**Casey-Fink Readiness for Practice Survey©**

Thank you for your interest in using the *Casey-Fink Readiness for Practice Survey©* instrument.

This survey was developed by two investigators:
Kathy Casey, RN, MSN
Manager, Clinical Education Programs, Exempla Lutheran Medical Center, Wheat Ridge CO
Adjunct Faculty, University of Colorado College of Nursing, Aurora, CO
kathy.casey@sclhs.net

Regina Fink, RN, PhD, AOCN, FAAN
Associate Professor, University of Colorado College of Nursing
Aurora, Colorado
regina.fink@ucdenver.edu

You have been granted permission to use this newly developed survey designed to examine senior nursing students' perceptions of readiness for professional practice. Please note that this tool is copyrighted and should not be changed in any way. Attached is a copy of the instrument for you to use.

We have published a report of the research we conducted in the development of this instrument:

Casey K, **Fink RM**, Jaynes C, Campbell L, Cook P, Wilson V. Readiness for Practice: The Senior Practicum Experience. Journal of Nursing Education. 2011; 50(11):646-652.

The survey consists of three sections. The first section asks for demographic data and information about the student's senior practicum experience: total hours, clinical setting, preceptor, and course content information.

The second section focuses on the student's comfort with both clinical and relational skill performance. Participants are asked to identify the top three skills/procedures they are uncomfortable performing independently. Next, students are asked about their level of confidence in managing multiple patient assignments. Lastly, students are presented with a list of twenty items asking for a self-report about level of comfort/confidence in performing key nursing activities using a Likert scale (1=strongly disagree, 2 = disagree, 3= agree, 4 = strongly agree). This comfort/confidence questionnaire was used to identify the four domains of readiness offered during the senior practicum course in development of readiness for practice.

The third section consists of two open-ended questions asking respondents' reasons for choosing nursing as a profession and what they think could be done to help them feel more prepared to enter nursing practice.

**Psychometric Analysis of the Casey-Fink Readiness for Practice Survey**

**Content validity** of the survey was addressed using an expert consensus development process.

**Construct validity** involved an initial exploratory factor analysis (EFA) of all Casey-Fink Readiness for Practice Survey items on the development sample, followed by a confirmatory factor analysis (CFA) to revalidate the EFA findings in a second, independent sample. EFA was conducted using PASW 18, and CFA was conducted using AMOS 18 (SPSS, Inc.: Chicago, IL).

**Exploratory factor analysis (EFA)** of all items was completed on the development sample obtained by surveying 162 students at one BSN education program in Denver, Colorado. **EFA Findings.** The initial solution using the Kaiser criterion suggested up to eight factors, but the most interpretable solution was a four-factor set of correlated subscales. Factor loadings for individual scale items under the final solution are given in Table 1.This final solution accounted for 48.2% of the variance across all survey items. Subscales were named *clinical problem-solving*, *professional identity*, *trials and tribulations*, and *learning techniques*. Subscales contained from two to seven items. Although the *learning techniques* scale included only two items, related to the use of simulation and the use of reflective writing as part of the nurse's training experiences, these two items did load together on a single factor and appeared to provide valid data. Therefore, this two-item subscale was retained in the final solution. All items on the other three scales related to aspects of the nurse's clinical interactions with patients, supervisors, co-workers, and systems of care. Cronbach's alphas for the obtained subscales ranged from .50 (for the two-item *learning techniques* subscale) to .80 (for the seven-item *clinical problem-solving* scale). The other two subscales had results in the .60-.70 range, which is not ideal but is acceptable for research use (Peterson, 1994). Correlations between subscales in this orthogonal solution ranged from $r$ = .04 to .51 , with significant inter-correlations among the *clinical problem-solving*, *professional identity*, and *trials and tribulations* scales, all three of which had non-significant relationships with the *learning techniques* subscale.

**Confirmatory Factor Analysis (CFA)** of all items to revalidate the exploratory factor analysis findings was completed in a second independent validation sample consisting of 267 BSN students recruited from three BSN programs in Colorado. **CFA Findings.** In the independent validation sample, the same four factors provided an adequate but not excellent fit for the observed data, $\chi^2/df$= 2.00, *CFI* = .86, *RMSEA* = .06. The two items on the *learning techniques* subscale again failed to correlate strongly with each other, although efforts to incorporate them into other subscales failed to improve model fit and they appeared to group together on their own subscale despite their low inter-correlation. Items on the *trials and tribulations* subscale had the smallest factor loadings, suggesting that this factor may not be as unitary a construct as the other three subscales of the measure. It is possible that nurses experience these *trials and tribulations* items as separate challenges to practice, rather than as a group of consistent stressors. Therefore, an alternate scoring approach would be to score these items individually rather than combining them into a subscale. Nevertheless, Cronbach's alpha for this subscale remained at .65 in the validation sample, so it also may be reasonable to consider *trials and tribulations* variables together by combining them into a single subscale score. Modifications to the model failed to improve overall fit, including deleting the *learning techniques* subscale or forcing the *trials and tribulations* subscale to be uncorrelated with other subscales. Four sub-scale factors identified:

**Clinical Problem Solving (α = .80)**

1. I feel confident communicating with physicians

7. I am confident in my ability to to problem solve

12. I use current evidence to make clinical decision.

13. I am comfortable communicating and coordinating care with interdisciplinary team members.

16. I feel comfortable knowing what to do for a dying patient

17. I feel comfortable taking action to action to solve problems

18. I feel confident identifying actual or potential safety risks to my patients

**Learning Techniques (α = .50)**

14. Simulations have helped me feel prepared for clinical practice.

15. Writing reflective journals/logs provided insights into my own clinical decision–making skills

**Professional Identity (α = .65)**

2. I feel comfortable communicating with patients and their families.

6. My clinical instructor provided feedback about my readiness to assume RN role

11. I am comfortable asking for help

19. I am satisfied with choosing nursing as a career

20. I feel ready for the professional nursing

**Trials and Tribulations (α = .63)**

3. I am comfortable delegating tasks to the nursing assistant.

4. I have difficulty documenting care in the electronic medical record

5. I have difficulty prioritizing patient care needs

8. I feel overwhelmed by ethical issues in my patient care responsibilities

9. I have difficulty recognizing a significant change in my patient's condition

**Additional Analyses of Items Measuring Comfort with Varying Caseloads**

Three items related to students' comfort managing caseloads of varying sizes (comfort managing caseloads of 2, 3, or 4 patients) were examined based on their variance, because items with limited variance may not be useful in discriminating among students with varying levels of readiness for practice. Across both the development and validation samples the items measuring comfort managing 2 patients ($s^2$ = 0.42) and 3 patients ($s^2$ = 0.72) had limited variability, with most students reporting a high level of comfort managing both of these caseload sizes ($M$ = 4.7 for the 2-patient caseload and $M$ = 4.1 for the 3-patient caseload, on a 1-5 Likert-type scale with 5 indicating the highest level of comfort caring for this many patients at once). The item measuring comfort managing 4 patients simultaneously had greater variability, $s^2$ = 1.13, and a lower mean, $M$ = 3.2. Therefore the 4-patient caseload item may have the greatest validity in differentiating between students with higher versus lower readiness to manage the typical patient caseloads seen in practice settings.

*Factor Loadings in Exploratory Factor Analysis Solution for Development Sample*

| | *Component* | | | |
|---|---|---|---|---|
| *Scale Item* | *1 – Clinical Problem Solving* | *2 – Learning Techniques* | *3 – Professional Identity* | *4 – Trials and Tribulations* |
| Feel confident communicating with physicians | .**574** | -.153 | .331 | .180 |
| Feel comfortable communicating with patients and their families | .337 | .205 | .**510** | -.294 |
| I am comfortable delegating tasks to the nursing assistant | .336 | .508 | .112 | -.**491** |
| I have difficulty documenting care in the electronic medical record | -.291 | .226 | -.374 | .**581** |
| I have difficulty prioritizing patient care needs | -.311 | .144 | -.136 | .**731** |
| My clinical instructor provided feedback about my readiness to assume an RN role | .317 | -.093 | .**537** | -.049 |
| I am confident in my ability to problem solve | .**744** | -.022 | .318 | -.155 |
| I feel overwhelmed by ethical issues in my patient care responsibilities | -.057 | .048 | -.126 | .**604** |
| I have difficulty recognizing a significant change in my patient's condition | -.401 | .095 | -.243 | .**405** |
| I have had opportunities to practice skills and procedures more than once | .335 | .140 | .345 | -.**411** |
| I am comfortable asking for help | .393 | -.161 | .**576** | -.241 |
| I use current evidence to make clinical decisions | .**637** | .156 | .219 | -.277 |
| I am comfortable communicating and coordinating care with interdisciplinary team members | .**796** | .042 | .278 | -.328 |
| Simulations have helped me feel prepared for clinical practice | -.010 | .**600** | .162 | .274 |
| Writing reflective journals/logs provided insights into my own clinical decision-making skills | .155 | .**746** | .037 | .044 |
| I feel comfortable knowing what to do for a dying patient | .**561** | .290 | .058 | -.134 |
| I feel comfortable taking action to solve problems | .**732** | .188 | .460 | -.297 |
| I feel confident identifying actual or potential safety risks to my patients | .**652** | .145 | .444 | -.415 |
| I am satisfied with choosing nursing as a career | .042 | .073 | .**767** | -.133 |
| I feel ready for the professional nursing role | .409 | .299 | .**709** | -.184 |
| Cronbach's alpha for subscale | .80 | .50 | .65 | .63 |

*Note.* Bolded factor loadings indicate which subscale each item was assigned to in the final solution.

*Correlations Between Subscales in the Exploratory Factor Analysis Solution*

| | *Clinical problem solving* | *Learning techniques* | *Professional Identity* | *Trials and Tribulations* |
|---|---|---|---|---|
| *Clinical problem solving* | 1 | .116 | .511** | -.486** |
| *Learning techniques* | .116 | 1 | .120 | .036 |
| *Professional identity* | .511** | .120 | 1 | -.433** |
| *Trials and tribulations* | -.486** | .036 | -.433** | 1 |

* $p < .05$, ** $p < .01$, *** $p < .001$