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| Nursing and Midwifery Transition to Practice ProgramsGuidelines 2018 |
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**Contents**

[**Introduction 3**](#_Toc519165372)

[**Background 3**](#_Toc519165373)

[**Implementation 4**](#_Toc519165374)

[**Elements that underpin transition to practice programs 5**](#_Toc519165375)

[**BPCLE element 1: An organisational culture that values learning 5**](#_Toc519165376)

[Leadership 5](#_Toc519165377)

[Preceptorship and mentoring 5](#_Toc519165378)

[Peer Support 5](#_Toc519165379)

[**BPCLE Element 2: Best practice clinical practice 6**](#_Toc519165380)

[Professional, Legal and Ethical Framework 6](#_Toc519165381)

[Cultural safety and inclusion 6](#_Toc519165382)

[Scope of practice 7](#_Toc519165383)

[Program evaluation and improvements 7](#_Toc519165384)

[Accountability 8](#_Toc519165385)

[**BPCLE Element 3: A positive learning environment 8**](#_Toc519165386)

[Orientation and Induction 8](#_Toc519165387)

[Educational objectives 9](#_Toc519165388)

[All staff training 9](#_Toc519165389)

[Access to recreational leave 9](#_Toc519165390)

[Rostering and work/life balance 9](#_Toc519165391)

[Rotations 10](#_Toc519165392)

[Occupational violence training 10](#_Toc519165393)

[Resilience training 10](#_Toc519165394)

[**BPCLE Element 4: An effective health service-education provider relationship 11**](#_Toc519165395)

[Career development and preparing for future employment opportunities 11](#_Toc519165396)

[Workforce planning 11](#_Toc519165397)

[**BPCLE Element 5: Effective communication processes 13**](#_Toc519165398)

[Performance reviews and feedback 13](#_Toc519165399)

[Interprofessional education 13](#_Toc519165400)

[**BPCLE Element 6: Appropriate resources and facilities 14**](#_Toc519165401)

[Availability and accessibility of clinical educators, preceptors and Graduate Coordinators (or equivalent) 14](#_Toc519165402)

[Employee assistance 15](#_Toc519165403)

[**References 16**](#_Toc519165404)

Department of Health

## Introduction

Nursing and midwifery transition to practice programs (also known as graduate programs) play an important role in supporting newly registered nurses and midwives to transition from undergraduate students to registered practitioners. These health service-based programs provide a supportive environment in which nursing and midwifery graduates can consolidate and further develop their knowledge, skills and competence, and offer a platform for developing safe, confident and accountable professionals[[1]](#endnote-1).

The *Nursing and Midwifery Transition to Practice Programs Guidelines 2018* replace the *Early Graduate Nurse Program Guidelines 2009*[[2]](#endnote-2) andhave been developed to align with the *Best Practice Clinical Learning Environment* (BPCLE) *Framework*[[3]](#endnote-3). They aim to provide guidance in the delivery of consistent and high-quality transition to practice programs for a sustainable health system that values the quality and competence of its workforce. These guidelines are consistent with the *Victorian Clinical Governance Framework**[[4]](#endnote-4)* which outlines the system domains that are common to high-performing health services.

### Background

The aim of transition to practice programs for registered nurses and midwives is to provide a safe and positive environment with a range of supporting resources that assists graduates to develop skills and confidence in their professional roles as part of a high-quality and sustainable workforce.

The *Review of Nursing and Midwifery Graduate Transition to Practice Programs in Victoria*[[5]](#endnote-5) (the Review), completed by Aspex Consulting in 2017, identified a number of strategic objectives and actions to improve transition to practice programs across Victoria. In response, and to improve the quality of program design, the Review recommended that the Department of Health and Human Services (the department) promote the inclusion of best practice elements into all transition to practice programs5.

In consultation with stakeholders, it was determined that this could be achieved by revising and redesigning the *Early Graduate Nurse Program Guidelines 2009* to reflect contemporary practice and the current needs of organisations and graduates. A review of current literature (within the past five years) was also undertaken to identify academic research and evidence associated with delivering effective transition to practice programs.

The BPCLE Framework outlines six key elements that are the essential underpinnings for a quality clinical learning environment and provide learners with an opportunity to experience the reality of practice in their chosen profession in a safe and supportive environment3.

The BPCLE Framework has been developed, refined and improved over the last 10 years based upon data and feedback from hospitals and health services, learners and university educators. The framework guides the improvement of clinical training experiences by informing policies, practices and behaviours. It is broadly applicable to learning environments across the career continuum including professional-entry, graduate, postgraduate and advanced practice, and to a range of contexts, from primary care to acute health settings, as well as mental health, aged care and other social care settings3.

These guidelines, in line with the BPCLE Framework, are not intended to replace, compete (or interfere) with the existing professional, legal and ethical framework set out by the Nursing and Midwifery Board of Australia which supports the safe and competent practice of registered nurses and midwives. Any conflict between the elements of this framework and the professional standards[[6]](#endnote-6) must always be resolved in favour of the professional standards.

### Implementation

Flexibility in program structure and delivery enables health services to design and create programs tailored to their organisation, location and service needs across metropolitan, regional and rural health services. These guidelines are designed to outline best practice to support high-quality transition to practice programs, whilst also recognising that one program model will not necessarily meet the needs of all organisations[[7]](#endnote-7). This is also acknowledged as a key principle in the BPCLE Framework, which states that ‘many different models of clinical education and training exist and successfully produce health professionals of required competency and standard’3.

While these guidelines follow the six key elements of the BPCLE Framework, they are not intended to replicate or duplicate the Framework. Additional information under each element provides suggested inclusions and considerations for nursing and midwifery transition to practice programs. However, it is not an exhaustive list and it is recognised that there may be other options and ideas that will meet the BPCLE elements. It is also acknowledged that many of the elements overlap or are closely inter-related, as quality clinical learning environments take a holistic and all-encompassing approach to the support and professional development of practitioners throughout their career journey.

All health service employees, from the executive staff to individual educators and supervisors and the learners themselves, have a responsibility to contribute to the delivery of best practice, safe and supportive learning environments. Enhancement of an organisational learning culture underpins improved patient care and health outcomes.

Led by strong clinical and executive nursing and midwifery leadership, all health service employees (including all registered nurses and midwives, nurse and midwife educators, preceptors and the graduates themselves), have a responsibility to contribute to the delivery of best practice, safe and supportive learning environments.

To ensure consistency and quality of programs across Victoria, it is recommended that all organisations offering nursing and midwifery transition to practice programs incorporate the elements of these guidelines into their programs. Health services can monitor the quality and performance of their learning environments using the BPCLEtool and selected indicators from the BPCLE Framework.

### Review and contact

These guidelines are scheduled to be reviewed by the department in 2021.

For further information regarding these guidelines, please contact the Nursing, Midwifery and Paramedicine Workforce team at nmw@dhhs.vic.gov.au.

## Elements that underpin transition to practice programs

The following elements provide direction and guidance for all organisations in designing and delivering nurse and midwifery transition to practice programs.

### BPCLE element 1: An organisational culture that values learning

An organisational culture that values learning is demonstrated through a commitment to education, educators and providing opportunities for learners to develop and enhance their professional attributes, clinical skills and knowledge. The value an organisation places on learning and education will be reflected in policies and procedures and strong leadership which promotes a culture of learning and prioritises learning as a high priority.

A learning culture represents the philosophy of the whole organisation, ensuring that educators and other staff are appropriately recognised, resourced and supported to work with and mentor graduates. These staff members should demonstrate and maintain a positive work and learning environment that supports an effective transition to practice journey[[8]](#endnote-8).

| *Key considerations for nursing and midwifery transition to practice programs* |
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| Leadership | Strong leadership is important in managing and driving a successful transition to practice program. Transition to practice program leaders can include graduate coordinators (or equivalent), clinical educators, preceptors and other staff who take on a supportive role for graduate nurses and midwives. Leaders motivate and collaborate with staff, and identify opportunities for innovation and delivery of service excellence. Transition to practice program leaders undertake the role of assisting nurses and midwives to develop professionally[[9]](#endnote-9), with effective leadership, ensuring that transition to practice programs are able to meet the needs and established goals of their organisation9, and the needs of graduates.**Recommendation:**To assist in strong leadership contributing to effective operation of transition to practice programs, it is recommended that organisations support leaders to undertake educational opportunities to effectively facilitate transition to practice program operation.  |
| Preceptorship and mentoring | Effective and supportive preceptors increase graduate confidence5,[[10]](#endnote-10) through coaching, providing direction and imparting knowledge and skills. Working with and mentoring graduates through effective preceptorship enables graduates to feel supported while consolidating their skills5. Development programs in preceptorship can enhance clinical leadership skills for staff members working with graduates and maintain a positive working and learning culture. **Recommendation:**It is recommended that organisations proactively support the opportunity for staff to attend preceptorship training. |
| Peer support | A positive culture can be achieved when graduates are treated as part of the team, are valued for the positive aspects they bring to an organisation’s workforce and are provided with opportunities to learn from the staff they work alongside. Graduates benefit greatly from peer support[[11]](#endnote-11) as it provides an opportunity to debrief, voice concerns and identify stressors[[12]](#endnote-12). **Recommendation:**It is recommended that while participating in a transition to practice program, nurses and midwives have the opportunity to access regular group debriefing sessions and individual debriefing sessions with preceptors, as agreed between graduates and organisations. |

### BPCLE Element 2: Best practice clinical practice

Patients have a right to receive safe and high-quality care. Best practice clinical practice is the goal of every health service.

An organisation demonstrates a commitment to providing high-quality care for patients through continuous quality improvement, facilitating a culture of quality and safety through supporting practitioners to have appropriate skills, knowledge and attributes to practice safely and competently, and ensuring that best evidence is adopted into practice.

Transition to practice programs provide the opportunity for new nurses and midwives to consolidate their skills and knowledge and to facilitate the transition to safe and competent health professionals. This includes the further development of critical thinking and problem-solving ensuring safe and high quality care for patients[[13]](#endnote-13).

An organisation delivering a transition to practice program needs to model best practice behaviours, processes and practices to learners. This includes ensuring that systems, policies and protocols are in place and that programs are regularly evaluated and reviewed to ensure they are meeting the needs of graduates, the organisation and patients.

| ***Key considerations for nursing and midwifery transition to practice programs*** |
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| Professional, legal and ethical framework | As regulated health professionals, graduates are bound by the Professional Codes and Guidelines and Professional Standards established by the Nursing and Midwifery Board of Australia, as a requirement to practise in Australia6. **Recommendation:**It is recommended that all organisations support graduates to have an understanding of, and to practice within, the standards of the profession and within the legal, professional and ethical framework applying to nurses and midwives as part of their registration with the Australian Health Practitioner Regulation Agency. This includes ensuring organisational policy and procedure is evidence based, clear and easily accessible to all graduates. |
| Cultural safety and inclusion | As outlined in the Nursing and Midwifery Board of Australia Codes of Conduct[[14]](#endnote-14),[[15]](#endnote-15), nurses and midwives are required to provide care that is free of bias and racism. The Codes support holistic care and require culturally safe and respectful practice towards both patients and staff. A culturally safe environment is critical to safe practice and a positive work environment3 by ensuring all staff are treated equally and with respect. **Recommendation:**It is recommended that transition to practice programs include consideration of cultural safety, inclusion and equal employment opportunities. |
| Scope of practice | All staff are encouraged to have an understanding of the scope of practice of the individual nurse and midwife as defined in the *Nursing and Midwifery Board of Australia, National framework for the development of decision-making tools for nursing and midwifery practice[[16]](#endnote-16)*. Transition to practice programs provide a mechanism for nurses and midwives to transition to independent practitioner in a safe and supportive environment. While graduates have a responsibility to understand their own scope of practice, staff working with graduates must also have an understanding of the scope of practice of each individual graduate. Understanding scope of practice in relation to clinical activities not only entails understanding what graduates are authorised to do, but also requires staff members working with graduates to have realistic expectations and to consider graduates’ individual competency levels, ongoing education requirements and opportunities. Organisations are required to ensure that all nurses and midwives operate within their scope of practice in line with the Nursing and Midwifery Board of Australia standards for practice[[17]](#endnote-17),[[18]](#endnote-18). **Recommendations:**It is recommended that transition to practice programs include mechanisms to ensure all staff involved in supporting graduates have a good understanding of what informs the scope of practice of the individual graduate.It is also recommended that transition to practice programs support graduates to consolidate skills and knowledge to ensure graduates practise safely within their individual scope of practice. |
| Program evaluation and improvements | Program evaluation provides the opportunity for organisations to continuously improve the quality of their programs and integrate new evidence into practice. This includes reviewing and evaluating transition to practice programs on a regular basis to incorporate local, national and international findings related to the success of these programs.The *BPCLE Performance Monitoring Framework*[[19]](#endnote-19) can be used to monitor and evaluate clinical education activities. Evaluation techniques may include, but are not limited to:* all staff surveys
* anonymous graduate-specific surveys
* BPCLEtool
* assessment of data to assess funding and outcomes

**Recommendation:**It is recommended that organisations regularly evaluate their transition to practice programs.  |
| Accountability | As registered health professionals, nursing and midwifery graduates are accountable for the care they provide in line with the Nursing and Midwifery Board of Australia standards for practice17,18. This requires registered nurses and midwives to practise safely and competently in accordance with the professional, Codes, Standards and Guidelines which govern their practice.**Recommendation:** In addition, it is essential that organisational policy and procedure is evidence based, clear and easily accessible to all graduates. |

### BPCLE Element 3: A positive learning environment

There are many elements that comprise a positive learning environment. From a nursing and midwifery graduate perspective, the Review’s *Report of Graduate Program Experiences* identified a number of key dimensions including orientation policies and procedures, incremental responsibility, self-reflection, problem-solving, professional support, availability of debriefing opportunities and the development of resilience[[20]](#endnote-20).

Research shows that graduates can experience difficulty and anxiety when transitioning from student to independent practitioner[[21]](#endnote-21), particularly within their first six months[[22]](#endnote-22). Graduates are likely to encounter positive experiences during their programs when they feel welcomed and are included as part of the team20. Graduates should be valued, provided opportunities to learn and should be actively encouraged to provide and seek feedback to improve their knowledge, skills and practice.

Structured learning opportunities that recognise individual learning needs and define program outcomes are an essential component of any transition to practice program3. These features provide clarity of expectations including the achievement of clinical skills and competencies on completion.

Transition to practice programs provide an opportunity for nurses and midwives to experience and develop skills across a range of clinical settings. This broadens knowledge and capabilities, while also contributing to improved retention and future career decisions.

| ***Key considerations for nursing and midwifery transition to practice programs*** |
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| Orientation and Induction | A welcoming environment, with appropriate induction and orientation, is essential for providing a positive learning environment and contributes to long-term employee retention. Nursing and midwiferygraduates who receive comprehensive information during their orientation encounter more positive experiences during their transition to practice programs20. New graduates who are able to understand their immediate clinical environment also experience lower levels of workplace stress20. **Recommendation:**It is recommended that graduate orientation include information about: * + - key organisational policies and procedures
		- organisational codes of conduct and values
		- tour of wards and facilities
		- contact details of Graduate Coordinator (or equivalent)
		- allocated preceptors and clinical educators
		- supernumerary time
		- study days
		- rostering procedures
		- patient handover process
		- documentation systems
		- mandatory education and training requirements (e.g. Occupational health and safety)
		- incident reporting
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| **Educational** objectives | To support the transition to independent practitioner, graduates require appropriate learning opportunities and exposure to various clinical experiences. Organisations can further support graduates by ensuring these learning opportunities are available through structured and manageable workloads. Graduates and organisational staff have indicated the value of having clearly defined learning objectives upon commencing rotations to understand expected educational outcomes as part of their program5,20. **Recommendation:**It is recommended that the education component of transition to practice programs contain clearly outlined objectives and a personal learning portfolio is developed in consultation with graduates. |
| All staff training | Ward staff working with graduates may not have an accurate understanding of graduates’ clinical capabilities, skills or knowledge[[23]](#endnote-23),8,[[24]](#endnote-24). Staff working and engaging directly with graduates require a common understanding of graduate clinical capabilities, skills or knowledge to ensure a safe working environment. This is also useful for building a positive learning culture3. **Recommendation:**It is recommended all staff understand their role in supporting a high-quality education environment for graduates. This could include education sessions for all staff on graduate capabilities, education principles and mechanisms to support graduate learning. |
| Access to recreational leave | Transition to practice programs should provide a safe learning environment for graduates that considers their emotional safety and wellbeing. Annual leave is important to reduce the likelihood of burnout, with uptake of annual leave entitlements linking to higher levels of job satisfaction[[25]](#endnote-25). **Recommendation:**Transition to practice programs should plan and promote annual leave throughout the duration of the program as consistent with the current Enterprise Bargaining Agreement for nurses and midwives. |
| Rostering and work/life balance | The nature of nursing and midwifery practice requires graduates to work a rotating roster. While this is well known to all graduates, the first few months in clinical practice may be the first time they experience the reality of shift work, which can affect graduates physically and emotionally[[26]](#endnote-26).**Recommendation:**Organisations should ensure rostering processes enable work/life balance for graduates during their transition period and adhere to the current Enterprise Bargaining Agreement for nurses and midwives. |
| Rotations | Rotations provide the opportunity to grow well-rounded graduates through the development of varied skills and exposure across different clinical environments. It is recognised that the number of rotations to assist with consolidation of knowledge and skills varies across health services, with some providing one or two rotations7 and others offering additional opportunities5. While the number of rotations is determined by individual health services according to the needs and interests of the organisation and graduate, it has been identified that reducing the number of rotations across settings can provide greater development opportunities for graduates, and further consolidation of skills5. In order to improve the consistency of transition to practice program implementation, the Review recommended that rotational agreements be implemented for graduates in each clinical area5. The department has developed a standardised rotational agreement template that health services may use for staff rotations, which includes information on, but not limited to, orientation and competencies for wards/clinical areas, rostering, education and training, and policies and procedures. **Recommendation:**It is recommended that health services use:* rotational agreement (department template)

or* rotational agreement (health service template);

and * mutually agreed elements of rotational arrangements (i.e. graduates can discuss and/or preference)
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| Resilience training | Studies have shown that resilience can be developed and enhanced, and is linked to staff satisfaction and turnover21. Higher levels of resilience have been found to lead to more motivated, organised, confident graduates who are more likely to seek assistance if required20. Graduates with higher levels of resilience have also been shown to use feedback from other staff as an opportunity for professional development, use peer and professional networking opportunities to assist with tasks and have been found to develop enhanced work/life balance20. Providing graduates with the necessary tools to build their resilience will enhance their transition to practice experience and contribute to their wellbeing.**Recommendation:**It is recommended organisations consider resilience training for graduates as part of their transition to practice program. |
| Occupational violence training | Everyone has the right to feel safe at work. The department is committed to ensuring the safety of all staff and patients and has created a suite of programs to support health services in achieving this goal. Training is integral in building the knowledge and skills to prevent and respond to the risk of occupational violence and aggression. The *Guide for violence and aggression training in Victorian health services* aims to provide consistency in the delivery of staff training for managing violence and aggression from an organisation-wide perspective[[27]](#endnote-27).**Recommendation:**It is recommended that organisations ensure graduates receive adequate information and training relating to preventing occupational violence. |

### BPCLE Element 4: An effective health service-education provider relationship

Clinical education and training is a collaborative arrangement between education providers and health services that draws on the complementary skills, experience, resources and expertise of the two sectors3. While it is recognised that transition to practice programs are not a formal academic program delivered by an education provider, organisations should continue to maintain and/or create strong links with education providers to inform transition to practice programs. This will ensure health services have the opportunity to strategically plan and prepare for future workforce models/needs that will potentially require new and emerging skills and capabilities.

Relationships should equitably serve the needs and interests of both partners. Partnerships provide the opportunity to share knowledge and resources and encourage the most contemporary, evidence-based clinical practice based on sound educational principles.

| *Key considerations for nursing and midwifery transition to practice programs* |
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| Career development and preparing for future employment opportunities | The *Nursing and Midwifery Board of Australia Registration Standard: Continuing Professional Development[[28]](#endnote-28)* supports ongoing professional development for all registered nurses and midwives. Complementing this, all staff should be encouraged to commit to a lifelong learning philosophy to ensure maintenance of contemporary knowledge, skills and attributes that lead to safe and high-quality patient care. Transition to practice programs need to balance the consolidation of individual skills and knowledge while also providing a range of clinical environments that offer a breadth of clinical experience. As part of ongoing professional development and skills creation, it is recognised that some health services provide programs that deliver credits towards postgraduate education. **Recommendation:**It is recommended that health services have a strong education provider relationship to support the delivery and evaluation of postgraduate programs to meet organisational objectives. |
| Workforce planning | Organisations have an opportunity to respond to future community expectations and evolving service models through innovative workforce planning and utilising a ‘grow your own workforce’ retention strategy. This may involve identifying and supporting particular skill and capability development opportunities that create a competent and sustainable workforce over the longer term. **Recommendation:**It is recommended that health services work with their partner education providers to strategically identify, plan and deliver education and training requirements of graduates in response to future needs. |

### BPCLE Element 5: Effective communication processes

Effective communication is a key component across any organisation in the delivery of effective and successful outcomes. It is the responsibility of all employees as a whole to maintain open and active dialogue with graduates, and is not solely the responsibility of educators and preceptors engaging directly with learners3.

Effective communication plays a key role in teamwork, collaboration and improving education and clinical environments by informing actions, behaviours and decision-making3. Communication is also essential for debriefing, performance improvement and engagement across all levels which ultimately leads to better outcomes for the organisation, staff and patients3.

| ***Key considerations for nursing and midwifery transition to practice programs*** |
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| Performance reviews and feedback | Performance appraisals are an important part of developing graduates to improve their skills, knowledge and ability to self-reflect20. Nursing and midwifery graduates value regular feedback on performance as it allows them to identify their strengths, areas for improvement20 and also assists in career development. In order for feedback to be effective, it should be objective, “specific, timely, constructive, balanced and two-way”3. **Recommendation:**It is recommended that organisations ensure opportunities for regular reviews and feedback meetings between graduates and their preceptors to address learning needs and ongoing skill development. |
| Interprofessional education | In providing high-quality care for patients, organisations should ensure that high-quality care is underpinned by the promotion and support of multidisciplinary teamwork4. Interprofessional practice requires a supportive environment and effective communication across the health care team in order to work successfully[[29]](#endnote-29).Research indicates that there is a staff perception that graduates who participate in interprofessional practice have opportunities to improve their communication skills, particularly when interacting with managers and professionals in other disciplines[[30]](#endnote-30). Interprofessional education also increases graduate confidence and builds their skills in collaborative practice4,[[31]](#endnote-31).**Recommendation:**It is recommended that organisations promote opportunities for graduates to engage in interprofessional education and practice. |

### BPCLE Element 6: Appropriate resources and facilities

The resources and facilities that are appropriate for a nursing and midwifery transition to practice program will vary across different health organisations. However, all learners should have equitable access to the necessary resources to optimise their learning and ensure program outcomes can be achieved3.

Appropriate resourcing may include capital infrastructure, teaching and learning resources, IT and communication resources, amenities and the availability of personnel to provide support for graduates during their transition period.

To assist in building a positive learning environment, organisations should also ensure that graduates have access to resources that ensure their wellbeing3 such as employee assistance programs.

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| ***Key considerations for nursing and midwifery transition to practice programs*** |
| Availability and accessibility of clinical educators, preceptors, clinical support nurses and graduate coordinators (or equivalent) | Appropriate clinical support and supervision for graduates is essential as they build confidence in their knowledge and capabilities to provide best practice care for patients[[32]](#endnote-32). This assists to identify the learning needs of individual graduates and tailor the level of support they may require.Availability of clinical staff is essential to support nurses and midwives to smoothly transition into their registered nurse and/or midwife role. Staff working with graduate should be committed5 and have a professional responsibility to support these graduates as they undertake their program.Nursing and midwifery graduates find having access to support staff during their employment valuable, particularly during the orientation and induction period5. Graduates have identified that access to key support staff gives them the opportunity to ask questions about managing patient care and regarding policies and procedures that are unit-specific20.As part of their transition to practice program, organisations should manage and coordinate an appropriate number of clinical educators and preceptors to ensure graduates have access to experienced staff for a safe and supportive experience. Appropriate ratios of learners to educators also assists to minimise a graduate load that may be overwhelming to staff or inappropriate for providing adequate individual support for graduates. Recommendations:It is recommended that organisations consider mirror rostering of preceptors and graduates, and that preceptors and graduates are clearly identified to each other. It is also recommended that organisations consider and provide adequate resources for graduates throughout their programs, included personalised access to a mentor/preceptor and contact with a secondary preceptor as necessary. |
| Employee assistance | When undertaking a transition to practice program, graduates are adjusting to a potentially demanding role that encompasses professional accountability and responsibility. Studies have shown that graduate may experience anxiety11, fatigue20 and other factors of ill health that can potentially impact their performance11. Resources should be available to support graduates’ wellbeing during their program. Access to counselling for nurses and midwives participating in a transition to practice program offers support and assists them during their period of learning and transition. **Recommendation:**It is recommended that support resources are readily available for graduates during their program, and graduates are informed of the following resources during the orientation period, and throughout their program:* employee assistance program
* Nursing and Midwifery Health Program Victoria
* Nurse and Midwife Support (Turning Point).
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