

Canterbury

District Health Board

Te Poari Hauora o Waitaha

NEW GRADUATE

ENROLLED NURSE ORIENTATION

Welcome to Canterbury DHB New Graduate Enrolled Nurse Orientation

Purpose Statement

The New Graduate Enrolled Nurse (EN) orientation adheres to the principle of working in partnership with nurses to provide quality education whilst promoting the enhancement of professionalism through an ongoing supportive learning process. By completing the expected requirements and producing a professional portfolio, this will contribute to you demonstrating competent practice.

New Graduate Enrolled Nurse Orientation Outcomes

On completion of the New Graduate EN orientation you will:

1. Demonstrate professional conduct/behaviour appropriate to context.
2. Demonstrate responsibility for ensuring practice and conduct meets ethical and relevant legislated requirements.
3. Demonstrate ability to work in partnership with patients, family/whanau and colleagues.
4. Demonstrate synthesis of knowledge, skills and clinical judgement to provide safe prioritised care.
5. Demonstrate the ability to utilise evidence-based knowledge/practice to make informed decisions in the delivery of safe care in consultation with the Registered Nurse (RN).
6. Demonstrate professional communication using multiple techniques with health consumers, colleagues and the healthcare team in a variety of contexts.
7. Promote and explore the nursing perspective within healthcare team activities in consultation with the RN.

The learning outcomes will be met through individual set activities, attendance and participation at workshops, group work, and the submission of a professional portfolio.

Clinical Load Sharing

The first two weeks will be an introduction to the organisation and the practice environment. You will be supernumerary whilst completing generic orientation, nursing orientation and mandatory requirements, and working with suitable preceptor (this may be an RN or an EN) either sharing a clinical load or towards the end of this period you may have commenced in taking a clinical load). You may remain supernumerary for another two weeks (if required) sharing a gradually increasing clinical case load with your preceptor providing oversight. This additional time may be used for you to attend specialist study days. This will depend on the clinical area in which you work.

There may be a further one week (to total five weeks) if this is considered appropriate and with additional supportive improvement goals where you will work mirrored shifts with an EN or RN preceptor. The relevant Charge Nurse Manager/ Nursing Director/Line Manager will be involved in this decision. By the beginning of the sixth week of practice you will be working rostered shifts in the practice environment with ongoing regular access to a preceptor.

Assessment

The assessment process should be a positive experience for all involved - a time when a New Graduate EN contribution to practice and professional growth can be measured and celebrated. It is vital to adequately prepare for assessment to ensure that practice is accurately reflected and that all expected outcomes are met within the set timeframes.

Formative Assessment- provide in competent PDRP portfolio submission	Relate to New Grad EN Orientation Outcomes	NCNZ Domain
Two reflections utilising the PDRP reflective tool	1, 3, 4, 5, 6, 7	One
Generic Orientation	1, 5, 7	Four
Specific orientation programme in allocated clinical area	1, 2, 7	All domains
Self-review against NCNZ competencies	1, 3, 5, 6, 7	One
Performance Review	1, 3, 5, 6, 7	One

New Graduate EN Orientation Requirements

IN A NUTSHELL:

At the end of the first six weeks of employment you will have:

- ✓ Completed clinical setting mandatory requirements and orientation workshops/packages.
- ✓ Completed 4 weeks of clinical load sharing and 2 weeks of supported practice.
- ✓ Identified and documented the 6 weeks clinical load sharing and goals on the templates provided. Copies are to be forwarded to the clinical area Nurse Educator or the PDU.
- ✓ Developed a plan to commence work on any clinical area self-directed learning packages.

After 6 months you will be able to demonstrate at formative assessment that you have:

- ✓ Documented evidence of regular meetings (aim for monthly) with CNM/Preceptor to discuss progress – templates attached.
- ✓ Have had at least one meeting with the Nurse Educator to discuss your goals and ongoing education plan.
- ✓ Completed an evaluation on performance, against the domains of practice, with Charge Nurse Manager/line manager.
- ✓ Completed 2 x Reflection on Practice.
- ✓ Working toward completion of specific education programmes.

After 12 months you will be able to demonstrate in the format of EN Competent Level PDRP portfolio that you have:

- ✓ Completed a further 1 x Reflection on Practice.
- ✓ Completed a Performance Appraisal against the EN competencies with your Charge Nurse Manager/line manager.
- ✓ Completed the requirements for EN Competent Level PDRP Portfolio and submitted the documentation for assessment.
- ✓ Completed the specific orientation programme for your clinical area.

Self-Directed Learning

Below is the range of self-directed learning programmes that you may be required to complete. Some self-directed learning activities may change relevant to clinical setting. Identify with your preceptor which are applicable in your setting.

Activity	Required	Completed Date
Smoking Cessation ABC (E-learning) https://smokingcessationabc.org.nz/sc/introduction.html or via PDU website	✓	
Falls Prevention (online)		
Pressure Injury Prevention (online)		
Restraint Management (online)		
ISBAR (online)	✓	
Five moments of hand hygiene (online)	✓	
Bed rails (online)		
IV Theory and medication (online) *	✓	
Medication Calculations quiz	✓	
Manual handling	✓	
Calming and Defusing (online)	✓	
Cytotoxic safe handling (online)		
Safe medication administration	✓	
Code of conduct	✓	
Adult Oxygen Therapy Administration		
Paediatric safe sleep		
Adult Entonox		
Advanced Care Planning		
ECG (online)		
Specific to your clinical area		
* exclude mental health EN		

Portfolio Submission

Portfolio Assessors

Competent Level Portfolios are assessed by members of the CDHB PDRP Assessment Team (see PDRP Resource online). If an extension is required, the New Graduate EN will apply in writing to the Professional Development Unit.

Unsuccessful assessment of PDRP portfolio

If, at the end of the assessment process, the New Graduate EN has not met the EN criteria for orientation or PDRP level being applied for, there are two options:

- Work on areas requiring further evidence/development and re-submission within one month; or
- Appeal the decision – the appeal process for the Competent Level PDRP Portfolio will mirror the PDRP appeal and disputes process as outlined in the PDRP webpage.

<http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/pdrp/appeals-process/Pages/default.aspx>

Unsatisfactory Performance

New Graduate EN who do not meet New Graduate EN orientation requirements at any stage will have a **Supportive Improvement Plan** developed to assist them in meeting the academic and/ or clinical requirements.

This process will involve meeting with the New Graduate EN nurse (and support person if desired), Charge Nurse Manager (CNM)/line manager, Nurse Educator and the Preceptor, and include identification of goals and setting timeframes for achievement. Outcomes of the meeting are documented.

Misconduct

The New Graduate EN is expected to comply with the code of conduct or that of her/his employer. If the New Graduate EN is involved in anything which constitutes a breach of such codes, the process for correcting this will be followed by the CNM/Line Manager and Nurse Educator in conjunction with the Human Resources Department of the employing organisation.

Moderation

Internal

PDRP Programme has its own moderation process. See PDRP Policy found on the PDRP website.

Complaints Process

Complaints received about the New Graduate EN orientation from any stakeholder will follow the Canterbury DHB Complaints Policy-

Preceptors:

Clinical preceptorship is an educational relationship that provides role modelling, clinical support, clinical teaching and socialisation into the work environment. Preceptors strengthen the application and use of knowledge in clinical situations. Preceptors must be Registered or Enrolled Nurses who have successfully undertaken preceptorship training as per the accepted national framework for preceptor training. Preceptors must have regular and consistent access to the graduate nurse during clinical practice, especially during the clinical load sharing period.

Preceptorship can be provided by a team. The Preceptorship team may include the Charge Nurse Manager/Line manager, Clinical Nurse Specialist, Nurse Educator and other staff in the work environment. Their roles and responsibilities are outlined in the national framework for preceptor training. A named primary preceptor must be identified for each graduate EN to ensure accountability for negotiating and evaluating learning outcomes.

Preceptors must have:

1. A current annual practicing certificate in the RN or EN scope of practice.
2. Registration with the NCNZ 'in good standing' (i.e., with no restrictions on registration that would negatively impact on their ability to perform as a clinical preceptor).
3. Successfully completed a preceptor training programme.
4. Demonstrated commitment and willingness to support and encourage a graduate EN through their role as a preceptor.
5. Knowledge of the EN programme, EN Scope of Practice and PDRP requirements.
6. Experience within the clinical service area where they are providing preceptorship.
7. An ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice.
8. Evidence of positive role modelling.
9. A commitment to provide feedback to the graduate EN and receive feedback on their performance as a preceptor.

Guide for Reflection

Instructions

This guide (next page) for reflection is intended to help you think about a given clinical situation you have encountered during your last few clinical shifts and your nursing response to that situation. The situation can be a specific physiological and or psychological patient problem, such as temperature elevation, respiratory difficulty, electrolyte imbalance or anxiety, irritability and low mood. You may choose to describe a situation involving a patient's family. The situation can be a description of your role in interdisciplinary problem solving. The reflection situation may describe an ethical issue you encountered in practice. Use the guide on the next page for reflection as a way to help you tell the story of the situation you encountered.

Situations arise in every day practice that cause us to reflect and think about how we have dealt with them. They could be clinical, cultural, ethical or professional situations. Why did we do what we did? Could we have done differently? What would we do differently if the situation arose again etc.?

These guidelines enable us to reflect on how to document these situations and demonstrate our reflection on practice, what we have learned and how it has impacted or changed our practice.

Note: Maintaining patient confidentiality is critical. No reflection will identify a patient, their location or community. Consider professional implications before disclosing any unacceptable and/or inappropriate information about personal practice or that of others. If unsure, seek guidance.

References:

Fernandez, E. (1997). Just 'doing the observations': Reflective practice in nursing. *British Journal of Nursing*. 6 (16), 939-943.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. California: Addison-Wesley.

Burns, S., & Bulman, C. (2000). *Reflective practice in nursing: The professional growth of the professional practitioner*. (2nd ed.). Oxford: Blackwell Science.

Johns, C. (1995). Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing*. 22(2), 226-22.

New Graduate EN Supported Orientation Reflection on Practice (complete one of these by formative assessment)

1. Introduction to practice

- Should include key features of your story – concentrate on your nursing practice **NOT** details of your story – people/community, etc. must not be identifiable.
- Include background / relevant details that impacted on practice, e.g. Support/resources available, your position (e.g. NETP).

2. Exploration and Reflection of Practice

- What was your role?
- What actions did you take? Include what you did and the rationale for your actions, what you were trying to achieve.
- Did previous experiences have an impact on your actions?
- What were the challenges? Identify how you worked through these
- Were there broader issues, e.g. cultural, professional, social, and ethical? If so identify how you work through these.
- Identify your knowledge.

3. Further Reflection

- How have the decisions you made in managing this practice impacted on you, your practice, and others (e.g. colleagues, client/whanau)?
- Has there been a wider impact on the team or service?
- Did you learn anything, if so what?
- Have you considered another way to manage this practice?
- Has your practice changed in any way?

4. Knowledge/ Evidence Based Practice

- Support the knowledge you used throughout the process with references.