

## Evolution from Nurse Internship to the Alliance for Clinical Transition

Susan Boyer, DNP, MEd, RN, NPD-BC, FAAN

**Background & Significance:** The *Report on Nursing in Vermont* (Kaeding, 1998) became the basis for strategic planning relating to the pending workforce crisis. The report identified six strategic goals, including one to 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. A new graduate internship was developed as a statewide, collaborative intervention and multiple implementation studies resulted in a model that can be used for all of nurse orientation. Subsequent studies added to framework evidence and publications shared both process and outcomes on an international basis. The work has grown over the last 23 years and is now shared on a global basis using the Alliance for Clinical Transition, a membership model. With membership support, the tools and framework are maintained as a current, effective, and evidence-based model for nurse clinical development.

**Clinical Question:** Would an internship program support new graduate transition into practice issues and improve retention, safety, and/or satisfaction with work? Can program outcomes (framework and tools) be shared collaboratively to serve the full continuum of care?

**Evidence:** Literature reviews identified the concepts within the Novice to Expert continuum (Benner, 2015), Competency Outcomes Performance Assessment model (Lenburg C. , 2010), and teaching/ learning strategies for developing students, new staff, and clinical preceptors (Windey, et al., 2015) as core model elements. The literature was triaged by focus groups within the internship work teams. Each article or theory was ranked for applicability within the internship project with these three becoming core model elements.

**Intervention:** Implementation studies in 2000 and 2001 provided evidence of internship model efficacy. VT Nurses in Partnership (VNIP) used more than two decades of grant funding and collaborative agreements to keep the model and resources current and evidence-based. After further development, the model was re-titled as the Clinical Transition Framework (CTF). The Alliance for Clinical Transition (Alliance) was established as a membership venue for sharing and sustaining the model and its competency validation tools.

**Evaluation:** Multiple studies have used the CTF model for staff development and graduate studies. Both qualitative and quantitative methodologies were used with varied foci that address either nurse competency or preceptor development and support systems. Data was collated and analyzed for each study with outcomes shared via reports and/or publications (Lenburg, Abdur-Rahman, Spencer, & Boyer, 2011; Vermont Nurses in Partnership, 2022).

**Results:** CTF study outcomes have produced cost savings, improved retention, and positive satisfaction feedback. Study settings include Home Care, Clinics, Extended Care, Hospice, and all acute care specialties. Each project customized tools and process for its settings and met its study goals. Alliance membership allows immediate start-up of competency validation in newly adopting agencies. Ongoing research projects add to the evidence for CTF efficacy and impact.

**Significance/Conclusion:** Alliance membership grants proprietary rights to the CTF tools and model, allowing educators to customize and implement an evidence-based model without needing to ‘reinvent the wheel’. ‘Share and share back’ is used to grow the resource files as educators from other facilities share in what was developed in Vermont, customize for their use, and then ‘share back’ their modifications and additions.