

**New Graduate Enrolled Nurse Learning Contract**

By signing this learning contract the Canterbury District Health Board expects the New Graduate EN will take responsibility for their learning needs including:

* Successful completion of the Canterbury District Health Board New Graduate EN orientation requirements.
* Setting personal leaning goals with your preceptor.
* Successful achievement up to EN Competent Level on the Professional Development and Recognition Pathway.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your name) agree to

participate in the 2015 New Graduate EN orientation and receive preceptorship support by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print preceptors name/s).

 Preceptorship timeframe is: 6 months

### I agree to take responsibility for the following:

* Negotiation of personal learning goals and timeframes for completion with my preceptor
* Actively participate in clinical learning experiences provided
* Acknowledgment of my own skill and knowledge levels
* Seeking out support and information as required
* Be receptive to constructive feedback provided by preceptor and Clinical Nurse Manager/Associate Clinical Nurse Manager/Nurse Educator/Clinical Nurse Specialist.
* Participation in support group/education sessions
* Participation in specialty study days
* Acceptance of increasing responsibility in the role of EN
* Taking the opportunity provided to develop my nursing skills
* Participation in workplace meetings
* Seeking and discussing feedback from peers
* Offering feedback to peers
* Reflecting on my clinical practice and demonstrating self-awareness
* Collection of evidence to create a professional portfolio reflecting clinical practice and achievements

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (New Graduate EN)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Charge Nurse Manager, Line Manager)

**LEARNING GOALS FOR WEEK 1-2**

Goals should be SMART (specific, measurable, achievable, realistic, and timely).

|  |  |  |
| --- | --- | --- |
| SELF ASSESSED LEARNING NEEDS: Goals  | Action Plan  | Achieved: Date  |
|  |  |  |
|  |  |  |
|  |  |  |

New Graduate Nurse Name: Signature Date:

Preceptor Name: Signature Date:

**LEARNING GOALS FOR WEEK 3-4**

Goals should be SMART (specific, measurable, achievable, realistic, and timely)

|  |  |  |
| --- | --- | --- |
| SELF ASSESSED LEARNING NEEDS: Goals  | Action Plan  | Achieved: Date  |
|  |  |  |
|  |  |  |
|  |  |  |

New Graduate Nurse Name: Signature Date:

Preceptor Name: Signature Date:

**LEARNING GOALS FOR WEEK 5-6**

Goals should be SMART (specific, measurable, achievable, realistic, and timely)

|  |  |  |
| --- | --- | --- |
| SELF ASSESSED LEARNING NEEDS: Goals  | Action Plan  | Achieved: Date  |
|  |  |  |
|  |  |  |
|  |  |  |

New Graduate Nurse Name: Signature Date:

Preceptor Name: Signature Date:

*New Graduate EN Supported Orientation Plan*

Template for Summary of Discussion at Manager Meetings

***(Aim for Monthly meetings to provide timely and effective feedback/set ongoing goals)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Date/s*** |  ***Present*** | ***Discussion*** | ***Strengths*** | ***Goals if appropriate*** ***(Specific, Measurable, Achievable, Realistic, Time Framed)*** | ***Evaluation of Goals*** |
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*New Graduate EN Supported Orientation Plan*

Template for Summary of Discussion at Preceptor Meetings

***(Aim for Monthly meetings to provide timely and effective feedback/set ongoing goals)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Date/s*** |  ***Present*** | ***Discussion*** | ***Strengths*** | ***Goals if appropriate*** ***(Specific, Measurable, Achievable, Realistic, Time Framed)*** | ***Evaluation of Goals*** |
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New Graduate EN Supported Orientation

# *This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name)*

# *is familiar with the content of and completed the tasks of the Orientation for Ward/Dept/Area* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# *New Graduate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# *Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# *Charge Nurse Manager* *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*