

VNIP FACT SHEET

WHAT IS IT?

The **Vermont Nurse Internship Project** is an endeavor of **Vermont Nurses In Partnership, Inc.**, a not-for-profit nurse leadership coalition that institutes resources for supporting workforce development for all nurses. VNIP includes nurse leaders from academia, regulation and various practice settings. The collaboration has grown from the initial 45 Vermont-based members, to a coalition of over 300 nurse leaders from across the nation and around the world. These proactive healthcare leaders provide the intellectual resources that allow us to develop and deliver research and theory-based intern, orientee, and preceptor development programs. The programs developed by VNIP promote a workplace culture of nurture, support and professional growth for novice nurses or those in transition to a new specialty. The VNIP model demonstrates the importance of the workplace culture to long term recruitment and retention of nurses in clinical practice. (web site: www.vnip.org)

SPECIAL FEATURES:

VNIP HAS ESTABLISHED AN INTERNSHIP THAT:

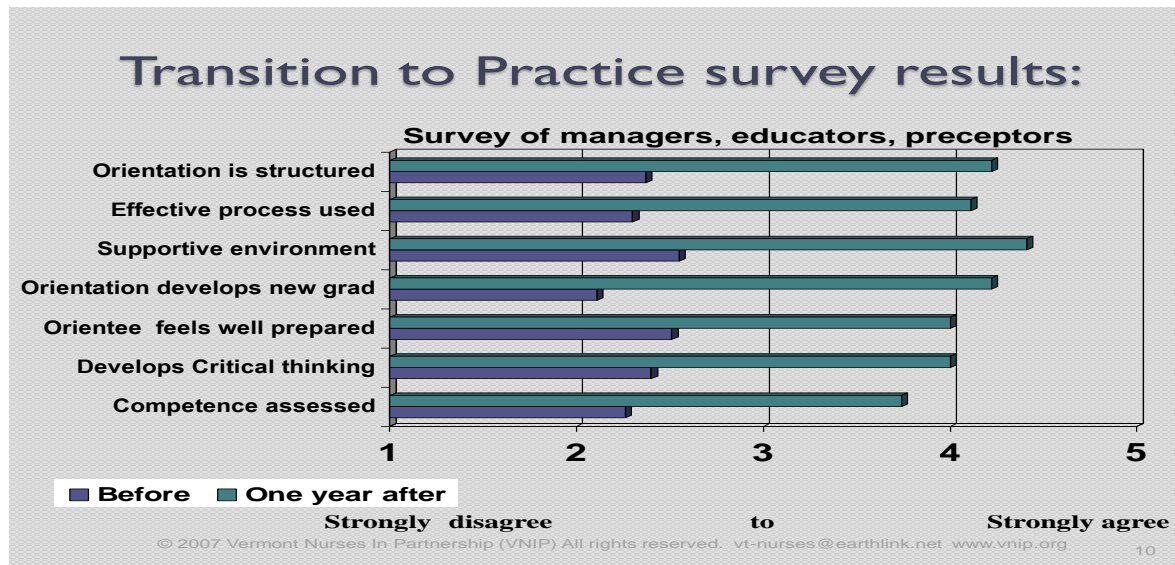
- Is used in multiple settings from across the continuum of care, rather than a single agency or health system.
- Standardizes the approach and model used for new graduates in diverse settings - inclusive of inpatient, acute care, home health, long term care and public health settings within the state of Vermont.
- Shifts away from orientation to the 'minutia of nursing practice', and instead focuses on application of core concepts and critical thinking skills across a variety of situations.
- Builds the fundamental work of the preceptor upon the foundation roles of 'Protector' and 'Validator'.
- Standardizes the curriculum and behavioral learning objectives for preceptor development - statewide.
- Provides preceptor education that:
 - Targets all direct care providers from diverse healthcare settings and the full interdisciplinary team.
 - Institutes preceptor education that is based in research, theory, and continuous evaluation for most current, complete and accurate preparation for the role.
 - Relates preceptor role expectations to teaching/learning theory, interpersonal and critical thinking skill development, evaluation of performance outcomes, and development of clinical coaching plans.
- Provides instruction and program development that is based upon a collaborative framework inclusive of education, research, regulation and practice.
- Standardizes the approach to competency assessment – the same 'orientation checklist' being used in all acute care settings and the same concepts and systems applied across the continuum of care (including allied health colleagues).
- Tracks progression via the achievement of goals and competencies, instead of being "time oriented".
- Utilizes clinical coaching plans to provide the 'roadmap' for the intern/preceptor team.
- Promotes a "Concept based" approach rather than a "case-based" competence development process
- Prioritizes competence assessment for critical thinking, leadership, management, human caring relationships, teaching and knowledge integration. - Built upon Lenburg's Competency Outcomes Performance Assessment (COPA) framework.
- Uses one competency assessment tool for validation of capability with both new graduate and traveler nurses.
- Incorporates VT Nurses In Partnership (VNIP) as a "sustainable collaborative framework" rather than the traditional competitive business model

EVIDENCE COLLECTION - DATA OUTCOMES INCLUDE:

- Recruitment - 48% of Interns were recruited from out of state schools and/or residences for the initial pilot
- Retention – The tertiary care center tracked retention data prior to, and following internship implementation
 - 1999 Pre-Internship rate was 75% retained until December 31 of hiring year
 - With the internship, the rate rose to 93% of new graduates that completed the VNIP program
- Position Vacancy rate - One Vermont agency has maintained a 0% vacancy rate for nursing positions, for the last three years. They became involved with the original VNIP pilot due to their vacancy rate being consistently 20% & higher on the Medical-Surgical Unit. They now experience no recruitment or advertising costs, reduced turnover

rates, nursing students vying for positions after program completion, and decreased orientation costs due to fewer new hires

- Transition to practice survey results for agencies using the VNIP model during the pilot years:



- Turnover - While “nursing literature reports that the inability to handle the intense working environment, advanced medical technology , and high patient acuity results in new grad turnover rates of 35% to 60% within the first year of employment” (Beecraft, Kunzman, & Krozek, 2001), from 2003 through 2007, the **VNIP turnover rate remains less than 10% for new graduates completing the internship**

INTERNSHIP FRAMEWORK:

- Interns include new graduate, new to specialty, and re-entry nurses: both RN and LPN graduates.
- Minimum duration of internship is 10 weeks (starting after basic agency orientation)
- At least 40 hours of didactic instruction will be provided by the HC agency, with topics that include, but are not limited to: Quality Improvement, Protocols, Medication administration, Cultural Competence, Managed Care, & Pain Management
- Interns are not considered as part of the staffing mix.
- The VNIP core competency form is used to delineate and document the intern's performance. This form details performance outcomes expectations that are based on the COPA model and that apply to all nurses providing direct care.
- Interns are paired with a primary preceptor, who is responsible for clinical coaching plan, selection of patient assignment based on learning needs, weekly conferences, & communications with colleagues/manager.
- Preceptors receive intensive preparation for their role via a 2 day Clinical Coaching Workshop
- The primary preceptor is responsible for educational planning, selecting the patient assignment that serves intern learning needs, weekly conferences, and communications with colleagues, manager, other preceptors.
- Preceptors act as facilitators while they coach, teach, and evaluate the intern through their daily clinical experiences on the unit.
- Patients assigned to interns are also part of their preceptor's assignment and preceptors progressively allocate patient care activities to the intern.
- On a weekly basis, the intern, preceptor and/or clinical educator will meet to establish/evaluate goals and foster Critical Thinking skill development.
- Delivery of the Internship requires release time for support of educational preparation, didactic instruction, goal setting, weekly conference, and support group meetings – approximately 200 hours of educator time for each Internship cohort and/or session.

RECOMMENDED GUIDELINES:

- No more than 5 interns in a cohort starting at the same time on any one unit (4 is preferred maximum)
- Initial internship experiences offered during day shift, 8 hour days, Monday through Friday
 - More staff available as well as more experiences offered with multi-disciplinary team
 - 12 hour shifts were less effective due to fatigue and reduction in continuity of repetition/practice
- Interns are hired for a minimum of 32 hours per week through completion of competency requirements
 - Part-time internship was unsuccessful due to reduction in days of repetition/practice
- Interns should take NCLEX prior to starting the Internship
- Specialty care internships may require up to 12 months for completion of specialty service competencies

So take a look!

Are there any expectations listed here that are not necessary to the role?

Anything that we should add?

Preceptor Roles & Responsibilities



Role Mode: Exemplar for role and professionalism

- ~ Adheres to standards of practice
- ~ Models professional behaviour
 - o self development, comportment, attitudes
- ~ **Exemplar of “How to access the evidence”**
- ~ **Models reflective practice & learning**
- ~ **Self-care practitioner and role model**
- ~ Resolves issues/conflict
- ~ Gives constructive feedback
- ~ Speaks for self
- ~ Listens well

Educator & Coach: Instructs, supports and encourages:

- Assesses learning needs & learning style
- Plans learning activities collaboratively
- Confirm, Critique, modify, & add to
- Evaluates & Communicates progression
- **Develops Critical Thinking in novice**
- **Customizes clinical coaching plan for specific learning styles & needs**
- **Provides experiential learning**
- **Facilitates “novice to expert” progression**
- **Develops capability of novice**
- **Gathers evidence that shows level of capability**

Socializer & Team Leader: Helps preceptee settle into new role, environment and team.

- Introduces preceptee to team & other staff.
- Understands/supports social needs.
- Supports adjustment to all the new elements that the novice faces within their transition
- Fosters integration into work culture
- **Establishes communication between manager, novice, and/or educator**
- **Works to ensure colleague support for novice**
- **Resolves conflict issues as/if they arise**
- **Teambuilding – ensures support of colleagues for socialization and orientation process**

Evaluator or Competency Validator: Ensures competent practice

- ◆ Ensures adherence to P & P and protocols (standards of practice)
- ◆ Works within scope of practice
- ◆ Identifies delegation and/or accountability concerns
- ◆ Validates the competent practice of the novice/new hire
- ◆ Recognizes capability limitations
- ◆ Discusses performance issues/concerns with manager
- ◆ Evaluates and documents competence in delivery of care

Protector – Foundation work of preceptor: Protects the safety of both patient and novice

- o Protects patients from novice error
- o Protects the novice from making errors that might threaten self/others
- o Provides safe learning environment for the novice to study and practice in
- o Supports developing skills while ensuring safe care, safe practice
- o Ensures adherence to policy and procedure (standards of practice)
- o Acts as advocate for novice and protects from adverse behaviours of others
- o Considers Licensed scope of practice when assignment and delegating.