Aspire . . . **TO LEAD: Developing Clinical Coaching Plans   Clinical Transition Framework**

Supporting transition to practice with a focus on competence, evidence, safety and collaboration.

Clinical Coaching plans provide clear, consistent and concise information pertaining to standardized knowledge and specific performance criteria required in the specialty. While the tools are significant assets for orientation, preceptors do not have the expertise or time to create them. Instead, the NPD practitioner establishes coaching or teaching plan resources in the same manner that nursing texts were assembled with standardized nursing care plans. The plans provide a tool for preceptor 'hand-off' communications as well as information pertaining to standardized knowledge, specific performance criteria and reflective learning as engaged in the setting.   Use of coaching plans improves communication between preceptors, educators, managers and the newly hired nurse. When collected as electronic documents they can be customized to individual learning needs and their efficacy as clinical development tools has been validated within two quasi-experimental studies.

Learning outcome: Utilize a customizable clinical teaching plan to support effective precepting, ensure 'hand–off' communications from one preceptor to the next, and provide resource tools for orientee and preceptor

A Clinical Teaching or Coaching plan is valuable because it:
Outlines resource tools for the precepting team
> Identifies expectations & how to meet them
> Provides a summary of knowledge requirements specific to that goal/specialty
> References specific protocols, guidelines, standards of practice

Ensures 'hand–off' communications from one preceptor to the next
> Allows continuous progression of learner

A Clinical Coaching plan includes components of:
1. Directions
2. Clear performance expectations – with both an overall goal statement and specific performance criteria that give evidence of achieving that goal
   > Performance criteria that address all aspects of the competency framework being used
   > Presented in a manner that is easy to track, easy to document achievement
   > Contains elements of KSAs [Affective domain – attitudes, abilities, approaches and more]
   > Focus on clinical practice, patient care, nursing roles and responsibilities
3. Instructional strategies that outline:
   > Knowledge requirements, content, protocols and/or standards of practice
   > Experiential learning strategies and   Deliberate practice
   > Reflective learning that fosters critical thinking skills and strategies
4. Reflective learning strategies
5. Documentation

Simple, right?
Single page tool that follows the KISS principle   -   Keep It Short & Simple
> Don't write if it is offered elsewhere in print
> Use SOPs, guidelines, policies, specialty practice standards
> Consider the role of the preceptor and ONLY the role of the preceptor
> Approach performance criteria and goals in the manner in which care is provided
> Apply KISS principle

Clinical Competence - "competence expectations" based in clinical practice

      Actual clinical practice as opposed to learning lab or 'skills day'

            What is the difference?

            How do we prepare for the difference?

            Does lab correlate with actual practice?

      List of tasks or steps

            Already written – don't reiterate!

            1 page checklist - Risk of listing 'highlights'

            Important that they learn to find protocol

      Consider thinking, judgment, and clinical reasoning skills

Competency Framework or Theories

      COPA Model   -   QSEN Framework   -   'Nurse of the Future' Initiative

      Writing statements that reflect clinical performance expectations

            What does an Infusion Nurse do?

            What skills are required?

            How do we 'see' their knowledge?

            How do they convey their attitudes?

            How is judgement & thinking involved?

Instructional strategies

      What strategies do we employ to develop capability?

      How to provide this in high-acuity, technology-driven, fast paced clinical practice?

      Simulation   -   Correlation with actual practice

Preceptorship requires – Planning for time to teach, learner practice, deliberate practice

      Plan for time to observe performance, collect performance evidence

      Written in terms that reflect observable actions, behaviors, and critical thinking

Coaching Plans require – statements that reflect ACTUAL clinical practice

      Identifies nursing unique role/practice

      Avoid rewrite/repeat what is already written

      Use the upper levels of Bloom's taxonomy

            Includes nursing judgment, critical thinking, clinical reasoning

            Includes ethics, caring, relationships, etc.

      Performance criteria are the evidence of capability

Protocols define - Who will observe, how evidence collected, what 'Sample' is required, how 'time to teach' and 'time to learn' are supported, responsibilities of each person involved

How to write this in performance expectation language?

      KISS principle - Short, Simple, Succinct

      Start with action verb

      One verb per statement

      Look to the top of blooms taxonomy   -   NOT the bottom!!!!

      Don't rewrite what already exists

Use and customization of the tools in practice

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Intensive Care Competencies

1. Adapts to unit workflow and patient management with professional resiliency
2. Manages the care of a complex patient and/or multi-patient assignment
3. Supports comfort through airway management and oxygenation
4. Manages patient care needs that arise with central lines and implanted ports
5. Provides critical care patient management for adult and pediatric populations
6. Manages pain related to injury, surgery, polytrauma, and skin/tissue disorders
7. Provides post-operative care for patients requiring surgical intervention
8. Delivers clinical care for patients with multi-system or endocrine dysfunction
9. Optimizes function and independence for neurologically impaired patient
10. Prepares for patient emergency management prior to crisis situation
11. Engages interdisciplinary communication and delegation of tasks
12. Manages patient with possible substance abuse, withdrawal or other mental health issues
13. Anticipates needs and potential complications seen with ICU Pediatric patients
14. Provides Pediatric patient care that integrates core issues unique to the population

Maternal Child Services Competencies

1. Integrates interdisciplinary team & supportive resources within care delivery and interventions
2. Maintains optimal fetal health
3. Manages care of the neonate
4. Provides postpartum assessment, planning and care
5. Guides mother regarding effective breast-milk feeding
6. Adapts to triage workflow for patients as they transition or experience complications
7. Provides intra-partum assessment, planning, and care
8. Maintains maternal well-being with medication administration for high and low risk patients
9. Manages circulating role to ensure safe surgical interventions for C-Section
10. Provides patient support and comfort during surgical recovery period
11. Provides optimal care delivery in a Level 1 nursery
12. Implements discharge plan and teaching for mother and infant
13. Manages antepartum and GYN assessment, planning, & care
14. Administers empathic care of patient and family with fetal demise

<u>**Vermont Nurses In Partnership**</u>   Orientee_____ _____

- **Daily** - *start the day with establishing goals and expectations with the new hire. Move from Simple to Complex.*
- ***Recap what happened the previous day***. Emphasize the successes of the novice and encourage their development of critical thinking skills
- ***Each day, review the charting and computer skills of the new hire***. Assure that care delivery routine is conducive to protecting the safety, complete care, and accurate documentation of the unit's busy flow of patients.
- **Documentation in Date/Initial column** indicates that you observed practice that meets requirements stated in competency form directions
- *Update the checklist daily*, meet with the educator as needed to discuss goal achievement, include coach/manager if indicated.

Provides population specific care for geriatric patient

Learning Strategies − Review P&Ps related to routine care, multi-pharmacy, restraints, fall protection, elder abuse/neglect, interviewing for patient history, observation status, skilled nursing, pain mngmt. − Observe work/role of ancillary dept staff i.e, PT, IV team, RT, transport aides, etc. − Works with unit secretary - review transcribing of orders, including lab/X-ray − Orientee assigned to single patient – with focus on physical care, assessment, and meds	Watches med administration by preceptor Practices patient assessment with preceptor Evaluates and discusses issues of skin integrity, mental status, discharge planning, community resources, home care, etc. Charts patient care with documentation reviewed by preceptor Observes "giving report" & other SBAR communications	
Performance outcomes **- expected performance to be validated**	**Comments, concerns, issues**	**Date /Init**
Provides Geriatric patient management - Explains geriatric specific issues/needs in pt. care - Uses fall prevention program - Plans for pain management issues - Integrates poly pharmacy considerations in care plan - Uses age-appropriate communication skills - Assesses risk of elder abuse or neglect		

Protects/Renews skin integrity
  Applies specialized skin assessment skills
  Identifies potential breakdown risks
  Intervenes to ensure skin integrity		

Activates community resources for home care needs		
Differentiates levels of care and documentation systems for – acute, SNF, Observation		

Describe positive experiences, work, accomplishments that occurred this week.   Why were they positive?

Describe any challenging or difficult experiences or work that has occurred.

What might have been done differently?   What would it take to make it a positive experience?