MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

Nursing Entry to Practice (NETP) Programme Handbook

Acute and Specialty Practice

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APPENDICES

OVERVIEW

The MidCentral Health (MCH) Nursing Council of New Zealand (NCNZ) accredited Nursing Entry to Practice (NETP) Programme will support you in the provision of competent and skilled nursing care in acute and specialty health care settings, in order to contribute to the health and wellbeing of our communities. To achieve this, you will have access to a supported teaching/learning environment, effective orientation, preceptorship and ongoing clinical teaching.

This learning framework, over the duration of one year, will assist you in the development of confidence in nursing practice, independence in clinical reasoning and decision making, and acceptance of the responsibility of the registered nurse in your first year of practice. Teaching and learning activities will emphasise the application and use of knowledge, skills and attitudes in clinical situations.

The learning framework is based on the Competencies for Registered Nurses (NCNZ, 2005) and the Nursing Professional Development and Recognition Programme (PDRP) competencies.

The Nursing Service, through the Nurse Manager : Practice Development and Nurse Educators : NETP, and in collaboration with the nursing network, is responsible for the development of a coherent and coordinated Learning Framework for Registered Nurses in their first year of practice. The Education and Research Action Group (ERAG) comprising individual nurses from a range of areas of practice act as an advisory group to the programme.

The Learning Framework meets the vision of the National Clinical Training Agency (CTA) Specification for Nursing Entry to Practice (NETP) programmes (2005) :

'New Zealand nursing graduates enthusiastically commencing their careers in New Zealand: well-supported, safe, skilled and confident in their clinical practice; equipped for further learning and professional development; meeting the needs of health and disability support service users and employers; and building a sustainable base for the New Zealand registered nursing workforce into the future' (CTA, 2005).

1.0 Programme Overview

<table>
<tr><th colspan="3">NETP Programme Learning Framework</th></tr>
<tr><th colspan="2">Philosophy Concepts and Principles</th><th>MCH PDRP COMPETENCIES
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<td>Professional Practice Model
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• Clinical Practice

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• Therapeutic Partnerships
• Autonomy and Accountability
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• Therapeutic environment

Treaty of Waitangi, Maori Health and Cultural Safety
• Partnership
• Participation
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<td>Nursing Scholarship
• Discovery
• Integration
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• Application

Nursing Standards
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Adult Teaching and Learning
• Autonomous & self directed
• Goal & relevancy orientated
• Experiential

Reflective Practice
• Problem solving
• Clinical Reasoning
• Critical thinking</td>
<td>Domain 1
Professional Responsibility

Domain 2
Management of nursing care

Domain 3
Interpersonal relationships & Interprofessional care

Domain 4
Quality improvement</td>
</tr>
<tr>
<td colspan="3">The aim of the programme is to meet the National Entry to Practice Programme vision :
New Zealand nursing graduates enthusiastically commencing their careers in New Zealand: well-supported, safe, skilled and confident in their clinical practice; equipped for further learning and professional development; meeting the needs of health and disability support service users and employers; and building a sustainable base for the New Zealand registered nursing workforce into the future
The aim of the learning framework
Is to support the transition of new graduate nurses from the ‘new graduate Advanced Beginner Registered Nurse’ to the ‘Competent Registered Nurse’. At the end of the programme, the new graduate registered nurse will evidence the indicators in the four domains of the Nursing PDRP. Evidence of development will be through completion of the Professional Development and Recognition Portfolio (Level 2).</td>
</tr>
</table>

2.0 CONCEPTUAL FRAMEWORK

The MidCentral Health nursing vision, philosophy and professional practice model underpin this learning framework, as do the concepts and principles of Nursing Scholarship, Reflective Practice, Adult Teaching and Learning, Treaty of Waitangi and cultural safety.

2.1 Nursing Vision

2.2 Nursing Philosophy

2.3 Professional Practice Model

2.4 Treaty of Waitangi and cultural safety

2.5 Nursing Scholarship & Adult Teaching and Learning

2.6 Critical and Reflective Practice

2.1 Nursing Vision

The MCH Nursing Vision is 'Nurses as Leaders – Shaping Healthy Futures'

2.2 Nursing Philosophy

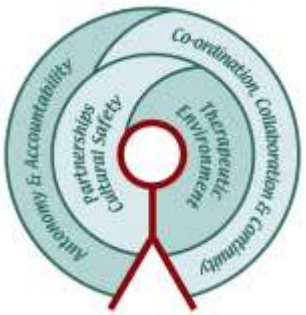


Fig. 1: Clinical Practice within the Professional Practice Model

Clinical Practice within the Professional Practice Model encompasses:

2.2.1 Health (centre of model)
2.2.2 Therapeutic Partnerships and Cultural Safety
2.2.3 Autonomy and Accountability
2.2.4 Collaboration, Coordination and Continuity of Care
2.2.5 Therapeutic Environment
2.2.6 Standards of Care

2.2.1 Health

Health is the focus of nursing. Health is optimal well-being of the person, family, whanau, community and society, inclusive of their own development, socio-cultural and spiritual values and beliefs. It incorporates personal meanings and individual definitions of health.

2.2.2 Therapeutic Partnerships with People

Nursing is primarily concerned with the health needs of individuals and groups who access our services. Optimal health is achieved through therapeutic partnerships that promote self-care and independence and where people are seen as unique individuals with rights to express and live their own cultural beliefs, values and practices. Nurses avoid imposing prejudice on others and provide advocacy, validating that their own nursing practice is culturally safe. Nurses uphold the Treaty of Waitangi, Maori health and cultural safety principles (NCNZ, 2005). Caring involves actions which are patient centred, health promoting, protective, anticipatory, and comforting and extend beyond routine care (Swanson, 1991). Nurses work in partnership with the family and other health professionals.

2.2.3 Autonomy and Accountability

Accountability is a prerequisite for professional autonomous practice. Nurses are accountable for their practice, inclusive of level of knowledge, skills and attitudes, taking responsibility for their ongoing professional development. Nurses uphold the Code of Conduct for Nurses (NCNZ, 2005). Professional nursing bodies, relevant legislation and regulation and organisational policy define the boundaries of nursing practice. Accountability cannot be delegated to others.

2.2.4 Collaboration, Co-ordination and Continuity of Care

To achieve continuity, the nurse is responsible for assessing, diagnosing, planning, monitoring, evaluating, and co-ordinating care within a therapeutic relationship and for collaborating with other relevant health professionals and agencies. Continuity of care is enhanced by appropriate educational and informational systems, appropriate staff establishments and skill(s) mix, rostering, staff/patient allocation, delegation and supervision, and nurses working in partnership.

2.2.5 Collaborative Practice is an inter-professional process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence peoples' care provided. It is composed of the formal structures of the organization (i.e., policies, procedures, committee structure), as well as the expectations, values and interpersonal relationships of the individuals who work together to achieve organizational goals. Collaborative practice is supported by mutual respect, professional communication, professional relationships, organisational structure and culture.

Seven essential elements of collaboration

Responsibility and accountability: involves both independent and shared accountability. Shared accountability means both partners actively participate in decision making and accept shared responsibility for outcomes.

Coordination: mechanisms used to increase coordination include bi-directional consultation, referral and transfer of care.

Communication: involves both content and relationship and each professional is responsible for sharing with each other critical information.

Cooperation: acknowledging and respecting other disciplines professional opinions and being willing to alter own.

Assertiveness: individuals supporting the views of their profession with confidence and is part of cooperation. Also involves respect.

Autonomy: involves the authority of the individual providers to independently make decisions and carry out treatment.

Mutual trust and respect. Binds all of the elements together. (Way, Jones & Busing,2000).

2.2.6 Therapeutic Environment

Environment means the physical, social, cultural, spiritual and political setting in which people live and in which nursing occurs. Nurses recognise and value the physical, psychological, social, spiritual, and political determinants of health and reflect this in their nursing practice. The environment contributes to healing. The provision of a well resourced, organised, safe, restful, accessible clinical environment is a shared responsibility between nurses, other health professionals and the organisation.

2.2.7 Nursing Standards of Care

The Nursing Process is the mechanism for clinical decision making and care delivery at MidCentral Health. A comprehensive assessment based on Marjory Gordon's (1995) Functional Health Patterns is used for nursing assessment. Working in partnership with the person(s) at the centre of care, the nurse builds on the data collected on previous contacts. The nurse endeavours to ensure continuity and appropriateness of care.

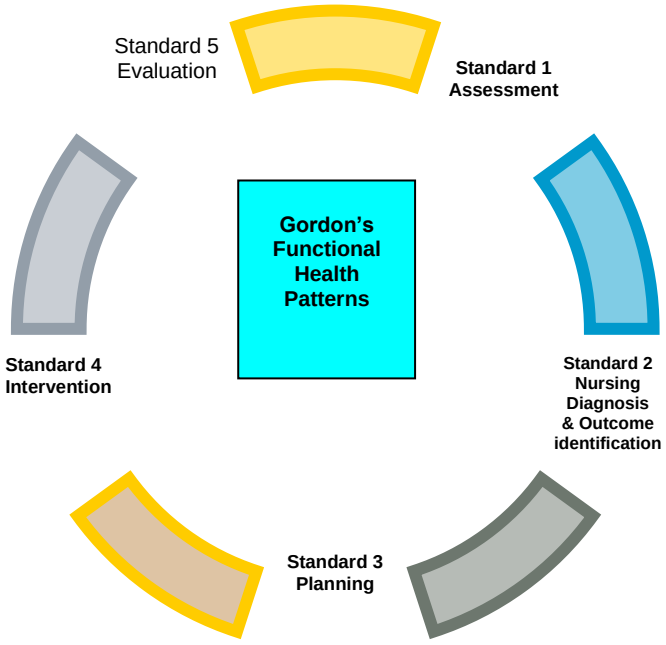


Fig. 2 : MCH Nursing Standards of Care

Functional Health Patterns	
Role – Relationship Patten	Describes pattern of role engagements and relationships. Includes the individual's perception of the major roles and responsibilities in current life situation.
Health perception and Health management Pattern	Describes the client's perceived pattern of health and well-being and how health is managed. Includes the individual's perception of health status and it's relevance to current activities and future planning.
Coping - Stress – Tolerance Pattern:	Describes general coping pattern and effectiveness of the pattern in terms of stress tolerance.
Cognitive – Perceptual Pattern:	Describes sensory-perceptual and cognitive pattern. Includes the adequacy of sensory modes, such as vision, hearing, taste, touch, and smell, and the compensation or prostheses currently used. Reports of pain perception and how pain is managed are included when appropriate.
Self Perception - Self Concept Pattern	Describes self-concept pattern and perceptions of mood state.
Values –Belief Pattern:	Describes patterns of values, goals, or beliefs (including spiritual) that guide choices or decisions.
Sleep – Rest Pattern:	Describes patterns of sleep, rest, and relaxation.
Activity and Exercise	Describes pattern of exercise, activity, leisure, and recreation. Includes activities of daily living requiring energy expenditure, such as hygiene, cooking, shopping, eating, working, and home maintenance.
Nutrition and Metabolism:	Describes pattern of food and fluid consumption relative to metabolic need and pattern indicators of local nutrient supply.
Elimination:	Describes patterns of excretory function (bowel, bladder, and skin).
Sexuality-Reproductive Pattern	Describes patterns of satisfaction or dissatisfaction with sexuality; describes reproductive pattern.

Table 1 : Functional Health Patterns Assessment Framework
Source: Gordon, M. (1995). Manual of Nursing Diagnosis (7th Ed). St Lois; Mosby

2.3 MidCentral Health Nursing Professional Practice Model

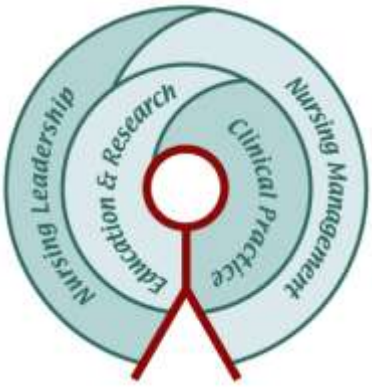


Fig 3 : MCH Nursing Professional Practice Model

Integrating the beliefs, values, philosophy and vision of the organisation, the Professional Practice Model directs individual nurses in their practice and guides the organisation in its relationship with nursing. The Nursing Professional Practice Model is a framework for how we accomplish the goals of quality patient care, and guides the development of the nursing care delivery system at MidCentral Health. The Professional Practice Model has four aspects : Nursing Leadership and Nursing Management, Clinical Practice, and Education and Research.

Nursing Leadership & Management	**Education & Research**	**Clinical Practice**
Nursing leadership is the art of enabling and encouraging people towards focusing on the achievement of common health care goals. It is achieved through planning, organising and controlling resources and results in measurable efficient and effective services and optimal outcomes for people. The prime function of nurse leaders, managers and educators is to provide the required infrastructure and practice environment for clinical practice to flourish, for nurses to grow and to develop practice to advance health within our community. Nursing leadership and management are integral to : ⇒ person centred care ⇒ the advancement of the health of the community ⇒ the growth and satisfaction of	The Education and Research programme is designed to contribute to all four key nursing goals: ⇒ Close the gap for Mäori ⇒ Build clinical expertise to advance health ⇒ Establish an evidence based culture to advance health ⇒ Develop nursing leadership to advance health Nursing education ⇒ is a life long process of learning ⇒ requires a balanced integration of relevant and current theory and practice ⇒ adds to previous learning ⇒ is based on sound planning, clear processes, evaluation and a supportive infra structure ⇒ is underpinned by recognition of prior learning (RPL)	Clinical practice is the raison d'etre of nursing and the major component of the Nursing Professional Practice Model at MidCentral Health. The Standards of Clinical Practice are that the Registered Nurse, in partnership with the person, Completes timely systematic holistic assessments to determine actual and high risk problems Analyses assessment data and determines, verifies, prioritises, and documents nursing diagnoses and outcomes. Develops an individualised plan of care to achieve the desired outcomes. Implements and co-ordinates the interventions to deliver the plan of care. Evaluates and systematically records progress toward attainment of desired outcomes and revises the plan of care

nurses ⇒ the development of practice ⇒ the running of a satisfactory health service.		accordingly.

MCH Nursing Professional Practice Model

The new graduate registered nurse will, during orientation and supernumerary time, engage in the Clinical Practice Development Programme (CPDP) Familiarisation module. This module contains self directed learning activities that relate to professional, cultural, legal and ethical responsibilities. This includes (Professional Development and Recognition Programme (PDRP), Domain 1, Competent Registered Nurse competencies) practicing in accordance with relevant legislation, codes and regulations, and MCH standards of practice. The initial study day focuses on the professional practice model and standards of practice. The Nurse Educator, NETP works alongside the newly registered nurse and preceptor in clinical practice to assist the effective implementation and integration of these competencies and standards.

2.4 Treaty of Waitangi

The Treaty of Waitangi describes the special relationship between Maori and the Crown (NCNZ, 2005). All health care providers have an obligation to ensure Maori are included in developing and delivering appropriate health services designed to improve health status and reduce health inequalities.

Partnership: working together with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability services.

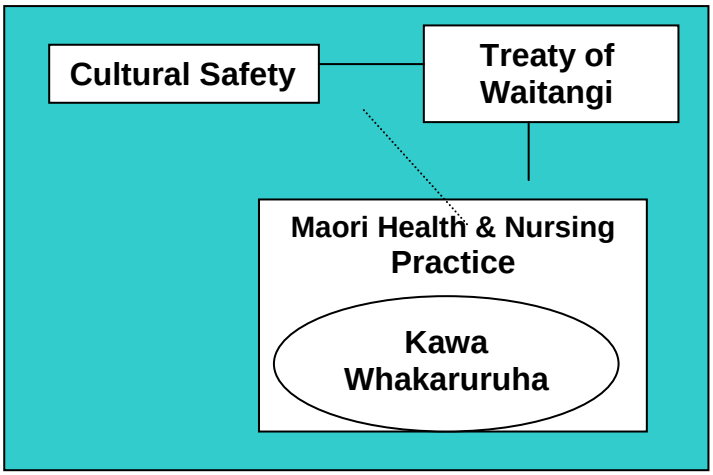
Participation: involving Maori in decision making, planning, development and delivery of health and disability services.

Protection: working to ensure that Maori have at least the same level of health as non-Maori and safeguarding Maori cultural concepts, values and practices.

Te Tiriti o Waitangi and cultural safety competencies are integrated throughout the clinical practice competencies. The new graduate registered nurse will be assisted to further develop and enhance skills related to the maintenance of therapeutic relationships and professional boundaries in nursing practice. They will be supported to assess, plan, implement and evaluate a holistic plan of care including taha wairua (the spiritual side), taha hinengaro (thoughts and feelings), taha tinana (the physical side), taha whanau (family) (Te Whare Tapa Wha), in partnership with the client and health care team. During familiarisation to the setting, and through discussion and role modelling, the nurse will be encouraged to identify Maori and non Maori concepts of health, values and practices. First Year Registered Nurses will, during induction and orientation, be introduced to sources of cultural support available to them. This includes Te Whare Rapuora, Pacific Peoples Advisory Group, and the Palmerston North Ethnic Council. The Nurse Educators NETP have access to these resources and can assist the first year registered nurse to access appropriate cultural supervision.

2.4.1 Cultural Safety

Nursing has a responsibility to respond to Maori health issues by improving the delivery of nursing services to ensure that they acknowledge and respect the diversity of worldviews that may exist between Maori consumers of health services. This is underpinned by nurses having an analysis and understanding of the historic processes and social, economic and political power relationships that have contributed to the status of Maori health, the Treaty of Waitangi and of kawa whakaruruhau (cultural safety) within the context of nursing practice.



Cultural safety relates to the experience of the recipient of nursing care and extends beyond cultural awareness and cultural sensitivity. The Nursing Council of New Zealand (2005) defines cultural safety as:

"The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual"(NCNZ : Guidelines for cultural safety, the Treaty of Waitangi, and Maori health in Nursing education and practice, 2005).

The new graduate registered nurse will be supported to implement this framework in patient assessment, and in managing and evaluating patient care. This will be informed by nursing knowledge and research, integrating the principles of Te Tiriti o Waitangi / Treaty of Waitangi and Nursing Council of New Zealand cultural safety requirements (2005) into practice. The shared approach to work principles are an expectation of all MCH employees.

MCH Shared Approach to work principles applied to Guidelines for Cultural safety , the TOW, and Maori Health in Nursing Practice (NCNZ 2005)

<table>
<tr><th>MCH Shared Approach to Work Principles: Developing a shared approach to working together</th><th>Guidelines for Cultural safety , the TOW, and Maori Health in Nursing Practice (NCNZ 2005)</th></tr>
<tr><td>Therapeutic Partnerships</td><td>Therapeutic Partnerships</td></tr>
<tr><td>Treat each other with trust and respect, recognising cultural and other differences</td><td>Nurses will:
a) Examine their own realities and the attitudes they bring to each new person they encounter in their practice
b) Evaluate the impact that historical, political and social processes have on the health of all people and
c) Demonstrate flexibility in their relationships with people who are different from themselves</td></tr>
<tr><td>Autonomy and Accountability</td><td>Autonomy and Accountability</td></tr>
<tr><td>Enable professional and organisational standards to be met</td><td>Nurses will be active Treaty of Waitangi partners as crown agents. They will:
Critically analyse the Treaty of Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand
Demonstrate the application of the principles of the Treaty of Waitangi to Nursing practice</td></tr>
<tr><td>Collaboration, C0-ordination and Continuity of Care</td><td>Collaboration, C0-ordination and Continuity of Care</td></tr>
<tr><td>Care for & support each other to have a safe work environment
Communicate openly, honestly and act with integrity</td><td rowspan="3">Therapeutic Environment
Nurses will be responsive to improving service delivery to Maori consumers and working in partnership with Maori to improve health outcomes for individuals, families and communities. The nurse will:
Critically analyse the underlying historical, social, economic and political processes that have contributed to the inequalities and disparities in Maori heath status
Understand the diversity that exists amongst Maori and how this will influence the delivery of effective nursing services
Use knowledge of kawa whakaruruhau and the Treaty of Waitangi as a basis for their practice in order to establish functional partnerships with Maori consumers</td></tr>
<tr><td>Therapeutic Environment</td></tr>
<tr><td>Support each other to achieve, and acknowledge contributions and successes</td></tr>
</table>

Table 2 : Shared approach to work principles, the Treaty of Waitangi, Maori Health and Cultural safety

2. 5 Nursing Scholarship

Scholarship is a broad term that refers to the acquisition, generation and interpretation of knowledge and skills. Boyer (1990), an educationalist, examined the issue of scholarship within four related areas: the scholarship of discovery, the scholarship of integration, the scholarship of teaching and the scholarship of application. Riley and Omery (1996) in their examination of the role of scholarship agree that Boyer's four related areas are very applicable to nursing.

2.5.1 Discovery

The *scholarship of discovery* is the pursuit of knowledge. Knowledge is acquired through, for example, research, practice and teaching. The critique and use of research is essential to nursing practice, and can take many forms, from expert practitioners who facilitate education sessions based on current research evidence, to the application and integration of evidence based clinical procedures to practice.

2.5.2 Integration

The *scholarship of integration* takes the research of health related disciplines and seeks to understand how this can inform nursing. Integration increases knowledge utilisation across disciplines, with a focus on health care needs and quality patient outcomes. A multidisciplinary approach to the teaching and learning process fosters greater insight into the practice of other disciplines, promotes networking and creates ongoing opportunities for collaborative, multi-faceted learning.

2.5.3 Teaching

The *scholarship of teaching* not only encompasses formal learning in an academic context but the practice setting as well. Riley and Omery (1996) suggest that it includes the teaching by expert nurses of less experienced colleagues. The role of the preceptor is a vehicle to make this a reality. This dynamic process recognises adult learning principles and strategies.

Adult Teaching and Learning

Knowles (1990) identified the following characteristics of adult learners:

- Adults are autonomous and self-directed. They need to be free to direct themselves
- Adults have accumulated a foundation of life experiences and knowledge that may include work-related activities, family responsibilities, and previous education. They need to connect learning to this knowledge/experience base
- Adults are goal-oriented
- Adults are relevancy-oriented. They must see a reason for learning something. Learning has to be applicable to their work to be of value to them
- Adults are practical, and learn best when they are actively involved in the learning process.

2.5.4 Application

The *scholarship of application* focuses on the application of knowledge to practice. The use of reflection on action through journaling is helpful for the nurse to develop and apply critical thinking skills to nursing practice. The use of case scenarios and group discussion with more experienced staff can aid application of practice specific knowledge.

2.6 Critical Thinking

'Critical thinking in nursing is an essential component of professional accountability and quality nursing care. Critical thinkers in nursing exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance and reflection. Critical thinkers in nursing practice the cognitive skills of analysing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge' (Rubenfeld & Schefer, 1999, p.5).

Study days encourage critical thinking through the use of scenario and problem based learning activities. Reflection is encouraged in the clinical practice setting through the use of journaling, case review presentations and critique of nursing practice.

2.6.1 Reflective practice

The function of reflective thought is to: "transform a situation where there is experienced obscurity, doubt, conflict, disturbance of some sort, into a situation which is clear, coherent, settled and harmonious" (Dewey, 1933, p.101-102). Reflective thinking requires the person to be critical, willing to endure suspense, as well as undergo the trouble of searching for answers. Past experience and a fund of relevant knowledge are fundamental pre-requisites for reflective thinking, according to Dewey (1933).

Freire (1970, 1974) used the term 'reflection' frequently in his writings. He maintained that reflection occurred in the challenge of living and thinking about life, with the ultimate aim that people understand their own situation and become empowered to change that situation if they wish to do so. Reflective thinking promotes more in-depth analysis of practice situations, assisting the nurse to question situations and further develop their practice competency. Reflective thought is an ongoing process of dialogue to resolve problem-posing situations. He labelled this process Praxis : a continuing cycle of action, self reflection and further action based on this reflection. 'Praxis' is closely related to Boyer's (1990) scholarship of application.

Schön (1987) identifies two types of reflection, to include reflection-in-action (thinking on your feet) and reflection-on-action (retrospective thinking). He suggests that reflection is used by nurses when they encounter situations that are unique, and when individuals may not be able to apply known theories or techniques previously learnt through formal education.

Reflection starts with the individual or group and their own experiences and can result, if applied to practice, in improvement of the clinical skills performed by the individual through new knowledge gained on reflection. This process of reflection, if then related into practice, can assist the individual in gaining the required knowledge, leading to a potential improvement in the quality of the care received from that individual. The outcome of reflection, as identified by Mezirow (1981), is learning.

Through a focus on the principles of nursing scholarship, the new graduate registered nurse will meet the nursing standards of the practice setting. S/he will reflect on and evaluate own clinical and cultural practice, ensuring practice is evidence based and incorporates feedback from health team members. Professional development opportunities through study days will promote discovery learning, and preceptorship will foster integration and application of learning to the practice setting.

3.0 COMPETENCIES for the REGISTERED NURSE SCOPE of PRACTICE

The aim of this learning framework is to support the transition from 'new graduate Advanced Beginner Registered Nurse' to 'Competent Registered Nurse'. At the end of the programme, the nurse will evidence the indicators in the four domains of the Nursing Professional Development and Recognition Programme (PDRP). Evidence of development will be through completion of the Professional Development and Recognition Portfolio, Level 2, Competent Registered Nurse.

3.1 PDRP Programme Competencies (Accredited by NCNZ 2004)

DOMAIN 1. PROFESSIONAL RESPONSIBILITY

This domain contains competencies that relate to professional, legal and ethical responsibilities. This includes being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises client safety, independence, quality of life and health.

Legislative requirements

Accepts responsibility for ensuring that own nursing practice and conduct meet the standards of the profession and relevant legislative requirements

Ethical responsibility

Practises in accord with nursing values and moral principles that promote client interest and acknowledge the client's individuality, abilities, culture and choice

Safe Environment and Risk Management

Promotes a safe environment for all that enables client independence, quality of life and health

Professional Development

Undertakes responsibility for own professional nursing development and contributes to the development and recognition of professional nursing practice

DOMAIN 2. MANAGEMENT of NURSING CARE

This domain contains competencies related to therapeutic partnerships, client assessment and managing client care, which is responsive to the client's needs and which is supported by nursing knowledge and evidence based research and integrates the principles of the Treaty of Waitangi Te Tiriti o Waitangi) and NCNZ cultural safety principles into practice.

Management of Nursing Care

Provides planned evidence based nursing care to achieve desired outcomes

Therapeutic partnerships

Establishes, maintains and concludes therapeutic interpersonal relationships with clients

DOMAIN 3. INTERPERSONAL RELATIONSHIPS & INTERPROFESSIONAL HEALTH CARE This domain contains competencies related to interpersonal and therapeutic communication with clients, other nursing staff and demonstrates that as a member of the health care team the nurse evaluates the effectiveness of care and promotes a nursing perspective within the inter-professional activities of the health team. **Communication & Collaboration** Communicates effectively with clients and members of the health care team
DOMAIN 4. QUALITY IMPROVEMENT. This domain contains competencies to demonstrate that as a member of the health care team, the nurses contributes to ongoing quality improvement in nursing practice and service delivery. **Quality Improvement** Participates in quality improvement activities to monitor and improve standards of nursing and client outcomes

Table 3 : Competent (MCH PDRP Level 2) Registered Nurse Competencies

3.2 The Clinical Practice Development Programme

The Clinical Practice Development programme (CPDP) is the framework around which structured support and learning facilitate development of the first year registered nurses' clinical expertise in professional nursing practice.

The aim of the Clinical Practice Development Programme is to encourage and develop quality nursing practice in order to improve the outcomes for people who are recipients of nursing care. The programme provides a framework for the development of individual nurses, defining the skill base required.

The programme, in conjunction with the Professional Development and Recognition Programme (PDRP) provides a way of recognising advanced practice. A system of levels facilitates nurses learning in a systematic and targeted fashion. It assists nurses with an education role to identify the clinical skills required at each level and coordinate education to meet those specific needs.

The framework also encourages the identification of the skills and knowledge that nurses need for speciality practice settings. This is an important step in the movement to value specialty practice and develop quality services for targeted groups in the population.

The programme

- Assists in the development of a range of transferable clinical skills which can be used in care delivery throughout one's career
- Encourages and values nurses who support the autonomy of their clients/patients and base their care on compassion and sound ethical reasoning
- Assists all staff in the recognition of the standard of care required in the speciality
- Helps to prepare nurses who wish to progress to advanced practice roles in care delivery and leadership.

4. 0 Programme Completion

At the end of the programme, the First Year Graduate Registered Nurse will have

- Completed the Clinical Practice Development Programme (CPDP) familiarisation by week five
- Completed the Advanced Beginner Registered Nurse /Level 1 CPDP by week twelve
- Completed the Competent Registered Nurse/Level 2 by week 40
- Completed the Competent Registered Nurse/Level 2 PDRP Portfolio by week 46. This is to allow time for assessment and resubmission if requirements not met
- Met the personal learning goals identified in the nursing clinical preceptorship plan
- Prepared for and participated in satisfactory performance development and appraisal at 12 and 40 weeks
- Attended and contributed to education sessions with peers
- Presented a patient case study to peers
- Critiqued current practice within area against evidence of best practice
- Demonstrated reflection on clinical practice throughout CPDP
- Demonstrated confident and safe practice within the Registered Nurse Scope of Practice
- Attained PDRP (Level 2) Portfolio

4.1 Entry and exit points

Nurses exiting prior to 40 weeks will not be eligible for a certificate of completion. However a transcript will be provided outlining education and practice competencies attained, including skills certification. First year registered nurses who demonstrate that they have met the required competencies at 40 weeks will be eligible for a certificate.

4.2 Programme delivery

Study days are integrated to support the greater emphasis on self-directed learning and clinical practice experiences. There are a variety of teaching/learning strategies that can be used, including clinical experts, self-directed learning activities, reflection/ critical evaluation and case reviews.

5.0 ASSESSMENT

5.1 Preceptor preparation and support

The role of the preceptor is to assess the first year registered nurse against the competencies as outlined in the specified workbooks. The assessment will contribute to the Clinical Practice Development Programme (CPDP) and PDRP competencies. The Nurse Educator, NETP will support the assessment process.

The preceptor will be prepared for competency assessment through attendance at and completion of the Work Based Assessors Programme (NZQA 4098). Assessments will be practice and competency based, with direct relevance to the PDRP competency requirements.

5.2 Assessment Philosophy

Competency assessment is part of the teaching/learning process, designed to assist the first year registered nurse to evaluate their own progress, facilitate feedback, assist with the identification of learning needs and establish the achievement of the required competencies.

A variety of methods can be utilised to support the assessment of competence, including the maintenance of a portfolio, demonstration of clinical competencies, and oral presentations in the form of case review and reflection on practice.

It is expected that evidence obtained will contribute to the PDRP portfolio requirements of the Level 2, Competent Registered nurse. This programme has gained accreditation from the Nursing Council of New Zealand.

Competency based assessments, based on the work of Kathleen Bondy (1983) will be assessed on a complete/incomplete basis, with the focus on 'mastery, ' that is, the first year registered nurse continues with the identified skill until competency is achieved.

Assessments can be formal or informal and include the integration of theory to practice.

If a first year registered nurse is identified as consistently having difficulty in meeting assessment requirements, the following strategies may be employed:
Increase the supernumerary time to allow for additional input from the preceptor and Nurse Educator, NETP addressing specific learning needs.
Incorporate learning needs into the performance management and development process.
Ensure Charge Nurse and Nurse Manager are notified in a timely manner for advice and support

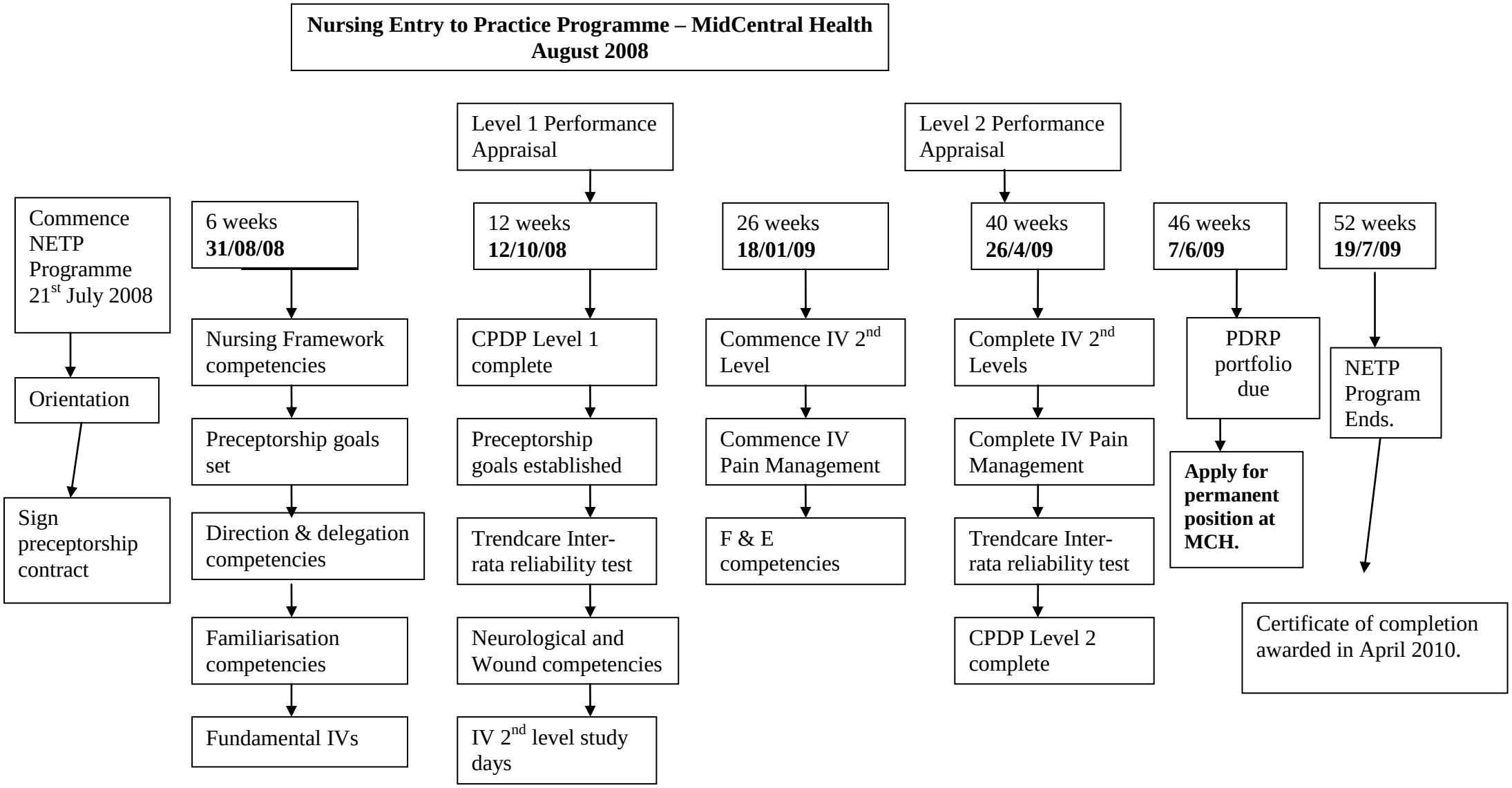
EVALUATION

The programme will be evaluated through verifiable and consistent measures at 6 months and 12 months. This will be inclusive of the first year registered nurses, preceptors, nurse managers and nurse educators. The Education and Research Action Group will act as an Advisory Group to the NETP programme.

The Nurse Educators, NETP will:
Support and work in partnership with settings enable them to build their own capacity and capability to support the development of first year registered nurse
Undertake ongoing annual review of the learning framework
Assess the programme in terms of numbers of new graduate registered nurses achieving Competent (Level 2) PDRP
Ensure that the programme is evaluated through verifiable and consistent measures including
New graduate registered nurse attrition and retention rates
Written evaluations of each study component
Questionnaires for new graduate registered nurses, preceptors and Nurse Managers at the end of the programme

- Feedback from settings employing new graduate registered nurses

- Feedback from Education & Research Action Group.
- Measurement of percentage of cohort attaining required competencies, and within set time frames
- Exit evaluations


Nursing Entry to Practice Programme – MidCentral Health
August 2008
Commence NETP Programme 21st July 2008
Orientation
Sign preceptorship contract
6 weeks
31/08/08
Nursing Framework competencies
Preceptorship goals set
Direction & delegation competencies
Familiarisation competencies
Fundamental IVs
Level 1 Performance Appraisal
12 weeks
12/10/08
CPDP Level 1 complete
Preceptorship goals established
Trendcare Inter-rata reliability test
Neurological and Wound competencies
IV 2nd level study days
26 weeks
18/01/09
Commence IV 2nd Level
Commence IV Pain Management
F & E competencies
Level 2 Performance Appraisal
40 weeks
26/4/09
Complete IV 2nd Levels
Complete IV Pain Management
Trendcare Inter-rata reliability test
CPDP Level 2 complete
46 weeks
7/6/09
PDRP portfolio due
Apply for permanent position at MCH.
52 weeks
19/7/09
NETP Program Ends.
Certificate of completion awarded in April 2010.

APPENDIX 1

PRECEPTOR GUIDELINES

for

FIRST YEAR of PRACTICE REGISTERED NURSES

Welcome to ward: _____

Your preceptor is: _____

The time frame for this 12/52 preceptorship agreement is from 21st July 2008 to 12th October 2008.

TIMETABLE

Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1 Beginning 21st July	New Staff Day	Core skills	Nursing Orientation	Nursing Orientation	0830-1230 O'Shea No Lift 1300-1630 Non Invasive Intervention Training	Rostered Day off	Rostered Day off
Week 2 Beginning 28th July	0830 NETP Programme Orientation Study Day 1	2 days in ward this week			0830 NETP IV Therapy		
Week 3 Beginning 4thAugust	0830 NETP Programme Orientation Study Day 2	First Core study day Respiratory	1 day in ward this week		Information Systems Trendcare education Self directed learning		
Week 4 Beginning **11th August**	4 days in ward this week						
Week 5 Beginning 18th August	4 days in ward this week						
Week 6 25th August	4 days in ward this week						Check APC is on NCNZ register
Week 7 1st September	Allocated own case load (supported by preceptor and Nurse Educator)	Rostered with preceptor	Rostered with preceptor	Rostered with preceptor	Rostered with preceptor	Rostered with preceptor	Rostered with preceptor

These guidelines have been developed to assist the preceptorship process and clinical teaching of nurses new to your area. The aim is also to provide an effective form of communication between preceptors, Nurse Educators, NETP and Charge Nurses who are working with the preceptee.

This booklet is to be signed by the preceptor/ CN and preceptee when specific areas have been addressed and within timeframes set.

Should the preceptee be allocated another preceptor, please give them these guidelines, as a means of monitoring the nurse's progress to date and ensuing consistency.

Preceptorship Contract

All first year registered nurses and preceptors are required to enter into a learning contract. The purpose of this is to ensure that both parties are aware of the personal and professional responsibilities and commitment associated within this relationship. It is your joint responsibility to sign this learning contract.

1. Preceptor Agreement

I, _____ (Preceptor) agree to provide preceptorship to _____(Preceptee) from 21st July – 12th October 2008

As preceptor I will provide the following:

- Sharing and role modelling of my professional clinical expertise and skills.
- An understanding of the requirements and time frames of the Programme
- Facilitation of a positive learning experience for the nurse within a supportive environment.
- Opportunity for and promotion of self directed learning for the nurse.
- Encouragement and support to the nurse to assist identification of learning needs and resources.
- Constructive, appropriate and timely feedback in relation to progress in achieving goals and competencies on a daily and weekly basis.
- Assessment and completion of Clinical Practice Development Programme clinical competencies within set and agreed timeframes.

Signature:_____ Date: / /

2. Preceptee Agreeement

I, _____(Preceptee) agree to fully participate in the preceptorship provided by _____ (Preceptor) commencing on 21st July -12th October 2008.

As a first year registered nurse I agree to be accountable and responsible for the following:

- Self directed learning to meet time frames as set by NETP program.
- Identifying my learning needs and working with my preceptor to address these.
- Participating in clinical teaching experiences provided
- Developing an individualised learning plan
- Acceptance of the responsibilities of the first year registered nurse role.
- Reflecting on clinical practice and demonstrating self awareness.

Signature:_____ Date: / /

3. Charge Nurse Agreement:

I _____will support the preceptor and preceptee to carry out their responsibilities as per preceptorship contract.

Charge Nurse signature_____ Date _____

I agree to perform the 12/52 Performance appraisal on or before 12th October 2008.

Preceptorship Guidelines - NETP Programme

The ward environment should be a learning environment for everyone with emphasis on excellent patient care and outcomes. The Nursing Vision, Philosophy and standards highlight the commitment to promoting excellence in clinical practice, and ensuring that all staff meet these standards.

Nurse Manager and Charge Nurse:

⇒ Provide opportunity for, and when necessary support the preceptor to assess the preceptee's knowledge and past experience in order to identify learning needs and develop a preceptorship plan
⇒ Ensure the preceptor and preceptee share a patient allocation on the same shift for an agreed period and progressively increase the load to full requirements, as able and appropriate during this period
⇒ Assist the preceptor and team to maximise learning opportunities and resources
⇒ Facilitate time out for assessments to meet required needs in a timely fashion at the required standard
⇒ Monitor the preceptor / preceptee relationship to ensure it is a positive learning experience, and where necessary facilitate the relationship
⇒ Be accessible to the preceptee for problem solving to enable successful completion of the preceptorship plan as soon as possible
⇒ Provide opportunity for the preceptor / preceptee to meet for the purposes of the preceptorship plan and feedback on a regular basis, both formally and informally, up to the 3 month appraisal
⇒ Facilitate the 3-month performance appraisal with the preceptee and preceptor and identify further development as necessary
⇒ Incorporate the preceptee into the ward ongoing performance development programme on completion of the preceptorship plan
⇒ Provide for ongoing support, education and development of and feedback to the preceptor so they can be a positive role model.
⇒ Assist the preceptor to evaluate the effectiveness of the learning experience at the end of the preceptorship plan and report the KPIs as timetabled.
⇒ Manage preceptor and preceptee performance and development through the performance development process
⇒ Participate in the evaluation of the preceptorship programme annually.

Time line for week 1

Time	Content	Completed (Y/N)
Day 1	**Supernumerary, no patient allocation for Preceptee on first clinical day.** **Goals for first day of clinical practice.** • Orientation to the setting: emergency equipment, fire protocols, emergency exits, resources, physical layout, patient conditions • Ascertain Graduate Nurse/nurse intern preferred mode for learning and their preferred method for receiving feedback. • Observe Graduate Nurse/nurse intern checking emergency equipment and sign off competency. • Discuss the expectations of the area with the Graduate Nurse/nurse intern, check suitability of learning goals as set by intern for area of practice and discuss "Nurse Clinical Preceptorship Plan" Plan. • Direct to area specific protocols Graduate Nurse/nurse intern needs to know for this setting **Graduate Nurse/nurse intern and preceptor to:** • Complete day 1 of "Framework for organising patient care, a guide to the first year graduate" • Commence signing off competencies for familiarisation workbook • Discuss nurse clinical preceptorship plan	
Day 2	**Graduate Nurse has 2 patients from preceptees case load** • Read patient notes with Graduate nurse and assist her/him to identify key information from assessment and care plan. • Discuss plan of care with Graduate nurse and rationale. Check time line. • Visit patients, introduce nurse to patients and communicate cares to patients. • Graduate Nurse observes preceptor's communication and assessment skills. • Preceptor role models essential assessments, patient care activities and safety checks. Directly observes Graduate nurse undertaking patient care activities (e.g. observations, assessment, hygiene care, manual handling, medicine administration) • Review Graduate nurse 's timeline for duty and learning goals for next 8 hours. • Clearly specify criteria and times for feedback from Graduate nurse during the duty regarding their allocated patients (e.g. patient observations). • Negotiate activities that require your direct supervision (e.g. all medication administration, a procedure being attempted by the intern for the first time, any specified or unexpected change in patient condition) • Assist with updating and signing off care plan and check all documentation meets MCH guidelines. • Provide direct and specific feedback on performance using CRC method. Commend, recommend, commend. **Graduate Nurse and preceptor to:** • Complete day 2 of "Framework for organising patient care, a guide to the first year graduate" • Continue with signing off competencies for familiarisation workbook • Write up preceptorship plan	
Day 3	**3 patients from preceptee's case load** • Read notes, review patients' condition with Graduate nurse, assess plan of care for the duty and discuss rationale. Review timeline for duty and learning goals. • Ensure Graduate nurse has completed essential assessment skills required for the 3 patients and safety checks. • Clearly specify criteria and times for feedback from Graduate nurse during the duty regarding their allocated patient (e.g. patient observations). • Assist with updating and signing off care plan and check all documentation meets MCH guidelines. • Negotiate activities that require your direct supervision. **Graduate Nurse and preceptor to:**	

	• Complete day 3 of "Framework for organising patient care, a guide to the first year graduate". • Continue signing off competencies for familiarisation workbook • Check preceptorship plan Provide Graduate nurse with constructive feedback on the areas of their performance they identified they would like feedback on and any other areas you feel need to be addressed using CRC method.	
Day 4	**3 patients from preceptees' case load** As per day 3 **Graduate Nurse and preceptor to:** • Complete day 4 of "Framework for organising patient care, a guide to the first year graduate" • Continue signing off competencies for familiarisation workbook. • Check preceptorship plan. **Formal Feedback**. • Review Graduate nurse's experience over this first week – have you assessed and provided feedback on communication, technical skills, core knowledge of pathophysiology /disease process/symptom management, assessment skills, documentation, discharge planning, professional and legislative requirements contributing to safe patient care delivery? • With Graduate nurse, identify progress made to date, (commend), identify learning needs to be addressed (recommend), highlight specific strengths this Graduate nurse may have (commend). ***Is s/he able to complete cares for 3 patients appropriately. If not, define clearly what areas need addressed. Inform Charge nurse and NE of non-performance so Performance Improvement Plan can be commenced.***	
Day 5	3 patients from preceptees' case load. < 7 hours Trend Care allocation • Read notes, review patient condition with nurse, assess plan of care for the duty and discuss rationale • Review timeline for duty and learning goals • Clearly specify criteria and time for feedback from Graduate nurse during the duty regarding their allocated patients. • Re-negotiate activities that require your direct supervision Graduate Nurse and preceptor to: • Complete day 5 of "Framework for organising patient care, a guide to the first year graduate". • Continue signing off competencies for familiarisation workbook • Update preceptorship Plan • Provide Graduate Nurse with constructive feedback .	
Day 6	4 patients from preceptees' case load with 7 hours Trend Care allocation As per day 5. Graduate Nurse and preceptor to: • Complete day 6 of "Framework for organising patient care, a guide to the first year graduate". • Continue signing off competencies for familiarisation workbook • Update preceptorship Plan. **Formal Feedback**. • Assess and feedback on communication, technical skills, core knowledge • of pathophysiology/disease process/symptom management, assessment • skills, documentation, discharge planning, professional and legislative requirements contributing safe patient care delivery? • Check progress and time frames within preceptorship plan. With Graduate nurse , identify progress made to date using CRC method. ***Is s/he able to complete cares for 4 patients appropriately with 7 hours trendcare allocation. If not, define clearly what areas needs addressed.*** ***Inform NE and Charge nurse of your concerns so Performance Improvement Plan can be***	

	commenced.	
Day 7-10	4-5 patients with 7 hours Trend Care allocation. Graduate Nurse and preceptor to: • **Complete "Framework for organising patient care, a guide to the first year graduate".** • **Complete all competencies in the familiarisation workbook** **Formal Feedback**. • Assess and feedback on communication, technical skills, core knowledge of pathophysiology/disease process/symptom management, assessment skills, documentation, discharge planning, professional and legislative requirements contributing to safe patient care delivery? • Check progress with learning goals within preceptorship plan.	
Week5	7 hours Trend Care allocation Preceptor assists with completion of "Level 1 Clinical Practice Development Programme Competencies".	
Week 6	7 hour Trend Care allocation • Graduate Nurse has own workload. Preceptor assists with completion of " Level 1 Clinical Practice Development Programme Competencies". ***Book in Performance Appraisal with Charge Nurse***	
Week 7-11	Continue as for week 5 with weekly meetings with preceptor to ensure competencies are signed off in level 1 CPDP. Workbooks forwarded to GNE within set time frames.	
Week 12	All workbooks and competencies for Level 1 CPDP completed and forwarded to Charge nurse for endorsement. Performance Appraisal completed.	

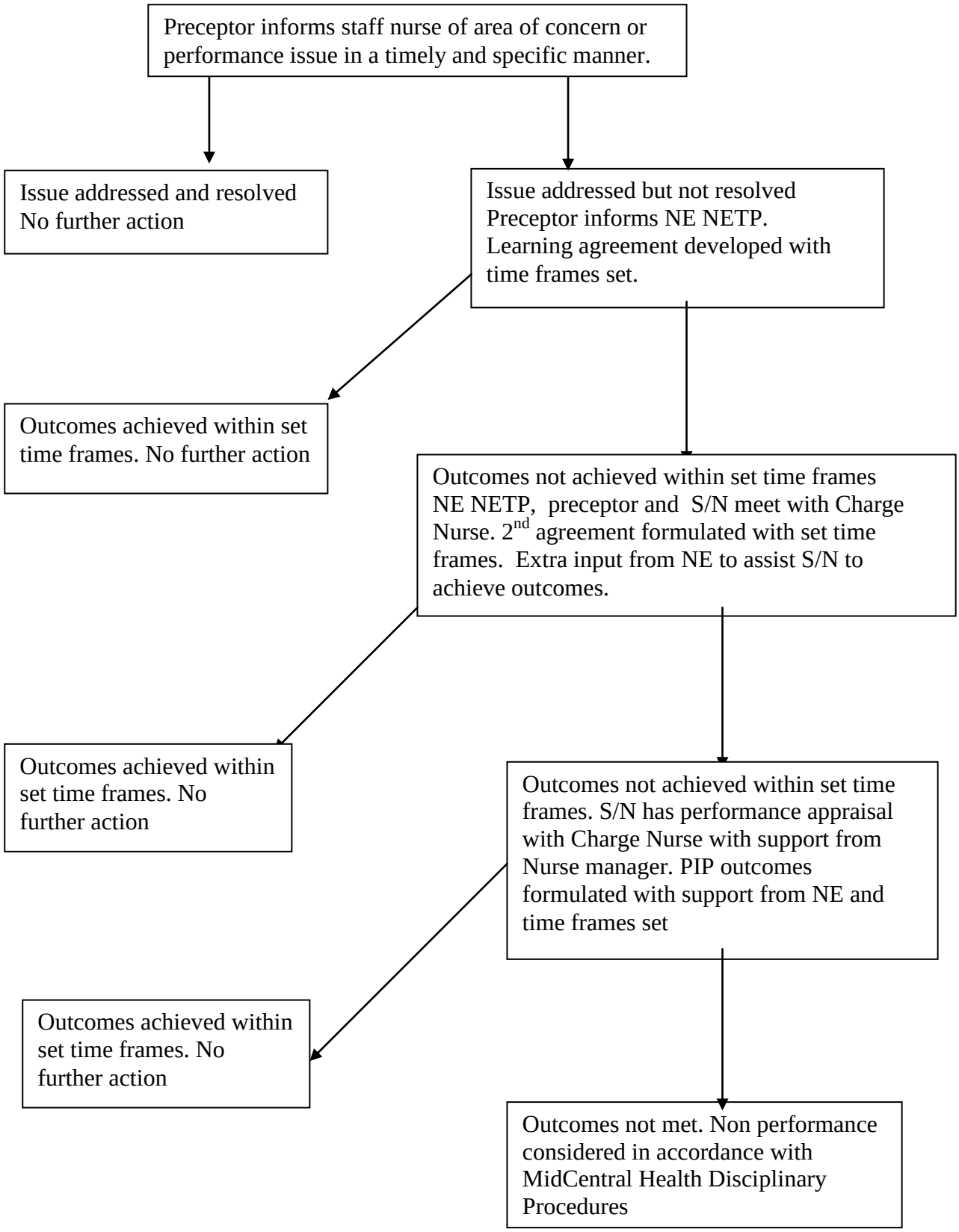
Medications : Nursing Interns are always required to administer oral medications under the direct supervision of the preceptor. Preparing medications for IV therapy – may be done under direct supervision of preceptor (Nursing interns only). Administration of IVs must be given under the direct supervision of an IV assessor.

Documentation : Nursing Interns and First Year Staff Nurses are required to write clinical notes using the SOAPIER format and indicating their indirectly supervising nurse for that duty.

Competencies: Nurse interns and First Year Staff Nurses have level of practice competencies to be signed off within set time frames. Please sign off as appropriate.

Under-Performance : If concerned about a Graduate Nurses performance, please notify the Charge Nurse and NE immediately. It is our professional responsibility to give the Graduate Nurse the opportunity to receive clear, honest feedback in order to improve their performance. Make sure your feedback is specific and timely – give examples. It is likely that if you have noticed an area of underperformance, the Graduate nurse is also aware of this – ask them to feedback their assessment of their performance to you, and then validate this with your own examples.

Performance Improvement Plan Process



3 Months Performance Appraisal Evidence

I have completed the following competencies and workbooks as evidence of professional development for my performance appraisal with the assistance of my preceptor as per agreement.

Preceptees' Signature:_____ Date:_____

Name:	Due Date:	Completed Date:	Signature of Preceptor:
Nursing Framework			
Direction & delegation			
CPDP Familiarisation			
Fundamental IV			
Preceptorship Booklet			
Trendcare IRR Test			
CPDP Level 1			
Neurological Assessment			
Elementary wound care			
Performance Appraisal Preparation			

I have seen the evidence to confirm that all competencies are complete.

Endorsed by Charge Nurse

Charge Nurse Signature:_____ Date: _____

Martina Donnelly, Barbara Smith, Julie Villanueva & Kathy Wade.

Nursing Service

A FRAMEWORK FOR ORGANISING PATIENT CARE

A GUIDE FOR NURSES IN:

NURSING ENTRY TO PRACTICE PROGRAMMES
RETURN TO NURSING PROGRAMMES
AND
TRANSITION TO PRACTICE STUDENTS

AIM…

The aim of this resource is to assist you in further developing safe, effective and timely standards of care delivery during your initial clinical orientation and which will become embedded in your practice throughout your professional career.

Please refer to this resource **DAILY** during your initial 10 shifts in the clinical practice setting.

Ensure your preceptor/associate preceptor signs/initials and validates the identified competencies which are categorised as follows:

- Checking emergency equipment (NCNZ Competency)
- Patient assessment (NCNZ Competency)
- Documentation (NCNZ Competency)
- Maintaining a safe environment (NCNZ Competency)

1) Emergency Equipment

You are required to demonstrate that you have:

- Checked all oxygen and suction outlets for your allocated patients at the start of each shift.
- Checked and replaced suction tubing and bottles as required
- Replaced and/or restocked emergency equipment at head of bed as per ward policy in preparation for an emergency.
- Ensured that the emergency trolley and AED have been checked as per ward policy in preparation for a respiratory/cardiac arrest.
- Identify person who has been delegated this responsibility from Charge Nurse.

2) Daily Patient Assessment

You are expected to make a baseline assessment of all patients allocated to you at the commencement of your shift. From your assessments you need to prioritise interventions for those patients about whom you have concerns or who require immediate attention. Discuss your assessment findings with your preceptor, or Nurse Educator and ask for feedback on your assessment skills.

During bedside handover with Nurse from previous shift

Look at your patient:

- What is your first impression? (Stable or unstable? Do you have the clinical experience, knowledge, skills and certification to look after this patient? If not, what will you do)?
- Are they as handover indicated? (Review their LOC, vital signs, fluid balance, pain score, drains and catheters).
- Check drugs and IV Infusions against current charting (Check right dose, right drug, running to time, site and patency of IV. Check what documentation and observations are required for the drug being infused).

- Has the patient improved or deteriorated since you last saw them?

The following areas of assessment are provided as a guide. These are based on Gordon's Functional Health Care Patterns on which the patient health assessment framework is based.

Each day for the first 10 days demonstrate:

A. **Documentation of patient level of consciousness and orientation.**

ABC, LOC (time, place and person). BP, Pulse, Temp, Respirations, $Sp0_2$, pain score, pre and post procedure analgesia (if indicated).

B. Documentation of haemodynamic status and relate same to BP and Pulse findings.

Consider all aspects of fluid input, including oral, parental and enteral routes. Relate this to the patient's condition:
Is this a postoperative patient? Do they have a history of heart or renal failure? If so, are they on a daily weight and fluid restriction? How will this impact on their care? What do the recent blood results and chest x ray indicate?

Consider all fluid outputs, including urine, faeces, wounds, gastric drainage and dialysis treatments. Hourly urine measurements should be >30ml/hour, unless otherwise stated by medical staff. If urine measurements are <30mls/hour for two consecutive hours, consult with the House Surgeon. When is fluid balance totalled for assessment for positive/negative fluid balance?

Note : If daily patient weight is required, this should be done at 0800, before breakfast and after urine has been voided. The weight is charted on the observation chart.

C. Documentation of respiratory status.

Consider: Rate, depth, pattern of chest expansion, use of accessory muscles, air entry (breath sounds) and relate to blood gases, O_2 saturation, litre of O_2 and % delivered and adjunct used. Patient's presenting and pre-existing condition. Presence of a cough, sputum (if so how much, colour and if specimen required). Patient's positioning, and ability to speak (single words or short sentences).

D. Documentation of nutritional and elimination pattern.


Consider. Appropriate diet with possible supplements. **Input** from all sources (oral, enteral or parental). Any nausea, difficulties with eating, calorie or fluid restrictions patient may encounter? **Output** from all sources (urine, gastric, flatus and bowel motions). Any incontinence, constipation/diarrhoea, difficulty with micturition (IDC insitu)? Identify resources and refer or treat accordingly.

E. Demonstrate integument assessment.


Consider. Condition of skin, hair, nails from head to toe. Presence of pressure sores and potential for same. Check "braden" score, repeat 8/24 and relate to pressure relieving devices available. Assess appropriate adjunct to assist movement and correct positioning of patient. Plan care for prevention of pressure sores for patients with reduced sensation, e.g. hemiplegia, spinal injury or patients receiving an epidural infusion. Assess all wounds, drains, PEG's and IV insertion sites as per procedure.

F. Demonstrate assessment, nursing interventions and evaluation for pain and comfort levels.


Consider: What is the negotiated pain and comfort level for this patient. What is the analgesic regimen, assessment tool and evaluation process? The pain assessment tool is used to gain repetitive, objective and descriptive data regarding pain levels. Ensure adequate analgesia is charted for your patients and given regularly. Have patient's bowels moved in last 3 days? Are laxatives charted concurrently?

Ensure analgesia time table is in care plan and pain relief is over twenty-four hours.

G. Assess, monitor and evaluate psychological cares.


Consider: The patient's affect, non-verbal behaviour and how the patient describes their feelings. Do these feelings affect their ADLs? What concerns does the patient have? What supports are currently in place for this patient? What other resources could be added and by whom? Has the care plan been negotiated with the patient and has the patient signed it? How do you evaluate patient's response and your care?

H. Demonstrate prioritisation and time management.


Consider: Using the areas identified in the table below and your assessment findings, plan your workload. Ensure you plan your shift to allow for:

Patients needs
Documentation
TrendCare updates

AND IMPORTANTLY

Your breaks

ATTEND/SUPPORT	Patient to meet their hygiene, nutritional and elimination needs
ASSESS	Patient and family's educational needs
ATTEND	Medical rounds for your patients where possible
ASSESS	Patient's need for input from other health professionals eg; Physio, OT, Dietician
CONSIDER	Discharge planning needs for the patient and their family
LIAISE	With other members of the ward team to ensure smooth care delivery and ward functioning

3) DOCUMENTATION

Documentation is an important component of professional practice and inter-relationships with the other health team members . You are required to be familiar with MidCentral District Health Board's policies and procedures regarding documentation. Documentation includes a complete health assessment. An **individualised and holistic** problem /outcome orientated care plan using NANDA. Discharge planning and a nursing entry in the clinical notes using SOAPIE format. It is important to accurately reflect the care needs, delivery and evaluation of care provided and also integrate any relevant multi-disciplinary team care into the plan. Signed by patient or next of kin to evidence patient/family participation in the plan of care. Care plans may need to be updated daily. In order to complete the clinical notes you will need to monitor:

- FLUID BALANCE CHART. (positive or negative balance total).

- MEDICATION CHART. Sign for medications given and document any omissions, delays or medication not available.

- IV FLUID THERAPY. All infusions are required to be checked at the commencement of your shift by bedside handover to ensure congruity with the prescription and that all labelling is correct. This includes PCA's and epidurals. If you are not certified to manage these infusions, then it is your responsibility to negotiate the checking of these infusions with someone who is.

4) PHYSICAL ENVIRONMENT.

It is a nurse's responsibility to contribute to the provision of a safe environment for their patients and colleagues. Tidy work practices are important. Hospital policy covers cleaning procedures and infection control practices within the hospital.

Restocking or ordering of equipment evidences support of and collaboration with colleagues

Ensure strategies are in place to keep you safe while administering medication, such as limiting interruptions by phone calls and staff, where possible.

"Be proactive not reactive".

(To be completed with the support of your Preceptor each duty).

EXPECTED OUTCOME:

The registered nurse will be able to demonstrate the ability to effectively organise and manage patient care and the ward environment on their shift. Details of how to achieve the identified components are discussed on pages 2-7 of this booklet.

A performance criterion to guide preceptor assessment is listed below.

EMERGENCY EQUIPMENT:

At the beginning of the shift, the registered nurse will check emergency equipment.

CRITERIA:

- Demonstrate that 0_2 and suction outlets at each bed unit are functioning
- Check and replace 0_2 and suction equipment as required at the bedside
- Demonstrate the correct procedure for checking the emergency trolley and AED if present in your area

PATIENT ASSESSMENT:

The orientating nurse will assess allocated patient/s and identify problems. Objective and subjective data should include the following. This assessment will be discussed with the Preceptor, CN or Nurse Educator.

CRITERIA:

A. Documentation of level of consciousness and orientation.

B. Documentation of haemodynamic status and relate same to BP and Pulse findings.

C. Documentation of respiratory status.

D. Documentation of nutritional and elimination pattern.

E. Demonstrate integument assessment.

F. Demonstrate assessment, nursing interventions and evaluation for pain and comfort levels.

G. Assess, monitor and evaluate psychological cares.

H. Demonstrate prioritisation and time management.

(Describe the planned organisation of patient care on your shift, given the above assessment).

DOCUMENTATION:

The registered nurse will be able to communicate effectively the patient's condition with other members of the health care team through documentation and handover.

CRITERIA:

- Health assessment is complete
- Problems are documented using NANDA
- Care plan is individualised, holistic and signed by patient.
- Discharge planning is commenced with appropriate referrals written
- Criteria for discharge set, date of expected discharge known by patient and resources identified.
- Case manager aware if appropriate.

PHYSICAL ENVIRONMENT:

The registered nurse will be responsible for maintaining a safe and clean physical environment.

CRITERIA:

- Strategies in place to ensure safe administration of medications.
- Maintenance of patient bed unit area
- Allocated equipment and resources in your patient area is maintained
- Non imprest medications reordered in a timely manner
- Infection control policies are followed.

	PRECEPTOR OR EDUCATOR TO INITIAL EACH			
Demonstrate:	Day 1	2	3	4
Emergency equipment check				
Patient assessment of: **A. Level of consciousness**				
B. Haemodynamic status				
C. Respiratory				
D. Nutrition				
E. Integument				
F. Pain and comfort levels				
G. Psychological care				
H. Demonstrate prioritisation and time management skills				
I. Documentation meets audit criteria				
J. Maintains a safe work environment				

DAY AS ORIENTATING NURSE DEMONSTRATES OUTLINED					
5	6	7	8	9	10

Notes:

_____

_____

_____

_____

_____

Completed on _____

Signature of Preceptee_____

Signature of preceptor_____

Endorsed by Charge Nurse_____

Date: / /

Preceptor and Preceptee Meeting record

Development of goals and reflection on practice

Supervision Date:		**Time:**	
Attendees:	_____ _____		

Learning objectives for this session:

1. _____
2. _____
3. _____
4. _____
5. _____

Learning Objectives Achieved:

1. _____
2. _____
3. _____
4. _____
5. _____

Length of session (in hours)	
Session Verification (signature of Preceptor):	
Endorsed by Charge Nurse	

On completion of this form, please photocopy and send a copy to:
Nurse Educator NETP Education Centre.

Preceptor and Preceptee Meeting record

Development of goals and reflection on practice

Supervision Date:		**Time:**	
Attendees:	_____ _____		

Learning objectives for this session:

4. _____
5. _____
6. _____
4._____
5._____

Learning Objectives Achieved:

1._____
2._____
3._____
4._____
5._____

Length of session (in hours)	
Session Verification (signature of Preceptor):	
Endorsed by Charge Nurse	

On completion of this form, please photocopy and send a copy to:
Nurse Educator NETP Education Centre.

Preceptor and Preceptee Meeting record

Development of goals and reflection on practice

Supervision Date:		**Time:**	
Attendees:	_____ _____		

Learning objectives for this session:

7. _____
8. _____
9. _____
4._____
5._____

Learning Objectives Achieved:

1._____
2._____
3._____
4._____
5._____

Length of session (in hours)	
Session Verification (signature of Preceptor):	
Endorsed by Charge Nurse	

On completion of this form, please photocopy and send a copy to:
Nurse Educator NETP Education Centre.

Preceptor and Preceptee Meeting record

Development of goals and reflection on practice

Supervision Date:		**Time:**	
Attendees:	_____ _____		

Learning objectives for this session:

1. _____
2. _____
3. _____
4. _____
5. _____

Learning Objectives Achieved:

1._____
2._____
3._____
4._____
5._____

Length of session (in hours)	
Session Verification (signature of Preceptor):	
Endorsed by Charge Nurse	

On completion of this form, please photocopy and send a copy to:
Nurse Educator NETP Education Centre.

Preceptor Expertise Evaluation

Preceptor _____

This form is to be used for ongoing performance appraisal of the Preceptor as he/she works with new hires, Nursing students, novices to a specialty area, and/or Interns. The scoring is based on Benner's Novice to Expert scale. Rating of expertise can be based on Preceptee evaluation, self-evaluation, and direct observation in the clinical setting.

The nurse educator/charge nurse and/or preceptee will rate the preceptor performance on this scale of

1 - Novice/rarely to 5 - Expert/Always

Level of expertise demonstrated by Preceptor:

	Novice/rarely				Expert/always
1. Taught from a foundation of clinical expertise	1	2	3	4	5
2. Demonstrated professionalism and peer respect	1	2	3	4	5
3. Discussed department expectations related to preceptee's role	1	2	3	4	5
4. Introduced the novice to the social/work culture of the unit	1	2	3	4	5
5. Recognized issues associated with reality shock	1	2	3	4	5
6. Listened attentively	1	2	3	4	5
7. Observed novice's clinical performance	1	2	3	4	5
8. Facilitated conflict resolution	1	2	3	4	5
9. Planned experiences to operationalise the clinical practice development programme	1	2	3	4	5
10. Established weekly goals and plans in a collaboration with novice	1	2	3	4	5
11. Developed a learning plan based on individual needs	1	2	3	4	5
12. Provided scheduled learning opportunities	1	2	3	4	5
13. Met regularly to evaluate/discuss learning plan goals and outcomes.	1	2	3	4	5
14. Developed critical thinking skills in the novice thru discussion of alternatives/priorities	1	2	3	4	5
15. Applied effective teaching skills/techniques	1	2	3	4	5
16. Provided an environment conducive for learning	1	2	3	4	5

	Novice/rarely				Expert/always
17. Provided resources and assistance appropriately	1	2	3	4	5
18. Provided timely, sensitive, respectful feedback; in a quiet, private place	1	2	3	4	5
19. Evaluated the novice's performance/capability	1	2	3	4	5
20. Praised achievements	1	2	3	4	5
21. Encouraged, coached, and motivated	1	2	3	4	5
22. Encouraged openness, trust, and inquiry.	1	2	3	4	5
23. Encouraged the novice to seek advice and guidance.	1	2	3	4	5
24. Was consistently available to provide support and assistance	1	2	3	4	5

Comments:

Completed by: _____

Title/role _____**Date** _____

Required Resources

Title	Due Date	Endorsed by
Direction & Delegation Workbook		
Preceptorship Plan		
Familiarisation Programme		
PDRP Workbook		
Clinical Practice Development Programme : Level 1		
Clinical Practice Development Programme : Level 2		
Pre readings and pre tests Respiratory		
Pre readings and pre tests Cardiovascular		
Pre readings and pre tests Diabetes		
Pre readings and pre tests Palliative Care		
Pre readings and pre tests Pain Management		
Pre readings, pre tests and resource book Tissue Viability		
Resource for Neurological Assessment		
Resource for Fluid and Electrolyte Assessment		

Appendix 3

Staff Profiles

Yvonne Stillwell , RN, BA (Nursing), Dip. Bus. Admin., MBS (Health Management)

Yvonne is the Nurse Manager Nursing Practice Development, MidCentral District Health Board. After qualifying as a Registered Comprehensive Nurse in Scotland, and gaining her BA, Yvonne gained two New Zealand teaching certificates and holds a Diploma in Business Administration and a Masters degree in Health Management. Yvonne has been a programme co-ordinator and lecturer in the tertiary education sector. She has been substantially involved in the development and implementation of Preceptorship education for Registered Nurses, and in a range of clinical practice development activities. Her research activities have focussed on the implementation of effective preceptorship as a means of reducing reality shock and attrition of new graduate nurses.

As part of her role, Yvonne facilitates the development and continuing improvement of the Nursing Entry to Practice (NETP) programme for new graduates nurse. Other aspects of her role are to ensure that the Education Framework for Nursing is implemented across the organisation and to identify and meet educational needs across all nursing areas. Yvonne provides educational input into post registration and postgraduate programmes and activities, verifying that they are set at appropriate levels and that assessment is reliable and valid. Yvonne liaises with providers of undergraduate nursing education in relation to the provision of undergraduate clinical practice placements, and is a member of advisory committees for both undergraduate and postgraduate nursing education. She chairs the Nursing External Education and Development (NEED) Committee which provides support for nurses undertaking professional development activities. She is currently the National Coordinator for the NETP Expansion Programmes, for DHBNZ.

Yvonne has achieved Level 4 (expert) PDRP, a Nursing Council of New Zealand accredited Professional Development and Recognition Programme.

Martina Donnelly (R.G.N.: B.N.; Post Graduate Certificate in Advanced Nursing Practice; Advanced Certificate in Adult Teaching:)

Martina was employed as one of the first two Graduate Nurse Educators at MDHB in February 2001. Martina qualified at Craigavon Area Hospital (CAH) in Northern Ireland and emigrated to New Zealand with her family in 1987. Prior to undertaking the graduate nurse educator role, Martina worked for thirteen years in the Coronary Care Unit at Palmerston Hospital where she was a diabetes resource nurse, intravenous assessor, cardiac resource nurse, CPR instructor, preceptor, and work based assessor. Martina has completed the following:

- Post Graduate Certificate in Professional Nursing Practice
- New Zealand Resuscitation Council Instructors Course at level 6
- RN- BN
- ACAT
- Level 4 PDRP portfolio
- Health Assessment Programme
- Nursing Council New Zealand Competency Review Panel Training Programme.

Martina is chairperson for the PDRP Moderation Committee and is a PDRP assessor upto level 4. Member of the Nursing Advisory Committee at UCOL,
Member of UCOL School of Nursing Practicum Committee. Education and Research within Internal medicine. Resuscitation Committee at MCH.

Martina, NETP Programme coordinator, MCH works in partnership with Yvonne Stillwell, Nurse Manager, Nursing Practice Development, Barbara Smith, Julie Villanueva and Kathy Wade NEs NETP to promote , evaluate and improve the NETP programme. She reports to CTA/MOH to ensure that the NETP meets the criteria set down by the Ministry of Health for the Central Training Agency funding for NETP programme.. Her passion is focused on all new graduates completing all requirements of the NETP programme within time frames and the implementation of evidence based practice to the care of the clients with respiratory, cardiac and diabetic conditions. Martina is currently involved in the ALERT programme for all staff nurses at MCH.

Barbara Smith, R.Comp.N., B.N.

Barbara was employed as a Graduate Nurse Educator at MDHB in May 2002. After completing her nursing training at Wellington Polytechnic in 1981 she began working as a Staff Nurse at Palmerston North Hospital. After gaining experience in Infectious Diseases, Medical, Surgical and Emergency Departments she travelled overseas at the end of 1984 and lived and nursed in London for four years.

During this time she worked in a variety of nursing settings for both the private and public sectors. As an occupational Health nurse Barbara worked at the head office of British Petroleum and for British Airways at Heathrow Airport. During her travel Barbara rekindled her interest in infectious diseases and undertook training as a tropical diseases nurse working in the acute outpatients department of the Hospital for Tropical Diseases, where she set up a nursing clinic for immunising HIV positive patients.

At the end of 1988 Barbara returned to Palmerston North working initially as a staff nurse in the surgical ward of Southern Cross Hospital and then in the Oncology Ward at Palmerston North Hospital, becoming certified in Chemotherapy nursing. Barbara then began nursing in the Gynaecology Ward, assisting with the establishment of Colposcopy and Fertility outpatient services within a dedicated Women's Health Unit.

In 1997 Barbara undertook part time nursing as a Practice Nurse whilst continuing to work as a Staff Nurse on a casual basis and commenced her Bachelor of Nursing. During this time the opportunity also arose to work as a clinical practicum lecturer for UCOL. Barbara is a asthma resource nurse, intravenous assessor, preceptor, CPR assessor, work based assessor, and has completed the adult health assessment programme. Barbara has achieved Level 4 PDRP.

Barbara's particular focus within the graduate programme is on the development and implementation of the Practice Development Programme within the specialty areas of General Surgery, Oncology, Child Health and Neo Natal nursing. She also has a particular interest in pain management, the development of effective preceptorship, communication and the management of medication errors. Barbara is also a member of the Education and Research Committee.

Julie Ann Villanueva, RN, BSN

Julie Ann has recently been employed to the Nurse Educator role in January 2008. Julie Ann qualified in the Philippines after completing the four- year nursing course and passing the Nurse Licensure Examination in 1994. She worked as a general (volunteer) nurse in a small hospital and as a private nurse to an old age patient. She also has experience in community nurse.

In 1997 she travel overseas to Singapore where she worked in the Communicable Disease Centre mainly in a HIV / AIDS ward. She loved caring for these patients despite of the big stigma with the public. She actively participant with all fundraisings activities for these group.

In 2001 Julie Ann worked as a Staff Nurse in a surgical ward in Rochdale, in United Kingdom, where she specialised in Gynaecology, Urology and Vascular. Then in 2002 she travelled to Blackpool where she gained experience in a Gastro Medical Ward. Here she was trained to assist in "Emergency scope" especially in the weekends and was acting charge before her emigration to New Zealand in 2003.

In 2003, Julie Ann worked as staff nurse in Ward 25, Palmerston North Hospital, where she has a strong interest in infection control and wound.

Julie Ann is an intravenous assessor, preceptor, work based assessor, and has completed the adult health assessment programme. During this time frame Julie Ann has expanded her clinical practice by working in Ward 27 (surgical ward) and Star 2 (rehabilitation) where she gained in-depth knowledge of nursing care within MCHB. Julie Ann has achieved Level 3 PDRP. Julie Ann is currently 0.5 FTE Nurse Educator, NETP and 0.4FTE Associate Charge Nurse in ward 25. Julie Ann is a member of Leadership and Management and Clinical Practice Action groups for Nursing Governance Council.

Julie Ann's primary goal within the NETP programme is ensuring and supporting all new graduates in completing all requirements of the NETP programme.

Kathy Wade. B.N.

Kathy has recently been employed to the Nurse Educator role in January of 2008. Kathy qualified from UCOL in 2002 and completed the New Graduate Programme in 2003. She has worked in ward 29 for the past 6 years and is proficient in using surgical policies and procedures. She has competency in CVAD, PCA and Epidurals within 2nd level IV therapy. Kathy is a work based assessor for IV therapy, and holds a PDRP portfolio at level 3. She has recently completed New Zealand Resuscitation Council ACLS Course at level 5. Her passion within ward 29 is wound and pain management and education of other staff especially new staff to ward 29. She is a member of the wound and stoma society. Within her role of nurse educator, NETP, Kathy is involved with Clinical Practice Advisory Group which is currently looking at improving documentation.

Appendix 4

Journals/library holdings

The following journals are located in the Centennial Clinical Library, MidCentral Health

American Journal of Infection control AORN Journal Australian and NZ Journal of Mental Health Nursing Australian Critical Care Cancer Nursing Care of the Critically Ill CINA Journal Critical Care & Resuscitation Critical Care Nurse Critical Care Nursing Quarterly Diabetes Educator Image – Journal of Nursing Scholarship Infection Control & Hospital Epidemiology International Nursing Review Journal of Emergency Nursing Journal of Continuing Education in Nursing Journal of Gerontological Nursing Journal of Intravenous Nursing Journal of Nursing Care Quarterly Journal of Obstetric, Gynaecological and Neonatal Nursing	Journal of Perianaesthesia Nursing Journal of Psychosocial Nursing and Mental Health Services Journal of Trauma Journal of Wound Care Kai Tiaki New Ethicals Journal New Zealand Health and Hospital New Zealand Nursing Journal New Zealand Nursing Review Nursing Nursing Ethics Nursing Management Nursing Older People Nursing Outlook Nursing Praxis Orthopaedic Nursing Patient Management Paediatric Nursing Journal Professional Nurse Rehabilitation Nursing Respiratory Care Matters Vision: A Journal of Nursing

On-line data bases include CINAHL, Ovid and Medline, as well as interloan facilities.
There is also access to a large number of full-text nursing journals on-line - about 25 full-text nursing titles available through CINAHL and over 300 in Ebsco's Nursing & Allied Health Collection. All these, plus many more, are accessible through the A-Z database.

Appendix 5

Glossary

Competence	Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse
Competency based assessment	In this method, essential performance criteria associated with a particular skill or task are identified. Graduates are assessed against these performance criteria and awarded 'complete' when all performance criteria are met (this will take the form of 'mastery' testing, whereby the graduate continues with a skill until all components are met).
Collaborative Practice	Collaborative Practice is an inter-professional process for communication and decision making, that enables the separate and shared knowledge and skills of care providers to synergistically influence peoples care provided."
Cultural safety	The effective nursing of a person/ family from another culture by a nurse who has undertaken a process of reflection on his/her own cultural identity and recognises the impact of the nurses culture on his/her own nursing practice. Unsafe cultural practice is any action that diminishes, demeans or dis-empowers the cultural identity and well being of an individual
Domain	A domain of practice is a cluster of competencies that have similar intents, functions and meanings
Evaluation	A part of the process in which the effects of nursing interventions are compared with goals or objectives. Within a PHC setting, an evaluation process is likely to be integrated into a project / programme plan. Evaluation is often an ongoing reflective process between the nurse/ client (individual or group) and wider health team
Evidence based practice	Practice that is based in decisions that combine systematic assessment of relevant information in the scientific literature with clinical judgement
Health promotion	The process of enabling individuals and communities to increase control over the determinants of health and thereby improve their
Peer review	An activity that occurs with one or more peers who review aspects of a nurses practice, e.g. review of care plans/ records, observation of practice or discussion about a practice issue It will include feedback about a nurses performance.
Preceptorship	An individualised teaching/learning method [in which] each student is assigned to a particular preceptor… so that she/he can experience day-to-day practice with a role model and resource person immediately available in the clinical setting
Professional development	Formal and informal education which contributes to nurses' personal knowledge, skills and experience. Nurses individually and collectively take responsibility for their ongoing professional development, which enables them to provide effective and efficient nursing care
Reflective practice	A process where each nurse critically analyses his/hers own clinical decision

	making, clients interactions and the consequences of his / her nursing actions as a means of improving practice
Role model	A nurse who exemplifies an aspect of professional practice that is emulated by less experienced practitioners
Scholarship	Research or study that requires relentless questioning that pushes the edge of knowledge and integrates sources of knowledge into practice
Standards	Formal guidelines that set an acceptable level of quality for programmes or performance
Te Whare Tapa Wha	Is a health model that compares health to the four walls of a house, all four being necessary to ensure strength and symmetry, through each representing a different dimension: taha wairua (the spiritual side), taha hinengaro (thoughts and feelings), taha tinana (the physical side), taha whanau (family).

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