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 those transitioning into their first 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 Alliance for Clinical Transition (ACT). 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 equally vital to the work of the preceptor. The two additional support structures safeguard successful patient care 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 than tasks, 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 ongoing support for preceptors. VNIP Alliance membership allows sharing of tools, teaching materials, PowerPoint presentations and textbooks that support both new hire and 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

- This transcript of activities and dissemination follows a timeline from our start through current projects, research, collaboration and resource development
With outcomes, actions and publications resulting directly from the outreach or grant project listed below in red script – to link it with the sponsoring activity.

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

- In the regional tertiary care center, 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 score 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.

- Alaska Hospital Association posted standardized competency tools that could be used statewide (based upon VNIP’s model and consulting services)

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 Nation.*

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% with statewide data collection from implementing agencies – 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.

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**VNIP - Supporting transition with a focus on competence, evidence, safety and collaboration**
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.


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 – 2016 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


2017 Primary Investigator – Delphi Study: Core Components of a Nurse Competency Program

2017 – present Clinical Nurse Education Support Service - Military Contract #W81XWH-17-P-0159


Peer reviewed publications & presentations at national conferences:

**VNIP implementation, consulting &/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.


*Development of a Program to Improve Evaluation of Burn Nursing Competencies”, KK ValdezDelgado, S Boyer, MG Barba, AL Kuylen, DJ Flores, PB Colston, EA Mann-Salinas, 48th Annual American Burn Association Meeting, Las Vegas, NV 03-06 May 2016

*"Evolution of an Evidence-Based Competency Assessment Program for Specialty Nursing”, KK Valdez-Delgado, MG Barba, A Kuylen, DJ Flores, S Boyer, PB Colston, JJ Melvin, EA MannSalinas, 2016 Tri-Service Nursing Research and EBP Dissemination Course, San Antonio, TX, 22- 25 August 2016


*VNIP - Supporting transition with a focus on competence, evidence, safety and collaboration*
*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.


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


*Boyer, S. A. (2007). Vermont nurse internship project. In Transition of New Nurses from Education to Practice: A Regulatory Perspective” meeting, Chicago, IL.


