Academic/Practice Innovation: An Interview with Dr. Candice Vaughan Griffin and Dr. Marilyn Oermann

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Bonsall, Lisa: Hi, this is Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. Today I have the pleasure of speaking with Dr. Candice Vaughan Griffin, Executive Director of Clinical Education and Professional Development at Banner Health and Dr. Marilyn Oermann, Thelma M. Ingles Professor of Nursing at Duke University School of Nursing and Editor-in-Chief of Nurse Educator.

Today, we are going to answer some of the questions that were submitted by attendees of the webinar. Preparing the Next Generation of Practice Ready Nurses. Thank you both so much for taking the time to follow up and answer these questions.

Oermann, Marilyn: Thank you for inviting us.

Vaughan Griffin, Candice: Yes, thank you. Glad to be here.

Bonsall, Lisa: So we recognize that graduate nurses are not practice ready when they graduate. One recommendation is to have a shared competency model across education and practice for beginner nurses. Can you tell us more about this idea and why it's important for both education and practice?

Oermann, Marilyn: Well, Candice, I could probably just start from more of the education side. I think for so many years, faculty and schools of nursing have identified competencies for their graduates. But they may not be even realistic considering what the needs are in the practice setting. So I've been around so many years, I can really see that we have in many schools, we've really moved around from linking what we want to prepare our graduates to do with what the needs are as they enter into those practice settings.

So I think a shared competency model puts these two areas of learning together so that as schools graduate nurses, they at least have some of the essential competencies to move into practice. I do think and Candice might disagree with that, there will always be competencies that we will want to have on the education side that may not be what you need on day one, day ten, year one in the practice setting.

But overall, a shared competency model integrates these two sets of competencies. So there's some meshing of what we're preparing and what you need in the practice setting.

Vaughan Griffin, Candice: And Marilyn, I agree. I do believe that academic practice partnerships are imperative for the future in which we're experiencing. We all know that the complexity of our environment has really increased. We've got technology. We've got we're heading towards a very disruptive, undefined future, which is really exciting, quite frankly. And I think to support our profession, our future and our commitment to improve the health of our nation, it truly is imperative for us to have a shared vision, a shared mental model, a shared framework with shared outcomes to support our profession to the future.

I kind of think of this framework as extending the transition to practice or like the trajectory of care for our patients. As soon as our patients are admitted, we start thinking about discharge instructions. I think that the same should be for our nurses. I do think the timing is perfect for this conversation with the disruptions in our environment in which we're seeing and all of the opportunities that we're seeing with our current changes in nursing, the nursing boards focusing on clinical judgment, education has moved to competency based education, a shared education practice competency model would be the logical foundation for us to support our nurses moving into practice with competence and confidence.

Oermann, Marilyn: And I think the other thing just as a springboard to that is we talk a lot about what should the competencies be? And too often the competencies are identified by faculty or the educational institution, and you have to question where is the input from the practice setting? So I don't think as we develop these competencies, I think they almost have to be shared.

I agree with you, Candice. We are beyond the point where we can each have our own ideas about what students and new graduates need as they enter into practice. I think it's really imperative that has to be shared. We published an article I was just thinking about as you gave that example on technology competencies, and it was a national study about the limited number of competencies that graduates have in informatics, digital health and really technological advances.

And if they had part of that survey was what the needs are when you walk out of the School of Nursing and enter that practice setting and you have to have competencies in those areas. So as you're explaining your view, I was thinking about that article and how even if you just think about informatics and technology, the wide gap there is sometimes.

Vaughan Griffin, Candice: Yeah, and Marilyn we could use this if we develop the shared competency model between our education partners and I too, I totally agree that the time is now. Right. We could use this for that springboard for the development of programs such as shared extern programs, shared preceptor programs, and share and enhance those clinical experiences, because we would then all be speaking the same language, right?

So we could also accelerate the transition into practice to accelerate the transition to practice from novice experts, decrease burnout, decrease turnover. I I'm so excited about this conversation.

Bonsall, Lisa: This is great. I think, you know, I love that we're addressing the fact that this needs to happen. So my next question is how can it happen? How can education and practice determine these competencies?

Oermann, Marilyn: Well, I guess if we had an answer to that, Lisa, we would be really rich. But just on a practical note, years ago, we used to have like advisory committees. We used to have meetings that were scheduled meetings where the schools of nursing would meet with residency coordinators, managers, representatives from the practice setting and talk about we didn't call them competencies then; we talked about outcomes or objectives, but now that language would be competencies.

I would like to see some of this work done at the local level versus at the big organization level. I think what happens when we leave these does education practice interaction, collaboration for the big organization level, it may not meet the needs in a region or school of nursing with the practice settings that they feed into. So I'd like to see these conversations, this work to develop these shared competencies really be done on a local level. And I don't know, Candice, if that's consistent with what what you think as well.

Vaughan Griffin, Candice: I do. I think the first thing that it starts with is and this is really fascinating to me when I think about competency and what this is really simple, right? Competency is a very simple concept. And I'm so wrong. It's not. Competency is so multifaceted and it's such a complex and dynamic concept where you need to take, knowing your clinical judgment, the transference into practice and that ever changing practice, the nurses lived experience, the patient's lived experience.

So I think, Marilyn, the first thing that it starts with is that we all have that awareness of competency is complicated because from my experience, we've had this conversation a couple of times and we do get kind of off the road because of the complexity of the conversation.

I think it needs to start at the local level because we do have different what I'm going to call quote unquote business needs, right? Organizations will have different business needs for their competencies, for their nurses to come out and to practice. And I think if we share that. So what data are we seeing internally from our different organizations that identify where those clinical practice opportunities are that we can help support and have that closed loop feedback with our academic partners to say, Hey, you know what, we have a nursing shortage.

So in order to respond to the nursing shortage, we have developed team based models of care with different roles. So what is now a competency, this competency change during the pandemic. Now we need delegation as a competency; now we need teamwork, communication, effective leadership as our core competencies for our nurses that maybe we didn't need so much when we were in our primary nursing world.

So, Marilyn, I agree it does begin at the local level and it's really getting those relationships and starting with the awareness of the complexity of the conversation. So you don't get people frustrated in awareness of the opportunity.

Oermann, Marilyn: And as we think about I liked your example about delegation, because I take I believe that the definition of competency is an ability to demonstrate your knowledge, skills and values, whatever you however you're viewing it. But it is that ability to do something; to demonstrate your skill or your knowledge application. And I think about delegation.

It's not enough anymore in courses in schools of nursing to give a lecture on delegation because the competency that they will need when they go into practice is ability to delegate. So you need some active learning, some kinds of strategies that you're building in the courses that students take, where they actually get to practice these competencies, or it'll be too high a level, it'll be just knowledge. They won't be able to do it when they get to the practice setting. So I really liked your examples that you had given, particularly the one on delegation.

Vaughan Griffin, Candice: That Marilyn it is, and that's exactly what we see, which is such an interesting dynamic. So we know nurses know. The question is can they do in the dynamic health care environment. And that's where we see that gap. They know. But can they take that clinical judgment, that knowledge and transfer that into the environment in which they're practicing?

And that's the opportunity.

Bonsall, Lisa: So I think I know the answer to this one, but I'm going to ask it just to get us talking a little bit more. Do you think assessing shared competency and clinical judgment is superior to clinical judgment alone when we are looking at practice readiness?

Oermann, Marilyn: Yes, I do. I think when we talk about assessing clinical judgment and there's so much in the literature now about clinical judgment, developing clinical judgment, assessing clinical judgment, but that has to be couched in something. It's not just this esoteric ability to think and look at different kind of diagnoses and what gaps there are in the data, that sort of thing.

I think that clinical judgment has to be couched within the competency that you're helping students develop, that then they will need for the practice setting. So I answer yes enthusiastically in terms of number three, the third question that we were asked to really think about, because I do think the judgment is within the shared competency.

And if you think about active learning strategies, really that the best approach to developing clinical judgment and that assessing it is by using some active learning strategies, prompts for thinking, helping students take an answer and really think beyond that really apparent answer, practice what they're learning and so forth. Well, to me, clinical judgment is best taught and best assessed as they're learning and practicing within a competency, some area like delegation.

So it's really looking at assessing clinical judgment. But as you're helping students learn to delegate. So that's probably a good example of my own view.

Vaughan Griffin, Candice: Yes, I agree both for sure and I do see this, Lisa, as we as I think I just discussed, it's is really being able to transfer the knowledge and the knowing into doing. And if we utilize both clinical judgment and then shared competency, clinical judgment and competency, we really can get our nurses prepared for their transition into practice.

Bonsall, Lisa: Wonderful. Thank you both so much.

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