

Clinical Transition Framework: *Efficient Solutions for Transitional Support Systems*

Susan Boyer, DNP, MEd, RN



What do ATMs, Velcro, and microwaves have in common conceptually? Origins from NASA and the space race—no, that doesn't include ATMs. They give you something—

oops, Velcro is a misfit for that solution. So what do you think they have in common conceptually? Answer: They are a faster, easier way of doing things that did not exist when I was a child!

In the same manner, the Clinical Transition Framework (CTF) offers a faster, easier way of onboarding nursing staff with integration of a group of common professional development principles. The CTF evolved from over 15 years of implementation projects and research related to new graduate, new to specialty, and new hire transitional support. The CTF model provides a competency-based system that addresses the full scope of experience backgrounds, from new graduate to traveler. The evidence-based model offers a single framework for all hires that integrates sampling, concept-base, professional practice, accountability, coaching plans, and the 3 high-end apprenticeships recommended by Benner.¹

This portion of the CTF overview examines competency assessment that uses precepts of sampling, concept-base, and professional practice. Application of these core concepts led the organization to substantiate competency validation with further literature evidence and clearly defined performance statements. Traditionally, onboarding documentation tools list the tasks and procedures faced within a particular role. It is rare that such lists design and deliver performance criteria in the manner in which we provide care. The format of the tool can make documentation challenging as the preceptor searches for the right line for charting the action or observation. Specialists in professional development often create tools that are all-inclusive and comprehensive, but may miss the critical thinking and clinical judgment aspects that are crucial to professional practice. These challenges emphasize the need for using sampling in a manner that makes the tool easier to complete instead of more complex; comprehensive, but achievable; and with performance criteria that are clear, concise, and concrete.

SAMPLING FOR COMPETENCY VALIDATION

The CTF competency tool engages the model of sampling for collecting evidence of capability. Sampling theory calls for taking a sample of performance skills, validate that the individual performs those skills in a competent manner, and extrapolate that they are competent overall. Sampling is an approach adopted within many academic settings as they prepare nurses for the challenges of clinical practice. The competency-based approach uses a variety of assessment techniques and addresses learner development with consideration for varied learning styles.² Competency-based education assessment often includes observation of practice or simulated case management, with each observation offering a sample of full clinical practice. In both academic and practice settings, each post-test established as a course component uses sampling to endorse the knowledge base of the learner.³ One of the challenges within sampling is making the distinction between competency with a specific set of skills or tasks, and true competence, which requires being able to carry out the full responsibilities of the job. Educators frequently develop “skills labs” for the purpose of establishing task capability. Regrettably even with proficient skills lab performance, questions may remain pertaining to the professional’s ability to integrate those tasks within care that adapts to the changing needs and priorities of a patient.

All research projects utilize a sample population for testing the hypothesis that is being studied.^{4,5} Sampling is used rou-

tinely by the National Council of States Boards of Nursing (NCSBN) as they analyze evidence behind the role of simulation experience, National Council Licensure Examination (NCLEX) test construction and scoring requirements for passing grades.^{6,7} In fact, each time nurse candidates complete their NCLEX exams on the computer with less than the total number of questions, a sample of a sample is being used to validate, or not, their licensure.⁸

Another frequent user of sampling is The Joint Commission. The accreditation organization evaluates health care agencies with the purpose of inspiring the provision of safe and effective care of the highest quality. To achieve this, The Joint Commission engages in agency assessment through onsite reviews wherein randomly selected patients, charts, employees, and/or their records are evaluated for compliance.⁹ These randomly selected components are the sample that establish whether or not the surveyors document any requirements for improvement or confer accreditation.¹⁰ Both The Joint Commission and the CTF validation serve the purpose of ensuring safe, effective, evidence-based patient care provided with quality. Both systems strive to verify nursing staff competence, while engaging sampling methodology to document the pertinent evidence.

APPLICATION OF SAMPLING WITHIN THE CLINICAL TRANSITION FRAMEWORK

The CTF competency tool identifies the sample with bold print. The directions for form completion state, “All items identified in bold are required elements to be validated within orientation.” The competency policy template emphasizes the process with the statements: “Selected competencies are assessed at hire and during the orientation period for the job. Completion of orientation requires documenting all indicated competencies with a score of two (2) or better.”

The use of sampling principles allows the tool to identify both initial and ongoing expectations for practice in that setting.¹¹ The orientation timeframe is insufficient for gaining evidence of proficient practice, yet it is a part of professional role expectations. The required elements within orientation include the high-risk, high-frequency elements of practice. The low-frequency and proficient/expert practice aspects are included on the form without a mandate for completion during orientation. If ongoing expectations are not delineated in the orientation tool, where and when are they communicated to the new hire?

More than the minimum required elements of competency validation are collected for most new hires. This is especially true with those new to the setting who need to learn the nursing science unique to that specialty. Within the CTF documentation, the requirement for completion of orientation is the same for all hires, from new graduate to traveler. The bolded items emphasize the high-risk, high-frequency aspects of care that exemplify nursing practice within that setting. Each agency determines their core sample and any additional elements identified within the agency as requiring attention. Annual competencies will address the high-risk, low-frequency elements of care along with new procedures, medications, or treatments, and elements identified by performance issues or quality improvement indicators.

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