

# New Nurse Practitioner Competencies: Skill Development and Reflective Writing Rubrics

Debra Wallace, DNP, FNP-BC, and Jan Boller, PhD, RN

## ABSTRACT

New nurse practitioners (NPs) must be safe and effective in their first job. Some new NPs have reported that they feel unprepared for transition to the NP role and that not all physicians and employers understand the NP role. Rubrics (scoring tools specifying expectations for successful performance) help ensure successful transitions to practice. Rubrics clarify performance expectations and can reduce confusion around role. Two rubrics for assessing NP performance, 1 focused on established NP role competencies and 1 on reflective writing, were developed using the novice-to-expert framework for skill development to facilitate successful transition of new NPs into practice.

**Keywords:** assessing competence, nurse practitioner transition to practice

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Opportunities for new nurse practitioners (NPs) transitioning to their first jobs have never been better. The Patient Protection and Affordable Care Act (ACA)<sup>1</sup> of 2010 offers the broadest change to the health care system in decades. An additional 32 million currently uninsured people are expected to receive new coverage from the ACA. This legislation will, in turn, result in increased demands for primary care providers (PCPs). NPs, along with primary care physicians and physician assistants, provide most of the primary care in the United States and will be in greater demand as previously uninsured individuals seek health care.<sup>2,3</sup>

With opportunity come challenges. Are new NPs adequately prepared to fully function in the NP role when they transition to practice? Do other health professionals, employers, and consumers know what to expect from an NP? How can educators and employers ensure that new NPs have the necessary competencies (knowledge, skills, and attitudes) to be successful in their first job and accelerate their development to expert levels of practice?

This article makes a case for the use of rubrics in assessing the competence of new NPs as they transition to their first jobs and as they progress to expert levels of practice. Rubrics are assessment tools commonly used

in academia and preceptored clinical experiences to assess and document student competence and performance.<sup>4</sup> Based on the assumption that rubrics are useful for ensuring performance success as graduating NPs transition to their new roles, the authors developed 2 rubrics for transitioning NPs. This article presents an introduction to the use of rubrics and describes the development of 2 rubrics for assessing the performance of new NPs transitioning to practice.

## BACKGROUND

With the increased demand for PCPs, the focus for academic and service providers should be not only on how to recruit and academically prepare new NPs but also on how to ensure successful transition of NPs to their first jobs—a particularly vulnerable time for the NPs, their patients, and their employers.

In 2010, Joanne Spetz, PhD, and colleagues conducted a survey of NPs and nurse midwives in California.<sup>5</sup> The survey was commissioned by the California Board of Registered Nursing. A total of 409 respondents, representing 29% of the state's NPs and certified nurse midwives, were queried. The purpose of the survey was to collect and evaluate demographic, education, and employment data on the advanced practice registered nurse (APRN)

workforce. Survey questions addressed perceptions of the work environment, scope of practice, reasons for discontinuing work in nursing, and plans for future employment. Questions were based on previous surveys of RNs conducted by the California Board of Registered Nursing and on NP and certified nurse midwife surveys conducted in Washington, Wyoming, and other states.

Education and transition to practice were among the themes that emerged from the survey. Most comments from respondents indicated that newly graduated NPs were not ready to provide patient care and that residency programs were indicated to ensure that new APRN graduates were effective in practice.<sup>5</sup> Another point frequently mentioned was that the medical profession, employers, and the public do not understand the role of APRNs.

Additionally, the APRNs who were transitioning to new roles were concerned that they would not be successful because they were not fully prepared to practice independently and without continued supervision. About 16% of the APRNs in the Spetz survey were working as RNs, not as APRNs, indicating that a portion of the potential APRN workforce is being underused.

### RUBRICS: TOOLS TO ASSESS PERFORMANCE

Rubrics are scoring tools that assess performance expectations.<sup>4</sup> Often used in the academic setting, rubrics can be equally valuable in the practice setting during APRNs' transition to practice. Rubrics provide qualitative statements that describe competence at different levels of skill and can be used for measurement and analysis to assess safe levels of performance. Participants in the Quality and Safety Education for Nurses initiative, funded by the Robert Wood Johnson Foundation, developed rubrics for distinguishing competent performance in patient-centered care, evidence-based practice (EBP), teamwork and collaboration, safety, quality improvement, and informatics at both basic and graduate levels of practice.<sup>6</sup> Although these core competencies can be useful in ensuring core competence of NPs transitioning to practice, additional rubrics are needed to ensure competent performance specific to the NP role.

By partnering with astute preceptors and using rubrics that incorporate different levels of expertise,

new NPs become more skilled and confident. The collaborative learning process provides a mechanism for valuable feedback. NP core competencies established by the National Organization of Nurse Practitioner Faculties specify 9 dimensions: independent practice, ethics, health delivery system, policy, technology and information literacy, practice inquiry, quality, leadership, and scientific foundation.<sup>7</sup>

Transition to practice is a pivotal phase in the seamless integration of high-quality NP education into practice. Ensuring the competence of incoming practitioners is essential for both patient safety and quality of care.<sup>3</sup> Integrating new NPs into the primary care setting and familiarizing them with standards of practice improve performance and help keep patients safe. In addition, reducing the turnover of NPs improves patient safety while increasing the quality of patient care and lowering costs.<sup>3</sup>

By participating in a formal NP residency or other type of transitioning program, new NPs can be equipped with the tools they need to practice competently and safely. Flintner<sup>8,9</sup> reported that new NPs who completed postgraduate residency programs are capable of caring for very complex and underserved patients of all ages. However, only a few formal transition-to-practice programs for NPs exist, and these programs lack consistency in their core competency requirements. Meanwhile, employers and preceptors carry the burden of ensuring the competence of new NPs.

The possibility of introducing a new NP transition-to-practice program in the primary care setting has been analyzed.<sup>10</sup> Interviews with the executive team from a primary care service of a major health care system in Southern California revealed that 1 cause for turnover of NPs was the lack of a formalized, standardized, consistent approach to orienting and socializing new NPs into their new roles and settings. One of the first phases of designing a transition-to-practice approach or program is to provide a tool that can be used to assess desired competencies for successful job performance.<sup>10</sup>

### THE NOVICE-TO-EXPERT MODEL FOR DEVELOPING COMPETENCY SKILLS

The novice-to-expert model introduced by Patricia Benner, PhD,<sup>11</sup> provides a broad, comprehensive,

and holistic framework for understanding the acquisition of skills. Although a person might be an expert in 1 area, he or she can be expected to return to a lower level of skill performance, particularly if the skills required are markedly different than those of the role in which the person has expertise.<sup>12</sup> Although NPs might previously have been clinical experts and might be considered advanced beginners or experts in some areas (eg, assessment and decision-making skills), advancing to the NP role results in lower competence in many areas. By adding a progressive evaluation of performance through the use of “leveled competencies” reflecting movement from novice to expert, rubrics can be useful beyond the transition-to-practice phase.

Ruth Clark, EdD, an expert in effective approaches for performance improvement, offers 3 conclusions from research on the development of expertise.<sup>13</sup>

1. Expertise requires extensive practice to move from novice to expert, generally 10,000 hours or 5 years.<sup>13</sup> Learners move more quickly to expertise with appropriate training and mentoring. Considering that new NPs only have up to 1,000 hours of mentored experience by the end of their formal academic training, to expect them to practice proficiently as they transfer to practice is not an evidence-based assumption because it generally takes 10,000 hours to move to the expert level. Studies have shown that with appropriate training and feedback, the path to expertise can be accelerated.<sup>13</sup> Rubrics provide a guide for both learners and their mentors to focus on key areas for skill development and to document progress.
2. Expertise is domain specific.<sup>13</sup> Just because a person has achieved expertise in 1 practice domain does not mean that he or she will practice as an expert in a different practice domain. Although RNs bring their expertise from practice to a new role of NP, the NP role requires different competencies as well as skills of a higher level and complexity. Thus, validation of competence is essential, even for the most seasoned RNs. Rubrics that are developed to set expectations at different levels of skill performance can provide a guide for

focusing on essential competencies as new NPs move from novice to expert.

3. Challenging problems require diverse expertise.<sup>13</sup> Expertise is very specific, but most health care problems are far too complex to be managed by 1 expert alone. The best patient outcomes will depend on highly collaborative skills and the ability to use informatics to achieve the best collective clinical wisdom. This is referred to as *distributed cognition*, which is a highly complex level of practice. Rubrics help the new NPs and their mentors or supervisors assess competence and effectiveness in the domain of collaboration.

### APPLYING THE NOVICE-TO-EXPERT MODEL TO NP CORE COMPETENCIES

The curriculum guidelines and program standards of the National Organization of Nurse Practitioner Faculties inform the standards that account for the dimensions of practice for NP education.<sup>14</sup> New NPs will benefit 2-fold from competency assessment: first, by learning about their specific primary care patients and how to fulfill the patients’ needs and, second, by increasing their own self-awareness, deep learning, and confidence.

### DEVELOPMENT OF REFLECTIVE LEARNING AND REFLECTIVE PRACTICE COMPETENCY SKILLS

In addition to learning specific competencies, NPs can gain expertise through reflective learning and reflective practice. Reflective learning is a method used to generate deeper meaning or to attain further understanding of concepts and experience.<sup>15-17</sup> Clinical journaling helps new NPs reflect on their clinical experience by writing about the experience.

Reflection helps individuals have a better understanding of relevant and complex problems, including social justice, cultural competence, and professional and patient rights.<sup>18</sup> Johnson and Bird<sup>18</sup> reported that reflective journaling promotes retention of ideas, generates insights and understanding, promotes confidence, and generates critical thinking and problem-solving skills. This type of journaling also helps writers explain professional goals, express intuitions and emotions, and integrate collaborative learning styles.

Several investigators have described the benefits of reflective writing. In a study by Deaver and McAuliffe,<sup>19</sup> participants reported that using both responsive and art-making writing provided insights into the participants' experience. The technique of Freshwater et al<sup>20</sup> was used to generate substantial meaning and obtain further understanding of the concept of EBP and experiences. Langley and Brown<sup>21</sup> achieved positive outcomes that address both strengths and weaknesses of reflective writing journals for graduate nursing education. Journal writers also integrated new ideas and concepts. Goldenhar and Kues<sup>22</sup> required students in the geriatric medical student scholars program at the University of Cincinnati College of Medicine to write in journals about their experiences. The results indicated that reflective journaling was an excellent tool for both personal and professional learning. Reflective journaling was also a useful method for directing process evaluation of the effectiveness of the program.<sup>21</sup>

According to Wright et al,<sup>17</sup> reflective journaling is a valuable tool that students can use to generate thoughts, beliefs, and feelings and to trigger deeper meaning about the implication of their clinical experiences. Journal writing not only lets students explore the day's activities but also helps them discover the emotions associated with clinical experiences and the wisdom imbedded in practice. Instructors can use the journal entries to analyze new NPs' self-confidence and critical thinking and to provide positive feedback about the NPs' learning process.

The experience of completing a reflective journal benefits new NPs in at least 2 important ways<sup>10</sup>: the NPs learn about their specific population of primary care patients and how to fulfill the patients' needs, and they increase their own self-awareness and confidence. One of the first steps in ensuring successful transition to practice is to establish a standardized rubric for reflective journaling by new NPs.

An example of questions that can be used to create a reflective journal is available as [Supplementary Data](#) online. They were created as part of the research done for a doctorate in nursing practice. The following sections describe the research. A comprehensive search of the literature revealed no gold standard instruments or interview tools that could be

used to examine the transition of new graduate NPs in a health maintenance organization, so 2 evaluative rubrics were created.

## METHODS

Two evaluative rubrics were developed to help supervisory and instructional personnel support new NPs in the transition to practice. One rubric focused on general NP competency and the other on reflective writing. These rubrics were based on a synthesis of the literature on transition to practice, current standards of practice for NP core competencies,<sup>7</sup> and data obtained during orientation training for new NPs at a health maintenance organization.<sup>10</sup>

Face validity was established after a panel of content experts previewed the rubrics for relevance and clarity. The process of assessing content validity helps establish that performance indicators and descriptors are representative of the characteristics being measured.<sup>23</sup>

## RESULTS

### NP Competency Rubric

A group of 7 content experts (NP faculty members and preceptors) reviewed the NP competency rubric. The NP competency survey ([Table 1](#)) consisted of 2 questions about the relevance of the NP competencies, with 5 possible answers for each question (from "strongly agree" to "strongly disagree"), and 1 question about the effectiveness of the rubric, with 3 possible answers (from "effective" to "somewhat effective"). Space for evaluative statements was included, which allowed respondents to explain any reaction to the instrument in their own words. Validity is not an inflexible characteristic in instrumentation.<sup>24</sup> The more evidence that can be gathered to verify that use of a tool provides a precise measurement of the variables, the more confidence researchers will have in the tool's validity.

Of the 7 content experts, 6 (86%) indicated that the 7 competencies addressed in the rubric reflect the most essential elements of the NP role for a new NP transitioning to practice. Similarly, 6 of the experts indicated favorably that the overall language of the rubric was relevant to the skills and functions of a

**Table 1. Evaluation of NP Competency Rubric by 7 Content Experts and Level of Agreement That the Rubric Would Be Effective in Practice**

Question	Response, n (%)				
	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
To what extent do you agree that the 7 competencies reflect the most essential elements of the NP role?	2 (29)	4 (57)	0	1 (14)	0
To what extent do you agree that the overall language within the rubric is relevant to the skills and functions of a new NP transitioning to practice?	1 (14)	2 (29)	3 (43)	1 (14)	0
	Effective	Somewhat Effective		Somewhat Ineffective	
How effective do you think this rubric would be in evaluating an NP in a practice setting?	3 (43)	3 (43)		1 (14)	

transitioning NP. These findings were consistent with the answers to the question about the effectiveness of the NP competency rubric.

Qualitative comments reflected some concern about how the use of rubrics takes into account variations in interpretations and the individuality of the person being assessed. Suggestions were made to address all phases of assessment, diagnosis, implementation, and evaluation, as well as the scientific foundation of the competencies. The rubric was modified on the basis of these concerns (Table 2).

### Reflective Writing Rubric

A total of 8 content experts (members of the graduate nursing and NP faculty) reviewed the reflective

writing rubrics (Table 3). Among the 8 experts, 6 (75%) agreed, at least to some extent, that the language adequately described the ability to write reflectively at each of the 5 skill levels. In addition, 7 of the experts (88%) agreed, to some extent, that the 7 categories addressed in the rubric reflect the most essential elements of reflective writing capacity. Six experts (75%) also agreed, at least to some extent, that the overall language within the rubric is relevant to the evaluation of the capacity to write reflectively, and 7 (88%) thought this rubric would be either effective (50%) or somewhat effective (38%) in evaluating this capacity.

In general, the experts agreed that the reflective writing rubric is appropriate for its intended purposes

**Table 2. Evaluation of Reflective Writing Rubric by 8 Content Experts and Level of Agreement That the Rubric Would Be Effective in Practice**

Question	Response, n (%)				
	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The language used adequately describes reflective writing capacity at each of the 5 skill levels	1 (12)	3 (38)	2 (25)	1 (12)	1 (12)
To what extent do you agree that the 7 categories reflect the most essential elements of reflective writing capacity?	1 (12)	6 (75)		1 (12)	0
To what extent do you agree that the overall language within the rubric is relevant to the evaluation of reflective writing capacity?		5 (62%)	1 (12)	2 (25%)	0
	Effective	Somewhat Effective		Somewhat Ineffective	
How effective do you think this rubric would be in evaluating reflective writing capacity?	4 (50)	3 (38)		1 (12)	

**Table 3. Transition-to-Practice Nurse Practitioner Competency Rubric**

Competency	Number of Points/Level of Competency				
	1 Novice	2 Advanced Beginner	3 Competent	4 Proficient	5 Expert
1 Health promotion	Identifies health and illness states	Sometimes anticipates priority assessment areas on basis of patient's health and illness states	Often anticipates priority assessment areas on basis of patient's health and illness states	Always anticipates priority assessment areas on basis of patient's health and illness states	Designs and implements policies based on new innovative approaches to treat complex health and illness states
2 Relationship between nurse practitioner and patient	Identifies interpersonal relationships and communication	Sometimes anticipates interpersonal communication with patient and staff to meet goals	Often anticipates interpersonal communication that fits with patient and staff	Always anticipates and participates in appropriate interpersonal communication with patient and staff	Leads interdisciplinary teams to address health care needs
3 Teaching-coaching Function	Identifies patient's data and learning needs so care plan can be created	Sometimes anticipates patient's data issues and learning needs and plans accordingly	Often anticipates patient's data issues and learning needs and plans accordingly	Always anticipates and participates in patient's data issues and learning needs and plans accordingly	Designs and develops learning resources for patient and ensures health literacy
4 Professional role	Identifies professional development needs	Sometimes selects professional development activities to meet personal goals	Often demonstrates successful professional development	Always participates in self-reflection; serves as a mentor	Designs and implements policies based on legal and ethical issues; designs effective professional development activities
5 Management of health care delivery systems	Exhibits a spirit of cooperation to promote patient safety and protection	Sometimes discerns collaborative components	Often works collaboratively to promote patient safety and protection	Always works collaboratively to promote patient safety and protection	Designs collaborative models to promote patient safety and protection
6 Monitoring the quality of health care practice	Identifies patient data to plan quality, evidence-based care	Sometimes discerns relevant patient data to plan quality, evidence-based care	Often determines relevant patient data to plan quality, evidence-based care	Always evaluates relevant patient data to plan quality, evidence-based care	Designs innovative health systems strategies to plan quality, evidence-based care
7 Cultural competence	Exhibits an awareness of cultural and spiritual care	Differentiates cultural and spiritual care and how culture may be applied appropriately to effect change	Often demonstrates need to adjust care to reflect cultural and spiritual care with patients and staff	Always participates in cultural care and spiritual issues with patients and staff	Leads interdisciplinary teams to address cultural care and spiritual issues with patients and staff

but thought that the language needed improvement to more adequately describe the ability to write reflectively at each of the 5 skill levels. The

qualitative comments on lifelong learning indicated a need for more clarity. One expert supported the use of Benner's novice-to-expert framework and its ease



**Table 4. Transition-to-Practice NP Reflective Writing Rubric**

Element	Number of Points/Level of Competency				
	1	2	3	4	5
	Novice	Advanced Beginner	Competent	Proficient	Expert
Depth of reflection	Shows insufficient understanding of the clinical practice situation. Reflection needs revision	Shows a limited understanding of the clinical practice situation. Reflection needs revision	Shows a basic understanding of the clinical practice situation. Reflection may need revision	Shows a thoughtful understanding of the clinical practice situation. Reflection requires no revision	Shows a conscious and thorough understanding of the clinical practice situation. Reflection can be used as an example for other students
Reflection in action	Does not show the ability to recognize relevant issues, their significance, or relationships	Shows a limited ability to recognize relevant issues, their significance, or relationships	Shows the ability to recognize relevant issues, but shallow understanding of interactions	Shows the ability to identify some relevant issues, their significance, and interaction	Shows a keen ability to identify relevant issues, their significance, and interaction
Lifelong learning	Does not show value and understanding of professional growth	Shows minimal knowledge of the value of professional growth. Lacks maturity and knowledge of options	Acknowledges and seeks the value of professional growth. Understands the need for evidence-based health care practices	Shows the value of professional growth and adeptness for lifelong learning with changed behaviors and knowledge reflecting evidence-based health care practices	Innovates new approaches of complex professional growth based on evidence-based health care practice and pedagogies
Content and format	5 or more elements are missing	4 elements are missing	2 to 3 elements are missing	1 element is missing	Reflective journal elements are complete

of use. Two respondents indicated a need for progression from understanding to higher levels of Bloom’s taxonomy of learning domains, such as analysis and application.<sup>25</sup> The rubric was revised to reflect increased depth of knowledge.

On the basis of the comments, enhancements were made to the depth of reflection and lifelong learning dimensions to establish a clearer distinction of progress from novice to expert. For example, the wording for depth of reflection was modified to be more consistent with Bloom’s taxonomy for learning objectives.<sup>26</sup> In the lifelong learning dimension, the descriptors were linked to progression according to the competencies for lifelong learning identified in “Lifelong Learning in Medicine and Nursing,”<sup>27</sup> the final report of a 2007 conference hosted by the Association of American Medical Colleges and the

American Association of Colleges of Nursing and funded by the Josiah Macy Foundation. Table 4 shows the revised reflective writing rubric.

### CONCLUSIONS

Currently, the lack of accessibility to health care is considered a crisis in the US. Nursing practice is guided by the philosophies of nonmaleficence (the duty to do no harm) and beneficence (the duty to benefit others). These philosophies are the foundations of an absolute obligation for new NPs to be well prepared, successful in NP roles, and willing to stay in NP positions during the first 2 years in practice. Having a complete understanding of the transitional needs of new NPs from students to advanced practitioners can markedly improve future efforts in role development and skill acquisition and thereby ease the shortage of PCPs.

With further use and refinement, the 2 rubrics will contribute to successful transitions of new NPs as these caregivers move from novice to expert levels of practice. The rubrics, used in conjunction with existing competency assessment tools, such as the graduate competencies from the Quality and Safety Education for Nurses initiative, will provide evidence of an NP's competence in delivering safe and effective care. In addition to ensuring safety and effectiveness, clinicians and educators who supervise NP practice will be able to provide data on an NP's performance capabilities. These data can be used as evidence of the NPs' ability to reach their full potential in scope of practice and role effectiveness.

### RECOMMENDATIONS

The 2 rubrics can be used in conjunction with established NP competency standards,<sup>7</sup> as well as with the Quality and Safety Education for Nurses graduate level competencies<sup>6</sup> and the Core Competencies for Interprofessional Collaborative Practice,<sup>28</sup> national guidelines developed by the Interprofessional Education Collaborative Expert Panel. The authors plan to conduct further validation studies with new NPs transitioning to practice as part of formal residency or orientation programs, as well as in settings where no formal transition-to-practice programs exist. The rubrics will be shared with academic faculty, clinical preceptors, and employers to provide continuity and consistency between academic and practice settings. It is anticipated that these rubrics will help reduce variations in role expectations among new NPs, academic educators, clinical preceptors, collaborating physicians, and employers.

In the area of practice improvement, rubrics can be used to correlate NP performance with patient safety, quality, and health care outcomes. Rubrics that incorporate novice-to-expert levels of performance can be useful for researchers in tracking the timing and effectiveness of progression from novice to expert, as well as studying correlations with patient and population outcomes in settings where NPs practice. Rubrics are valuable for the assessment and documentation of competence for all health providers, contributing to safe and effective health care.

### SUPPLEMENTARY DATA

The supplementary data accompanies this article online at <http://dx.doi.org/10.1016/j.nurpra.2014.04.018>. 

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*Debra Wallace, DNP, RN, FNP-BC, mentors nursing students and nurse practitioner students while working for Kaiser*

*Permanente in Santa Clarita, CA, and can be reached at [dwallace@westernmu.edu](mailto:dwallace@westernmu.edu). Jan Boller, PhD, RN, is an associate professor and director of the DNP Program/Health Systems Leadership and the Fletcher Jones Endowed Chair for Nursing Safety and Quality at Western University of Health Sciences College of Graduate Nursing in Pomona, CA. In compliance with national ethical guidelines, the authors report no relationships with business or industry that would pose a conflict of interest.*

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