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Evolution of the Clinical Transition Framework

Background

The VNIP Clinical Transition Framework (CTF) is a healthy workplace strategy that has proven its worth as a competency-based orientation, nurse residency, competency validation, apprenticeship, or transition to new specialty program.

In 1998, looming staffing issues spurred strategic planning within the nurse leadership group, Vermont Organization of Nurse Leaders (VONL). The group collaborated 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. *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

The initial meeting identified the need for three (3) levels of internship, 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.

Originally, 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 evolved; a) one that supports the new graduate transition to practice and b) another for the development and support of clinical preceptors.

Unique aspects of this project include; 1) the collaborative workgroup comprised of Nurse Leaders from the full continuum of care, Academia, and Regulation and 2) a 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 outline for the role of the RN 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 outlined the

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core role of the generalist RN in most, if not all, direct care settings. In 2000, the first VNIP pilot project utilized the initial universal form. Outcomes data and feedback from educators shaped changes within the tools and process for a second pilot project during 2001. Very few changes in performance expectations were necessary after use of the revised tool, thus pilot project #2 validated the framework as a standardized transition process for delivery in multiple settings.

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 of the participating agencies use the same criteria for annual performance appraisal as well.

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 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. 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 (Boyer, 2008). 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 CTF 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 : 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.

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 (Boyer, 2011b). Each intern has completed a guided course of nursing education. The Internship 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 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 internship advances clinical practice skills needed to deliver safe, comprehensive care in existing and emerging organized health care systems.

From Internship to comprehensive Clinical Transition Framework (CTF) – Although originally designed to serve new graduate nurses, the tools and framework we serve all types of hires in the clinical setting. Whether the new hire is a graduate, experienced nurse or traveler, the CTF provides experiential and reflective learning within a protected environment. The preceptor's primary role is to protect both patient and learner, while collecting evidence of clinical performance capability. From the beginning, model development adhered to core professional development concepts and theory in striving to build a

single, simple and systematic approach to both developing and validating the clinical capability of a new staff member. The VNIP Clinical Transition Framework 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. Both ongoing evidence-base development and preceptors are key to model implementation.

Roles and responsibilities that support the framework

The *Clinical Educator* directs the facility specific orientation/transition program, 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 new hire. Along with planning, the preceptor provides daily feedback to the new hire and collaborates with the clinical educator and nurse manager to evaluate progress and to address issues as they arise.   The *new hire* is responsible for active participation in all components of the Internship and completion of documentation.

Core program components include:
o   Completion is based on meeting core competency requirements, instead of a time oriented framework.
o   Didactic instruction is provided within the program with access to instructional/protocol modules that establish 'standardized knowledge' expectations.   Delivery of each topic is most effective when offered in conjunction with an opportunity for clinical application.
o   New hires are not considered as part of the staffing mix and are paired with a qualified Preceptor.
o   The Precepting team share a single assignment and preceptors progressively allocate patient care activities to the intern.
o   The preceptors act as competency validators, teachers, mentors and role models; leading the new hire 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   On a weekly basis, the new hire, preceptor, and/or clinical educator meet to establish/evaluate goals, engage reflective learning strategies, and establish the 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
o   Staff with prior experience move through all competency requirements more quickly and with less support required as they apply prior knowledge to the new setting

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 (Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011). 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.   The tools and process utilize a concept-based performance development approach to replace the traditional '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.

Preceptor Program   Evidence-based preceptor development and support are crucial to the successful implementation of an internship. 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 (Omer, Suliman, & Moola, 2016).

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.

Preceptor Competencies   During the internship experience, the preceptor demonstrates:

- Planning experiences to operationalize the competency checklist in the clinical practice setting
- Assistance in setting daily goals and plans
- Documentation of observed performance
- Listening, observational, and feedback techniques
- Provision of constructive criticism and praise of achievements
- Effective teaching practices
- Minimization of reality shock
- Facilitation of conflict resolution
- Encouragement, coaching, evaluation and motivation skill sets.

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. 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 Internship project by changing the workplace culture further towards support of the novice/advanced beginner.

The evidence and theory-based preceptor course curriculum addresses:
- Role and responsibilities of the preceptor (Boyer, 2008; Omer, Suliman, & Moola, 2016)
- 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. 2010)
- 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)

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 all 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 new 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 standardized knowledge base, reflective learning, critical thinking, and specialty practice skills that are essential to safe, effective nursing care in our diverse, high-tech and challenging settings.

Transitional support for nurses is an essential part of their educational process and professional formation. Experiential learning is equally 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 transitional support 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, access to standardized knowledge, 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 learner 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.

More recent implementation projects, research, and literature review support the positive impact of program implementation (Goss, 2015, Hawkins 2012; Mann-Salinas, et al. 2014; Robbins 2014).

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Contact the VNIP Executive Director at: **sboyer@vnip.org** *for full listing of projects, literature, and collaborative ventures.*