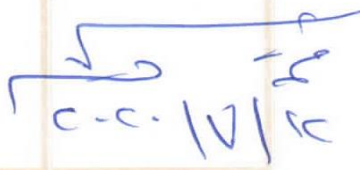





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Approval Process

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Acronyms:

ALS	Advanced Life Support
BLS	Basic Life Support
DGNA	Directorate General of Nursing Affairs
DGQAC	Directorate General of Quality Assurance Centre
DN	Document Number
IV Therapy	Intravenous Therapy
MOH	Ministry of Health
NNIP	National Nursing Internship Program
TOT	Training of Trainers



Guideline on National Nursing Internship Program for Omani Nursing Graduates

1. Introduction

The National Nursing Internship Program (NNIP) is designed to facilitate the transition of graduates into the roles and responsibilities of Registered Nurses in health care settings. The length of the program is **three months (12 weeks)**. A full time preceptor provides support to new graduates by offering opportunities for professional growth and autonomy leading to active participation as members of health care team. The program might be extended beyond three months based on the graduate's performance.

The graduates receive a general hospital orientation and a ward orientation in their areas of clinical placement. They are also provided with opportunities to learn concepts of continuity of patient/client care over the three-shift system adopted in hospital settings.

The NNIP aims to increase graduates' confidence in knowledge and assessment skills, clinical decision making, prioritising and problem-solving skills. Thus, providing them opportunities to consolidate clinical nursing knowledge, skills and attitudes in new areas of practice. It also enhances their knowledge and competence in technical skills and procedures related to area/specialty in which they are practicing, develops an appreciation of sound clinical judgement and critical thinking throughout the nursing process in the management of patient. The NNIP additionally assists graduates to develop and demonstrate time management, prioritising and delegating tasks.

2. Scope

This guideline applies to all Omani nurses who graduated from governmental and non-governmental educational institutions.



3. Purpose

The purpose of this guideline is to provide standardized guidelines for internship training of all Omani nursing graduates.

4. Definition

- 4.1 Competence: is the necessary knowledge or technical skills to perform a given procedure within the bounds of success and failure rate deemed compatible with acceptable care.
- 4.2 Graduate: is a trainee who works, sometimes without pay, in order to gain work experience or satisfy requirements for a qualification.
- 4.3 Internship coordinator: is a person who organizes the internship and negotiates with others in order to ensure the graduates work together effectively.
- 4.4 Learning contract: is an individualized learning plan that has been negotiated between a preceptor and a graduate.
- 4.5 Mandatory courses: are courses that are mandated or compulsory to be taken by the graduate during the internship program.
- 4.6 NNIP guideline: a guide that aims to streamline process of NNIP to facilitate the transition of new nursing graduates into the roles and responsibilities of registered nurses in health care settings.
- 4.7 Portfolio: is a written record dealing with the performances and achievements of a healthcare professional which could be used subsequently as the basis for self-reflection and self-assessment by identifying gaps in knowledge and skills.
- 4.8 Preceptor: is a person who teaches or guides graduates during the internship program.



5. Guideline

- 5.1 The Directorate General of Nursing Affairs (DGNA) is responsible for the regulation and the management of the NNIP.
- 5.2 The Nursing Directorate/Section in each health care institution is responsible for the day-to-day management of the NNIP.
- 5.3 The NNIP is implemented by health care institutions that are approved by DGNA
- 5.4 The duration of the NNIP is 3 months (12 weeks). The program might be extended beyond three months based on the graduate's performance.
- 5.5 The NNIP is meant to run continuously without any interruption.
- 5.6 Successful completion of the NNIP is mandatory for obtaining licence to practice nursing profession in Oman.
- 5.7 Graduate absenteeism for more than three days during the period of the internship shall be made up at the end of the program.
- 5.8 Internship coordinators are required to hold a valid certificate in training of trainers (TOT) in the principles of learning and teaching program, and a valid certificates in Intravenous Therapy (IV) and Basic Life Support (BLS). Thus to maintain their knowledge base, clinical skills and competences in area of specialty.
- 5.9 Preceptors are required to complete a mandatory preceptorship program prior to commencement of NNIP, and to attend refresher courses in IV Therapy, BLS, and ALS to maintain their knowledge base, clinical skills and competencies in their areas of specialties.
- 5.10 Graduates are expected to be certified and be competent in all mandatory courses, including BLS, IV therapy prior to exiting the program. For individuals who were unable to complete one of the mandated courses during the NNIP due



to unforeseen circumstances such as prolonged illness, the internship hosting institution shall be informed of the reasons in order to negotiate an extension.

- 5.11 Graduates will not be rotated for clinical practice in different wards, but will be placed in one area for the duration of the NNIP, and this includes specialized areas/units.
- 5.12 Graduates who fail to successfully complete the required competences by the end of the program can negotiate extension (Refer to procedure no 6.7) that does not exceed 12 months of the overall enrolment of the graduates in the program.
- 5.13 MOH has no financial obligation whatsoever toward the graduates, if they do not have a working contract with the MoH.

6. Procedure

- 6.1 The DGNA notifies the internship accredited health care institutions about accepted graduate for the NNIP enrolment and schedules.
- 6.2 The Directors/Heads of Nursing informs the graduates about vacancies available in each ward/unit/department and gives advice on their choices for clinical placements.
- 6.3 The graduate meets the internship coordinator and overview the NNIP guidelines (rules and regulations, learning needs, clinical placement, and methods of assessment).
- 6.4 Prior to being designated to their areas of clinical placement, the graduates will attend a one week program of general orientation as per institutional policy and procedures as designed in NNIP pathway (Appendix 1, pg.19).
- 6.5 Learning contracts will be agreed upon and signed between the graduates and their preceptors through series of interviews (Appendix 2, pg.45).
- 6.6 Throughout the internship period the graduate goes through series of assessments, monitoring and evaluations as per the following assessment strategies:



6.6.1 Self–Assessment:

The graduate engages in self-assessment exercises using the assessment tool provided (Appendix 2, pg.56), and the learning contract model (Appendix 2, pg.48). The graduates performs self-assessments on their progress **at two (2) weeks and six (6) weeks and by the end of three (3) months.**

6.6.2 Portfolio

The graduates are required to develop and maintain their own personal portfolio (Appendix 2, pg. 20), as evidence of achievements of all activities in which they have participated / assisted with / observed during the period of the program. The portfolio is always referred to during discussion with their preceptors. A completed portfolio **MUST** be handed over to the preceptors by the end of the NNIP and must contains the following items:

6.6.2.1 Learning Contracts (**at least 3**)

6.6.2.2 A Reflective Diary (**at least three entries**)– that demonstrates learning in clinical practice

6.6.2.3 Reflective Practice Record (at least 1)

6.6.2.4 Completed Clinical Competency tools

6.6.2.5 Completed skills checklists (Local)

6.6.2.6 IV and BLS Certificates

6.6.2.7 Evidence of attending the One Week General Hospital

Orientation Program at the start of the internship program.

6.6.3 Learning Contract

The formative assessment is based on learning contracts that are agreed and signed between the graduates and their preceptors through series of interviews. The graduates are required to have **minimum of three (3) learning contracts**. An action plan must be drawn-up to ensure that the graduate has the appropriate experience and learning opportunities to develop the requisite knowledge, skills and attitudes to achieve the



learning outcomes. The action plan is continuously reviewed throughout the program.

6.6.4 **Reflective Diary (at least three entries)**

It is important for the graduate to engage in self-assessment in order to become familiar in self-monitoring and to be a reflective learner. The graduates are required to maintain their own personal diary, and to record all activities in which he/she has observed, participated/assisted with during the program (Appendix 2, pg.36). Information documented in the diary is considered an evidence of the graduate's achievements.

6.6.5 **Competency Skills**

The level of competencies should be progressive from initiate, through development, to self-determinant. The graduates can demonstrate achievement of the competencies and related performance criterion by using more than one piece of evidence or assessment method (Appendix 2, pg.25) as this provides stronger evidence of successful achievement for example:

6.6.5.1 Direct observation of competence by the preceptor.

(Combined with)

6.6.5.2 Question answer techniques used by the preceptor to explore the graduate's understanding of the key issues related to the performance criteria

(Combined with)

6.6.5.3 Work product such as a care plan as an example of Testimony of witnesses e.g. from other professionals (Not Nurses)

6.6.6 **Clinical Assessments**

Assessment is conducted in the following areas of practice: nursing care, administration of medication, teaching skills (health teaching involving



patients' education), leadership and management (policy and procedures, effective use of resources) and professional conduct.

It is important that the graduate achieves the following competency skills and knowledge in BLS, IV Therapy, Documentation, Infection Control, Wound Management, Communication, Safe Moving and Handling Techniques, Fire and Safety within the program. These skills forms the foundation for every Registered Nurse, which are essential for delivery of safe patient care. The evidence of achieving these skills should be documented in the form provided (Appendix 2, pg. 33).

6.6.7 Feedback on Graduates' Performance

Formal and informal feedback should be offered continuously. The graduates are responsible for documenting discussions in their personal diaries, which will be continuously reviewed. Preceptors have to maintain written documentation of discussions between them and the graduates (Appendix 2, Pg. 47, 49, 51). The preceptor gives **formative feedback** in the form of a rating scale (1-5) **at six (6) weeks and three (3) months**.

The action plan can be revised following review of progress. This is determined by the learning outcomes, specific performance criteria and individual needs of the graduate.

The final interview usually carried out prior to completion of the program (at the end of 3 months) is to assess evidence of learning, achievement of competencies and to plan the next stage of professional development (Appendix 2, pg.44).

6.6.8 Assessment of Clinical Practice

A tool has been devised to assess clinical practice based on the national standards for nursing practice and the job description for registered nurse. This tool is used in conjunction with a local skills checklist available in the hospital wards/departments/units. New graduates are assigned a



preceptor who guides them through the assessment process. The assessment of clinical practice includes:

6.6.8.1 Self-Assessment Components

In order to support the acquisition of knowledge, skills and professional attitudes related to the registered nurse role, the graduates are engaged in self-assessment exercises including learning contracts enable the graduates to reflect on their own achievements and capabilities. An area on the assessment tool requires the graduates to rate themselves **at two (2) weeks and six (6) weeks and by the end of three (3) months.**

6.6.8.2 A Rating scale based on Benner (Novice to Expert)

A rating scale has been adopted that utilizes Benner's 'Novice to Expert' Model; the scores 1–5 are explained in the tool. The rating scale allows graduates to demonstrate progression as they acquire new knowledge and skills, and become fully integrated into the new working environment.

6.6.8.3 Competencies to be achieved by the **END** of the internship program

The graduate works along-side with the preceptor to achieve the six (6) competencies by the end of the program. However, it is the **sole responsibility** of the graduates to maintain their personal portfolios and achieve the following six competencies:

6.6.8.3.1 Work within a framework of standards that governs safe and effective practice, which includes Professional Code of Conduct for nurses.



6.6.8.3.2 Demonstrate ability to manage own caseload and prioritise care accordingly, including effective use of resources.

6.6.8.3.3 Demonstrate a range of essential nursing knowledge, skills and attitudes to meet needs of patients/clients and families.

6.6.8.3.4 Demonstrate commitment to own continuing professional development.

6.6.8.3.5 Demonstrate sound clinical judgement based on the best available evidence.

6.6.8.3.6 Create a safe care environment through the use of quality assurance and risk management strategies.

6.6.8.4 Skills checklist

The graduates are required to maintain local skills checklists that are available in all hospital wards/departments/units in order to assess specific skills used within the ward environment.

6.6.8.5 Summative Assessment

At the end of the internship program **at three (3) months**, the preceptor is required to make a summative assessment of the graduate's performance. This must be based on Achieved / Not Yet Achieved, and a Rating Scale. The graduates' final assessment compares their performance against the six (6) practice competencies, which must be achieved or recorded as 'Not Yet Achieved'.



6.7 Extension of the program:

Graduates who do not achieve the competencies within the 12 weeks internship program, can negotiate extension that **does not exceed 12 months**. If one or more of the competencies have not yet achieved **the graduate must:**

- 6.7.1 Arrange a meeting with the preceptor and the internship coordinator
- 6.7.2 Develop a new ‘Learning Contract’ to address identified weaknesses
- 6.7.3 Depending on the weaknesses identified, negotiate a realistic time frame to achieve ‘NOT Achieved’ competencies.
- 6.7.4 Develop an action plan that includes time frames, and actions to be taken. This must be signed by the graduate, preceptor and internship coordinator.

6.8 Evaluation of the program:

The evaluation of the NNIP is a joint responsibility of the Directors/Heads of Nursing, Internship Coordinators and Preceptors. All graduates are required to give feedback on the outcome of the program using the form provided (Appendix 2, pg. 75). Directors/Heads of Nursing evaluates the program in their own institutions using tools designed for the purpose.

6.9 Certificate

Graduates are issued a certificate on submission of their personal portfolio that demonstrates the achievement of all six (6) competencies and contains all the requirements (See Appendix 2, Page: 21).

6.10 Support for Graduates

Any concerns or queries regarding the progress of the graduates should be discussed at the earliest possible time with the Directors/Heads of Nursing for appropriate actions.



7. Responsibilities

7.1 Responsibilities of DGNA:

- 7.1.1 Regulate, endorse, monitor and evaluate the NNIP.
- 7.1.2 Accredite institutions to implement the NNIP.
- 7.1.3 Register graduates and provide certificate of successful completion the NNIP.
- 7.1.4 Develop criteria for successful completion of the NNIP.

7.2 Responsibilities of Employer:

- 7.2.1 Provide concerned authorities in the Ministry of Health with required documents.
- 7.2.2 Advice on clinical placements for graduates according to specified needs of the job requisites/description offered to graduates.
- 7.2.3 Adhere to the guidelines of the NNIP.
- 7.2.4 Maintain effective channels of communication.
- 7.2.5 Assume other responsibilities related to the NNIP whenever requested by concerned authorities in the MOH.

7.3 Responsibilities of the hosting internship institutions:

- 7.3.1 Implement, monitor and evaluate the NNIP.
- 7.3.2 Identify and prepare at least two internship coordinators to run the program and involve them in all aspects and decisions throughout the program.
- 7.3.3 Identify preceptors, their learning needs, develop and conduct preceptorship training program.
- 7.3.4 Review the assessments of graduates at six (6) weeks and three (3) months respectively.
- 7.3.5 Facilitate evaluation of the program following its completion and communicate recommendations to DGNA.
- 7.3.6 Assume other responsibilities related to the program as directed by DGNA.
- 7.3.7 Maintain NNIP records within the institution.



7.3.8 Submit a report to DGNA on the outcome of the program.

7.4 Responsibilities of the Internship Coordinator:

- 7.4.1 Assume active membership in the regional internship committee.
- 7.4.2 Lead, coordinate and evaluate the NNIP within the institution.
- 7.4.3 Foster communication with Directors/Heads of Nursing Services, Professional Development and Career Guidance, Ward In-charge, preceptors, graduates and DGNA throughout the program.
- 7.4.4 Empower preceptors and graduates to fulfil their professional responsibilities and accountabilities to patients, their relatives and others in wards, units and departments.
- 7.4.5 Focus on the needs of graduates during the NNIP.
- 7.4.6 Participate and supervise assessments of graduates according to NNIP pathway

7.5 Responsibilities of Preceptors:

- 7.5.1 Attend meetings organised by the ward in-charges, internship coordinator and DGNA prior to and during the program.
- 7.5.2 Assist graduates to attain program competencies by using up to date learning and teaching strategies including acting as a role model and resource person to graduates.
- 7.5.3 Discuss graduates' expectations at the beginning of the NNIP in order to guide the learning needs assessment process.
- 7.5.4 Engage graduates in self- assessments using identified tools in order to enable them to identify their own learning needs and influence progression throughout the program.
- 7.5.5 Plan learning experiences with the graduates to facilitate progressive independence and application of new knowledge, skills and attitudes.
- 7.5.6 Work all the three (3) shifts with graduates during the supervised practice periods.



- 7.5.7 Use a range of clinical learning and teaching strategies to support graduates' integration of theory and practice, and to assist portfolio development.
- 7.5.8 Provide ongoing, timely and constructive feedback to the graduates on their progress that relates to the achievement of the practice competencies
- 7.5.9 Review Portfolio development at six **(6) weeks** and twelve **(12) weeks** to coincide with self-assessment process for understanding/acceptance of graduates' own responsibility /accountability.
- 7.5.10 Maintain appropriate records of graduates' progress reports and keep the nurse in-charge and internship coordinators informed of any issues concerning the graduates' progress.
- 7.5.11 Conduct the graduates' assessments using the clinical assessment tools provided.
- 7.5.12 Act as role model in terms of professional attributes required for safe and effective practice
- 7.5.13 Manage graduates who exhibit unsafe or unprofessional behaviours in a timely manner involving the internship coordinator, the ward in-charge and other relevant professionals. Patients/clients right to safe and effective care must be upheld in all circumstances.

7.6 Responsibilities of Graduates:

- 7.6.1 Comply with all rules and regulations of the hospital, Code of Professional Conduct for nurses, and be aware of their limitations whilst undertaking any assignments /procedures/patient care.
- 7.6.2 Maintain portfolio development with the aim of developing knowledge, skills and attitudes pertinent to the clinical area.
- 7.6.3 Acquire relevant competencies during the period of clinical placements with the support and help of their preceptors.
- 7.6.4 Provide different forms of evidence to support their achievement of the practice competencies.



- 7.6.5 Meet/consult with their preceptors to review progress, discuss / resolve issues at the earliest possible time throughout the program.
- 7.6.6 Identify own learning needs, and actively participates in the clinical assessment of performance by engaging in supervision with their preceptor to address their needs or any concerns.



8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	DGNA NNIP Taskforce	July/ 2023
02			
0			
04			
05			
Written by		Reviewed by	Approved by
DGNA NNIP Taskforce		DGNA team	Dr. Jamal Al Khadhuri

9. Related Documents:

- 9.1 National Nursing Internship Program Guideline.
- 9.2 Code of Professional Conduct for Nurses in Oman.



10. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
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11. Appendix 1: NNIP pathway

General Orientation	Week 1-4	Week 5-8	Week 9-12
Hospital Orientation	Ward Orientation	Clinical Practice	Clinical Practice
Briefing on MOH Health Care System	'Learning Contract' No. 1 beginning of week 2	'Learning Contract' No. 2 (beginning of week 5) in Portfolio by week 8	Review Personal Portfolio (week 12)
Code of Professional Conduct	Development of Personal Portfolio	Review Personal Portfolio (week 6)	'Learning Contract' No. 3 beginning week 9 (in Portfolio by week 12)
Introduction to Personal Portfolio	Clinical Practice Competencies	Clinical Practice Competencies and Local skills checklists	Clinical Practice Competencies and Local skills checklists
Infection Control	Local skills checklists		
Wound Management	Basic Life Support (by end of week 4)	IV Therapy Course	By the end of week 12 the following must be in the Portfolio:
Documentation			Final 'Summative Assessment'
Communication	Graduates perform 'Self-Assessment' by end of week 2	First Assessment (by the end of the week 6) graduates and preceptors	All 3 'Learning Contracts', Reflective practice record (1), local skills checklists, IV & BLS Certificates,
Moving & Handling			Evidence of attending One Week General Hospital Orientation
Fire & Safety			
Incident Reporting			



12. Appendix 2: Personal Development Portfolio

1. Introduction

A portfolio is a collection of information that gives clear evidence of graduate professional and educational development. It can be used as a means for integrating practice, supervision, preceptorship, peer review and performance review. It is designed for practitioners to facilitate and reflect on their personal professional development.

The portfolio is aimed for graduate, so that a documented record of educational qualifications, training and updating of skills and competency may be maintained.

The completed portfolio **MUST** be submitted to the internship coordinator on completion of the three (3) months internship program.

The Portfolio must contain the following:

1. Learning Contracts (**at least 3**)
2. A Reflective Diary (**at least 3 entries**) – that demonstrates learning in clinical practice
3. Reflection Practice Record (**at least One**)
4. Completed Clinical Competency tools
5. Completed skills checklists (Local)
6. IV and BLS (Basic Life Support) Certificates
7. Evidence of attending the One Week General Hospital Orientation Program at the start of the internship program.

Please note that portfolio must contain **all** of above pieces of evidence in order for the graduate to **SUCCESSFULLY complete the internship program**.

2. Portfolio Assessment Guidelines:

2.1 Learning Contract

Graduates should meet with their preceptors during **week 1, beginning of week 5, and beginning of week 9** to discuss development of the 'Learning Contracts'.



Graduates are required to 'Self Assess' themselves in order to determine deficits in knowledge and/or skills. They should make a short list of deficits / weaknesses or areas of practice they need to improve, and from this list select one area for improvement to work on. This selected area of practice will form the basis of the learning contract.

Learning Contract No 1 – (Completed by week 4)

During week 2 of the internship program, graduates should work on improving any area of weakness which they have identified in the short list mentioned. (Please see the Learning Contract Tool provided in page 46). Graduates should work with their preceptor in developing their 'Learning Contract'. **'Learning Contract No. 1' should be completed and placed inside the portfolio by the end of week 4.**

Learning Contract No 2 – (Completed by week 8)

During week 5, graduates should develop **'Learning Contract No. 2'**. The 'Learning Contract' is based on 'Self-Assessment' by the graduate and improving identified deficits. One area for improvement will be selected by the graduate and a 'Learning Contract' developed as above. **'Learning Contract No. 2' should be completed and placed inside the portfolio by week 8.** Graduates should be working alongside their preceptors to achieve their 'Learning Contract'.

Learning Contract No 3 – (Completed by week 12)

The same process as above, **the 'Learning Contract' should be completed and placed inside the portfolio by week 12.** By the end of the internship program all three (3) 'Learning Contracts' **MUST** be documented in the portfolio.

Learning Contract No 4

If for any reason(s) **extension of internship** is necessary e.g. making up of sick time etc. the Director / Head of Nursing must be informed as soon as possible to discuss the next plan of action. The graduate must:



- Arrange a meeting with his/her preceptor and internship coordinator to negotiate a new 'Learning Contract'
- During the meeting discuss the new learning contract with an appropriate action plan and time frame to achieve the plan.
- The discussion must be documented, stating how the learning contract will be achieved, the quality and quantity of evidence required to achieve the competencies.

2.2 Reflective Diary – (Completed by week 12)

Graduates will use their 'Reflective Diary' to reflect on their **communication** with patients/clients and families. The graduates should use the 'Guidelines' provided on 'Reflection' and the reflective diary template to help them develop their entries in the 'Reflective Diary'.

Graduates should reflect on their weakness and strengths in terms of verbal and non-verbal communications. Their reflections should also be guided by the code of professional conduct for nurses. Graduates must be instructed not to discuss patient / client personal data or information in their work; they must not compromise patient / client confidentiality privacy and trust. 'Reflective Diary' must contain **AT LEAST 3** reflective entries and must be completed by **Week 12**.

2.3 Reflective Practice Record – (Completed by week 12)

Using the '**Gibbs Model**' of reflection, the graduate reflects on an incident or care episode in clinical practice. **Please refer to 'Reflection Template'**. Your reflection should include:

1. A short transcript of the incident / care episode
2. Your feelings about the incident / care episode
3. An analysis of the situation
4. An evaluation of what was performed well and what was performed not so well
5. A plan of how you will improve the area of weakness e.g. observation of competent practice, working under supervision etc.



Guidelines for Marking the Reflective Diary

The 3 (three) entries in the Reflective Diary must:

1. Demonstrate **Self-Assessment** in terms of the graduates' **COMMUNICATION SKILLS**
2. Discuss **Strengths and Weaknesses** of the graduates' communication skills
3. Discuss how the graduate **could improve** their communication skills with patients/clients/families based on reflection on their own practice

If all these items are achieved in the 3 (three) entries, the work meets the standard for achievement.

2.4 Competency Tools And Skills Checklists – (Completed by week 12)

The checklist must be completed and placed inside the portfolio by week 12. Any problems in achieving this **MUST** be communicated with the preceptor and internship coordinator well in advance so that relevant plans can be made.

2.5 IV Therapy and BLS Certificates (Week 12)

Must be present in the portfolio by week 12 (the end of the internship program)

2.6 Evidence of attending the One Week General Hospital Orientation Program (Week 12)

Evidence could be in the form of:

1. A Certificate, OR
2. A signed and stamped document – stating graduate's attendance of the orientation program with the relevant data

2.7 The Word Limit for the portfolio is 1,500 words

2.8 Graduates should receive continuous feedback on the performance in 'Clinical Practice' and their portfolio development from their preceptor.



Internship mapping of the six competencies with pieces of Evidence to demonstrate achievement

No.	COMPETENCY	EVIDENCE OF ACHIEVEMENT
1	Works within a framework of standards that governs safe and effective practice, which includes Code of Professional Conduct.	<ul style="list-style-type: none">· Reflective Diary entries· Completed competency Tool· Skills Checklist· IV & BLS Certificates· One week general hospital orientation program attendance
2	Demonstrate ability to manage own caseload and to prioritize care accordingly including effective use of resources	<ul style="list-style-type: none">· Completed Competency Tool· Skills checklist· Learning Contract
3	Demonstrate a range of essential Nursing Knowledge, Skills and Attitudes to meet the needs of patients / clients / families.	<ul style="list-style-type: none">· Competency Tool· Skill Checklist· Learning Contract· IV and BLS Certificates· Reflective Diary entries
4	Demonstrate commitment to Code of Professional Conduct for Nurses & Midwives	<ul style="list-style-type: none">· Learning Contracts· Reflective Piece
5	Demonstrate sound clinical judgment based on the best evidence in-order to deliver Evidence Based care	<ul style="list-style-type: none">· Competency Tool· Skills Checklist· Learning Contracts· IV and BLS Certificates
6	Create a safe environment through the use of Quality Assurance and Risk Management strategies	<ul style="list-style-type: none">· IV and BLS Certificates· One week general hospital orientation program· Competency Tool· Skills Checklist



Personal Information

This section may contain any relevant personal information i.e. curriculum vitae

Personal Biographical Details

Name: _____

Designation _____ Staff No _____

Date of Birth _____

Registration No _____

Date First Registered _____

Date of Next Re-Registration _____

Date of Qualification _____

Date of Appointment _____

Current Position / Post _____

Institution _____

Region _____



Personal Information

Name_____

Home address_____

Telephone No_____

Mobile_____

E-Mail _____

Work Address_____

Telephone No_____

E-Mail_____

Current Post / Role_____

Hobbies / Interests_____

My Qualities / Values_____

My Skills_____

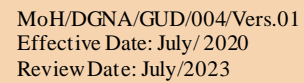


School Education

School	Dates	Qualifications

Further & Higher Education

Institution	Dates	Awards





Evidence of Attendance

You may include certificates and other relevant material that demonstrates your attendance at workshops / seminars / conferences.

Organisational Training Requirements

Name of Graduate _____

Ward / Department / Unit _____

Training program	Comment	Date
General hospital orientation	Class <input type="checkbox"/> module <input type="checkbox"/>	
Pain management	Class <input type="checkbox"/> module <input type="checkbox"/>	
Fire & general safety	Class <input type="checkbox"/> module <input type="checkbox"/>	
Infection control	Class <input type="checkbox"/> module <input type="checkbox"/>	
Documentation (alshifa system)	Class <input type="checkbox"/> module <input type="checkbox"/>	
Health & safety in the workplace	Class <input type="checkbox"/> module <input type="checkbox"/>	
Incident report	Class <input type="checkbox"/> module <input type="checkbox"/>	
Iv therapy	Class <input type="checkbox"/> module <input type="checkbox"/>	
Moving and handling	Class <input type="checkbox"/> module <input type="checkbox"/>	
Others		
Medication calculation		
Code blue drill	P – pediatric A – adult	
Fire drill	Twice yearly	
Crash cart review	Twice yearly	
ACLS	Every 2 years	
BLS	Every 2 years	



Signature of Graduate _____ Date _____

Name of Preceptor _____

Designation _____ Staff No _____

Signature of Preceptor _____ Date _____

Evidence of Attendances at Workshops / Seminars / Lectures – Make extra copies of this page

Event & Location	Date	Evidence of Attendance (Rubber Stamp/Signature)



Reflective Practice Record

This section include reflective practice records and any materials relating to reflection

Guidelines on Keeping a Reflective Diary

Definition

A Reflective Diary is used to record your reflections (after thoughts) on events / activities in which you have participated in, or observed whilst in the clinical settings. Only by reporting / recording your personal feelings, thoughts, and actions taken following an event can experience be built upon and improved.

It is important to use the Reflective Diary to record not only positive experiences and achievements, but also those experiences which are not positive. Reflective diaries are important not only during your placement in the clinical setting, but can be kept for recording future achievements.

The Diary can be used for the following:

- To record your thoughts, feelings and opinion
- To describe / evaluate key events in your practice
- To reflect on what may have become habitual practice
- To develop and appraise action taken

Each individual will have a different way of keeping a Reflective Diary. There are, however, some general points to reinforce to first timers about how to maintain their diary.

Getting started:

- Set aside time for writing
- Allow time for sifting of thoughts and ideas
- Do not worry about style and presentation
- Remember that the aim is to facilitate reflection on practice
- Find evidence to back-up your thoughts: What evidence do I have for what I have just written?



Begin by asking:

- How do I see my role as a nurse in the workplace setting?
- Why did I become a nurse?
- What kind of practitioner do I think I am?
- What values do I believe in?
- How do I demonstrate that I am practising in a way that is consistent with relevant professional values and the Code of Professional Conduct?

Reflecting on an Incident – Questions Guide

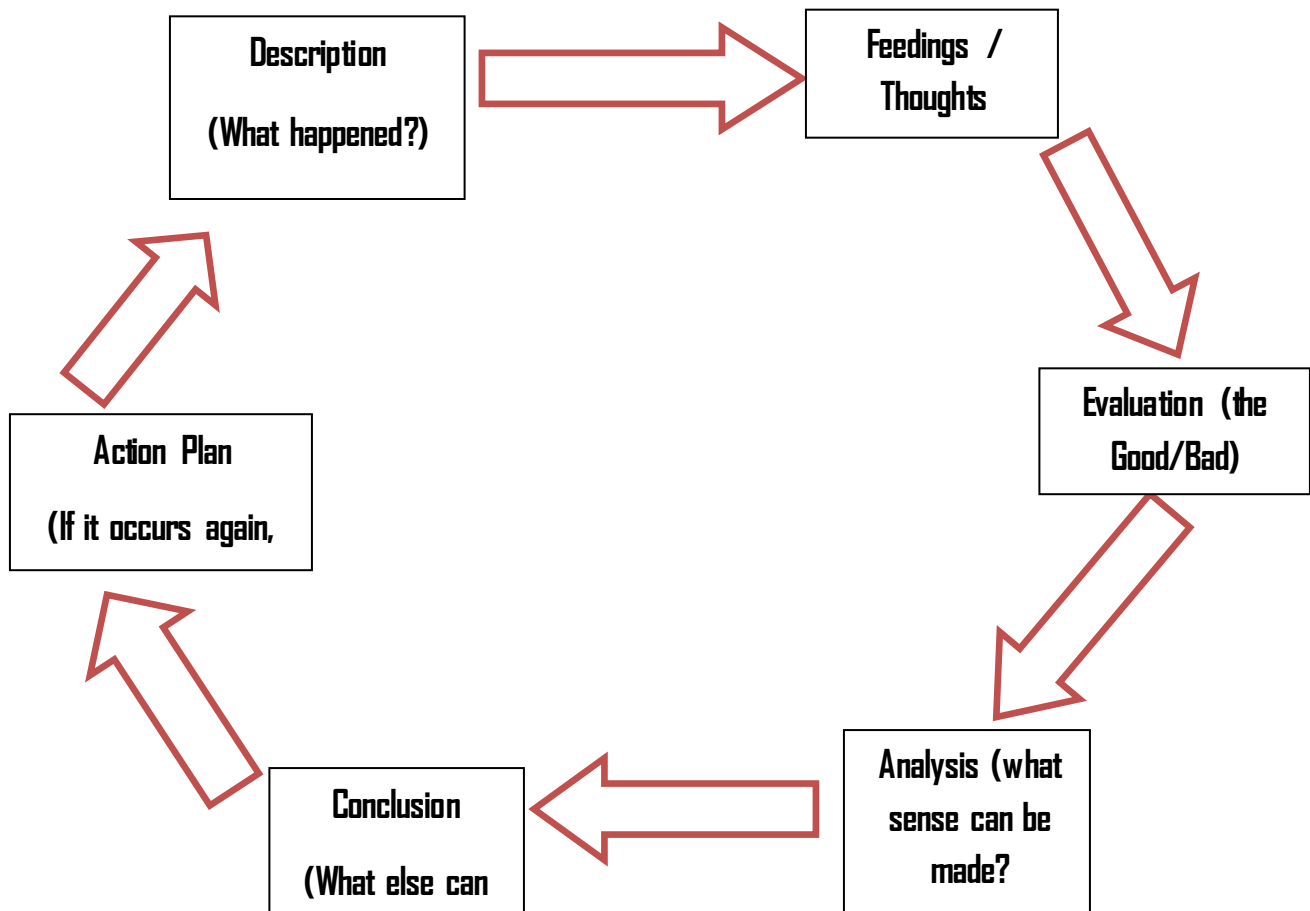
The Incident – What happened? When? Where? How?
What did I do or not do? What did others do or not do? What was I responsible for? How was I feeling?
What went well, badly or unexpectedly?
Why did it happen? Why did I act, think or feel the way I did?
What might be the consequences? Who might be affected?
Who needs to know? Who needs to take action? When?
What did I learn from this? What would I do differently?
How can I take a different perspective?
What skills and knowledge do I need to develop? How can I incorporate them into an action plan?

Source: Adapted from National Council for the Professional Development of Nursing & Midwifery (2009) *Guidelines for Portfolio Development for Nurses & Midwives*



Gibbs (1998) Model of Reflection

Gibbs Model of Reflection is a clear and precise approach allowing for description, analysis and evaluation of the experience, helping the reflective practitioner to make sense of experiences and examine their practice. To reflect is not enough, you then have to put into practice the learning and new understanding you have gained therefore allowing the reflective process to inform your practice. Taking action is the key; Gibbs prompts the practitioner to formulate an action plan. This enables the reflective practitioner to look at their practice, and see what they would change in the future, how they would develop / improve their practice.



Gibbs, G. (1988) *Learning by Doing: a guide to teaching and learning methods*. London: Further Education Unit



Reflective Practice Record – Make extra copies of this page

What happened?
When did it happen?
Your feelings about the incident
What did you learn?
How has this experience influenced you?



In this section please indicate formal training courses (e.g. BLS) IV Therapy, experiential learning, shadowing, reading, reflections etc.

<p>Learning Event _____</p> <p>Date / Duration _____</p> <p>Summary of contents and key learning points _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Qualification (if relevant)</p>
<p>Learning Event _____</p> <p>Date / Duration _____</p> <p>Summary of contents and key learning points</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Qualification (if relevant)</p>



Learning Contract

Definition

A “Learning Contract” is an individualized learning plan that has been negotiated between a preceptor and graduate. Although not a legally binding document, it is a written statement which specifies the learning outcomes to be accomplished, activities, materials and procedures to be used; responsibilities of involved parties, criteria and methods of assessment and if appropriate, the ‘reward’ that will be forthcoming once commitments have been met. Contracts respond to different learning needs and styles. They provide opportunities for variations in the amount/type of work. They allow graduates to “tailor make” their own experiences and encourage them to think about their own goals and to assume responsibility for their own learning.

The development of the learning contract is supported by a series of interviews/discussions between the graduate and preceptor. Completing the interview / discussion documents will be the responsibility of both the preceptor and graduate as stated on the document.

Feedback from the preceptor to the graduate in terms of their work and achievement of the learning contract is very important. Graduates must be supported by regular formative feedback in order to help them engage in self-assessment process.

The graduate is responsible for developing the learning contract and should start working on the first learning contract during **week 2** of the internship. The first learning contract should be present in the portfolio by **week 4** of the internship. Graduates should start developing learning contract number **2 by week 5** of the internship; the learning contract should be present in the portfolio by **week 8**. The third learning contract should be developed from **week 9** of the internship and should be present in the portfolio for the final week (**week 12**) of internship. Although graduates will be encouraged to develop written evidence of learning contracts over short time periods, they will in fact be



working alongside their preceptor in clinical practice to achieve all three learning contracts by the end of the 12 weeks internship.

Objectives

The nurse may specify what and work together with his/her preceptor and ward in-charge to achieve his/her objectives. The ability to set objectives is dependent upon the experience of the nurse. If the objectives are complex, they may need to be limited in number.

Activities/Resources

The type of activities need to be realistic but can be varied. They can include anything from reviewing an article, reading a specific textbook, attending a workshop/study day, participating in a committee, undertaking a literature search.

Evidence of Achievement

Tangible evidence of achievement is needed (**we must be able to see the evidence**). This may include different forms of evidence such as reflective pieces, reference list of articles read, a summary of articles read, written testimonies from senior nurses or other professionals. It may also include presenting work in a teaching session to peers and colleagues. There is no definite method as the choice depends upon negotiation between



Preliminary interview

The interview/discussion is an opportunity for the graduate and the preceptor to discuss learning needs and what support can be offered in the clinical area. Ideally, the preliminary interview should take place within the first week of the new staff's arrival in the Unit/Ward.

Personal learning needs / requests (written by the new staff member)

Action plan of learning needs will be met (written by preceptor)

Name of Graduate _____

Ward / Department / Unit _____

Signature of Graduate _____ Date _____

Preceptor's Name: _____ Signature _____ Date _____



LEARNING CONTRACT NO. 1

Name of Graduate _____

Ward / Department / Unit _____

Date Negotiated _____

Learning Needs	Strategy / Resource	Evidence of Attainment of Objective
1.		
2.		
3.		
4.		

Signature of Graduate _____ Date _____

Name of Preceptor _____

Designation _____ Staff No _____

Signature of Preceptor _____ Date _____



Progress Interview / Discussion

(After 2 weeks)

What areas do I need to learn more about (comments written by new staff)

Review of learning needs & action plan: (written by preceptor)

Name of Graduate_____

Signature of Graduate:_____ Date_____

Name of Preceptor _____

Designation:_____ Staff No_____

Signature of Preceptor_____ Date_____



LEARNING CONTRACT NO. 2

Date Negotiated _____

Name of Graduate _____

Learning Needs	Strategy / Resource	Evidence of Attainment of Objective
1.		
2.		
3.		
4.		

Signature of Graduate: _____ Date _____

Name of Preceptor _____

Designation: _____ Staff No _____

Signature of Preceptor _____ Date _____



Progress Interview / Discussion

(After 6 weeks)

Performance review (progress so far - written by the new nurse)

Comments / discussion points / progress so far / action plan (written by preceptor)

Name of Graduate _____

Signature of Graduate: _____ Date _____

Name of Preceptor _____

Designation: _____ Staff No _____

Signature of Preceptor _____ Date _____



LEARNING CONTRACT NO. 3

Date Negotiated _____

Name of Graduate _____

Learning Needs	Strategy / Resource	Evidence of Attainment of Objective
1.		
2.		
3.		
4.		

Signature of Graduate: _____ Date _____

Name of Preceptor _____

Designation: _____ Staff No _____

Signature of Preceptor _____ Date _____



LEARNING CONTRACT NO. 4

Date Negotiated _____

Name of Graduate _____

Learning Needs	Strategy / Resource	Evidence of Attainment of Objective
1.		
2.		
3.		
4.		

Signature of Graduate: _____ Date _____

Name of Preceptor _____

Designation: _____ Staff No _____

Signature of Preceptor _____ Date _____



Final Preceptor's Feedback

Please ensure the written comments have been discussed with the person(s) involved.

Please complete the following:

Name of Staff _____

Date commenced in Unit / Ward / Department _____

Ward / Unit / Department _____

*Please write your comments on the following criteria based on your observation,
supervision and working knowledge of the new nurse's performance*

Knowledge Base: _____

Clinical / Technical Skills: _____

Communication Skills (verbal)

Communication (written) _____



Interpersonal Skills (self-awareness, attitudes towards colleagues / patients / relatives / others)

Management Skills (managing a group of patients / self / time / use of resources)

Name of Graduate_____

Signature of Graduate: _____ Date_____

Name of Preceptor _____

Designation: _____ Staff No _____

Signature of Preceptor _____ Date_____



Clinical Assessment Tool

1. Introduction

The clinical assessment tool was designed to be used along with “skills checklists” that are available in the clinical areas. The tool is based on the national standards for nursing practice established by the Oman Nursing and Midwifery Council (2006); each of the national standards has been re-stated as competency statements in the assessment tool. The competency statement in the tool is then further broken down into performance criterion. In order to successfully achieve the stated competency, participant must successfully achieve all related performance criterion (*listed under each competency*).

The tool involves an initial self – assessment at 2 weeks where the participants use a rating scale to rate themselves 1-5 in relation to the competencies and performance criterion. Self-assessment is repeated at 6 weeks to demonstrate progression in terms of the participant’s own abilities to work towards meeting the competencies, & performance criterion. The preceptor also gets the opportunity to rate the participant using the same rating scale at 6 weeks.

The final clinical assessment at 3 months involves self-assessment by the participant and a *summative assessment* by the preceptor. The preceptor having worked with the participant over an extended period makes a final summative assessment towards the end of the internship program (at 3 months). The final assessment by the preceptor will state whether the participant “Has achieved” or “Not achieved” the competencies and associated performance criterion.

The clinical assessment tool based on the standards for nursing practice (OMNC, 2006) is a broad competency assessment tool. This tool should be used alongside the ward checklist (skills inventory) in order to also assess specific skills used within the ward environment. The clinical assessment tool and checklist tool when completed *must be included in the participant’s portfolio*. In order to achieve all 6 competencies participants must successfully achieve all associated performance criterion.



If some competencies or performance criterion are *Not achieved the participant must:*

- Arrange a meeting with the preceptor to discuss areas for improvement.
- Develop a new learning contract in conjunction with the preceptor that includes a plan of how the participant aims to achieve the competency / competencies not yet achieved.
- The learning contract must be clearly documented in the portfolio documentation provided.

The learning contract includes a time frame and clear evidence that demonstrates achievement of the competencies / performance criterion.

Practice Competencies:

1. Demonstrate the ability to manage own case load including the effective use of resources (Direct Observation / Question Answer / Reflection)
2. Works within a framework of standards that govern safe and effective practice (Direct Observation / Question Answer / Reflection)
3. Demonstrate a range of essential nursing skills to meet the needs of patients/clients/family (Direct Observation / Question Answer / Reflection / IV Therapy and BLS (Basic Life Support))
4. Demonstrate a commitment to Continuing Professional Development (Direct Observation / Reflection)
5. Demonstrate sound clinical judgment based on best available evidence in order to deliver Evidence Based Practice (Direct Observation / Question Answer / Reflection)
6. Create a safe care environment through the use of Quality Assurance and Risk Management Strategies (Direct Observation / Question Answer / Reflection / BLS and IV Therapy)



2. Administration of the Tool

2.1 The preceptors are responsible for all the clinical assessments of the graduates in the clinical settings.

2.2 The clinical assessment tool is to be completed along with area specific check-list designed for that specific clinical setting. Comments on any outstanding or unacceptable performance must be documented, supported with anecdotes, and the necessary plan of action to be taken to correct the weaknesses noted.

2.3 Each assessment tool should be discussed with the graduate and duly signed by the graduate and preceptor.

2.4 The graduate should record any disagreements on the form and the concerned preceptor should provide a written explanation.

2.5 At the end of six weeks, the preceptor discusses the assessment tool with the graduate. Areas for improvement are identified, and appropriate counselling, advice, and instructions are given on how to, or where to improve performance in the last part of the program.

2.6 A new 'Learning Contract' must be negotiated between the preceptor and graduate prior to commence of the last part of the program. All discussions and negotiations between the two parties must be documented in the appropriate places by the preceptor and sign by both.

2.7 The preceptor is responsible for completing the clinical assessment tools at the halfway stage (6 weeks) and at the final stage of the program



Clinical Assessment Tool

Graduate's Name _____

Period of Assessment: From _____ To _____

Ward / Department / Unit _____

Hospital _____

- 1 = Knowledge and skills inadequate for safe practice (**Novice**)
- 2 = Performs with minimal knowledge and skills for safe practice, requires moderate supervision (**Advanced Beginner**)
- 3 = Performs with adequate knowledge and skills for safe practice, requires minimal supervision (**Competent**)
- 4 = Performs with adequate knowledge and skills for safe practice, with no supervision (**Proficient**)
- 5 = Performs independently with a high level of knowledge and skill (**Expert**)



1. Competency: (Professional / Ethical Practice)

Works within a framework of standards that governs safe and effective practice, which include the professional code of conduct.

Performance Criteria	Initial Self-Assessment (At 2 weeks)	6 weeks Self-Assessment (Midpoint)	6 weeks Preceptor's Assessment (Midpoint)	12 weeks Self-Assessment (Final)	12 weeks Preceptor's Assessment (Final)	
	(1 – 5)	(1 – 5)	(1 – 5)	(1 – 5)	Achieved	Not Achieved
Acts to protect the rights of individuals, families and groups e.g. advocates for patients' safety / rights.						
Practices in accordance with legal requirements, and Stationary Rules to deliver safe and effective care. Refer to 'Scope of Practice' for Registered Nurses.						
Makes appropriate referral to relevant professionals						



when dealing with situations outside own: <ul style="list-style-type: none"> • Scope of Practice • Limits of competency 						
Promotes ethical principles e.g. altruism (practices in a consistent manner) when assessing, planning, implementing and evaluating care for patients / clients / families.						
Takes appropriate precautions when communicating confidential and sensitive information.						
Promotes, protects and advocates the dignity of patients / clients.						
Demonstrates respect for patients / clients autonomy, including their right to decide whether or not to undergo any health care interventions.						

2. Competency: (Clinical Practice)



Demonstrates a range of Essential Nursing Skills to meet the needs of patients/clients and families (ALSO USE LOCAL SKILLS CHECKLISTS)

Performance Criteria	Initial Self-Assessment (At 2 weeks)	6 weeks Self-Assessment (Midpoint)	6 weeks Preceptor's Assessment (Midpoint)	12 weeks Self-Assessment (Final)	12 weeks Preceptor's Assessment (Final)	
	(1 – 5)	(1 – 5)	(1 – 5)	(1 – 5)	Achieved	Not Achieved
Participates in the assessment, planning, implementation, and evaluation of individualised patient / client care.						
Promotes preventative and rehabilitative healthcare strategies under the supervision of a preceptor.						
Develops and demonstrates effective communication						



skills with patients / clients and their relatives.						
Maintains accurate patient / client records, and respects privacy and confidentiality.						
Demonstrates relevant knowledge, skills and professional attitudes when selecting, using and interpreting data from monitoring equipment.						
Implements evidence-based nursing care and provides rationales through questions and answers for the care delivered.						

3. Competency: (Care Management)

Demonstrate the ability to manage own caseload and to prioritise care accordingly, including the effective use of resources



Performance Criteria	Initial Self-Assessment (At 2 weeks)	6 weeks Self-Assessment (Midpoint)	6 weeks Preceptor's Assessment (Midpoint)	12 weeks Self-Assessment (Final)	12 weeks Preceptor's Assessment (Final)	
	(1 – 5)	(1 – 5)	(1 – 5)	(1 – 5)	Achieved	Not Achieved
Communicates effectively with other members of the Health Care Team, patients / clients and relatives.						
Plans patient / client care taking into consideration time and material resources required.						
Assesses, plans, implements and evaluates nursing care for a small group of patients / clients with limited supervision.						

4. Competency: (Education)

Demonstrates a commitment to Continuing Professional Development



Performance Criteria	Initial Self-Assessment (At 2 weeks)	6 weeks Self-Assessment (Midpoint)	6 weeks Preceptor's Assessment (Midpoint)	12 weeks Self-Assessment (Final)	12 weeks Preceptor's Assessment (Final)	
	(1 – 5)	(1 – 5)	(1 – 5)	(1 – 5)	Achieved	Not Achieved
Uses reflective skills to continually improve the care delivered to patients / clients / families.						
Participates in staff training and orientation programmes, working closely with a preceptor						
Assumes responsibility for maintenance of competence and engagement in Life Long Learning.						

5. Competency: (Research)

Demonstrates sound clinical judgment based on the best available evidence in order to deliver evidence-based care



Performance Criteria	Initial Self-Assessment (At 2 weeks)	6 weeks Self-Assessment (Midpoint)	6 weeks Preceptor's Assessment (Midpoint)	12 weeks Self-Assessment (Final)	12 weeks Preceptor's Assessment (Final)	
	(1 – 5)	(1 – 5)	(1 – 5)	(1 – 5)	Achieved	Not Achieved
Demonstrates an understanding of Research relating to nursing practice within the speciality. E.g. Search for new information from journals, books etc. to enhance / up-date his / her knowledge / skills on patient care within the specialty he/she is working in.						
Utilizes best available evidence when considering different actions or approaches to nursing care.						

6. Competency: (Quality)

Creates a safe care environment through the use of Quality Assurance and Risk Management strategies



Performance Criteria	Initial Self- Assessment (At 2 weeks)	6 weeks Self- Assessment (Midpoint)	6 weeks Preceptor's Assessment (Midpoint)	12 weeks Self- Assessment (Final)	12 weeks Preceptor's Assessment (Final)	
	(1 – 5)	(1 – 5)	(1 – 5)	(1 – 5)	Achieved	Not Achieved
Maintains a safe environment by working in collaboration with other members of the health care team to reduce risks to patients/clients/families and others in the clinical environment e.g. safe administration of medicine, safe disposal of sharps.						
Uses data from a variety of sources when considering improving patient / client care e.g. Incident Reporting, questionnaires.						
Interprets data in-order to make recommendations						



for change in care management e.g. change in patient's vital signs, blood pressure, pulse.						
Works in collaboration with senior members of the health care team to implement changes to nursing practices that results from quality improvement initiatives.						

Preceptor's feedback at Three Months (Including areas for improvement):

Clinical competencies (Delivery of Patient Care)



Technical Skills (Use of equipment / performing procedures etc.)

Verbal Communication Skills

Written Communication Skills



Interpersonal Skills (Self-awareness / attitudes towards colleagues / patients / relatives / others)

Management Skills (Managing a group of patients / self / time / use of resources)



Graduate's Comments

Graduate's Signature_____

Date_____

Preceptor's Name_____

Staff No_____

Signature_____

Date_____



MODEL OF SKILLS ACQUISITION

Benner's model of skills acquisition describes the 5 stages of career development of novice, advance beginner, competent, proficient and expert practitioner. (Benner, P. 1984)

Stages of career development

Novice

- At this level, novice nurses have no experience of the situation in which they are expected to perform.
- They are given rules to guide their performance.
- They require maximum support from preceptors at all times

Advance Beginner

- At this level, the advanced beginner has had sufficient prior experience of a situation to deliver marginally acceptable performance.
- The advanced beginner needs adequate support from preceptors and facilitators in the practice setting.

Competent

- Nurses are considered competent after 2-3 years in clinical practice
- Competent nurses are able to identify priorities, perform adequately in routine situations and manage their own work load

Proficient

- The proficient nurse is one who has considerable experience in a **specific** clinical setting
- The proficient nurse is able to perceive a situation as a whole rather than a series of parts
- The proficient nurse is one who knows enough of a typical event; what to expect in a given situation, and how to modify plans in response to the situations

Expert

- An expert is one who has many years of background and clinical experience usually in the same specialty
- An expert is one who has an intuitive grasp of the whole situation
- An expert can zero in on the accurate region(s) of the situation(s) without wasteful consideration of a large range of unfruitful possible problem solutions.



Final Assessment Report

Name of graduate_____

Period of Assessment: From: _____To:_____

Institution / Hospital_____

Skills	COMPETENCIES	
	Achieved	Not Achieved
Professional / Ethical Practice		
Clinical Practice		
Care Management		
Education		
Research		
Quality Assurance		
Recommendations_____		



The graduate has successfully completed the training period in _____

The graduate is required to attend further clinical experience due to _____

_____ for a period of _____ days / weeks / months.

Overall Comments

Internship Coordinator Name _____

Staff No: _____ Signature _____ Date: _____

Ward In-Charge Name _____

Staff No: _____ Signature _____ Date _____

Preceptor Name _____

Staff No: _____ Signature: _____ Date: _____



Nursing Graduates End of Program Evaluation

Institution _____

Region _____

Ward / Department / Unit _____

For each statement, show the extent of your agreement or disagreement by putting an X in the one box which best reflects your current view of the Course as a whole.	4 Definitely agree 3 Mostly agree 2 Mostly disagree 1 Definitely disagree 0 N/A
---	---

No.	Points of Evaluation:	4	3	2	1	N/A
1	Provided me with an effective learning experience					
2	Challenged/encouraged me to read more and ask questions					
3	Helped / supported me to further develop my academic / clinical skills					
4	Helped me to develop problem solving/decision making skills					
5	Helped me to improve my communication skills (verbal / written)					
6	Helped me develop my information and retrieval skills					
7	Helped me to develop my self-confidence / ability to cope with certain situations					
8	Provided me with opportunities to integrate well into the multidisciplinary team					
	Learning Environment					
1	The Clinical area was supportive of my learning needs					
2	I was able to access different types of learning resources (books, journals, manuals) in the clinical setting					



	Support Staff					
1	My preceptor(s) was able to help me integrate theory to practice					
2	My preceptor(s) helped me to achieve the learning outcomes set out in my 'Learning Contract'					
3	My preceptor(s) was able to present even the most complicated information in a way that I could understand					
4	My preceptor(s) gave me feedback about how well I was doing in the clinical setting					
5	My preceptor(s) was / were approachable, and behaved in positive and friendly manner					
6	My preceptor(s) dealt with me in professional manner					
7	The methods of assessments / evaluation of my performance was fair					
8	The Internship Coordinator was adequately available for consultation / support					
	Learning Resource					
1	I was able to access learning resources (library / internet) in the institution as appropriate					
2	The multidisciplinary team contributed to my learning in the clinical area					
3	My duty roster was flexible enough to support my learning opportunities					
	Overall the Internship Program met my needs as a newly qualified nurse					