Confidentiality has been respected throughout this work and no names of people or places have been included

This report is entirely our own work

Group 69 confirm that we fully understand that this report remains the property of the host organisation and we may not personally/professionally share or use any part of it, without the express permission of the host organisation. We appreciate that no member should retain copies subsequent to successful completion of IPLU2/IPLU3 and if we wish to evidence our success we know we may use/refer to the Group Project Assessment Report.
Title of Audit: Preceptorship: Does supernumerary time affect confidence and competence?

Date of Audit: 28 February 2011 - 11 March 2011

The team members undertaking this audit were students studying:

- Advanced Diploma in Adult Nursing
- Advanced Diploma in Child Nursing
- Bachelor of Medicine
- Master of Pharmacy
- Master of Social Work
- Bachelor of Social Work

The group would like to thank all the staff who participated. It would not have been possible to achieve these results without their cooperation. We would also like to thank our facilitator for support and guidance.
Executive Summary

Preparing for Audit: Aims, Objectives and Background.

The audit aims to evaluate supernumerary time during the preceptorship period and to assess whether supernumerary time post qualifying affects the confidence and competence of staff. The World Health Organisation (WHO) and The Department of Health (DoH) both acknowledge and appreciate that newly qualified healthcare professionals are not competent and confident in every skill area demonstrated pre-qualification but both governing bodies lack current, relevant evidence to make Preceptorship mandatory.

Objectives:

• Identify how much supernumerary time newly qualified healthcare professionals receive.
• Identify through data analysis whether a period of Preceptorship affects confidence and competence.
• Make a recommendation for supernumerary time during the preceptorship period for newly qualified healthcare professionals.

Ethical Considerations:

The audit was conducted with the highest measures of confidentiality following the Data Protection Act (1998) and all local trust policies were adhered to by all members of the group undertaking the audit. All staff participating were pre-contacted before being approached about the audit.
Methodology:
The audit was conducted on 43 newly qualified healthcare professionals from a range of clinical settings in a large NHS hospital on the south coast of England. Data was collected using a structured questionnaire and data collection was split equally across the group conducting the audit.

Results:
• Healthcare professionals (Nurses/Midwives) who were offered 43+ days of supernumerary time did not achieve any competencies to level 2.
• The audit displayed that on average 15-28 days of supernumerary time yielded the best results showing that staff felt the most confident and had a larger majority of competencies signed off to level 2.

Discussions and Recommendations:
• The observations from this audit showed that there is no correlation between the length of an individual’s supernumerary time and both their confidence and competence.
• Out of 43 respondents only two professionals did not meet the standards required by not receiving any supernumerary time. All of the other respondents met the standard by receiving between 7.5 hours and six months of supernumerary status.
• As the results did not show a correlation between time and competence and confidence, one suggestion can be is that there is an optimum time period for Preceptorship. The majority of respondents received in the region of two weeks, with this time also receiving the highest level two competence.
• By standardising Preceptorship it would help ensure newly qualified professionals receive the training time the Trust believes they require, instead of it being based on one individual’s opinion.
## Contents

1. Preparing for audit 7  
   1.1 Aims 7  
   1.2 Objectives 7  
   1.3 Background 7  
   1.4 The Audit in terms of the audit cycle 8  
2. Ethical Considerations 9  
3. Understanding audit measures and standards 10  
4. Data Collection 12  
   4.1 Methodology 12  
   4.2 Sampling Method 13  
5. Findings and Results 14  
6. Discussion 19  
   6.1 Standard 19  
   6.2 Observation 19  
   6.3 Justification 20  
7. Recommendations 21  
8. Conclusion 22  
9. Future Research 22  
10. References 24  
11. Figure List 26  
12. Key List 27  
13. Appendices 28
1 Preparing for audit

1.1 Aims

The main aim of the audit was to find out from a group of newly qualified professionals how much supernumerary time they received during their Preceptorship. The second part of the audit was to then measure how confident and competent they felt in their role depending on how much time they received. The aim of the multidisciplinary group was to use this audit as an opportunity to work collaboratively and on our communication skills for the future.

1.2 Objectives

- Identify how much supernumerary time newly qualified healthcare professionals receive.
- Identify through data analysis whether a period of Preceptorship affects confidence and competence.
- Make a recommendation for supernumerary time during the Preceptorship period for newly qualified healthcare professionals.

1.3 Background

The Department of Health (DoH) (2010) identifies Preceptorship as a period of time to transition from a student to a newly qualified practitioner which allows them to increase confidence from the support of a preceptor. During the Preceptorship period the Preceptorship Program states that one of the expectations during the first year as a newly qualified professional is to achieve competencies set by the Knowledge and Skills Framework (Griffith, 2009). Also as part of Preceptorship a newly qualified professional should have supernumerary time where they are not counted as a member of the team and have the opportunity to observe and settle in their new role.
The Nursing and Midwifery Council (2006) recommend that a newly qualified professional should have Preceptorship of four months however Moore (2006) described her experience of Preceptorship as being only three shifts due to staffing levels which left her feeling vulnerable. Ashurst (2008) illustrates that becoming newly qualified can be overwhelming as people realise they are personally accountable for their practice which is why Preceptorship is important in developing confidence and competence. National Nursing Research Unit (2009) believes that supporting newly qualified professionals improves patient care as the professionals can develop clinical skills during this period. Although many believe Preceptorship to be an important part of the transition process there is no clear allocated time given. This audit is being carried out by a group of students from different health and social care professions. As part of this audit the group have questioned newly qualified professionals in a hospital about their Preceptorship time. This is a new audit therefore these are the first recommendations suggested from the research the group have undertaken.

1.4 The Audit Cycle

The generic audit cycle was adapted to the audit carried out.

Stage one: Preparing for audit: Many describe the transition from student to professional as an overwhelming experience therefore having the Preceptorship period being formerly adhered to may help the experience be less challenging

Stage two: Selecting criteria: This audit focuses primarily on how supernumerary time affects confidence and competence during Preceptorship.

Figure 1.1 The stages of the clinical audit. (National Institute for Clinical Excellence, 2002).
**Stage three:** Measuring Performance: To measure supernumerary time, confidence and competence, newly qualified professionals were asked to complete a questionnaire about their time during Preceptorship and how long they were given supernumerary status.

**Stage four:** Making Improvements: The improvements needed are a recognised length of time for supernumerary status in Preceptorship which can be used to increase confidence and competence.

**Stage five:** Sustaining Improvement: This involves ensuring that all newly qualified professionals are given the opportunity for the Preceptorship period. This should be re evaluated over a period to ensure the length of time given is the correct amount needed.

### 2 Ethical Considerations

When completing our audits it was important that the Integrated Professional Learning (IPL) group considered all the ethical issues that may have arisen when collecting the data and producing the results.

The Data Protection Act 1998 came into force in March 2000. Its purpose is to protect the right of the individual to privacy with respect to the processing of personal data. It was important that we respected the 8 key principles defined by the Act (Data Protection Act, 1998) for research conducted within the NHS; however, the National Research Ethics Service (NRES, 2010) has more relevance. The NRES has two main purposes:

- to protect the rights, safety, dignity and well-being of research participants;
  and
- to facilitate and promote ethical research that is of potential benefit to participants, science and society.

The audit did not need to be reviewed or referred to the NRES, and could be conducted without reference to the ethics committee because it did not have
additional risk, burden or any intrusion amongst those participating. It was important that this was considered before conducting our research.

Prior to the audit, potential participants were emailed, asking if they were happy to take part. Students on IPL have identification badges as proof of identity; it was a requirement to have them on display when on the wards. When handing out the questionnaires it was important to consider our professional manner when entering the ward and talking to anyone that we approached, or who approached us. For example it was important to show a friendly manner, be polite and not to be intrusive. It was necessary to explain the purpose of the audit to the professionals completing the questionnaire. Each audit was anonymous as confidentiality is an integral part of data collection. One predictable problem that occurred when we came to finding the newly qualified Nurses, Doctors and Pharmacists to fill out the questionnaires during the working day was the possibility they could be busy at that time (this did prove to be a common problem with many of our participants due to the demands and time pressures that exist when on duty). This was overcome by arranging to come back when they were less busy or by asking them to complete the questionnaire when they have some spare time and to leave it with the ward clerk for later collection (this mainly applied for Nurses). Participants who were unavailable at the time of auditing were emailed the questionnaire by the group facilitator to avoid breaching confidentiality. Finally it was imperative that the questionnaires were correctly disposed of i.e. through shredding.

3 Understanding audit standards

Preceptorship is defined as the foundation period at the start of the careers of newly qualified staff (NHS Education South Central, 2009) (NESC). Furthermore The Nursing and Midwifery council (2006) recommend that all new registrants should have a period of Preceptorship of around four months but this is dependent on individual needs and clinical areas. Ideally learning time should be protected for a year to enable an individual to progress from student to newly qualified practitioner thus developing their competence and confidence.
Using a confidence self evaluation form developed by the group facilitator a list of newly qualified health care professionals, was used to access audit participants. This confidence evaluation form enabled the IPL group to see how confident newly qualified staff felt in their clinical areas working as a team, undertaking varied tasks, core competencies and providing holistic support to patient and families. Participants were asked to tick a box which had a scale range from 4 to 1; box 4 was very confident ranging down to box 1 which was totally unconfident. These scale ranges enabled the group to review quantitative data. The interviewed professionals had previously agreed to be contacted in order for the audit to be completed.

The audit also included the length of supernumerary time staff were given and if level 1 and/or 2 core competencies had been achieved; these competencies are drawn from the hospitals generic competency framework. As a group the standard chosen to measure was that all newly qualified healthcare professionals will have supernumerary time in clinical practice. The DoH (2010) state that the transition from a student to new registrant should be recognised and there is a need to support this. Arguably the importance is to build on confidence, further knowledge and skills to develop competence when in practice while ensuring the individual feels supported. The standard was chosen as it highlighted the need for supernumerary status when newly qualified in order for one to settle into their new working environment, furthermore through the confidence scales it enabled us to see how confident each healthcare practitioner felt in their working environment.

As a team we discussed the idea of using a standard that gave clear set time scales that a newly qualified practitioner should receive when first practising as a registered practitioner but through researching literature and policies no clear boundaries could be found that reflected a definitive time scale for supernumerary status when qualified. Consequently this particular standard was chosen as policies and criteria recognised the need for supernumerary time for a newly qualified healthcare professional but did not recommend time scales as this appeared varied in clinical areas and the individual’s expertise, confidence and competence.
Newly qualified staff will receive supernumerary time

No clear guide lines giving set amount of supernumerary time.

Numbers obtained were from different professional sectors, supernumerary time differs.

Some staff do not receive supernumerary time.

Confidence is dependent on the amount of supernumerary time when newly qualified

This differed depending on different sectors/professionals.

Audit did not take into account previous experience or knowledge in given area.

Competence is dependent on the amount of supernumerary time when newly qualified

Professional were only 6 months into their first year but had a year to achieve their level 2 core competencies.

Dependent on given opportunities/clinical area

Figure 3.1 Audit Standards and Variables

4 Data Collection

4.1 Methodology

Data collection for the audit in subject was undertaken via the process discussed below. In order produce a project with reasonable results it’s understood that around 50 audits are needed (Griffith, 2009).
The chosen way to get the answers required to complete this audit was via filling in a questionnaire. Getting answers from this method is quick and easy; it’s easy to read the results and compare them. It is not time consuming for the professional completing it, as they are busy, and ourselves, as we were working under a restricted time period.

In order for the group to succeed in completing 50 audits the group decided that it would be more efficient and less time consuming if the group members split into pairs which every member was happy working with.

4.2 Sampling Method
The majority of the audit was based on newly qualified Nurses and Midwives, but also included Pharmacists and F1 Doctors. A list of newly qualified Nurses and Midwives in the hospital was provided by our facilitator. Each pair picked a several from the list to go and interview. Some of the Nurses and Midwives were unavailable so they were excluded from the list.

It was highlighted by members of the group that some of the Nurses and Midwives might not be working at that time and others may be extremely busy. The professional’s responsibility to the patients was more important than completing the audit. If the profession was busy than another time of meeting would be agreed. Also if a Nurse or Midwife wasn’t on shift and was on nights then another form of communication would be asked for, for example via e-mail.
5 Findings and Results

Figure 5.1:

This data represents how confident the nurses/midwives were after competence. The peak average confidence score was between 15-28 days, which gave an average confidence score of 3.5.
Key 5.1:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Support or speciality equivalent (maternal, neonatal, child, adult)</td>
<td>A</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>B</td>
</tr>
<tr>
<td>Patient Centred Dignity in Care</td>
<td>C</td>
</tr>
<tr>
<td>Documentation</td>
<td>D</td>
</tr>
<tr>
<td>Assess physical wellbeing of the adult/child/neonate</td>
<td>E</td>
</tr>
<tr>
<td>Administration of Blood Products</td>
<td>F</td>
</tr>
<tr>
<td>Administration of Medication</td>
<td>G</td>
</tr>
<tr>
<td>Prevention of Falls</td>
<td>H</td>
</tr>
<tr>
<td>Moving and Handling</td>
<td>I</td>
</tr>
<tr>
<td>Nutrition</td>
<td>J</td>
</tr>
<tr>
<td>Prevention of Pressure Ulcers</td>
<td>K</td>
</tr>
<tr>
<td>Taking, recording and assessment of vital signs in adults/children/neonate</td>
<td>L</td>
</tr>
</tbody>
</table>

Showing the different competencies for figure 5.2, 5.3, 5.4 and 5.5.

Figure 5.2:

Bar chart showing Competency against the number of respondents who had a length of supernumerary time between 0 - 14 days.
Bar chart is showing Competency against the number of respondents who have a length of supernumerary time between 0 - 14 days.

- Between 0 – 14 days on average the professionals undergoing supernumerary time achieved level 2.

Figure 5.3:

Bar chart is showing competency against the number of respondents who have a length of supernumerary time between 15- 28 days.

- Between 15-28 days on average the professionals undergoing supernumerary time achieved level 2.

Figure 5.4:
Bar chart is showing competency against the number of respondents who have a length of supernumerary time between 29- 42 days.

- Between 29 - 42 days on average the professionals undergoing supernumerary time achieved level 2.

Figure 5.5:

Bar chart is showing competency against the number of respondents who have a length of supernumerary time between 43+ days.

- This bar chart shows none of the respondents completed to level 2.

Key 5.2:

| Using newer theories in your clinical practice | A |
| My colleagues respect me as conscientious and committed | B |
| Being empathetic and self aware when communicating with patients | C |
| My ability to direct and guide the actions of others | D |
| My competency, if competency is the demonstrated ability to successfully apply knowledge and skills in the performance of complex tasks. | E |
| Being able to solve clinical problems when confronted with them. | F |
| Collecting collect significance patient data by physical assessment in the clinical setting. | G |
| Developing patients' daily care plans based on setting priorities | H |
| Explaining each intervention to patient or family members before carrying it out. | I |
| Providing care to patient based on setting priorities. | J |
| Deciding about continuing or modifying care plan based on patient’s prognosis. | K |
| My clinical skills in the clinical setting. | L |
Showing the different confidence for the pharmacists and doctors in figure 5.6 and 5.7

Figure 5.6:

A bar chart showing the number of doctors against their confidence.

- This data represents how confident doctors are in their profession
- Majority of doctors are reasonably confident in their profession

Figure 5.7:

A bar chart showing the number of pharmacists against their confidence.
• This data represents how confident pharmacists are in their profession
• Majority of pharmacists are very confident in their profession

6 Discussion

6.1 Standard
The main issue which arose when undertaking this audit was that there is no specific timeframe set for newly qualified healthcare professional’s supernumerary time. Instead, guidance purely focuses on defining Preceptorship as;

A model of enhancement, which acknowledges new graduates/registrants as safe, competent but novice practitioners who will continue to develop their competence as part of their career development/continuing professional development, not as individuals who need to address a deficit in terms of education and training.
(DoH, 2010: 10)

The duration and framework for the supernumerary time is therefore subject to the aims and restrictions of different NHS Trusts, Departments and ultimately the individual Preceptors. Therefore, because of this it was decided that for this audit the standard used would not specify a required length of time and instead would be merely concerned with the presence of supernumerary practice.

6.2 Observations from Results
The observations from this audit showed that there is no correlation between the length of an individual’s supernumerary time and both their confidence and competence, (see fig. 5.1). Individuals experienced varied levels of confidence and competence whether they had zero hours or six months of supernumerary time. These results are inconsistent with the believed outcomes of the audit, as both the DoH (2010) and NHS Employers Website (2011) state that the key benefits of Preceptorship and Supernumerary time is increased competence and confidence. The results of this audit also contradict previous research by Pfeil (1999), whose research found that Preceptorship programmes promoted newly qualified staff becoming accountable professionals. A key positive the audit has highlighted is that out of the 43 respondents only two professionals did not meet the standard set, by
not receiving any supernumerary time. All of the other respondents met the standard by receiving between 7.5 hours and six months of supernumerary status. As this was a wide timeframe, it was decided to group the responses into four time categories to ease the data analysis and to allow trends to be identified.

To encompass the multi-disciplinary aspect of the audit more fully, it was decided that the questionnaires would also be given to newly qualified Doctors and Pharmacists. However, these professionals were only able to complete the confidence section of the questionnaire as the competency section was not applicable. This is because the levels of competency (Griffith, 2009) are only applicable to Nurses, Midwives and allied health professionals. Although both Doctors and Pharmacists do not undertake supernumerary time under the framework of Preceptorship, each profession does implement at least one year of foundation training for the newly qualified professionals, (The Foundation Programme, 2011 and NHS Careers, 2006). This training is not technically supernumerary, as the individual is not considered to be an ‘extra’, but instead included within the team. Yet despite this, the Doctors and Pharmacists within the audit rated highly for their confidence within practice.

6.3 Justification of Results
As the results from this audit did not correlate with previously held beliefs, the possible justifications for this were discussed in detail. Firstly, although the audit complied with the guidance issued in relation to a clinical sample size (Norman, 2007), due to the unregulated nature of supernumerary time the amount of time received by professionals was diverse, and therefore ensuring an equal sample size for each timeframe was unfeasible. This resulted in the time categories not being represented equally, with the ‘29-42 days’ and ‘43+ days’ categories only having three responses each. This makes it difficult to generalise the findings as there is not enough detail to be able to gain a full and accurate understanding. Additionally because only two respondents received no supernumerary time, it is not possible to compare the results of those who did against them.

Another possible justification for the results is the discrepancy between how professionals responded to the competency question. As prior to delivering the audit
it was not decided whether respondents should be guided by their perceived level of competency, or by the level which has actually been signed off by their preceptor, (Griffith, 2009). This could potentially be an issue because once an individual is competent to a level; they will not necessarily be signed off straight away. Finally, another consideration is the time at which the respondents were given the questionnaire, because Griffith (2009) suggests that all newly qualified staff should reach a level two competency one year after qualifying. Due to the time at which the audit was conducted the majority of individuals had only been registered since September 2010, so would not be expected to have reached a level two competency, (Griffith, 2009).

7 Recommendations

Due to the results of the audit it is difficult to make pertinent recommendations to the Trust regarding both Preceptorship and supernumerary time. This is because the data suggests that there is no correlation between the length of supernumerary time and the levels of confidence or competence.

As the results did not show a correlation between time and competence and confidence, one suggestion can be is that there is an optimum time period for supernumerary time. The majority of respondents received in the region of 15-28 days, with this time also receiving the highest level two competence (see fig. 5.3). If the time frame was regulated then professionals would only receive the support they required and resources would not be wasted.

Although this audit did not incorporate qualitative data, numerous comments were made by respondents whilst the questionnaire was being administered. These included confusion over what exactly supernumerary time was and the quality and quantity of what was received. It was deduced that this confusion occurs as there are no set standards for Preceptorship, so the quality is highly dependent on the preceptor. By standardising Preceptorship it would help ensure newly qualified
professionals receive the training time the Trust believes they require, instead of it being based on one individual’s opinion.

The majority of the recommendations from this audit are in connection with the actual methodology, so will be discussed in detail within the ‘Future Research’ section of this report.

8 Conclusion

The main aim of the audit was to assess whether new qualified staff had received supernumerary time, and whether the length of this had impacted upon both their confidence and competence. Additionally, both newly qualified Doctors and Pharmacists were included, as this allowed for the cross-professional comparisons to be drawn and helped promote the multi-professional aspect of the audit. The team administering this audit was able to work together effectively with each individual contributing their own ideas and perspectives to the project.

Despite not producing the expected results, both the aims and objectives of the project were achieved. The discrepancy between the expected and actual results allowed the group to discuss in detail the possible reasons with each profession contributing a different, but valued perspective. Detailed recommendations for future research have been made as by exploring the issue further it would help provide the foundation for a standardised Preceptorship policy to be introduced.

9 Future Research

This audit address the aims and objectives set, so will therefore not need to be exactly repeated in the future. However, as this was the first audit of this type within this NHS Trust, numerous recommendations can be suggested and any future research should seek to address these issues.
Firstly, although the sample size was concurrent with audit standards (Norman, 2007) by expanding it into a research project a larger sample could be used. This would allow for a more detailed picture to be gathered and thereby allowing for a more complex analysis of the data. A larger data set would also allow the findings to be more representative, so therefore any recommendations would carry more weighting.

Secondly, when undertaking a new project the decision between the methodologies used is a key factor which needs careful consideration. For this audit a purely quantitative approach was selected, as due to the limited time-scale it was decided that this methodology would be the most appropriate. However, this approach lacked the more complex and detailed information which is gained when using a qualitative approach. Therefore, future work should seek to incorporate both methodologies as this would ensure a full picture is portrayed.

Finally, in addition to those within this audit, future research should be aimed at as many health care professionals as possible, including physiotherapists, anaesthetists, occupational therapists and radiographers. Although each profession implements training in a unique way, by having a diverse range of information, the best aspects of each could be integrated within Preceptorship. By doing this it would help strengthen individuals within their roles and help promote multi-professional working within a hospital environment.
10 References


11 Figure List

Figure 1.1 The clinical audit cycle (NICE 2002).

Figure 3.1 Audit Standards and Variables

Figure 5.1 Graph showing the professional confidence against time.

Figure 5.2 Bar Chart showing competency against the number of respondents who have a length of supernumerary time between 0-14 days.

Figure 5.3 Bar Chart showing competency against the number of respondents who have a length of supernumerary time between 15-25 days.

Figure 5.4 Bar Chart showing competency against the number of respondents who have a length of supernumerary time between 29-42 days.

Figure 5.5 Bar Chart showing competency against the number of respondents who have a length of supernumerary time between 43+ days.

Figure 5.6 Bar Chart showing the number of Doctors against their confidence.

Figure 5.7 Bar Chart showing the number of Pharmacists against their confidence.
12 Key List

Key 5.1 Showing different competencies for Figure 5.2, 5.3, 5.4 and 5.5.

Key 5.2 Showing different confidence for Pharmacists and Doctors in Figure 5.6 and 5.7.
13 Appendices

Appendix:

A – Questionnaire
## Length of Supernumerary Time

<table>
<thead>
<tr>
<th>Competency</th>
<th>Completed to level 1</th>
<th>Completed to level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Support or speciality equivalent (maternal, neonatal, child, adult)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Centred Dignity in Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess physical wellbeing of the adult/child/neonate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of Blood Products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention of Falls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving and Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention of Pressure Ulcers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking, recording and assessment of vital signs in adults/children/neonate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Record with a tick in the appropriate column the comments which come closest to your opinion of your confidence in each of the following areas:

<table>
<thead>
<tr>
<th>How confident do I feel about - - - -</th>
<th>(4) Very Confident</th>
<th>(3) Reasonably Confident</th>
<th>(2) Not Very Confident</th>
<th>(1) Totally Unconfident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using newer theories in your clinical practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>That my colleagues respect me as conscientious and committed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being empathetic and self-aware when communicating with patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My ability to direct and guide the actions of others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My competency, if competency is the demonstrated ability to successfully apply knowledge and skills in the performance of complex tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being able to solve clinical problems when confronted with them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collecting significant patient data by physical assessment in the clinical setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing patients’ daily care plans based on setting priorities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explaining each intervention to patient or family members before carrying it out.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing care to patient based on setting priorities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deciding about continuing or modifying care plan based on patient’s prognosis.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My clinical skills in the clinical setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>