated a significant improvement.

The first category of the post-questionnaire asked if the coach orientation provides adequate preparation to function effectively in the coaching role. The pre-capstone mean was 3.00 and the post-capstone mean was 3.75. The $F$ Value = 45.00 for $p < .05$ and indicated a significant improvement.

The second category of the questionnaire asked if face-to-face sessions with clinical faculty provide adequate preparation to function effectively in the coaching role. The pre-capstone mean was 3.06 and the post-capstone mean was 3.88. The $F$ Value = 58.95 for $p < .05$ and indicated a significant improvement.

The third category of the questionnaire asked if the coach is provided with sufficient support and resources to teach and guide the student in the clinical area. The pre-capstone mean was 3.06 and the post-capstone mean was 3.88. The $F$ Value = 58.95 for $p < .05$ and indicated a significant improvement. The results of the second and third category were identical.

The fourth category of the questionnaire asked if the student learning objectives for the co-requisite clinical and didactic course are clear. The pre-capstone mean was
2.75 and the post-capstone mean was 3.88. The $F$ Value =45.00 for $p < .05$ and indicated a significant improvement.

The fifth category of the questionnaire asked if the role of the coach is made clear. The pre-capstone mean was 3.13 and the post-capstone mean was 3.88. The $F$ Value =38.57 for $p < .05$ and indicated a significant improvement.

The sixth category of the questionnaire asked if the coach has a basic understanding of the co-requisite didactic courses the student is attending. The pre-capstone mean was 2.69 and the post-capstone mean was 3.75. The $F$ Value =25.96 for $p < .05$ and indicated a significant improvement.

The seventh category of the questionnaire asked if the coach is able to synchronize the didactic course with the clinical experiences. The pre-capstone mean was 2.87 and the post-capstone mean was 3.62. The $F$ Value =24.54 for $p < .05$ and indicated a significant improvement.

**Individual Components of Questionnaires**

The questionnaires were broken down into seven components which reflected the PICOT question. An increased comfort level and improved preceptor ability was gained by the coaches after receiving coach training for three consecutive months. Improvement was identified in each of the seven components of the post-capstone questionnaire compared to pre-capstone questionnaire.
Table 1. *Analysis of Variance for Coaching Ability and Comfort Level*

<table>
<thead>
<tr>
<th></th>
<th>Mean ± SD</th>
<th>Pretest</th>
<th>Posttest</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coach Orientation Only</strong></td>
<td>3.00 ± .000</td>
<td>3.75 ± .447</td>
<td>45.00</td>
<td></td>
</tr>
<tr>
<td><strong>Face-to-Face Sessions</strong></td>
<td>3.06 ± .250</td>
<td>3.88 ± .342</td>
<td>58.95</td>
<td></td>
</tr>
<tr>
<td><strong>Sufficient Support and Resources</strong></td>
<td>3.06 ± .250</td>
<td>3.88 ± .342</td>
<td>58.95</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Course Objectives are Clear</strong></td>
<td>2.75 ± .557</td>
<td>3.88 ± .342</td>
<td>45.00</td>
<td></td>
</tr>
<tr>
<td><strong>Coach Role is Clear</strong></td>
<td>3.13 ± .342</td>
<td>3.88 ± .342</td>
<td>38.57</td>
<td></td>
</tr>
<tr>
<td><strong>Aware of the didactic content</strong></td>
<td>2.69 ± .704</td>
<td>3.75 ± .447</td>
<td>25.96</td>
<td></td>
</tr>
<tr>
<td><strong>Ability to synchronize the didactic and clinical courses</strong></td>
<td>2.87 ± .342</td>
<td>3.62 ± .500</td>
<td>24.54</td>
<td></td>
</tr>
</tbody>
</table>
The first component of the questionnaire covered the topic of whether or not the single coach orientation provides adequate preparation to function effectively in the coaching role. Prior to the capstone project the coaches attended a four hour orientation at the beginning of the year. Orientation is attended prior to precepting a student. Significant improvement was noted after the capstone intervention was implemented.

The second component of the questionnaire covered the topic of whether or not face-to-face sessions with clinical faculty provide adequate preparation to function effectively in the coaching role. A significant improvement was noted after the capstone project training sessions were implemented. Face-to-face one hour monthly sessions were held every month for three months on the first day of each month.

The third component of the questionnaire explored whether or not the coach is provided with sufficient support and resources to teach and guide the student. A significant improvement was noted after the capstone project was implemented. Support was increased and provided evidence that the capstone training sessions were effective.

The fourth component of the questionnaire explored whether or not the coaches understood the learning objectives for the clinical courses. The objectives were included in the monthly training sessions. Significant improvement was noted on this component. This component improved from several answers of disagree to several answers of strongly agree. Understanding the learning objectives of the courses are not optional and are very important to success in the course.

The fifth component of the questionnaire is whether or not the role of the coach is made clear. The coaches agreed that the role of the coach was made clear pre-capstone
but a significant improvement was noted after the capstone training sessions were completed

The sixth component of the questionnaire is whether or not the coach has a basic understanding of the co-requisite didactic course. Each clinical course has a co-requisite didactic course such as acute care, chronic care, or foundations.

The seventh and final component of the questionnaire was whether or not the coach was able to synchronize didactic learning with clinical experiences. This component was also a very important aspect of the capstone project. Obtaining significant improvement in this area was a great finding for the capstone project. Significant improvement was noted in this component and indicated an increase in the ability to synchronize didactic course content with clinical experiences. The findings validated the need for more thorough coach training. Significant improvement was obtained in this area but room for further improvement remains.

The questionnaires consisted of seven questions each. The pre-capstone questionnaire and the post-capstone questionnaire were identical and utilized a Likert scale of 1-4. The results of the questionnaires compared the coaches’ abilities and comfort levels related to coaching a student before and after the training sessions. All seven questions demonstrated a significant increase in the coaches’ ability and comfort level. The increased ability and comfort levels of the coaches indicated an improvement in their teaching ability. Question 7 results demonstrated the improvement in the coaches’ ability to synchronize didactic learning with the clinical shifts. Pre-capstone 14 coaches agreed and two coaches disagreed that they were able to synchronize didactic and clinical learning. Post-capstone 10 coaches strongly agreed and six agreed and zero
disagreed that they were able to synchronize didactic and clinical learning. The findings on the pre-questionnaires and post-questionnaires determined that an answer was found to the PICOT question driving the COACHES project. A significant increase was found in the coaches’ ability to synchronize didactic and clinical learning through formal coach training.

**Clinical Impact**

The clinical impact of addressing the issue of coach training has a profound effect on nurses who are coaches with little or no preparation for the role. Coaches with more knowledge and specific information regarding didactic courses and the ability to synchronize the clinical experience with didactic courses had a positive effect and greatly impacted the coaches’ abilities. Learning styles also had an impact on outcomes for students.

The outcomes of the COACHES project included providing beneficial clinical opportunities for nursing students, building relationships, and increased inclusion of the coaches in the curricula and course objectives. The training sessions of the coaches had a positive effect on the coaches. Communication between faculty, students, and coaches was improved and impacted the outcome of coaching.
CHAPTER 5. IMPLICATIONS AND CONCLUSIONS

Implications for Practice

Nurses need education on the topic of coaching. Coaching and training student nurses will be an ongoing need in nursing to facilitate an increase in the number of competent nurses for the future. Coaches should be highly skilled in their area of practice and the increased teaching ability assisted in relaying knowledge to nursing students. Additional educational needs identified were coach responsibilities and methods of teaching critical thinking. Providing education for the coaches should be a part of any clinical course utilizing bedside nurses as coaches or preceptors for the nursing students. Clinical courses utilizing the coach model will benefit from incorporating coach training into the program. Incorporating a training program that includes the coaches more fully in the curriculum will provide the students with a better clinical experience.

Summary of Outcomes as Related to Evidence-Based Practice

Patient care can be affected by quality improvement projects by providing best practices to the patients. Quality nursing care should be provided to all patients regardless of social or financial situations. Providing care to all patients should be evidence based and the best practices should be validated in order to provide the most current nursing care. Research can take many years before the results can be implemented in patient care, therefore creation of quality improvement projects can provide a more timely result (Melnyk, & Fineout-Overholt, 2011). Making changes in practice require quality improvement projects and implementation of the findings followed by evaluation of the interventions (Lusardi, 2012).
Evidence-based research affects patient care and can improve patient care. Current patient needs drive the quality improvement project questions and without the questions, nurses would not create improved methods for patient care. Providing answers to patient driven questions is the first step in a quality improvement project and the reason for the quality improvement project (Boswell & Cannon, 2014). The project improved the coaches’ ability to synchronize didactic classes with clinical experiences. Incorporating evidence-based practice assignments and interprofessional assignments every month assisted with the integration.

**Conclusions**

Overall the interpretation of the COACHES capstone project indicated a significant improvement. All seven parts of the questionnaire demonstrated a significant improvement in the ability and comfort level of the coaches after the capstone intervention compared to before the capstone intervention.

The COACHES quality improvement project results were easily correlated with the PICOT clinical question. The results of the project demonstrated that an increase in the coach training from one orientation to monthly training sessions did improve the coaches’ ability and comfort level regarding coaching a BSN student.

Coach training will continue at the site with the aim of improving clinical experiences and increasing the knowledge of the coaches. The monthly training sessions will be continued with an emphasis of synchronizing clinical experiences with the didactic courses. The ultimate goal of the project was to improve the BSN students’ clinical reasoning and knowledge base resulting in competent and prudent Graduate
Nurses. Incorporating continuous monthly coach training at the school of nursing is a reasonable next step.

The chosen framework for the COACHES project correlated well with the PICOT question. The theory was supported by the COACHES project. Situated learning theory provided an enhanced apprenticeship and was similar to on the job training. The newcomer gained an increase in knowledge and ability through the incorporation of hands on learning. Situated learning theory provided a bridge from newcomer to a participating member of the team (Lave & Wenger, 2008). The coach model utilized in the second degree BSN program followed the overall framework of situated learning theory by assignment of a student nurse with an experienced registered nurse consistently for twelve months. The student nurse learned weekly from a registered nurse who mentored and molded the new student into an integral part of the nursing unit.

The main purpose of this quality improvement project was to improve the teaching ability and comfort level of the coaches. The analysis of the data collection provided evidence of success of the project. Significant improvement in the coaches’ understanding of the coaching role was evident in every component of the questionnaires.

Further studies are needed to validate the findings of the COACHES project. Replication of the project with an increase in sample size and a more diverse population are two major factors needed in future studies. The project was implemented on one campus of a seven campus university in Texas, therefore generalization of the project was limited. Implementation of the project throughout the seven campuses of the school of nursing would provide a larger sample size and seven diverse population groups. A
larger project, if implemented on all seven campuses, could provide reliable data to support wide implementation of coach training.
REFERENCES


APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University’s Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person’s ideas or works.

The following standards for original work and definition of plagiarism are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others’ work through proper citation and reference. Use of another person’s ideas, including another learner’s, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else’s ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University’s Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.
Statement of Original Work and Signature

I have read, understood, and abided by Capella University’s Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA Publication Manual.

Learner name and date  Lori Hammond 02/23/15

Mentor name and school  Dr. Lydia Forsythe – School of Nursing and Health Sciences
APPENDIX B. PRE-SURVEY QUESTIONNAIRE

Doctor of Nursing Practice Program
Lori Hammond MSN, RN
Clinical Objectives and Curriculum Highlights for Educating Students (COACHES)
Pre-Capstone Questionnaire

Directions: Please check the box corresponding with your level of agreement with each of the following statements:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coach orientation provides adequate preparation to function effectively in the coaching role.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Face to face sessions with clinical faculty provides adequate preparation to function effectively in the coaching role.</td>
<td></td>
<td></td>
<td></td>
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<td>3. The Coach is provided sufficient support and resources to teach and guide the student.</td>
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<td>5. The role of the Coach is made clear.</td>
<td></td>
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<td>6. The Coach has a basic understanding of the co-requisite didactic course the student is attending.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The coach is able to synchronize didactic learning with clinical experiences.</td>
<td></td>
<td></td>
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</tbody>
</table>

Provide any additional suggestions or comments below:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Location ___________________________  Length of time in coach role ___________________________
FACILITY ___________________________  DATE ___________________________

Thank you for participating in The Doctor of Nursing Practice Capstone Project conducted by Lori Hammond
Return to:
School of Nursing
ATTENTION: Lori Hammond MSN, RN
APPENDIX C. POST-SURVEY QUESTIONNAIRE

Doctor of Nursing Practice Program
Lori Hammond MSN, RN-BC
Clinical Objectives and Curriculum Highlights for Educating Students (COACHES)
Post-Capstone Questionnaire

Directions: Please check the box corresponding with your level of agreement with each of the following statements:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Provide any additional suggestions or comments below:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Location ___________________________________________                           Length of time in coach role ________________
FACILITY ___________________________________________  DATE __________________________

Thank you for participating in The Doctor of Nursing Practice Capstone Project conducted by Lori Hammond
Return to: Lori Hammond MSN, RN

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APPENDIX D. INTERPROFESSIONAL COMMUNICATION ASSIGNMENT

Clinical Objectives and Curriculum Highlights

Interprofessional Communication Assignment

Coach’s Responsibility- To guide and facilitate an opportunity for the student to achieve interaction with a professional from a different discipline (PT, RT, MD, Pharmacist, Social Worker, etc.).

To be completed by the student:

Interprofessional Teamwork Definition:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Goal: ________________________________________________________________________________

Example of a student’s experience on the unit of interprofessional communication and teamwork:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What was learned by the student regarding the importance of interprofessional communication and teamwork?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student ______________________________

Coach ______________________________

Date ________________________________
APPENDIX E. CARDIOVASCULAR ASSIGNMENT

Clinical Objectives and Curriculum Highlights

Cardiovascular Assignment Form

Coach’s Responsibility-To guide and facilitate an opportunity for the student to achieve increased knowledge and experience in a cardiovascular disease process.

Student___________________

Diagnosis_____________________

The following was completed between February 10th and 23rd:

Assessment____________________

Documentation of assessment in chart___________

Review of diagnostic tests

EKG __________

Lab____________

Radiology__________

The following medications were administered correctly_______________________________________________________________________________

____________________________________________________________________________________

If any of the above is unavailable write in N/A in the blank.

Coach Signature_________________________ Initial________