Clinical Transition Framework: Core Components and Evidence Base

VT Nurses In Partnership, Inc. (VNIP) is a not-for-profit organization that develops programs and resources for professional nurse development. The programs developed by VNIP promote a workplace culture of nurture, support, interdisciplinary practice, and professional growth for all those transitioning into a nursing role or new specialty area. The tools and framework for competence assessment are pertinent for every new employee – from new graduate to traveler. The concepts, theory, evidence and framework can be adapted for the full interdisciplinary team.

VNIP seeks to share evidence-based competency and preceptor development models. The combined models for preceptor and competency development comprise the Clinical Transition Framework endorsed by the VNIP Alliance. The most important learning from nearly two decades of regional and international implementation is that development of students, new hires, new graduates and new-to-specialty professionals requires three distinct supporting structures. Preceptor development and support are one of these, but the other two structures are vital to the work of the preceptor. The two additional support structures safeguard effective care for the patient while providing effective, experiential learning for the newly hired professional.

First you need clearly defined expectations. Orientation tools outline expectations based in both the clinical setting and evidence. To develop tools that are simple, accessible, clear, and easy to use; the performance criteria must be presented in the manner in which care is provided. When the documentation tools focus on the tasks and procedures of care, they target the minutiae of professional nursing practice. What is more important, and more difficult to quantify, is clinical reasoning, ethics, caring and nursing judgment.

- Assessment, evaluation, and synthesis of information are the important aspects of practice that a Registered Nurse brings to the urgent, community, or chronic care setting.

- Clearly defined expectations need to be composed from critical elements of care that are evidenced within clinical practice settings.

- Coaching Plans are an additional component of clearly defined expectations. Coaching plans are written teaching plans that the preceptor and learner use in the clinical setting to guide and support the learning. The plans can also document progress so that records of accomplishments travel with the learner from one preceptor to another, from one setting to another. The clearly defined expectations help identify when an individual is not suitable for a certain specialty and when they might be a threat to safe and effective patient care.

The second supporting structure is comprised of protocols and data collection. Implementing a program in an evidence-based manner requires that we start with the end in mind. First consider what will be changed, then determine what will be measured to ensure that the change occurred. VNIP offers various validated survey tools and web-base data collection if the agency chooses to utilize that media. When data is collected universally, it offers a chance to benchmark against other agencies of the same type, and/or against the whole. Templates for protocols, policy statements and procedural outlines offer support to the preceptor and new professional by clearly defining roles, responsibilities, resources, process, and consequences.

These two crucial elements add to the ongoing support for preceptors. VNIP Alliance membership allows sharing of tools, teaching materials, PowerPoint presentations and textbooks that support preceptor development. We have also developed several advanced preceptor courses, which are suitable for clinical staff or leadership development.
**History of VNIP networking outreach and grant involvement**

**1999 – 2001**  
*Initial Area Health Education Center grant for developing a standardized approach to nurse internship* - from the beginning we sought to develop a model that could be used by multiple agencies, rather than one for a single hospital or healthcare system. The work was so successful in the first year, that the funder extended the grant for a second year, then the state Hospital Association picked up the expenses for a year.

**Data: From original and ongoing data collection within Vermont**

- Retention of new grads shifted from 75% staying to December 31 of year of hire to 93% for following two years.
- Recruitment – 48% of interns were recruited from out of state
- Transition to practice survey results from managers, educators and preceptors shifted from an average below 2.5 to over 4 on a Likert scale of 1 through 5.

**2002 - 2003**  
*Vermont H1B Workforce development grant* - involved in developing capability of specialty care service RNs to replace the growing need for recruiting nursing staff from outside the US to fill vacancies. Provided standardized, evidence-based preceptor development on a statewide, multi-disciplinary basis to support the specialty service internships that evolved from the program

- Achieved specialty internships for transition to new specialties – ICU, OR, Psychiatric, Emergency, Maternal Child Health
- Updated course content and initiated data collection related to preceptor instruction

**2003 – 2007**  
*Human Resource and Service Administration (HRSA) grant #D64HP01667 GN/RN Internship: Vermont Nurse Internship Project* - VNIP received one of the first Federal Internship/Residency grants, which was used to further implement the VNIP Nurse Internship within Vermont. VNIP used the framework and preceptor development to implement a standardized model of internship and orientation in Visiting Nurse Associations, Extended Care facilities, Public Health settings, various specialty services and diverse acute care facilities.

- Engaged clinical educators for customization of tools and process for home care and public health department.
- Data collection revealed significant increase in retention of new graduates and a significant positive impact on the workplace culture.
- Individual agencies reported cost savings secondary to retention and reduction in the need for traveling or agency staff.

**2003 – 2006**  
*Alaska Hospital Association Contract* – VNIP faculty worked with educators and managers from healthcare agencies across the state to standardize approach to competence development and assessment for generalist nurses in rural areas.

**2004-2005**  
*Indian Health Services Contract* - Worked with Indian Health Services as a national project for bringing tools, resources and standardization of transition to practice and preceptor development for their acute care, specialty and rural needs.

Later work involved specific service areas of Indian Health Systems including, but not limited to, Alaska Native, Phoenix area, and Navajo.
2007 – 2009  
VT Nurse Internship, National Council of State Boards of Nursing (NCSBN) Research Plan Proposal Number - P52001 - VNIP was awarded grant funding to evaluate both retention of new graduates and to validate tools for assessing effectiveness of internship from both the preceptor and intern’s point of view.

- Nursing turnover rate remained less than 10% for statewide data collection – as compared with national data revealing that 35 to 60% of new grads leave their first position of hire in < 1 year.
- Data collection and dissemination related to evidence-based preceptor instruction.
- *Model, R. (2012). The background and components of the National Council of State Boards of Nursing (NCSBN) Transition-to-Practice (TTP) model are highlighted in this chapter. This model lends itself to rural and urban health care settings for transitioning newly licensed nurses, at all educational levels, specifically. The Rural Nurse: Transition to Practice.

2007 – 2010  
New York State Nurse Association – NYSNA had lurked on the fringes of what we were doing in Vermont and then collaborated with VNIP to submit a state workforce development grant proposal. As a result, they brought VNIP faculty to various locations across the state to teach 5 day courses in Competency Development Program implementation. This included teaching about the preceptor program resources as a supporting structure for competency development and assessment. VNIP taught in NY state once a quarter for three years. From 5 to 16 agencies would send educators and managers to each course, with some courses including 60 to 80 participants. Program delivery was accomplished via a ‘train the trainer’ model to expand the influence and impact.

2008 – present  
Hawaii Center for Nursing – The University/Center for Nursing purchased a statewide site license for VNIP resources and framework. They brought VNIP faculty to the state twice for consulting courses to teach educators, managers, and preceptors about course implementation and resource utilization. VNIP continues to collect web-based survey data for Tripler Army Med Ctr

2009 -2011  
Area Healthcare Education Center for University of Alaska - Course development through grant funded project lasting two years. Outcomes include interdisciplinary, web-based course for preceptor development and support that is based on the VNIP framework and resources.

2009 – 2010  
Nebraska Center for Nursing – A grant project funded by the National Council of State Boards of Nursing brought VNIP resources and faculty to Nebraska, then supported sharing of Clinical Competence and Preceptor development programs to assess impact in rural and urban settings of various demographics. Significant fiscal savings were reported by nurse managers along with decreased incidence of errors and ‘near misses’.

2011 – 2014  
New York City – Hospital and Healthcare Corporation - a federal grant submission was funded in 2011 for using the Competency and Preceptor frameworks to support academic programs for RN to BSN development of staff at participating agencies. VNIP has presented courses and provided resources for Competency Development, Preceptor, and Clinical Leadership courses. All is offered on a ‘train the trainer’ model to expand the influence and impact.


VNIP - Supporting transition with a focus on competence, evidence, safety and collaboration
2012 – 2013  **HCA Lewis Gale Virginia** – Healthcare system adopted VNIP framework for both Clinical Competence and Preceptor development and conducted research project on outcomes.

2012 – 2013  **New York City College of Technology Nursing Program** – a state university grant project was implemented to bring the VNIP curriculum for both Clinical Competence and Preceptor Development into the RN to BSN course content.


**New Mexico Center for Nursing** – extensive telephone consultations occurred with the Center for Nursing modeling their approach after VNIP – possibly with some use of proprietary materials

2012 – 2014  **Brooks Army Medical Center – Army Institute of Surgical Research grant project** – grant project for improving transition to practice and retention for new nurses in the Burn ICU Unit


2014 – 2015  **HealthQuest Healthcare** system adopted VNIP framework for both Clinical Competence and Preceptor development and conducted research project on outcomes.

2014 – present  **Transition to Specialty Practice program** – Capstone project at Brooks Army Medical Center for improving transition to practice and retention for nurses new to specialty care units – Emergency, Intensive Care, and Mother-Baby Health specialties

### Publications pertaining to VNIP implementation and/or research

The publications are listed in order of date with most recent appearing first.

* The asterisk indicates that VNIP faculty were involved in grant project implementation through consulting or direct assistance to the investigator.


Breit, S. A. (2015). Development of Mentors to Facilitate Evidence-Based Practice in a Nurse Residency. Full text at: [http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=2784&amp;context=dissertations](http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=2784&amp;context=dissertations)

Honour, D. R. (2015). Implementation of the Transition to Practice Regulatory Model for Nurse Preceptors in a Rural Setting. Full text at:
http://aquila.usm.edu/cgi/viewcontent.cgi?article=1004&context=dnp_capstone


*Model, R. (2012). The background and components of the National Council of State Boards of Nursing (NCSBN) Transition-to-Practice (TTP) model are highlighted in this chapter. This model lends itself to rural and urban health care settings for transitioning newly licensed nurses, at all educational levels, specifically. The Rural Nurse: Transition to Practice.


*Lenburg, C., Klein, C., Boyer, S., Abdur-Rahman, V., Spencer, T., (2011) Implementation of the COPA Model in Nursing Education and Practice Settings to Promote Competent Practice for Patient Safety. Nursing Education Perspectives*


*Boyer, S.; Editor. (2009) Mosby’s Preceptor Course, a collaborative effort of the National Nursing Staff Development Organization (NNSDO) and Elsevier/MC Strategies


