1. Overview

Purpose

The Primary Health care nursing development team would like to give you a big warm welcome to the new graduate programme and the first year of your registered nursing practice. Congratulations on starting your first job as a registered nurse. We trust you will find it both challenging and fulfilling.

- This handbook will introduce you to the Primary Health care Nursing team

- Give you information about the programme

- Who is there to help and support you

- Some helpful hints and tips for the work that needs to be submitted.

Primary Health Care
Nursing Development Team, Awhina Waitemata Health Campus
Health West Building, Waitakere Hospital, Private Bag 93115, Henderson, Auckland 0650

2. Primary Health Care Nursing Development Team
**NETP Programme Handbook – Primary Care**

Jean McQueen  
RN RM (UK) MN Hon  
Primary Health Care Nursing Director  
Jean.mcqueen@waitematadhb.govt.nz  
4868920 ext 3380

I have worked as a Registered Nurse for 28 years in Paediatrics and Primary Health Care in both New Zealand and Great Britain. I completed my Masters in Nursing at Massey University in 2006. I am currently the Primary Health Care Nursing Director in the Integrated Primary Care Planning and Funding Team for Auckland and Waitemata DHBs. I am also a Clinical Lecturer in the University of Auckland, Department of Nursing, involved in the Post Graduate Long Term Condition Papers. In addition I am a member of the Active Clinical Network for GAIHN and a member of the National Shared Care Plan Programme steering group.

Celeste Gillmer  
RN, BSc (Hons), BCur, PG Cert (Emergency Nursing), PG Dip Health Science (Youth Health)  
Nurse Educator  
Celeste.gillmer@waitematadhb.govt.nz  
DDI 837 8883 Mobile 021 245 0587

I completed my nursing degree as general, psychiatric, community nurse and midwife in South Africa and continued with post graduate studies in Trauma and Emergency Care. In 2008 we moved to New Zealand and I started nursing career in Primary Health Care. I worked as a Practice Nurse, School Based Youth Health Nurse and Nurse Educator. Currently I am the Co-President of the Auckland School Nurses Group and working towards my Masters in Nursing.

Fiona Murray  
NZRGON, UK RN, Grad Cert PICU, PG Cert HSc.  
Nurse Educator  
Fiona.Murray@waitematadhb.govt.nz  
DDI 8381855 Mobile 0212463976

I completed my Nursing training in 1986. After I registered I worked in a medical/endocrinology ward and A&E before heading on my big OE. In the UK I worked in a mixed medical/surgical/ENT ward. On return to NZ I was

Janine Strickland  
RGON, BA Social Science.  
Diabetes Improvement Nurse  
Primary Health Care West Auckland  
janine.strickland@waitematadhb.govt.nz  
DDI 837 6693 Mobile 021 242 6367

Tēnā koutou katoa. I have worked as a Registered Nurse for 37 years. I completed a BA in Social Science in 2001. Since then I have had clinical and management roles with;
fortunate to be part of the new paediatric medical ward at MMH which then precipitated my move to PICU in Starship for the next 12 years. With a short stint in SCBU I then moved to general practice for 5 years. I continue in a general practice role in conjunction my new role as Nurse Educator Primary Health Care. I am currently undertaking study to complete a Masters in Nursing at Massey University.

Te Uri O Hau, Hauora Hokianga, Waiaora PHO, Te Whānau O Waipareira, and Waitemata PHO. My passion is social equity and my skills are in long term conditions nursing and quality systems.

Purpose
This document outlines the curriculum and programme for new graduate nurse achievement of successful completion of the NEtP programme and competent level 2 practice through the Waitemata DHB PDRP

Scope
Applies to Waitemata DHB Nursing Entry to Practice Programme and expansion programme

3. Commitment to New Graduate support and development

Waitemata District Health Board (WDHB) has offered a general new graduate programme since 2000. The Department of Nursing and Midwifery has long recognised that it is important that all nursing graduates are well-supported to be safe, skilled and confident in their clinical practice. WDHB has put in place a number of supportive structures to create an environment for new graduate nurses as they enter the nursing profession.

The focus of the programmes from the beginning has been on ensuring
- clinical safety
- competence development
- and creating a strong foundation and commitment for a long career in nursing practice.

The general health programme is part funded (one third) by Health Workforce New Zealand, with WDHB supporting the costs of the significant requirements of the programme.
- For the DHB employees, all new graduates are employed into permanent positions on a ward or unit. Rotation in the general and expansion programme only occurs if requested and there is a position available.
- For new graduate nurses participating in the primary care NEtP, they are employed by the agency, and some of the salary is supplemented by the DHB to support the supernumerary time.
- New graduates focus in the first year on competence consolidation, interdisciplinary team relationships and completing programme requirements.

Figure 1. Diagram depicting the General NetP programme and relationship to the speciality settings programmes
4. NetP Curriculum

The Waitemata DHB NetP curriculum is based on the following philosophical assumptions about the epistemology (the nature of knowledge), society/culture, the individual (specifically the learner) and learning (how a person learns and what learning theories the curriculum should be based upon). The programme is ‘new graduate nurse’-centred and focuses on experiential learning. Learning is inductive, builds on and challenges prior learning, is context specific. Learning focuses on elements of problem-based learning where problems in practice are complex, ambiguous and require meta-cognition. Learning supports the new nurse to use approaches that are collaborative and cooperative/interdependent. The learning is inquiry-based and prepares nurses to manage changes in health care through life-long skills as they transition towards confident practice.

4.1 Clinical practice focus

The programme is strongly focused on clinical competency, on development of confidence in critical thinking in the practice setting, effective decision-making and practice. This is achieved through support in the clinical work setting, problem-focused learning in study days, and assessment of competencies against which practice is assessed. Dedicated clinical coaching by the NetP Educators and other clinical coaches reinforces learning in the new graduate’s employment environment clinical setting. Focus is on achievement of practice competence as defined by the Nursing Council of New Zealand competencies.

Competence in Practice: New graduates are assisted to demonstrate the following:

- Development of inquiry, problem solving ability and clinical reasoning
- Show sound levels of judgement, discretion and decision-making in patient/client care.
- Includes: increasing clinical understanding and practice application to manage clinical situations effective assessment skills (physical and psychosocial), foreseeing likely course of events for clients confident performance of technical skills
NETP Programme Handbook – Primary Care

- utilising specialty knowledge and experience to provide effective emotional and informational support to health consumers and families
- individualising client centred care beyond a routine approach to care
- further development of organisational skills such as time management and priority setting, includes being ‘in charge’ for a group of health consumers with support from preceptor.

**Demonstrated clinical nursing leadership**
**Includes:**
- Actively participates in the health care team
- Is a positive role model for competent practice in the clinical setting
- Provides nursing resource for the health care team
- Effectively communicates with members of the interdisciplinary team

**Demonstrating professionalism in relation to the role and practice of Nursing**
**Includes:**
- Nursing Council codes/policies
- Ethics in Nursing Care
- Inter professional relationships
- Current issues in nursing practice including managing power and control issues
- Conceptual underpinnings
- Models of treatment / approaches

**Safe practice in application of knowledge and skills**
**Includes:**
- Demonstration of technical risk assessment, therapeutic relationship and skills
- Communication and relationship building strategies
- Technical competence across a range of clinical needs
- Effective documentation
- Effective hand over

**Treatment approaches for a wide range of presentations**
**Includes:**
- health disorders including use of pharmacology
- crisis intervention practices
- care practices for a wide range of clinical needs
- nursing diagnosis and planning
- reporting and recording
- therapeutic and professional communication
- multi-disciplinary health team interaction
- using procedures to provide appropriate care to meet identified needs
- self care for people with chronic health problems
- discharge planning

**Practice that applies the principles of the Treaty of Waitangi and cultural safety**
The programme recognises that the new graduate will have completed a comprehensive component on the importance of cultural competency but needs support for practical application and demonstration of cultural competency within the new graduate’s practice.
Cultural competencies form a key aspect of the programme learning framework. The programme provides the resources and support to new graduates, to enable them to:

- Apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice
- Practical application and demonstration of cultural competency
- Practice nursing in a manner that the client determines as being culturally safe, using cultural support processes.

The new graduates are made aware of the cultural support resources available to them, and facilitate access to these resources:

- Treaty of Waitangi principles and cultural safety competencies are integrated into the programme content and nurses are required to show application in practice
- Nurses receive learning from the Maori Health team about Tikanga and how to apply to practice in a variety of contexts and situation
- Nurses are required to complete a CALD cultural safety learning module which makes explicit the expectations

**Outcome**

By the end of the programme, the new graduate will have:

- Met the Level 2 competencies as outlined in the WDHB Professional Development & Recognition Programme which reflects the Nursing Council of New Zealand competencies for registered nurses
- Technical clinical competencies specific to the primary health care practice setting and approved by Professional Development and Recognition Programme

## 5. The curriculum structure

### 5.1 Aims and objectives of the programme

Our commitment is to support all new graduates employed by WDHB in their first year of practice. Ensure fairness by having all new graduates employed by the DHB included in the programme, whether funded by CTA/HWNZ or not. The aim of the programme is to produce safe practitioners for service delivery now and committed to a future career in the profession. The outcomes are measured on: effectiveness of the measures taken to create a safe environment for new graduates and minimise risk; satisfaction of new graduates with the programme and retention rates assessed annually.

We achieve this by:

- providing a structured, supportive first year of practice for new graduates entering the workforce i.e. theoretical and clinical competency focused
- focusing on demonstration of skill and clinical practice measured through stated competencies
- career advice and support to ensure that nurses find the appropriate place for practice

The **aims** of the programme are:

- to achieve safe and competent practice as soon as possible, using critical thinking and applying appropriate decision making for effective health consumer outcomes
- to assist each new graduate be successful as soon as possible so that they commit to long-term practice, continuing in nursing practice because of a successful first year in practice
to ensure that the new graduate becomes a confident member of the healthcare team, contributing effectively in interdisciplinary and cross community interactions

- to retain as many new graduates as possible for future practice

**Goals/objectives**

The objectives of the programme are:

- To structure theoretical and clinical learning support so that each new graduate can achieve expectations (safety, competence), integrate into the team and feel confident as soon as possible
- To focus on clinical competence achievement so that the new graduate achieves RN Level 2
- To reinforce reflection and development to develop professional habits for the future
- To support the new graduate to develop a career plan that keeps them in active nursing practice

**Welcome to the NETP programme “package”**

We hope that you enjoy working for this organisation and the Nursing Entry to Practice Programme will be informative and useful to your development as an individual.

**Programme Co-ordinator**

Jacqui Finch, Nurse Consultant – Nursing Workforce Development 4868920 ext 7113 mob: 021 241 9510

**Hospital NETP Team**

Sylvie Dombroski, Nurse Educator ext 3288, locator 93 1045

**Clinical Coaches**

Helen McGregor – General, NSH locator 93 1083

Pauline Scott – Waitakere ext 7926, locator 93 1819

**Primary Health Care Team**

Celeste Gillmer - Nurse Educator Primary Health Care 021 245 0587

Fiona Murray - Nurse Educator Primary Health Care 021 246 3976

Please contact us regarding any queries you may have.

Waitemata DHB NETP provides a series of specialty modules to ensure that new graduate nurses employed into the clinical areas receive the support and technical skills necessary to be successful as nurses in these settings.

All new graduates attend some core study days (3) and then separate into specialty modules (8-10 days). All modules meet core requirements that are recognised by AUT in awarding a post graduate paper equivalent.

The **Nursing Entry to Practice Programme** comprises the following:

It is your responsibility to monitor that your manager has rostered you to attend the new graduate study days on your roster.

The **supported learning programme** in the clinical setting is with a preceptor and the other senior nurses (or midwives) in the area you’re employed to work.

- All staff are included in the **Professional Development and Recognition Programme** that supports your eligibility for a competency-based practicing certificate.
## TP Programme 2014 September Primary Health Care (Group A / GP)

<table>
<thead>
<tr>
<th>Date</th>
<th>Focus</th>
<th>Topic for the Day</th>
<th>Venue</th>
<th>Assessment Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 8th</td>
<td>Orientation</td>
<td>Nursing &amp; mandatory</td>
<td>Waitakere Hospital, Snelgar Building, Waitakere Conference Room</td>
<td></td>
</tr>
<tr>
<td>9th</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct 1st</td>
<td>NETP PHC</td>
<td>Assessment Skills</td>
<td>Waitakere Hospital, Health West Building, Nikau Room</td>
<td>Level 1 Portfolio: 14 Nov 2015</td>
</tr>
<tr>
<td>8th</td>
<td>NETP PHC</td>
<td>Recognising Shock and managing a clinical emergency</td>
<td>Waitakere Hospital, Health West Building, Nikau Room</td>
<td></td>
</tr>
<tr>
<td>17th</td>
<td>NETP</td>
<td>Accountability and Professional Practice</td>
<td>NSH</td>
<td></td>
</tr>
<tr>
<td>Nov 5th</td>
<td>NETP PHC</td>
<td>Chronic Conditions</td>
<td>Waitakere Hospital, Health West Building, Seminar Room 1</td>
<td></td>
</tr>
<tr>
<td>19th &amp; 20th</td>
<td>NETP PHC</td>
<td>WONS Vaccinator Course</td>
<td>Independent Living Service, 14 Erson Ave, Royal Oak</td>
<td></td>
</tr>
<tr>
<td>14th</td>
<td>NETP</td>
<td>Level 1 portfolio submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec 17th</td>
<td>NETP PHC</td>
<td>Mental Health</td>
<td>Waitakere Hospital, Health West Building, Seminar Room 1</td>
<td></td>
</tr>
<tr>
<td>Feb TBC</td>
<td>NETP PHC</td>
<td>Diabetes and CVD risk assessments</td>
<td>Waitemata PHO</td>
<td></td>
</tr>
<tr>
<td>March 11th</td>
<td>NETP PHC</td>
<td>Cultural Awareness</td>
<td>Waitakere Hospital, Health West Building, TBC</td>
<td></td>
</tr>
<tr>
<td>26th</td>
<td>Graduate Practice</td>
<td>Introduction to paper</td>
<td>AUT</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 7th</td>
<td>NETP</td>
<td>Workshop - Career development Workshop - AUT paper</td>
<td>NSH</td>
<td>Assessment 1: 15 May 2015</td>
</tr>
<tr>
<td>June-July</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 24th</td>
<td>NETP</td>
<td>Level 2 portfolio submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept 1st</td>
<td>NETP</td>
<td>Graduation Ceremony</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Assessment process

All new graduate nurses employed by Waitemata DHB undertake the NEtP programme.

The NEtP programme will be completed over a maximum of a 12-month period and includes:

- Clinical practice for 10 – 12 months where a graduate nurse is employed 0.8 – 1.0 FTE.

To assist with transition to practice, the Charge Nurse Manager (CNM), RN Clinical Coach, Preceptor, Nurse Educator, and the Nurse Consultant – Nursing Workforce Development are available to provide support.

The new graduate works a total of 6 weeks supernumerary, although assumes clinical care for a group of patients under supervision of the preceptor.

Mirrored shifts with preceptor for up to 10 weeks, using development log and orientation workbook to reinforce learning requirements.

- Learning programme
  - All new graduates are rostered to attend
    - Three orientation study days
    - Clinically focused study days i.e. 11 NEtP study days
  - Theoretical input
    - Additional area specific study days and tutorials

- Study days
  - New graduates undertake a Level 8 paper through AUT in the second semester, towards a Postgraduate Certificate in Advanced Nursing Practice

- Professional Development
  - Graduate nurses are responsible for being self directed and managing the components of their programme. This means that they need to be aware of what is required for successful completion of the programme, manage their time in such a way that all components can be achieved and ensure that they can access the support required to do so.

  - Clinical coaching and support is available over the 12 month period
  - Completion of area specific orientation workbooks
  - Medicine administration certification
  - Submission of Interim Portfolio
  - Completion of study day preparation requirements
  - Completion of a Level 2 portfolio

The NEtP portfolios are assessed by qualified assessors and critiqued at a high standard. All new graduates must meet this standard.
Postgraduate paper

The Auckland University of Technology Postgraduate Certificate in Advanced Nursing practice consists of three papers – although the NetP involves one paper only in this first year. This paper commences in the second semester of the year.

The nurse is enrolled in the Graduate Nursing Practice (589650) paper to acknowledge the work done in the WDHB NetP programme. The content adds value to the nurse’s career.

All study days are integrated within the NETP programme and work completed as part of this programme is used as evidence in the RN Level 2 competent portfolio.

NEtP Programme achievement

Each New Graduate is expected to

Successfully complete the WDHB NEtP Programme to achieve the NCNZ competencies.

Satisfactorily complete a Level 2 portfolio within the NEtP timeframe of 12 months.

Complete the AUT Graduate Nursing Practice paper Nurs801

Successful achievement of the NEtP Programme is not conditional on passing the AUT paper, in certain circumstances. The paper adds value to the NEtP Programme for future career development.

Exceptions

Consideration is made on a case-by-case basis where an individual commences the paper but for exceptional personal circumstances needs to withdraw.

Rationale: From time to time an individual nurse may experience external factors that significantly impact on their practice development and commitment to a nursing career.

Process for withdrawal: This is a formal process.

Application for withdrawal from the paper is put forward by the Programme Coordinator and must be approved by the Nursing Development Steering Group and the Director of Nursing and Midwifery.
6.1 Performance issues: remedial assistance

There is a structured process for providing remedial assistance to new graduates who do not meet the assessment criteria. Performance issues are identified promptly by the NETP Nurse Educator and RN Clinical Coach through the coaching and direct care assessment processes. Issues are immediately alerted to the Nurse Consultant – Nursing Workforce Development and discussed formally at the weekly meetings.

Where difficulties are identified, the New Graduate Educator works with the unit manager and preceptor to assess needs and develop a competence development programme. Progress is evaluated at regular intervals.

Continued issues are managed by the Nurse Consultant – Nursing Workforce Development (and NetP Coordinator), who initiates a formal discussion/process according to the WDHB human resource policy. Issues are discussed formally with the relevant Head of Division Nursing and Human Resource Advisor. The Director of Nursing & Midwifery is formally advised.

Those new graduates, who, despite this remedial assistance, do not fulfil the NETP programme requirements, will be subject to the WDHB performance management policies and procedures. This may include reporting significant performance issues to the Nursing Council of New Zealand’s as part of the competence review process.

As regards the Primary Care Expansion Programme, while WDHB does not employ the new graduate, performance issues are managed using the WDHB processes in cooperation with the nurse/manager of the relevant agency.

6.2 Learning Contract for each participant

Purpose of the learning contract is

- To identify the components of the programme to be completed.
- To agree the expectations of each participant completing the programme.
- To agree the relationship between the New Graduate, Charge Nurse Manager, Clinical Coach, Nurse Educator and the Nurse Consultant.
- To clarify the balance between New Graduate responsibility for self-learning and the learning environment created by the programme.
- To confirm the goals and action plan for each person and the timeline for achievement requirements for successfully completing the programme.
Principles
The New Graduate as a professional practitioner is reflective in their practice and seeks knowledge in order to improve the quality of care provided and to achieve their full potential.
The orientation book as the course workbook is an aid to learning and is supplemented by additional reading and research.
The New Graduate has a responsibility to identify their own learning needs in conjunction with the course co-ordinator.
The New Graduate has a right to expect a supportive learning environment in which to develop safe and effective practice, in order to integrate theory and practice.
Participants will receive clear information from the course coordinator about the program philosophy, expectations and outcomes and constructive feedback about progress within the program.

Action plan
The requirements of the programme will be completed. The New Graduate participant will
Complete all of the study days as set out in the programme outline.
Complete all teaching sessions, case studies and care plans as specified
Complete one post graduate paper in the second semester
Receive regular feedback of their contribution to the learning experience, including after each day by the theoretical programme. This will include feedback about participation, punctuality, interaction and general performance.
This will be fed back to the charge nurse managers on a regular basis.
A certificate of achievement and transcript will be provided upon successful completion of the program.

The Parties agree
To communicate to each other if support is needed.
To provide input consistently to facilitate achievement of the goals set and completion of the programme.
To provide constructive feedback about progress and achievements
To support colleagues on the programme in achieving the outcomes.
To have respect for the speakers, organisers and each other at all times.
To meet at regular intervals to review progress to achieve the goals set in the time agreed.
To protect confidentiality at all times.

New Graduate
NETP team

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print name</th>
<th>Date</th>
</tr>
</thead>
</table>

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.
6.3 Programme Requirements

To receive certification at the end of the programme you must complete the following.
All assessments required by due date to graduate the programme

Assessments to Jacqui Finch, Nurse Consultant – Nursing Workforce Development

Assessment 1:  Medication Administration and practical sign-off

(Primary Health Care according to local policy)

This is a competence assessment process comprised of:
- theory test on line (three sections)
- practical assessments in clinical area

It is expected that:
- you will have the core knowledge needed ie legislation and accepted professional standards.
- you will be able to assess risk and know to seek assistance where required
- you will seek clarification and advice if concerned or unsure

Pass rates

The following pass rates demonstrate competent practice
- 100% - calculations
- 80% - theoretical policy/procedures and decision making relating theory to practice
- Pass / fail – Clinical practice competence determining critical thinking and decision making

Not Applicable for PHC

Assessment 2:  Orientation workbook

This workbook is designed to assist your orientation to our organisation and to allow you to take responsibility for your own nursing. It is aligned to Level 1 competencies as per the Waitemata PDRP.

It is expected that:
- you will complete this book with coaching / teaching from your preceptor
- you will be able to articulate rationale for decision making in each section

Due Date: November 14th 2014

Assessment 3:  Goals for next nine months of practice

Setting goals is an effective method of identifying individual learning needs related to your own area of practice. These goals assist in guiding your journey from novice to expert

It is expected that:
- you will identify these with support from your Preceptor, Clinical Coach or Nurse Educator
- you will be able to articulate relevance to your own practice
- your goals demonstrate critical thinking with an ability to think clearly and rationally in identifying appropriate learning needs
- your goals motivate you to identify learning and construct a systematic approach to achieve this

Due Date: November 14th 2014
Assessment 4: Interim Portfolio

The interim portfolio is formal feedback and assessment of your practice. Integrates peer review, performance appraisal, technical competencies and reflective independent thinking to demonstrate achievement of Level one competent practice.

It is expected that:
- presentation is professional and logical
- you will receive constructive feedback on your clinical practice and professional development
- it includes critical reflection and independent thinking contextualised to your own area of practice.

Resources: PDRP documentation supplied in interim portfolio folder. Includes guidelines and marking criteria for exemplar demonstrating critical reflection, using Gibb’s model.

Due Date: November 14th 2014

Assessment 5: Pre-reading for study days - Generic programme

(Specialised programmes will include area specific preparation requirements)

Self-directed learning time and pre-reading is completed for six study days. Current literature and Waitemata DHB policies are provided within your resource folder. These include work sheets to determine prior knowledge and ensure teaching is consistent with applying prior knowledge and developing new knowledge.

Due Date: Start of each study day

Assessment 6: Level Two Portfolio

The Nursing Entry to Practice Programme and Waitemata DHB PDRP programme require achievement of competent practice in accordance with the Continuing Practice Competencies outlined by the Nursing Council of New Zealand.

It is expected that the portfolio demonstrates:
- practice at Level 2, congruent with professional standards and legislative requirements
- ability to base clinical decisions on appropriate evidence, applying logical reasoning
- competently manage and co-ordinate patient care using professional judgment to enhance practice
- practice in a culturally safe manner
- critical reflection on own practice
- ethical accountability, promoting client interest and acknowledging client’s individuality, abilities, culture and choice
- responsibility for own professional nursing development

Resources: PDRP User Guide 2010
Case study reflection model
Documentation supplied in portfolio folder

Due Date: July 24th 2015
AUT University Faculty of Health and Environmental Sciences

Paper Descriptor

Paper: AUT Graduate Practice for Registered Nurses
Code: NURS801
Points: 30 (300 hours)
Pre/Co-requisites: Nil
Context: PG Certificate in Advanced Nursing Practice

There is an expectation that you will give as much to developing your practice in the first year as we will do to help you develop your confidence and skill. The Educators and Clinical Coaches are available for support and advice via a locator.

This is an important time to:

- Develop strong professionalism in your manner on the wards and in attendance at study days.
- Identify your strengths and areas for development
- Accept responsibility for finding resources or people who can assist you
- Integrate theory and practice
- Develop coping strategies for complex time management and shift work
- Accept accountability and responsibility for your actions.

Your manager will:

- Roster you to work with your preceptor for the first 10 weeks on the ward.
- Provide and promote a learning environment
- Ensure you are rostered for study day attendance as negotiated.
- Provide formal feedback at 10-12 weeks and 1 year.

The New Graduate Programme is supported by the New Graduate Advisory Group

Purpose: To oversee the NetP Programme team responsible for the New Graduate Programme, to monitor assessment processes, course completion and compliance with CTA/HWNZ requirements.

Your new grad representatives will provide valuable feedback to the steering group. They will in turn feedback to you about issues arising and changes being developed. Please feel free to approach any of the advisory group members with any issues.

Reports are submitted to the NetP advisory by the NetP Nurse Educator, Clinical Coaches and Nurse Consultant.
7. Resources

You have access to the Internet, the library, and office space in the Nursing Development Service at North Shore Hospital for short-term use. Photocopy resources are available.

Resources and toolkits
- Resource folders
- Competency assessments, including work stations
- Reflection
- There is access to a comprehensive library
- There is access to internet resources
- There is access to local policy and procedure documents
- New graduates are provided with resources to assist them to meet the requirements. This includes a portfolio and resource folder.

Recommended self – learning resources
- WDHB Nicotine replacement therapy E-learning module, book through the Learning & Development (L&D) E-learning site on the Intranet
- Ministry of Health ABC E-Learning module
- Cultural competency courses (CALD)
- Learning & Development E-learning

Library requirement
Library resources are available at North Shore with inter loan access at a prescribed fee for all students. Librarian support is available.

Woodford House, Waitakere has a room dedicated for study purposes. A computer and some learning resources are available.

ENJOY THE PROGRAMME!

Enjoy the profession that you have chosen and explore the range of opportunities that it provides you with.
8. Appendices

NEW GRADUATE PROGRAMME 2014 IMPORTANT Submission Dates for NetP

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>14th November 2014</td>
<td>Interim Portfolio Due</td>
</tr>
<tr>
<td>26th March 2015</td>
<td>AUT Introductory Study Day</td>
</tr>
<tr>
<td>15th May 2015</td>
<td>AUT Assessment 1</td>
</tr>
<tr>
<td>18th – 22nd May 2015</td>
<td>AUT Interviews</td>
</tr>
<tr>
<td>19th June 2015</td>
<td>AUT Assessment 2</td>
</tr>
<tr>
<td>24th July 2015</td>
<td>Portfolio Level 2</td>
</tr>
<tr>
<td>1st September 2015</td>
<td>Graduation Ceremony</td>
</tr>
</tbody>
</table>
Setting Goals “The SMARTER Way” to Success

Goals are what we want they motivate us and guide us forwards. They may be outcome goals or they may be process goals.

- **Outcome goals** are generally long term. They indicate your final destination
- **Process goals** are short term. They are the journey towards your final destination.

Setting goals can be hard enough, achieving them even harder. Without goals to guide our journey we can lose our way or get stuck at a junction and not know which way to turn. As nurses goals are particularly important in guiding our journey from novice to expert level.

You can use the taxi **CAB** when thinking about setting your outcome or process goals. Ask yourself:

- **Is the goal Conceivable:** Can you put it into words? Is it clearly defined?
- **Is the goal Achievable:** Are you capable of succeeding? Do you have what it takes?
- **Is the goal Believable:** Do you believe you can succeed? Do you have the flexibility to modify your goal in the event of unforeseen challenges?

The **SMARTER** Way to Success is a simple process for you to follow to assist you in defining your goals and achieving them.

- **Specific**
  Be specific and precise about your goal. Make it something you definitely want to achieve and state it in the positive. For example often nurses will write “I want to be better at cardiac nursing”. This is vague and impossible to measure. A better option may be “To competently and confidently manage a patient who has chest pain”.

- **Measurable**
  How will you know when you have achieved your goal? You must be able to measure your goal in some way. This will give you a clear understanding of how far you have traveled and how far you have yet to go.

- **Achievable**
  Is the goal realistically achievable? Will it challenge you without overpowering you? Have you been honest about what you want to achieve? Are you in control? The more control you have the more likely you will be to achieve your goal. Reliance on the action of others is out of your control and may hinder achievement.

- **Record**
  Write down your goal and then the process steps you will need to take in order to achieve it. Keep a record of what you do and how it went. You might like to include the resources you will need, the feelings you have about your goal now and how these change as you move closer and achieving it. The effect achieving your goal will have on your career, life and those around you and how you will manage any changes. This will assist you in identifying factors which may affect your goal and will help you to adjust the steps you need to take to achieve your goal if necessary.

- **Time bound**
  Setting a time limit will help you keep your goal in focus enabling you to better concentrate your energies on the tasks required to achieve your goal.

- **Enjoyable**
  Enjoying the process will make the journey towards your goal a lot more comfortable and more satisfying without it seeming impossible. Your goal should be something you will enjoy wanting to achieve. Goals should be about what YOU really want to achieve and not what someone else thinks you should. If your goal appears boring or unmotivating think about how you can make it more enjoyable.

- **Rewarding**
  Your goal will be much easier to achieve if there is a reward for you once it has been achieved. This reward can be a celebration of your achievements to mark your success, moving from New Graduate to Level 2 or from Level 3 to Level 4.

*Use the Goals Record form to*

**Develop a plan to achieve your goal. TAKE ACTION NOW. Good luck.**
Clinical Reasoning Reflection Guide

Read the clinical notes & observation documentation to gather available information.
What is the presenting problem?
What other problems exist for this patient e.g. Medical, Psychosocial?
What do I already know about the patient to document on my shift plan?

Is there some documentation that I don’t understand?

What observation documentation has not been completed e.g. Waterlow score, Falls risk, Care plan, Management plan?

What do I aim to achieve with my nursing interventions for each patient on this shift?

What are their immediate needs?
During my patient assessment; Are my questions flowing in logical order?
Am I allowing enough time for the patient to respond?
Am I probing to get the answers I need?

What do I think the priorities are for the patient at this point?
What action do I need to take to meet my patients’ needs?
Do I have the correct equipment to carry out cares and procedures?
Am I grouping my cares to provide timely and effective cares for each patient?

How does my pathophysiology knowledge explain and support my plan of care?
What important cues and assessments will I use to measure effective care and prevent complications?
Who can I ask if I do not understand the presenting problem for a patient?

Documentation: Have I recorded all information correctly?
Nursing notes;
- are they logical (e.g. systems documentation), succinct, legible and useful?
- are they contemporaneous, (i.e. are they written as events unfold), e.g. chest pain, altered NEWS score?

Reflection; Have I met my goals for each patient? What went well? What didn’t go well?
What have I learnt? Did I seek knowledge from my colleagues?
How will I my practice change?
Critical thinking is the ability to think clearly and rationally. It includes the ability to engage in reflective and independent thinking.

Someone with critical thinking skills is able to do the following:

- understand the logical connections between ideas
- identify, construct and evaluate arguments
- detect inconsistencies and common mistakes in reasoning
- solve problems systematically
- identify the relevance and importance of ideas
- reflect on the justification of one’s own beliefs and values

Case Study Guide

What is a case study?

A case study is a description of an episode of care that shows how you assessed, planned and managed the care of a patient/client from a nursing perspective. One of the important aspects of the case study is how you reflect on the care you provided. You really need to demonstrate how and why you made the clinical decisions you did and the care you provided.

Why do a case study?

A case study has been selected by the DHB as this is part of your everyday practice: The case study shows how you undertake assessment, gather information from a variety of sources and make decisions about patient care required. Selecting a case for your case study is a way for you to think about your practice and enables you to communicate about what you do well and the difference your nursing care makes to the people you care for.

The case study is also a vital piece of evidence that is used to demonstrate your competence and show the level of skill that you are practicing at (as required by NZ Nursing Council and the WDHB PDRP programme).

What are the NZNC requirements about competency?

The Nursing Council of New Zealand (NCNZ) has four domains of competence for the enrolled nurse and for the registered nurse scope of practice (please refer to the peer review and appraisal forms or go on-line to the NCNZ website). The competencies show the expected standard of nursing care for each domain.

Your case study provides an opportunity to incorporate examples of how your nursing practice achieves those competencies. You may find it helpful to read the NCNZ competencies and incorporate examples of how you meet those competencies in your case study.

For example:

**Competency 2.2 ‘Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings’**

*Indicator: Undertakes assessment in an organised and systematic way*
*Indicator: Uses suitable assessment tools and methods to assist the collection of data*
*Indicator: Applies relevant research to underpin nursing assessment*
In your case study you could provide an example of how you carry out an organised and systematic assessment, what assessment tools and methods you used and how your assessment links to current evidence.

**Helpful Hint**
Check out the NZNC competencies and indicators and think about which ones are applicable to your case study. The domains and indicators are available on [http://www.nursingcouncil.org.nz/RN%20Comps%20final.pdf](http://www.nursingcouncil.org.nz/RN%20Comps%20final.pdf)

---

**How do I write a good case study?**

**Structure**
Your case study needs to have a structure. This not only helps the assessor to follow the episode of care easily, but helps to show that your care is well thought out and you think in a clear logical manner. The nursing process provides a ‘ready made’ structure. Read on to see this in more detail.

**Evidenced based practice**
As a professional, you also need to demonstrate your nursing knowledge and that you refer to current practice and evidenced based research. You need to link your decisions and actions to clinical resources e.g. policies, procedures, protocols or research/ articles in journals etc. Don’t forget to provide details of any of these resources in your reference list.

**Word Count**
A guideline only for a word count is 1000 – 1500 words

**Helpful hint**
Keep a list of resources that might be useful for your case study. It is much easier to have that than go searching again for it later. Also make sure you know where the policies and protocols are that inform your practice.

The patient clinical record should **not** to be included as resources in your case study

**What is the difference between Level 2, 3 and 4 case studies?**

The difference between the levels of practice case studies is highlighted in the expectations of these levels of practice. For example, a level four nurse is “highly proficient in direct clinical practice, applies critical thinking and post graduate education” and this would be evidenced in the depth of the case study. This guideline outlines the requirements for a Level two case study. For further information see the Nurse Consultant PDRP or the Nurse Educator for your service.

**A suggested structure to a case study is...**

**Step One: Introduction**
A brief introduction helps to ‘set the scene’ and outlines the main ideas. The introduction could include the reason you chose your particular case:
- Why the case that stood out for you
- A situation you managed well or learnt from
- How you dealt with a particularly challenging situation
The introduction should also include
- Patient/client demographics (remember to respect confidentiality)
- Past health history (ONLY if relevant)
- Any social and contextual issues that impact on your patients/clients ability to cope

Confidentiality
Under the Health Information Privacy Code, please ensure nothing is in the case study that could identify a patient/client/ service user/community or health team member/staff. This includes not only protecting the name of individuals but any other facts that could identify their locality-specific/unique situation.

Step Two: Your nursing assessment
What were the problem/problems?
What information/assessment indicated to you that there was a problem?
- Describe what happened
- Give a brief patient/client history: history of health problem or reason for admission or contact
- State the presenting condition
- Give full details of the assessment you carried out to identify needs: systematic assessment, ‘NEWSCORE’,
- Explain pathophysiological basis for the symptoms where appropriate
- Clearly identify the problem/problems

Step Three: Planning:
What did you decide to do in your intervention?
What made you make that decision? THINK about this – what EVIDENCE have you used? For example any previous experience you might have had/article you have read/learning from a study day/ clinical policies and protocols.
- Describe what treatment and care was planned and the rationale for your plan.

Step Four: Nursing intervention
What did you do?
Were you able to carry out what you had planned?
Did you adapt your plan? Why?
- what happened in relation to patient/client response to the treatment and care plan?

Step Five: Nursing evaluation
What worked?
Why did you think it did?
- Describe what was achieved
- How was the outcome evaluated

Step Six: Reflection
Reflection is an important part of the learning process. It can enable you to make sense of and learn through experience. It is a conscious and deliberate process of thinking about and interpreting experience in order to learn from it.
What did you learn about your practice from this situation? Include a written reflection (of two or three paragraphs) on what was learned from the situation and what difference the nursing intervention made.

Reflect on how your nursing intervention in this situation demonstrates aspects of the level at which you practice. There are several models of reflection that can be used to guide your reflection process. Gibbs’ model of reflection is included here:

Helpful hint
This is a good time to think about the nursing council competencies and show how in this case study you have demonstrated them.

LOOK AT ALL FOUR DOMAINS – not just the management of nursing care. Also important are professional responsibilities, cultural safety, interpersonal relationships and interprofessional health care.

Date and sign the case study.

Gibbs’ model of reflection (1988)

Gibbs Reflective Cycle

Stage 1: Description of the event
Describe in detail the event you are reflecting on.
Include a description of where you were, who was with you, why you were there, what you were doing, the context of the event and what happened. What part did you play and what were the results?

Guidelines for writing critical reflective exemplar

Practising in-depth reflection - Gibbs’ Model of Reflection

GIBBS REFLECTIVE CYCLE

Description (what happened?)
Feelings/ Thoughts

Action Plan (if it occurred again, what would you do?)
Evaluation (the Good/Bad)

Conclusion (what else can be done?)
Analysis (what sense can be made?)

Gibbs Reflective Cycle

Stage 1: Description of the event
Describe in detail the event you are reflecting on.
Include a description of where you were, who was with you, why you were there, what you were doing, the context of the event and what happened. What part did you play and what were the results?
NETP Programme Handbook – Primary Care

Stage 2: Feelings
Try to recall your feelings – why does this event stand out for you? Describe how you were feeling as the event started, what were you thinking about at the time, how did the event make you feel, how did other people make you feel, how did you feel about the outcome of the event, what do you think about it now?

Stage 3: Evaluation
Try to make a judgement about what happened. Consider what was good about the experience or what didn’t go so well. Were things resolved satisfactorily?

Stage 4: Analysis
Think about the factors that affected the outcome and explore them separately. You may need to ask more detailed questions about the answers to the last stage. Consider: What went well, what did you do well, what did others do well, what went wrong or did not turn out how it should have done, in what way did you or others contribute to this?

Stage 5: Conclusion
This differs from the evaluation stage in that now you have explored the issue from different angles and have a lot of information to base your judgement. It is here that you are likely to develop insight into your own and other people’s behaviour in terms of how they contributed to the outcome of the event. Remember the purpose of reflection is to learn from an experience. Without detailed analysis and honest exploration that occurs during all the previous stages, it is unlikely that all aspects of the event will be taken into account and therefore valuable opportunities for learning can be missed. During this stage you should ask yourself what you could have done differently.

Stage 6: Action Plan
During this stage you should think yourself forward into encountering the event again and to think about what you would do – would you act differently or would you be likely to do the same? Here the cycle is tentatively completed and suggests that should the event occur again it will be the focus of another reflective cycle.

Reference

Confidentiality
Nurses should be vigilant to ensure that portfolios do not contain any reference to or any information which could lead to identification of patients/clients/service users. This includes copies of information e.g. care plans. The nurse should have removed all identifiers.
Health West Building – Simulation Centre
Waitakere

Linear Road Entry

Main Hospital

Snelgar Bldg

SIMULATION CENTRE

Accident & Emergency

Health West Bldg

Simulation Centre Entrance

This information is correct at date of issue. Always check on Waitemata DHB Controlled Documents site that this is the most recent version.