



## Clinical Transition Framework

### Core Components and Evidence Base

**VT Nurses In Partnership, Inc. (VNIP)** is a not-for-profit organization comprised of nurses supporting nurse professional development via a collaborative platform. 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 areas. The tools and framework for competence assessment are pertinent for every new nurse employee – from new graduate to traveler. The concepts, theory, evidence and framework can be adapted for the full interdisciplinary team. The resource files currently include specialty practice areas within acute, rehab, hospice, and home care settings.

**VNIP seeks to share evidence-based competency and preceptor development models through the Alliance for Clinical Transition Support (Alliance).** The combined models for preceptor and competency development comprise the *Clinical Transition Framework*. The most important learning from more than 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 Systems, Clearly Defined Expectations, and a foundation of Protocols/Evidence .*

*Preceptor development and support* is a priority component with the expectation that all staff members share responsibility for developing and validating the capability of colleagues. It is the agency's responsibility to develop the staff member as an effective preceptor or guide for the learner. This requires preceptorship focused instruction, learning tools, evaluative feedback, and development plans. It also requires the additional support structures of clinical competencies and evidence-based protocols. These elements safeguard successful patient care while providing effective, experiential learning for the newly hired professional.

*Clearly defined expectations include both competency and coaching tools.* Clinical Competencies communicate the clearly defined expectations for the practice setting. 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. The elements that are 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 are comprised of 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/effective patient care.

*Protocols (policy and procedures) and data collection are essential for providing consistency and ensuring an evidence base for program delivery.* 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 and had a positive impact. *VNIP offers various validated survey tools and web-based 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.*

### **Clinical competencies and protocols are crucial elements that provide 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 initial pilot project (1999-2001) through current projects, research, collaboration and resource development. The listed outcomes, actions and publications resulted directly from the stated outreach or grant project.

**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 – Red font indicates project outcomes, data collection results, and/or publications ensuing from the collaborative work.**

- *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.*
- *\*Peterson, J., & Donehower, P. (2015). Growing Our Own. Home healthcare now, 33(4), 232-233.*

**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 – 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’.

- *Hawkins, P., & Exstrom, S. (2014, 7 29). Adaptation of a Transition to Practice Program for New Graduates in Acute and Long-term Care Facilities in Urban and Rural Nebraska: A Pilot Study. Retrieved from National Council of State Boards of Nursing (NCSBN): <https://www.ncsbn.org/1527.htm>*

- 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.
- 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.
- \*Delfino, P., Williams, J. L., Wegener, J. M., & Homel, P. (2014). The Preceptor Experience: The Impact of the Vermont Nurse Internship Project/Partnership Model on Nursing Orientation. *Journal for nurses in professional development*, 30(3), 122-126.
  - \*Boyer, S. A. (2013, April). Communicating Clinical Competence. In *Creating Healthy Work Environments*. STTI. [http://www.nursinglibrary.org/vhl/bitstream/10755/291024/1/Boyer\\_Susan+A\\_.53876.pdf](http://www.nursinglibrary.org/vhl/bitstream/10755/291024/1/Boyer_Susan+A_.53876.pdf)
- 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.
- Wilson, R., Acuna, M., Ast, M., & Bodas, E. (2013). Evaluation of the effectiveness of simulation for preceptor preparation. *Journal for nurses in professional development*, 29(4), 186-190.
- 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
- Mann-Salinas, E., Hayes, E., Robbins, J., Sabido, J., Feider, L., Allen, D., & Yoder, L. (2014). A systematic review of the literature to support an evidence-based Precepting Program. *Burns*, 40(3), 374-387. DOI: <http://dx.doi.org/10.1016/j.burns.2013.11.008>.
  - Robbins, J. (2014, October 31). Implementing an evidence-based preceptorship program in a military burn center. *Final report on USU Project Number: N12-P04*. Bethesda, MD, USA: TriService Nursing Research Program.
- 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
- VNIP. (2016, January). *An evidence-based Clinical Transition Framework: Process and outcomes*. Retrieved from Vermont Nurses in Partnership, Inc. (VNIP): <http://www.vnip.org/documents/VNIP2016OutcomesSummary.doc>
  - Omer, T. A., Suliman, W. A., & Moola, S. (2016). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. *Nurse education in practice*. 16(1), 54-59. DOI: <http://dx.doi.org/10.1016/j.nep.2015.07.005>

- Phillips, E. (2016). *Nurse Preceptors' Perceptions of Preparedness in the Preceptor Role* (Dissertation, Gardner-Webb University).

**2015 –2020 The Geneva Foundation – Project Title: Evaluation of Role 2(R@) Medical Resources in the Afghanistan Combat Theater: Past, Present, and Future.**

- \*Boyer, S., Valdes-Delgado, K., Huss, J., Barker, A., & Mann-Salinas, E. (2017). Impact of a Nurse Residency Program on Transition to Specialty Practice. *Journal for Nurses in Professional Development*, 33 (5), 220–227. doi. 10.1097/NND.0000000000000384.
- \*Robbins, J. R., Valdez-Delgado, K. K., Caldwell, N. W., Yoder, L. H., Hayes, E. J., Barba, M. G., . . . Mann-Salinas, E. A. (2017). Implementation and outcomes of an evidence-based precepting program for burn nurses. *Burns*, Available online 10 August 2017. <https://doi.org/10.1016/j.burns.2017.04.017>.

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

- Boyer, S. (2017). Clinical Transition Framework: Efficient solutions for transitional support systems. *Nurse Leader*, 15 (6). <https://doi.org/10.1016/j.mnl.2017.03.013> . Full text at: <https://www.sciencedirect.com/science/article/pii/S1541461216302968> Accessed 11/22/2017.
- Mann-Salinas, E.; Boyer, S.; Colston, P.; Shingleton, S.; Barba, M.; Caldwell, M.; Valdez-Delgado, K. (2018). 11 Clinical Evaluation of Burn Nursing Competency Domains. *Journal of Burn Care & Research*, 39 (Issue suppl. 1). S9–S10, <https://doi.org/10.1093/jbcr/iry006.015>
- Valdez-Delgado, K., Barba, M., Kulyen, A., Colston, P., Boyer, S., & Mann-Salinas, E. (2018). 1002: Evolution of an evidence-based competency assessment program for specialty nursing. *Critical Care Medicine*, 46(1) (Supplement 1):485. doi: 10.1097/01.ccm.0000529009.61144.72.
- Boyer, S., Valdez-Delgado, K., & Mann-Salinas, E. (2018). Clinical Transition Framework: Integrating accountability, sampling and coaching plans in professional practice development. *Journal for Nurses in Professional Development*, Manuscript JNPD-17-386R1.
- Barba, M.; Valdez-Delgado, K.; VanFosson, C.; Caldwell, N.; Boyer, S.; Robbins, J.; Mann-Salinas, E. (2019). An Evidence-Based Approach to Precepting New Nurses. *American Journal of Nursing*, 119 (3), 46-51.
- **Current collaborative work continues on a volunteer or individual consulting basis.**

**2017 to present Established the Alliance for Clinical Transition Support (Alliance) - a collaborative group that uses, contributes to, sustains, and develops evidence pertaining to the Clinical Transition Framework. The annual membership fee sustains access to:**

- Resources and tools as developed
- Updates occurring with individual agency work
- User Manuals for both the CTF and Preceptor Development and support systems
- Consulting and queries to project director for revisions, updates, and coursework
- **Primary Investigator – Delphi Study: Core Components of a Nurse Competency Program**
- Boyer, S., Mann-Salinas, E., Valdez-Delgado, K., & VanFosson, C. (2019). Using the Delphi technique to determine core components of a Nurse Competency Program. *Journal for Nurses in Professional Development*, 35(5) 261-267. DOI: 10.1097/NND.0000000000000569 .

## Peer reviewed publications & presentations at national conferences related to 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.

- \* Barba, M.; Valdez-Delgado, K.; VanFosson, C.; Caldwell, N.; Boyer, S.; Robbins, J.; Mann-Salinas, E. (2018). An Evidence-Based Approach to Precepting New Nurses. *American Journal of Nursing*. No. AJN7478R1
- \* Boyer, S. A., Mann-Salinas, E. A., & Valdez-Delgado, K. K. (2018). Clinical Transition Framework: Integrating Coaching Plans, Sampling, and Accountability in Clinical Practice Development. *Journal for nurses in professional development*, 34(2), 84-91. doi: 10.1097/NND.0000000000000435
- \* Mann-Salinas, E.; Boyer, S.; Colston, P.; Shingleton, S.; Barba, M.; Caldwell, M.; Valdez-Delgado, K. (2018). 11 Clinical Evaluation of Burn Nursing Competency Domains. *Journal of Burn Care & Research*, 39 (Issue suppl\_). S9–S10, <https://doi.org/10.1093/jbcr/iry006.015>
- \* Valdez-Delgado, K., Barba, M., Kulyen, A., Colston, P., Boyer, S., & Mann-Salinas, E. (2018). 1002: Evolution of an evidence-based competency assessment program for specialty nursing. *Critical Care Medicine*, 46(1) (Supplement 1):485. doi: 10.1097/01.ccm.0000529009.61144.72.
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- Boyer, S. (2017). *Core Curriculum for Clinical Coaching: A Preceptor Workbook, 6th*. Windsor: Vt Nurses in Partnership.
- Omer, T. A., Suliman, W. A., & Moola, S. (2016). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. *Nurse education in practice*. 16(1), 54-59. DOI: <http://dx.doi.org/10.1016/j.nep.2015.07.005>
- \*Mann-Salinas, E. (2016). *Evaluation of Role 2 (R2) Medical Resources in the Afghanistan Combat Theater: Past, Present and Future*. The Geneva Foundation Tacoma United States.
- \*"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
- \*"Development of a Competency Assessment Program to Transition Military Medical Personnel to Specialty Practice ", KK Valdez-Delgado, MG Barba, A Kuylen, DJ Flores, S Boyer, P Colston, JJ Melvin, EA Mann-Salinas, 2016 Military Health System Research Symposium, Kissimmee, FL 15- 18 August 2016
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- Roberts, M. L. (2015). *Perceptions of faculty preparedness for developing, evaluating and revising BSN curriculum* (Doctoral dissertation, University of Phoenix). Full text at: [http://www.nursinglibrary.org/vhl/bitstream/10755/620818/3/RobertsMeredith\\_Dissertation\\_R.pdf](http://www.nursinglibrary.org/vhl/bitstream/10755/620818/3/RobertsMeredith_Dissertation_R.pdf)
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