

SPECIFICATION FOR NEW GRADUATE FIRST YEAR OF NURSING CLINICAL PRACTICE DISTRICT HEALTH BOARD PILOT PROGRAMMES

1.0 PREAMBLE

The Ministry of Health notes the Ministerial Taskforce on Nursing's recommendation that a national framework for what should constitute the first year of nursing clinical practice for new graduates should be developed.¹

New graduate education needs a unique curriculum model that reflects the intent to socialise new graduate nurses into a registered nursing role and to develop their practice and thinking skills to effectively practise as a registered nurse. This requires a process, practice centred curriculum that develops confidence and effectiveness in the individual's nursing practice, independence in clinical reasoning / decision making, and acceptance of the responsibility of the registered nurse.

Teaching and learning activities need to be grounded in practice experience. While clinical practice is the key experience required in new graduate programmes, methodologies that develop the inquiry, problem-solving ability and reasoning needed to manage clinical problems are a useful theoretical component. Case reviews and problem-based learning are examples of such methodologies. The theoretical aspects of the programme must not repeat the content learning of the pre registration programme but rather emphasise the application and use of knowledge in clinical situations.

Clinical educators and preceptors need to be skilled in accessing and influencing the thinking ability of the nurse and must recognise how knowledge is affected by contextual factors. Preparation of preceptors and clinical educators is crucial for the success of the programme.

1.1 General principles and assumptions surrounding the development of a national framework and the first year of nursing clinical practice.

- Purchasing will be aligned to the DHBs rather than the hospitals so that nurses have the opportunity to practise in both the community (i.e publicly funded health services with a contractual relationship with a DHB) and hospital settings.

¹ Ministerial Taskforce on Nursing. (1998). Report of the Ministerial Taskforce on Nursing: Releasing the potential of nursing. Wellington: Ministry of Health. P.60

- All new graduates will have a reduced clinical workload. The workload will be shared between preceptor and new graduate.
- The preceptor to new graduate ratio will be no more than 1:2.
- The new graduate programme will allow for 'timeout' from the clinical setting equal to a minimum of two days every two months or one day per month to provide consolidation of specific areas, such as time management, ethical issues, positive cultural reflection, skill development, clinical assessment, and clinical decision-making.
- The programme will integrate the principles of the Treaty of Waitangi into practice to promote equity of outcomes for Maori and facilitate practice in a culturally safe manner with all client groups.
- The new graduates will not be prevented from concurrently participating in other graduate programmes.

1.2 Overall Aims of the Programme

- The first year of nursing clinical practice pilot programme will reflect a national framework on nursing workforce development.
- To ensure all new graduates have access to a supported environment in their first year of clinical practice.
- The programme must be approved by the Nursing Council against the Entry to Speciality Nursing Practice Programmes (May 2001) standards and this programme specification. First Year of Nursing Clinical Practice Programmes will enable new Graduates to work in more than one speciality area.

2.0 DESCRIPTION OF SERVICES

Programmes will be designed specifically for new graduates of New Zealand comprehensive nursing courses to develop the specific knowledge and skills required of a beginning practitioner role and include preceptorship.

2.1 Learning Environment

2.1.1 Clinical Placement

- A minimum of two and a maximum of three rotations in two scopes of practice, e.g. child health and medicine. Areas to be negotiated between the employer and each new graduate. New graduates or DHBs who wish to complete one rotation in a scope of practice will be considered on a case-by-case basis.

- Preceptor and new graduate to share a clinical load for a designated period of time. This will be a graduated process determined by mutual agreement between the new graduate and preceptor. The time may also vary between service areas.
- Both community (i.e publicly funded health services with a contractual relationship with a DHB) and hospital placements to be encouraged.
- Flexibility for individual negotiation and provision of options for placement are needed (community and hospital).
- Programme to allow for 'release from clinical practice' which is equal to a minimum of two days every two months or one day each month to provide consolidation of specific areas, such as time management; ethical issues; skill development; clinical assessment; clinical decision-making; patient follow-ups including community visits, tutorials, and guided reflection.
- Regular clinical feedback will be provided by the preceptor and other clinical staff who may assist the new graduate in tutorials, guided reflection, etc.

2.1.2 Clinical Experience

The programme will normally be of 12 months maximum duration with the possibility that some new graduates may meet programme outcomes and complete the programme earlier. It is expected that the minimum duration will be 9 months.

2.2 Preceptorship

2.2.1 Clinical Preceptorship

Clinical preceptorship and support will be undertaken by nominated experienced registered nurses that have undertaken preceptorship training. Preceptors will require regular and consistent access to the new graduate during clinical practice.

The preceptor will be supported within the programme by a reduced clinical load, provision of continuing education and peer review by the programme co-ordinator.

Each new graduate nurse will have a named preceptor to avoid the new graduate being left alone on shift. Characteristics of a preceptor should include:

- Registered Nurse (RCpN, RGON, RPN, RGN) with a current annual practising certificate
- an ability to apply adult teaching and learning principles, e.g. facilitation of critical and reflective practice
- knowledge and understanding of concepts and applications of preceptorship

- a demonstrated commitment and willingness to support and encourage a new graduate through their role as a preceptor
- experience within a scope of practice where they are providing preceptorship
- evidence of positive role modelling
- a commitment to provide (to the new graduate) and receive (from the programme co-ordinator) peer review.

2.2.2 Tikanga Tiakitanga (Cultural supervision)

Cultural supervision recognises that nursing practice takes place within a social context and that for new Maori graduates there is an important relationship between the clinical application of skills and knowledge, their experience of health in a Maori context and their cultural identity. These relationships should be explored and reconciled with the assistance of a supervisor/mentor who are both clinically and culturally competent in Te Ao Maori. The role of the supervisor is to help the new Maori graduate understand and integrate his/her role and responsibilities as a clinician and expectations regarding kawa, tikanga and te matauranga hauora.

2.3 Programme Coordination

The programme co-ordinator will be a senior experienced nurse with recent clinical experience. Key competencies for this role include:

- recent clinical practice, i.e. within the last 12 months
- clinical teaching/facilitation of clinical learning
- organisational skills
- understanding of adult teaching and learning needs
- good communication and interpersonal skills.

Programme co-ordination tasks include:

- involvement in the recruitment and selection of preceptors
- facilitation of ongoing placements for new graduates
- planning and negotiating new graduate rotations
- co-ordination of clinical teaching
- liaison with the clinical areas where new graduates are employed

- record keeping, including administration of evaluation tools
- interpersonal and group skills including mediation and relationship management between the preceptor and trainee
- development and management of a quality improvement plan
- competency assessment.

2.4 Expected Outcomes

2.4.1 Trainee outcomes

Outcomes:

- to be able to practice confidently and safely as a Registered Nurse
- to meet competencies as approved by the Nursing Council Framework².
- ready for level 2 on a clinical career path (if available)
- effective teamwork:
 - learning how to work in a practice environment
 - working in a multidisciplinary team.

Vehicles to demonstrate outcomes:

- performance review process
- documentation of placement experience
- documentation of learning experiences
- a specified number of case reviews
- guided self-reflection
- regular preceptor feedback
- regular feedback from professional nurse leader in clinical setting
- a specified number of patient assessments and care evaluations

² These competencies are to be developed with pilot programme providers.

- evidence of clinical judgement
- attainment of competencies for Entry to Specialty Nursing Practice (First Year).

The new graduate will receive an Entry to Specialty Practice (First Year) certificate approved by the Nursing Council from the District Health Board.

2.4.2 Client/Service Outcomes

The new graduate will contribute to enhance client and service outcomes including appropriate and effective nursing care including:

- nursing assessment
- planning
- implementation
- evaluation of clients' care needs
- co-ordination of clients' care needs.

The new graduate programme will demonstrate measures taken to create a safer environment for new graduates to consolidate their practice and that will minimise risks to client safety.

The new graduate programme will encourage the retention of new graduates in the New Zealand health sector.

3.0 ELIGIBILITY

3.1 Trainee eligibility

For new graduates to be eligible for Clinical Training Agency (CTA) funding, the new graduate shall:

- have registration as a nurse from a three year New Zealand nursing programme or course congruent with the Nurses Act 1977 and subsequent amendments; and
- have evidence of a current annual practising certificate: and
- be currently employed as a registered nurse within publicly funded health services at a minimum 0.8 FTE employment: and
- have not practised as a registered nurse for longer than six months: and
- complete the programme within a minimum of 9 months and a maximum of 12 months.

3.2 Provider eligibility

The programme must be approved by the Nursing Council against the standards for Entry to Specialty Nursing Practice Programmes and this specification.

4.0 LOCATION AND SETTING

The clinical component will be offered predominantly within the new graduate's employment environment.

5.0 ASSOCIATED LINKAGES

Providers will have established links with:

- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy issues.
- Established links with local Iwi.
- Other relevant national professional nursing organisations.

6.0 PURCHASE UNIT AND REPORTING UNIT

6.1 Purchase Unit

A FTE new graduate who meets the eligibility criteria set out Section 3.1 and who is formally enrolled in the training programme.

Part time new graduates who are funded under this specification will be funded on a pro-rata FTE basis.

6.2 Reporting Unit

A new graduate's progress in relation to the expected outcomes.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

*This section should be read in conjunction with Section F of the standard CTA contract document, which specifies **generic** quality standards for all programmes provided under the contract.*

7.1 Preliminary Evaluation

To be developed in conjunction with the selected pilot programme providers, the CTA and the Nursing Council.

7.2 New Graduate Outcomes

A plan for the assessment of each new graduate's performance and progress will be developed by the CTA and the pilot programme providers in close association with the Nursing Council, before the pilot programme commences. This will provide a base line established from the preliminary assessment of the new graduate's entry level of clinical competence, and provide a platform for ongoing monitoring as well as final assessment and overall programme evaluation.

The assessment plan shall allow for guided self-assessment, clinical preceptor assessment, and cultural supervision where appropriate.

7.3 Programme Evaluation

The evaluation criteria for the pilot first year of clinical nursing practice programmes will be developed by the CTA in close association with the pilot programme providers and the Nursing Council. The criteria will be in place before pilot programmes commence.

It is envisaged that the evaluation criteria will:

- monitor the applicability of the clinical programme and its effectiveness
- monitor and assess clinical preceptorship outcomes utilising feedback from trainees, preceptors, and programme co-ordinators
- include input from Maori, Pacific Peoples, and other appropriate cultural advisors regarding demonstration of the programme's ability to meet the cultural needs of both trainees and clients
- include input from other members of the healthcare team
- include additional relevant measures and variables yet to be agreed.

7.4 Client/Service Outcomes

A process will be implemented for measuring the effectiveness and efficiency of the programme. It will include the impact of the programme on:

- recruitment and retention of the new graduate nurse workforce
- integration within the multi-disciplinary team
- the role of the new graduate nurse in the nursing workforce
- performance against client and service outcomes as noted in 2.4.2 above
- support of new graduates in their first year of clinical practice.

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

*This section should be read in conjunction with Section E of the CTA contract document, which specifies **generic** reporting requirements for all programmes provided under the contract.*

Reporting formats and variables are to be developed by the CTA and the pilot programme providers in close association with the Nursing Council.