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Vermont's Nurse Internship Project: an evidence-based transition to practice model.

The VNIP Nurse Internship Project is a healthy workplace strategy that has proven its worth. It is a project that was undertaken in response to the looming staffing issues identified in 1999 by the Vermont Organization of Nurse Leaders (VONL). VONL partnered with the Vermont Association of Hospitals and Health Systems (VAHHS) 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. Six (6) strategic goals for dealing with the crisis were identified in *Current State of Nursing in Vermont*. (1999)

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 was obtained to support a half time Director's position to lead development and implementation of the model/project, and the Vermont Nurse Internship Project (VNIP) was established.

Model development and implementation

At the initial VNIP meeting, it was determined that three (3) levels of internship were needed: 1. Student (extern program) for expanded undergraduate clinical experience. 2. Graduate level (transition to practice) internship – to provide an organized, supportive transition to practice that included educational support, competency development, and skills evaluation. 3. Specialty care internships – to provide the extensive additional education and support for work in a specialty care area such as OR, ICU, Home care, Long term Care, etc. The initial model development targeted the new graduate RN and transition to practice. It was decided that the internship would be based in a precepted delivery model. As a result two programs were developed: one for the interns (new graduates) and another for the development and support of clinical staff preceptors.

Two unique aspects of this project include (1) the collaborative workgroup comprised of Nurse Leaders from Practice settings, Academia, and the Board of Nursing and (2) the focus on model configuration that can be applied statewide and across the continuum of care. The Internship model used Lenburg's Competency Outcomes Performance Assessment (COPA) model (Lenburg, 1999) for the core outline for the role of the RN and competency-based skills verification. The specific sub-skills for each of Lenburg's Eight Core Practice Competencies were identified with input from all practice areas to establish a competency verification form that outlined 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. Based on outcomes data and feedback from the educators and preceptors participating in the pilot project, the form was modified then underwent a second pilot during 2001. Very few changes in performance outcomes expectations were found necessary

after use of this revised tool. Thus the model and its components were validated as a standardized model for delivery in multiple settings. It was found to be a model that provides structure for experiential learning that can address the needs of the new graduate, specialty care internships, and/or the clinical component of a re-entry program.

The initial outcomes analysis resulted in recognizing the urgent need for added preparation for preceptors. A preceptor development focus group convened that included the directors of three of the state's nursing programs. They assisted in shifting this essential preparation 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. Thanks to a partnership with grant funded specialty care internships, we have been able to offer this standardized education to direct care providers from all regions and specialties within the state. The preceptor workshops have offered an ideal venue for collecting demographic data on these clinical experts with a focus on identifying those who might be interested in a future teaching role.

The statewide, standardized approach to preceptor development is another unique aspect of the VNIP framework. It led to development of a credentialing process for preceptors. This credentialing offers recognition and reward for this key teaching/support role, while establishing a pool of clinical preceptors who have all had the same educational preparation, support, and skills development/evaluation.

The internship has been in place as an active educational process since 2000 and has seen annual growth, expansion and evolution. Its impact has grown through collaboration with various non-Vermont healthcare agencies who request model adoption and consulting time. In 2003, VNIP received a HRSA grant that : 1) strengthened the VNIP coalition 2) expanded implementation at additional sites/settings 3) developed the model for use in home care and public health settings 4) continued the expansion of preceptor development and 5) 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.

Internship Model The Internship is a formal, post-licensure educational program designed to extend the basic nurse education preparation, proficiency, and/or skills of new graduate and transitioning nurses. Each intern has completed a guided course of nursing education. The Internship curriculum is designed to give experience and repeated practice application to demonstrate successful transition of this learning into the specific clinical practice setting. The focus of the Internship 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 purpose of the internship is to advance clinical practice skills needed to deliver safe, comprehensive care in existing and emerging organized health care systems. The focus of the VNIP Internship is experiential learning within a protected environment. The preceptor's primary role is to protect both patient and learner. This is enabled by research and theory-based preceptor development and support systems.

Roles and responsibilities required to support the model - The Clinical Educator directs the facility specific internship, arranges or provides didactic sessions for the intern, and offers ongoing support and resources for the preceptor/intern team. The Preceptor develops learning goals/objectives collaboratively with the intern and clinical educator, assesses the intern's experience level and learning style, and adapts the learning plan accordingly. He/she is responsible for choosing the patient assignment based on educational goals and objectives and sharing that assignment by progressively assigning patient care responsibilities to the intern. Along with planning, the preceptor provides daily feedback to the intern 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 Internship and completion of documentation.

Core program components include:

- Completion is based on meeting basic competency requirements, instead of a time oriented framework.
- Didactic instruction is required within the program with content topics that include, but are not limited to: standards of care, managed care, cultural competence, quality improvement, IV access/therapy, medication administration, and pain management. These are topics and content routinely offered during new graduate orientation and agencies generally continue with their usual instructional resources. Delivery of these is most effective when offered in conjunction with clinical application.
- Interns are not considered as part of the staffing mix and each is paired with a qualified Preceptor.
- The Intern and Preceptor share a single assignment and preceptors progressively allocate patient care activities to the intern. The preceptors act as teachers, mentors and role models; leading the intern through his or her daily clinical experiences on the unit.
- On a weekly basis, the intern, preceptor, and/or clinical educator will meet to establish/evaluate goals, work with Critical Thinking development, and establish the teaching plan for the next several days.
- Delivery of the Internship requires time planning for educational preparation, didactic instruction, goal setting, weekly conference, support group meetings, preceptor instruction and observation – VNIP has quantified this as approximately 200 hours of educator time for each Internship session.

Competencies

The Internship 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. Development, implementation and analysis shows strong synergy between COPA and QSEN (Armstrong, 2009). 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?” 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. To successfully implement the internship, evidence-based preceptor development and support are crucial.

Preceptor Program

The preceptor training and credentialing program is developed for nursing staff that work with new graduates, students, new hires, and/or cross training of staff. 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. Thus they can effectively work with students and interns to help them gain capability and meet competencies expected within the internship and outlined on a competency assessment tool. A side 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.

Preceptor Competencies During the internship experience, the preceptor demonstrates effective skills in teaching techniques; listening, observational, and feedback techniques; design and planning experiences to operationalize the competency checklist in the clinical practice setting; evaluation and provision of constructive criticism and praise of achievements; minimization of reality shock; facilitation of conflict resolution; assistance to the intern in setting daily goals and plans; encouragement, coaching, evaluation and motivation skill sets. The Clinical Educator is responsible for supporting the preceptor as they attain these skills and validates that the skills are demonstrated with competence.

The Preceptor 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. These educational workshops are also used by specialty care area personnel for continued development of experienced staff in OR, ICU, psychiatric, and other special care areas. While providing additional educational resources, this joint effort benefits the Internship project by changing the workplace culture further towards support of the novice/advanced beginner.

The research and theory-based course curriculum addresses: role and responsibilities of the preceptor and intern, Transition Shock © theory (Duchscher, 2010), stages of Benner’s model of novice to expert (Benner, 1984), principles of teaching/learning, learning styles, team building, personality style, effective communication techniques, conflict management, generational, cultural issues, competence of new RN’s in clinical practice, evidence collection, delegation and accountability, promoting critical thinking in the novice, and issues/concerns related to precepting.

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, 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 Protector and Evaluator 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 outline specific goals, activities, and measurable outcomes. The plans must follow principles of teaching/learning, to foster the progression of the novice through all core competency requirements.

Investment in these target groups and the detailed support systems have paid dividends in recruitment, retention, and improved satisfaction for Vermont nurses. We are succeeding in changing the culture of the workplace towards one of support, nurture, learning, and professional advancement.

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See full bibliography at www.vnip.org for references that substantiate the evolving VNIP work.