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Clinical Transition Framework: An evidence-based process and outcomes

The VNIP Clinical Transition Framework (CTF) is a healthy workplace strategy that has proven its worth. The initial internship project was undertaken in response to looming staffing issues identified in 1999 by the Vermont Organization of Nurse Leaders (VONL). The VONL partnered with the Vermont Association of Hospitals and Health Systems to commission research on nursing workforce issues specific to Vermont. The resulting report, the *Report on Nursing in Vermont* (Kaeding, 1998) became the basis for further collaborative work and then strategic planning relating to the pending workforce crisis. The report titled *Current State of Nursing in Vermont* (1999) identified six strategic goals for dealing with the nursing crisis.

Two of these goals became the focus of the internship project:

> V.   Create a formal nursing internship program that provides adequate practical clinical experience for novice nurses to function at a competent level when they enter the work force. This would force a marriage of schools of nursing and fields of practice that could strengthen both institutions, while promoting the preparation of nurses able to handle the currently complex and demanding field of health care.

> VI.   Expand clinical opportunities for students by increasing the use of clinical staff as preceptors in specialty areas.

Grant funding supported a half time Director's position to lead development and implementation of the project and the Vermont Nurse Internship Project was established.

Model development and implementation

At the initial meeting, the need for three (3) levels of internship was identified, including:
   a) Student (extern program) for expanded undergraduate clinical experience
   b) Graduate level (initial transition to practice) internship – provide an organized, supportive transition to practice that included both clinical instruction/development and collection of evidence of clinical capability or competency
   c) Specialty care internships – to provide the extensive education, deliberate practice, and clinical support for a new specialty care area such as OR, ICU, Home care, Long term Care, etc.

The original model development targeted the initial transition to practice for the new graduate RN. The implementation plan based the program delivery on support within a preceptorship model.   As a result two programs were developed: a) one that supports the new graduate transition to practice and b) another for the development and support of clinical staff preceptors.

Two unique aspects of this project include the collaborative workgroup comprised of Nurse Leaders from Practice settings, Academia, and the Board of Nursing and the focus on model configuration that would be subject to statewide implementation across the continuum of care.

The Internship model used Lenburg's Competency Outcomes Performance Assessment (COPA) model (Lenburg, 1999; Lenburg, 2010) for the core RN role outline and competency-based skills verification. Nurse leaders identified specific sub-skills and performance criteria for each of Lenburg's Eight Core Practice Competencies (Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011). Input from all practice areas allowed the group to establish a competency verification form that detailed the core role of the generalist RN in most, if not all, direct care settings. In 2000, the first VNIP pilot project utilized this initial form. Then outcomes data and feedback from educators and preceptors shaped changes within the tools and process for a second pilot project during 2001. Very few changes in performance outcomes

expectations were necessary after use of the revised tool, thus the model and its components were validated as a standardized transition framework for delivery in multiple settings. Based on this start, the VNIP Clinical Transition Framework has proven to provide effective structure for experiential learning that address the needs of the new graduate, specialty care internships, nursing orientation and/or the clinical component of a re-entry program. Extended use in multiple settings *validated the tools and framework for all new hires, from new graduate to transfer from other unit to traveler*. The use of a single tool and competence validation process has clarified and simplified the *on-boarding* process for new hires (Boyer, 2011). Some agencies use the same criteria for annual performance appraisal as well.

Preceptor development and support

The initial outcomes analysis resulted in recognizing the urgent need for added preparation for preceptors. A preceptor development focus group of expert educators shifted the essential preceptor preparation course into theory and research based education that is delivered via an independent learning module and two (2) days of workshop presentation. This initial education currently totals 18.5 contact hours of interactive instruction.

The Preceptor educational program is a formal, post-licensure educational program designed to increase the capability of experienced nurses as relates to teaching, evaluation, interpersonal and communication skills.   Specialty care personnel use the continuing education programs for development of experienced staff in OR, ICU, psychiatric, and other specialties. While providing additional educational resources, this joint effort benefits the CTF project by changing the workplace culture further towards support of the novice/advanced beginner.

The evidence and theory-based preceptor curriculum addresses: Role and responsibilities of the preceptor and intern (Boyer, 2008; Duchscher, 2009)); Transition Shock © theory (Duchscher, 2009); Skills acquisition model (Benner, 1984; Benner, Sutphen, Leonard, Day, & Shulman, 2010) ; Provision of three high-end apprenticeships for nurse development (Benner, et al. 2009); Principles of teaching/ learning, learning styles, and personality style (Alfaro-LeFevre, 2013; Benner, Sutphen, Leonard, Day, & Shulman, 2010; Lenburg, 2010); Effective communication and feedback techniques; Conflict management, generational, cultural issues; working in inter-professional teams to support students and new staff; data collection for competency validation of new nurses (Armstrong, Spencer, & Lenburg, 2009); delegation and accountability; fostering critical thinking development (Alfaro-LeFevre, 2013); issues/concerns related to precepting (Boyer, 2008; Hawkins, 2012; Mann-Salinas, et al., 2014).

Work with multiple agencies from across the nation and around the world has fostered re-packaging the preceptor instruction via a variety of delivery models and timeframes. The core content remains constant in topic area requirements, but the teaching styles and specific information evolves with both new knowledge and diverse delivery methods. VNIP has released 4 editions of the preceptor text and shares PowerPoint presentations, activities, and teaching plans for a variety of content presentation outlines. Two significant projects have transcribed the preceptor instruction into web-based course delivery and the tools and resources are constantly updated by participating educators.

Clinical Transition Framework

The CTF has been in place as an active educational process since 2000 and has seen annual growth, expansion and evolution.   Its impact has evolved through collaboration with various non-Vermont healthcare agencies who request model adoption and consulting time. In 2003, VNIP received a HRSA grant that a) strengthened the VNIP coalition, b) expanded implementation at additional sites/settings, c) developed the model for use in home care and public health settings, d) continued the expansion of preceptor development, and e) collected data specific to nurse retention in rural and/or medically underserved areas.   In 2007, the National Council of State Boards of Nursing (NCSBN) funded a

research project that allowed VNIP to evaluate both program outcomes and tools for measuring program impact.

The transitional support model is both a competency validation process and a formal, post-licensure educational program. The approach that is used is based on the facility investment, available resources and the new hire learning needs. The instructional components are designed to extend the basic nurse education preparation, proficiency, and/or skills of new graduate and transitioning nurses (Boyer, 2011b). Each apprentice nurse has completed a guided course of nursing education. The CTF curriculum is designed to give experience and deliberate practice to support successful transition of this learning into the specific clinical practice setting. The focus of the CTF is experiential learning that occurs along with individual studies, staff development courses, clinical conferences, and one-on-one support and instruction from a preceptor. The CTF advances clinical practice skills needed to deliver safe, comprehensive care in existing and emerging organized health care systems. The CTF provides experiential and reflective learning within a protected environment. Preceptors protect both patient and learner, while collecting evidence of clinical performance capability. The CTF is strengthened by both ongoing research and theory-based preceptor support systems.

Roles and responsibilities that support the framework

The Clinical Educator directs the facility specific CTF, arranges or provides didactic sessions for the intern, and offers ongoing support and resources for the preceptor/apprentice team. The Preceptor develops learning goals/objectives collaboratively with the apprentice and clinical educator, assesses the apprentice's experience level and learning style, and adapts the learning plan accordingly. Preceptors are responsible for choosing the patient assignment based on educational goals and objectives and then sharing that assignment by progressively assigning patient care responsibilities to the intern. Along with planning, the preceptor provides daily feedback to the apprentice and collaborates with the clinical educator and nurse manager to evaluate progress and to address issues as they arise. The intern is responsible for active participation in all components of the CTF and completion of documentation.

Competencies

The VNIP framework provides practice and verification of performance expectations that are based on the COPA model (Lenburg, 1999, 2009). The VNIP competency form delineates specific performance criteria that address each of Lenburg's essential skills: Assessment and Interventions, Communications, Critical Thinking, Human caring/Relationships, Management, Leadership, Teaching, and Knowledge Integration. These categories provide a theoretical framework for use in developing clearly defined expectations.

Recent work focused on nurse competencies has established various state and regional initiatives that outline competencies for effective practice. The Quality and Safety Education for Nursing (QSEN) competencies offer a widely accepted framework for guiding Nursing Education programs (Armstrong, 2010). Development, implementation and analysis shows strong synergy between COPA and QSEN (Armstrong, Spencer, & Lenburg, 2009; Lenburg, et al, 2011).

The most important aspect of the COPA model framework is the focus on performance outcomes statements within the competencies. This component of the COPA framework shifts the focus of the competency expectations from teacher-based instructional strategies to actual clinical performance. It has caused the VNIP framework and expectations to move from behavioral objectives to performance outcomes, which target "What does a nurse do in clinical practice?" (Boyer, 2011). VNIP's competence assessment tool targets the development and assessment of critical thinking and nursing judgment, rather than offering another 'grocery list' of tasks and procedures.

A unique feature of the VNIP framework is that the tools, forms and process are applicable for competence development and assessment for all new hires. With this framework, the competency system is simplified and clarified with a single, consistent process utilized for transition to practice for all levels of new staff. The framework fits for new graduates, those transitioning to a new specialty, new hires in orientation and the "traveler" or agency-based care provider.

Core competency development components include:
o   Completion is based on meeting core competency requirements, instead of a time oriented framework.
o   Clinical learning modules are required within the program with content topics that address the specific professional goal. Specific learning will include, but not be limited to: standards of care, cultural competence, quality improvement, IV access/therapy, medication administration, ethics, and pain management. Delivery of each topic is most effective when offered in conjunction with an opportunity for clinical application, experiential learning and/or deliberate practice
o   New hires are not considered as part of the staffing mix and each is paired with a qualified Preceptor.
o   The new hire and Preceptor share a single assignment and preceptors progressively allocate patient care activities to the intern.
o   The preceptors act as competency validators, teachers, mentors and professional role models; leading the intern through his or her daily clinical experiences on the unit.
o   The clinical coaching plans communicate capability and concerns from one preceptor to another as the orientee progresses
o   Clinical coaching include specific strategies for reflective learning and fostering critical thinking skill development
o   On a weekly basis, the intern, preceptor, and/or clinical educator meet to establish/evaluate goals, engage reflective learning and establish the individualized teaching plan for the next several days.
o   Delivery of the CTF requires time for planning, educational preparation, didactic instruction, goal setting, weekly conference, support group meetings, preceptor instruction and observation
o   VNIP has quantified that 200 hours of educator time is required for each group of new graduates or new to specialty nurses

The statewide, standardized approach to preceptor development is another unique aspect of the VNIP framework (Boyer, 2008). Evidence-based preceptor development and support are crucial to the successful implementation of an CTF. The preceptor training program prepares staff to work effectively with new graduates, students, and/or newly hired care providers (Boyer, 2008; Boyer, 2011).   The instruction develops their ability to provide an environment that combines both effective experiential learning and safe/effective patient care, while gathering evidence of new hire capability.

Development of this education and support has a two-fold purpose. The first is that existing clinical staff will improve their skills in teaching, coaching, mentoring, leadership, communication, and evaluation. This enables them to effectively develop capability in students/new graduates and then collect concrete evidence of their competence in providing clinical care. An additional benefit of improved communication/ teaching skills is the enhanced interactions with patients and their families.

Secondly, the development brings about a change in the culture of the workplace environment. The program supports a transition from the current crisis-driven, intimidating, and isolating, work place to a more supportive environment designed to assist the transition of a novice into clinical practice. This program is designed to build capacity; both in individuals and in the environment. It fosters the development of leadership skills and professionalism at a 'grassroots' level.

Recommendations

Along with investing in transition programs for new graduates, our healthcare systems need to ensure the development and support of preceptors in the clinical setting.   Most of today's transition programs use preceptor-based systems, but not many have consistently invested in the development and support of those preceptors. To be effective, preceptors require an educational foundation, ongoing support, and "time to precept".   A commitment to this teaching time serves the development of both the preceptor and the novice with whom they work.

Our project has identified two groups that require intensive education and support. The first target audience is the preceptor. Teaching, mentoring, interpersonal, and competency assessment skills must be developed in these individuals. A foundation must be laid with comprehensive, theory-based education related to interpersonal communication, roles/responsibilities, feedback skills, and principles of teaching/learning, assessment, professional accountability and planning. The vitally important roles of the preceptor include "protector" and "evaluator". These roles require specific preparation and support. Once this foundation is laid, the preceptor's effectiveness should be evaluated on an ongoing basis, within a system that focuses on performance development for both the preceptor and the novices with whom they work.   This ensures the necessary structure for skills development and competency assessment that protects the safety of our clients as well as the professional development of our nurses.

The second target audience is the novice nurse. This nurse may be a new graduate, a re-entry candidate, or a nurse that is transitioning into a new specialty area. Each of these novices needs advanced support, instruction, and precepting to develop the reflective learning, critical thinking, and specialty practice skills that are essential to safe, effective nursing care in our multiple and challenging settings.

Internships and residencies for nurses are fast becoming an essential part of their educational process. This experiential learning is just as vital for the safe and effective development of a nurse; as it is for successful physician practice. Note: Both of these professional roles require a new internship with each change in specialty!

To deliver this support, an effective preceptor/internship program needs to include:

1. Protocols with clearly identified roles/responsibilities and delineation of where to find the "time for precepting"

2. Specialized development and support for preceptors in this exacting role.

3. Emphasis on the Validator and Protector roles of the preceptor

4. Specific planning for critical thinking development through weekly meetings, case scenarios, documentation tools, discussion, and/or problem solving

5. Valid and reliable tools for competency verification that identify specific, measurable performance-based criteria for assessment

6. Clinical Coaching plans that follow principles of teaching/learning to foster the progression of the novice through all core competency requirements. Coaching plans a) outline specific goals, activities, and measurable outcomes; b) foster reflective learning; and c) ensure communication from one preceptor to the next, within the high intensity healthcare workplace.

More recent implementation projects, research, and literature review support the positive impact of program implementation (Hawkins 2012; Mann-Salinas, et al. 2014; Robbins 2014).   Investment in these target groups and the detailed support systems have paid dividends in recruitment, retention, and improved satisfaction for Vermont nurses.   With this investment in professional staff, we have changed the culture of the workplace towards one of support, nurture, learning, and professional advancement.

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