

## Take the Plunge into Precepting!

### At the completion of this educational activity, the nurse should be able to:

- Identify personal traits applicable to the precepting role.
- Explain the need for preceptors in today's nursing world.
- Describe principles of adult learning.
- Apply Bloom's taxonomy of cognitive thinking to coaching strategies.
- Recognize the value of preceptors to organizational recruitment, retention, and cost savings.

### Requirements for Successful Completion:

1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the post test.
3. Fill out the registration form.
4. Send registration form, post test, and a check for \$12.00 to: Continuing Nursing Education, The University of Texas at Arlington, Box 19197, Arlington, TX 76019-0197
5. A passing score is 80% to receive 1.0 Contact Hour. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.
6. Send before November 15, 2010.



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**Disclosure Statements:** The planning committee and author report no relevant financial relationships or conflicts of interest. The author does not intend to discuss any unapproved or off-label use of any product. There is no commercial support for this educational activity. Accredited status does not imply real or implied endorsement by the provider, Texas Nurses Association, or ANCC's COA of any product, service, or company referred to in this educational activity.

**Purpose:** This educational activity is designed to encourage the professional nurse who is considering the preceptor role to begin the process, and to enhance the skills of current preceptors, validating the incredible value of their contributions, while evaluating personal traits and strategies for success.

## “You want me to what?!”

Your manager has just asked you to take on the role of preceptor. You may think, “I’m not qualified to do that,” or “I’m already drowning in responsibilities.”

“Why me?” you ask. Most likely it is because you have already demonstrated many qualities that are considered preceptor assets:

1. Leadership quality clinical performance
2. Strong communication and listening techniques
3. Positive conflict management skills
4. Ability to evaluate clinical performance against best care standards
5. Basic knowledge of adult learning principles
6. Critical thinking development
7. Constructive feedback strategies
8. Effective time management
9. Team-promoting behaviors
10. Cultural sensitivity to both the patient and workforce populations
11. The ability to minimize “reality shock” (Kramer, 1974) in graduate nurses

It is not essential to possess all these traits as you start precepting and most nurses begin with only a few, but these are wonderful goals to aspire toward as you build your precepting portfolio. “Part of getting ready to be

a preceptor is identifying your personal strengths, weaknesses, and biases. A good way to begin is with an honest self assessment. What personal strengths do you bring to the preceptor role?” (HCA, 2006)

The good news is that taking the plunge into precepting is not a “sink or swim” phenomenon. Becoming a great preceptor doesn’t require you to have attended a formal instructor course or possess a teaching certification. Preceptor expertise can be learned and enjoyed by adopting a few foundational strategies, and by simply beginning.

The outcome of a successful precepting experience is an employee who is competent in the technical, interpersonal, and decision-making skills required for the job...

The preceptor is a role model for appropriate behavior, attitudes, skills, and ethics in the work place. The goal, however, is not to create mirror images of the preceptor in each new employee. Each employee brings a unique personality and style to the job. The preceptor’s challenge is to align these individuals with the overall mission of the organization and the work of the unit, while still allowing their individuality. (HCA, 2006, p. 1)

Whom would you precept? All levels of nursing students (from foundational students to those nearing graduation); novice nurses (new grads or those without substantial experience); experienced nurses in a new environment (e.g., a telemetry nurse who desires to move to intensive care nursing); and experienced nurses in a familiar environment (e.g., a telemetry nurse from one hospital moving to a telemetry nursing unit at a new facility). Such a wide variety of trainees creates a need for insightful assessment of skill level and learning needs plus individualization of orientation.

Is there truly a need for preceptors? The answer is a resounding “yes.” Clinical educators and nursing directors face daily the need to manage preceptor demands. Consistent with historical data collected since 1995, the 2007 national benchmark data from Dorothy Del Bueno’s Performance Based Development System of nursing assessment and individualized orientation reveals the proportion of nurses assessed who met acceptable practice standards and critical thinking were as follows: 62% of experienced RNs (n= 6133), 35% of inexperienced RNs (e.g., graduate nurses, n= 4658), and 28% of LVNs/LPNs (experienced and inexperienced, combined, n=762). However, after a period of individualized orientation with a preceptor, those who initially did not meet acceptable standards were reassessed, producing the following results: 60% of experienced RNs showed absolute improvement over initial assessment; 64% of inexperienced RNs showed absolute improvement over initial assessment; and 56% of LVNs/LPNs (experienced and inexperienced, combined) showed absolute improvement (PMSI, 2008). What a profound effect you can have as a preceptor!

**THE PRECEPTOR**

- most important part of new staff orientation
- initiates new employee into the job, culture, team, and organization
- helps refine skills in communication, patient care, documentation, reporting, problem assessment, managing assignments
- teacher, coach, cheerleader, socializer, record keeper, evaluator, and advocate
- assesses learning needs and organizes learning experiences
- bridges the gap between what the orientee already knows and what the job requires them to know (HCA, 2006)

Due to the magnitude of the current nursing shortage, the nurse preceptor has become even more important. Why? Nursing is becoming more diverse and experienced nurses are disseminating into these various roles; the large population of baby boomer nurses are beginning to retire; and the drastic reduction in *experienced* nurse availability yields little success to recruitment efforts focusing on this pool. The nursing student and graduate nurse pool is quickly becoming the greatest focus for nurse recruitment. A 2002 projection was that 42% of new hires are likely to be from the new graduate labor pool (The Advisory Board, 2002), a percentage that is certain to increase with time and demand. The overall nursing population will encompass a larger percentage of less-experienced nurses; therefore, the experienced nurse preceptor will continue to become an imperative essential for the healthcare organization.

So let’s dive in and look at some precepts in precepting...

**Require or Desire?**

Of course not every nurse is cut out to be a preceptor. There are many skilled clinicians who possess neither the ability nor the desire to be a preceptor. Desire should be the first requisite for precepting. Perhaps you have worked with a nurse who didn’t show interest in helping you succeed. This is not the type of nurse to assign precepting responsibilities, as the process will be unsuccessful and both the preceptor and the orientee will be frustrated. Precepting must be viewed as an honor, a privilege, and an investment in the future, not as a job duty. Here is a short checklist to see if you have the potential for being a good preceptor:

1. \_\_\_ Desire to help another succeed
2. \_\_\_ More than 1 year full-time clinical experience
3. \_\_\_ Clinically competent and confident
4. \_\_\_ Good interpersonal skills
5. \_\_\_ Can set goals and priorities
6. \_\_\_ Problem-solver and communicator
7. \_\_\_ Knows when to ask others

And just because you’re assigned the role of preceptor doesn’t make you a good one. Assigned vs. emergent leadership considers whether a title designated is simply due to a formal position granted vs. leadership entrusted because of the way others respond to the person – leadership that emerges as a result of qualities demonstrated (Bryman, 1992). However, most nurses who are “assigned” this leadership role are pleasantly surprised once they get involved in the experience. “In a crisis, nurses who thought they did not want to be preceptors may be called into service and then find the role surprisingly rewarding, performing with skill despite earlier reservations” (Krugman, 2005, p. 2). They find that sharing their expertise is invigorating.

**The Coach Approach**

The best preceptor is more of a coach than a teacher. A coach equips, enables, and empowers. Just as a skilled swimmer must practice swimming, a nurse needs to refine nursing – that’s why it’s called nursing *practice* – it takes practice to sharpen one’s skills. The preceptor should allow for practice, repetition, pace improvement, and self-correction – with adequate supervision of course. This requires time and patience. Allow the orientee to do; he/she will learn faster if you resist the urge to take over the assigned task to save time.

A good coach knows there is no standard right and wrong approach to training:

1. Some methods work best under certain circumstances.
2. Personality and culture (yours and theirs) should be considered
3. Individual values and professional goals matter
4. Patience, patience, patience!

A coach understands principles of adult learning (pioneered by Malcolm Knowles, 1950) which influences trainers to move from “educating people” to “helping them learn.” Concepts of adult learning:

- Adults are *autonomous* and *self-directed*. They need to be free to direct themselves. Their teachers must actively involve them in the learning process and serve as facilitators, guiding participants to their own knowledge rather than supplying them with facts.
- Adults have accumulated a foundation of *life experiences* and *knowledge* that may include work-related activities, family responsibilities, and previous education. They need to connect learning to this knowledge/experience base. Draw out participants’ experience and knowledge relevant to the topic.
- Adults are *goal-oriented*. They appreciate an educational program that is organized and has clearly defined elements. Instructors must show participants how this learning will help them attain their goals.
- Adults are *relevancy-oriented*. They must see a reason for learning something. Learning has to be applicable to their work or other responsibilities to be of value.

“Telling isn’t teaching,  
and listening isn’t  
learning.”

- Adults are *practical*. They want to focus on learning things most useful to them in their job. They may not be interested in knowledge for its own sake.
- Adults desire *respect*. Instructors must acknowledge the wealth of experiences that adult participants bring to the situation. These adults should be treated as equals and allowed to voice their opinions freely (Lieb, 1991).

Nurses and new graduates describe the most highly desired characteristics of a good preceptor as patient, warm/kind, approachable, clinical expert, great communicator, diplomatic in handling conflict, and a professional role model one can emulate (Krugman, 2005; Baylor, 2005).

One quality trait of precepting that is often overlooked is the ability to give consistent, honest feedback. When graduate nurses were asked to list suggestions for improvement for their preceptored experiences, rating in the top ten most frequent responses was the following statement: “Preceptors are hesitant to give constructive criticism, but the [graduate nurse] would prefer this, so they will know their weaknesses as well as their strengths” (Baylor, 2005). Adult learners want to know how they are doing - frequently.

The goal is to use resources wisely – to work smarter, not harder. It is best not to spend *your* time doing for them, or answering their questions outright. Telling isn’t teaching and listening isn’t learning. Refer the nurses you precept to search policies, drug books, nursing textbooks or professional organizational standards to discover the answers to their questions. Be willing to give a homework assignment: to research care standards for a particular diagnosis or complete a case study. This promotes thinking and checks willingness to grow, which also reflects on performance evaluation. Remember to seek assistance from your staff development specialist as a resource when needed. This nursing professional can assist both the preceptor and the newly hired nurse, and is skilled in strategies for facilitating adult learning as well as directing you to available resources such as live classes, online courses, journal articles, books, practice guidelines, training websites, etc.

In addition, the preceptor coach should periodically meet with the nurse manager to discuss any concerns for skill progress, clinical performance, critical thinking, time management, or even personal preceptor stressors. The manager can be a wonderful resource for stress reduction as well as for brainstorming ideas with the preceptor. If the orientee is not demonstrating full readiness for safe, independent practice by the end of the assigned orientation period, the preceptor and manager should together determine extending the orientation and develop a plan of action with deadlines for achievement, then come together again at the predetermined time to reassess readiness. It is crucial that the preceptor notify

the manager and/or educator *early* in the process if he/she observes significant behavioral or clinical issues in the orientee. Patient safety is always the ultimate priority in all that a preceptor considers.

***“The cost of turning over a nursing employee is 1-1½ times the nurse’s annual salary, and national trends demonstrate that nurses are most likely to leave employment within the first 1-2 years from the date of hire into an organization.”***

### Gloom or Bloom?

A nurse who thinks critically is at all times a safe nurse. Stimulating critical thinking in your orientees will protect patient safety. Create in them thought processes that prevent “failure to rescue.” “Today this phrase is used to describe clinicians’ inability to act quickly when a patient’s life is at risk. [We] need individuals who can do the right thing for the right reason” (PMSI, 2007). Development of this high-level skill in the orientee will prevent a gloomy outcome for the patient.

Similar to Maslow’s hierarchy of needs, Bloom’s taxonomy of cognitive thinking is a progressive ascending hierarchy where basic level expectations must be met before one can progress to higher levels:

1. **Knowledge of Specifics** - Memorization and regurgitation of facts and data (such as knowing a normal blood glucose range).
2. **Comprehension** - Understands meaning. Recalls and restates data (such as understanding what an abnormal blood glucose means to the patient’s health).
3. **Application** - Uses information from knowledge and comprehension in new situations, has fundamentals (such as knowing what to do the next time a patient’s glucose is abnormal).
4. **Analysis** - Priority setting; transcends gaps in data (the ability to differentiate the urgency of a blood glucose of 65 vs. 48 and correlating it with patient symptoms and history of hypoglycemic episodes).
5. **Synthesis** - Problem recognition (the ability to “see” that a patient is hypoglycemic based on signs/symptoms and promptly taking appropriate nursing actions).
6. **Evaluation** - Judgment and rationale (the “art” and “insight” of nursing: applies concepts, pathophysiology, rationale, etc., to every situation every day) (Bloom, 1984).

A preceptor’s primary objective should be to help their learners ascend the scale. Although the ultimate goal is to reach the *evaluation* level, most important is to progress from the current level to the next. Ask open-ended and “bottom line” questions to stimulate thinking and to inspire the nurses to question practice. Have them determine urgency level for tasks and kindle their ability to differentiate care priorities for their patients. Ask higher level questions such as “What could be a possible complication with this patient, given the history and assessment findings? How would you know this complication was in fact occurring? What will you do as a nurse to help prevent this complication? What would you do in the event this complication occurred?”

Celebrate successes. Remember, praise goes a lot further than a pay-check, but it must be sincere and honest. Everyone needs a cheering squad.

### Pantomime or Paradigm?

We must consider whether we desire duplication of a role model (producing cookie cutter nurses) or empowerment into nursing autonomy. It is most favorable to groom nurses who are independent, adaptable to the many paradigm shifts inherent in our profession.

A conscientious preceptor will strive to pass on the art of seeing each patient and clinical situation not as a standard “textbook” situation, but uniquely different from all others which can change without predictability. To instill confidence, a coach may sometimes need to nudge the swimmer off the edge of the pool. Enable them to fly solo when you know they are ready.

### Cost not Lost

The cost of turning over a nursing employee is 1-1½ times the nurse’s annual salary, and national trends demonstrate that nurses are most likely to leave employment within the first 1-2 years from the date of hire into an organization (Casey, Fink, Krugman, & Propst, 2004; The Advisory Board, 2004). Therefore, prudent organizations are in the process of preparing for the even greater nursing shortage anticipated within the next decade by increasing recruitment and retention strategies.

“Nursing is complex and cannot be learned in a brief orientation. A preceptor’s patience, support, and guidance are essential for graduate nurse development” (Krugman, 2005), or the result will be costly: high nurse turnover (Contino, 2002). Maintaining the preceptor/orientee relationship throughout the entire orientation period promotes continuity and job satisfaction, and has been shown to decrease stress and turnover in graduate nurses (Smith & Chalker, 2005). Preceptors who continue a leadership-friendship relationship with the orientee long after the orientation process is complete contribute to even higher retention rates. This enduring relationship is called *mentoring*. Although precepting and mentoring share some components, they are different in that precepting is short-term during the orientation period while mentoring is built on a naturally-emerging relationship that develops into a long-term professional development partnership.

In essence, great preceptors contribute to recruitment and retention of nursing staff which results in a tremendous cost savings, a vital strategy

for the institution. “Fortunately, improved new graduate retention may alone justify sizeable investment in nurse residency programs; the figures reported by a growing number of institutions are impressive, especially given recent estimates of turnover costs per nurse ranging from \$22,420 to \$77,200.” One facility that implemented these strategies showed a 12% reduction in new graduate turnover, while another experienced a 50% reduction (The Advisory Board Company, 2006, p.7). Perhaps *you* are just the needed life preserver for that novice nurse.

### Dive and Thrive!

Precepting, like all other aspects of nursing, can have its share of challenges. Even so, the rewards far outweigh the difficulties. Many nurses continue precepting for the rewards of sharing knowledge and expertise, the satisfaction in witnessing progress in those they lead, and for the personal growth experienced in themselves while guiding another (Stevenson, 1995). One experienced graduate nurse preceptor on a PCU unit (Gill, K. S., personal communication, April 30, 2008) states “I love to teach, and I get a thrill when I see them gain safe independence!”

Effective precepting is a Magnet initiative and a vital component of most career enhancement programs. Although many nurses originally accept the role with a perception of simply helping the orientee learn the skills and clinical processes of nursing, they soon discover they have a much broader impact on the individual nurse as well as the entire organization. They advance beyond teaching basic swim techniques to that of teaching *lifesaving* techniques. As a preceptor, you duplicate professional behaviors in the superlative sense. You instill confidence and competence, pride and professionalism, caring and compassion. Not only is this the environment we want to create for our patients, but for ourselves as well.

Leave a legacy. Take on the challenge of becoming a preceptor. Pay it forward, creating a ripple effect. Your investment will ensure safe patient care for *thousands* of patients in the future.

This is nursing at it’s finest: nursing while developing more nurses! Go ahead. Dive in. Take the plunge!

### References

- Baylor Graduate Nurse Internship Focus Group (2005). Baylor All Saints Medical Center, Fort Worth, Texas.
- Bloom, B. (1984). *Taxonomy of educational objectives*. Boston, MA: Allyn and Bacon.
- Bryman, A. (1992). *Charisma and leadership in organizations*. London: Sage.
- Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse experience. *The Journal of Nursing Administration*, 34(6), 303-311.
- Contino, D. (2002). How to slash costly turnover. *Nursing Management*, 33(2), 10-13.
- Hospital Corporation of America (Revised July 28, 2006). *Points for Preceptors: Preceptor’s Guide*. Retrieved July 25, 2008, from <http://atlas2.medcity.net/portal/site/atlas/menuitem.15b422e66283206fde2fd797ac01a1a0/?search=precepting>.

Krugman, M. (2005). *Precepting: The Chance to Shape Nursing’s Future*. CEDirect Course CE393. Retrieved from CEDirect on July 8, 2008.

Lieb, S. (1991). *Principles of Adult Learning*. Retrieved August 29, 2007, from <http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm>.

Performance Management Services, Inc. (2008). *2007 Assessment Statistics*. The PBDS Times, 3(3), 2. PMSI website: <http://www.pmsi-pbds.com>.

Smith, A., & Chalker, N. (2005). Preceptor continuity in a nurse internship program. *Journal of Nursing Staff Development*, 21(2), 47-52.

Stevenson, B., Doorley, J., Moddeman, G., & Benson-Landau, M. (1995). The preceptor experience: a qualitative study of perceptions of nurse preceptors regarding the preceptor role. *Journal for Nurses in Staff Development*, 11(3), 160-165.

The Advisory Board Company (2002). *New graduates increasingly critical to hospital recruiting*. Washington, DC: Author.

The Advisory Board Company (2004). *Successful new graduate nurse training programs* (Origin Brief, pp. 1-14). Washington, DC: Author.

The Advisory Board Company (2006). *Transitioning new graduates to hospital practice: Profiles of nurse residency program exemplars*. Washington, DC: Author.

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# Registration Form and Test for **Continuing Education Credit**

“Take the Plunge into Precepting”

**Purpose:** This educational activity is designed to encourage the professional nurse who is considering the preceptor role to begin the process, and to enhance the skills of current preceptors, validating the incredible value of their contributions, while evaluating personal traits and strategies for success.

**Objectives:**

At the completion of this educational activity, the nurse should be able to:

1. Identify personal traits applicable to the precepting role.
2. Explain the need for preceptors in today’s nursing world.
3. Describe principles of adult learning.
4. Apply Bloom’s taxonomy of cognitive thinking to coaching strategies.
5. Recognize the value of preceptors to organizational recruitment, retention, and cost savings.

**How to earn One Contact Hour:**

1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the post test.
3. Fill out the registration form.
4. Send registration form, post test, and a check for \$12.00 to:

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5. Send before November 15, 2010.

Within three weeks after receipt of your post test and registration, you will be notified of your results. A passing score is 80%. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.

The University of Texas at Arlington Center for Continuing Nursing Education is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

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**Registration Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

State(s) of Licensure: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email \_\_\_\_\_

Post Test Questions for Continuing Education Credit

Article : “Take the Plunge into Precepting!”

Please circle your response for each question

1. In order to promote autonomy in learning, the preceptor’s best approach is:
  - a. “Here is your patient assignment. Just come get me if you need anything...”
  - b. “In order to reach the goal we mutually set for you, what can I do to help you reach it?”
  - c. “Don’t do anything to the patient without checking with me first.”
  - d. “To save time, I will assess your patients while you administer their medications.”
2. There is a growing demand for preceptors because:
  - a. The ratio of inexperienced nurses in the workforce is increasing.
  - b. The nursing shortage has created a need for retraining skilled nurses.
  - c. A percentage of experienced nurses do not demonstrate acceptable practice.
  - d. Both a and c
3. In order to become a preceptor, one should first
  - a. Possess all preceptor assets.
  - b. Begin with a few basic precepting strategies.
  - c. Have a Master’s degree in nursing.
  - d. Obtain a teaching certification.
4. When administering medications to a patient, your orientee asks, “What is this medication for?” A preceptor’s best response is:
  - a. Explain the indications and side effects of the medication to the orientee to encourage learning.
  - b. “Share with me what you know.” Ask additional questions to investigate critical thinking and rationale.
  - c. “Let me give the medication since you are not familiar with it.”
  - d. “How could you ask such a question? Don’t you know you should know all meds before giving them?”
5. Which statement from your orientee demonstrates the highest level of cognitive thinking?
  - a. “A BP of 120/80 is normal.”
  - b. “Elevated BP could create stroke risk.”
  - c. “Although my patient’s BP is normal, something is just not right; further investigation is indicated.”
  - d. “My patient’s BP is elevated, but he does not have a headache.”
6. When making the patient assignment to your orientees, you should select
  - a. Patients who are easy to manage, so you don’t have to spend much time with the orientee.
  - b. Patients who are based on learning needs, so you can assist them in expanding their skill base.
  - c. Patients who requested the orientee, based on yesterday’s experience.
  - d. Several patients who are highly complex so you can stretch the orientee’s abilities.
7. Preceptors greatly impact
  - a. Recruitment, retention, and cost savings.
  - b. The course of study for nursing schools.
  - c. Recruitment and energy conservation.
  - d. Raising the cost of retention at a facility.

8. When an orientee is not progressing as expected, the preceptor should
  - a. Document only what the orientee is doing well.
  - b. Discuss deficits with the orientee in a constructive manner.
  - c. Discuss deficits with the manager and/or educator.
  - d. Both b and c
9. Adult learners
  - a. Bring certain experiences and knowledge to the learning situation.
  - b. Desire a highly-structured learning environment.
  - c. Want to develop their own curriculum.
  - d. Prefer to do all their research online.
10. Emergent leadership is
  - a. Leadership forced by crisis.
  - b. Leadership by title.
  - c. A result of demonstrated qualities.
  - d. Based on sufficient training.

**Program Evaluation**

	Strongly Disagree				Strongly Agree
Objective 1 was met.	1	2	3	4	5
Objective 2 was met.	1	2	3	4	5
Objective 3 was met.	1	2	3	4	5
Objective 4 was met.	1	2	3	4	5
Objective 5 was met.	1	2	3	4	5

The article was effective as a learning resource/tool.

1	2	3	4	5
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The objectives were relevant to the overall purpose.

1	2	3	4	5
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The activity met your expectations.

1	2	3	4	5
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List two ways that you will integrate what you learned in this activity into your practice and/or work environment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following were disclosed:

Requirements for successful completion	Yes	No
Conflicts of interest	Yes	No
Commercial support	Yes	No
Non-Endorsement of Products	Yes	No
Off-label use	Yes	No

Did you perceive any bias that was not disclosed in this activity?      Yes      No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the number of minutes it took you to read the article, complete the test and evaluation \_\_\_\_\_min.