Report on the transition to practice needs of newly graduated enrolled nurses and postgraduate (entry to practice) midwives

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I have endeavoured to ensure that the views of all stakeholders have been adequately represented in this report and thank them again for their invaluable contribution to this project.

Finally, I would like to thank my colleagues, Cheryl Reed and Chris Healy, for their support in the conduct of this study.

Mandy Healy
Research and Evaluation Consultant
**Executive summary**

Transition to practice activity supports novice practitioners in the transition from academia to professional practice. This workplace activity assists novice practitioners to consolidate knowledge, skills and competence and transition to practice as safe, confident and accountable professionals.

The transition to practice needs of graduates of bachelor degrees in nursing and/or midwifery courses have been well documented. There is less known, however, about the transition to practice needs of two other different cohorts - enrolled nurses and postgraduate (entry to practice) midwives.

Nursing and Midwifery Workforce, Department of Health Victoria, (the Department) commissioned Mandy Healy, Research and Evaluation Consultant, to conduct a study of the transition to practice needs of newly graduated\(^1\) enrolled nurses and postgraduate (entry to practice) midwives. This follows on from the 2012 study of graduate programs for nurses and midwives (bachelor and double degree), and the 2013-2014 development of a monitoring and evaluation framework for these programs\(^2\).

The key purpose of the current study was to develop two broad sets of best practice principles for transition to practice – one for enrolled nurse graduates and one for postgraduate (entry to practice) midwives. Separate streams of enquiry were undertaken to reflect the differences between these two unique cohorts.

The need for transition to practice activity for enrolled nurses was associated with changes to their scope of practice. These changes to scope of practice increased the opportunities for health services to employ enrolled nurses in more diverse settings, including acute settings.

The transition needs identified by newly graduated enrolled nurses most commonly related to the need for access to timely clinical support and opportunities for regular in situ debriefing and reflection with more experienced co-workers and preceptors. A highly diverse group, enrolled nurses require a flexible and individualised approach to transition support.

The positive outcomes health services associated with transition activity for enrolled nurses included improved recruitment and retention, and the development of a more

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\(^1\) In this document the term ‘graduate’ and/or ‘graduated’, when referring to an enrolled nurse, is used to describe a person who has ‘successfully completed a course of study or training’ as opposed to the more specific description of a person who has ‘been awarded an undergraduate or first academic degree’ (On-line Oxford Dictionary 2015).

\(^2\) Further information about each of these projects is provided by the Department of Health Victoria, available at http://www.health.vic.gov.au/nursing/graduate
adaptable and capable workforce that is better able to respond to fluctuations in workforce supply and demand.

Transition to practice activity was seen as vital for novice postgraduate (entry to practice) midwives. This diverse cohort is challenged with adapting to a change in their role and status as they transition into midwifery which is culturally, clinically and organisationally very different to registered nursing. The need for individualised, flexible support (which may include clinical support, supernumerary time and debriefing) was identified.

The broad overarching aim of transition to practice activity is:

_To provide a flexible range of supports to assist graduates in adjusting to their professional roles as part of a high quality and sustainable workforce._

The data associated with each of the two cohorts was analysed separately, however a number of common themes related to their transition to practice needs were identified. These were found to be consistent with themes identified for transition to practice activity for graduates of bachelor degrees in nursing and/or midwifery and form the basis of a set of four best practice principles for newly graduated enrolled nurses and postgraduate (entry to practice) midwives.

The four best practice principles support the aim of transition and are:

- **The professional principle** which is focused on socialisation into the profession and improving the professional skills and knowledge required to practice effectively and safely
- **The organisational principle** which includes feeling valued and developing a sense of belonging within the organisation
- **The personal principle** concerned with the development of a life-long approach to well-being
- **The clinical principle** which promotes consolidation and expansion of clinical abilities, clinical judgment and confidence.
1 Introduction

The core objective of the Victorian Department of Health (the Department) is to achieve the best health and wellbeing for all Victorians. The Victorian healthcare system needs to be supported by an educated, experienced and skilled nursing and midwifery workforce, of adequate size and distribution, to meet the needs of the Victorian public. To achieve this, the Department contributes to the cost of funding places for new graduate nurses and midwives in the public sector.

Graduate programs are workplace-based programs offered by employers for graduates in their first year of practice. They are designed to consolidate knowledge, skills and competence to assist graduates to make the transition to practice as safe, confident and accountable professionals.

In April 2014, the Department commissioned Mandy Healy to conduct a study of the transition to practice needs of two distinct cohorts, namely newly graduated enrolled nurses and postgraduate (entry to practice) midwives. This report presents the findings of that project. The report is designed to provide information on the transition to practice needs of these two specific cohorts. Chapters one and two are generic and of interest to both groups. Chapters three to seven deal with the findings and best practice principles relating to enrolled nurses while chapters eight to 12 address the findings and best practice principles relating to postgraduate (entry to practice) midwives.

1.1 Background

In 2012, the Department commissioned TNS consultants, Mandy Healy and Dr. Vivienne Howe to undertake a review of graduate programs for bachelor degree nurses and midwives (Healy and Howe 2012). A summary of key findings from the literature review conducted as a part of this earlier work is provided below. Building upon the 2012 study, the TNS consultants undertook further work in 2013 and 2014, to develop a monitoring and evaluation framework for Victorian graduate programs for bachelor degree nurses and midwives (Healy and Howe 2014).

1.2 About the current project

Unlike the programs and guidelines that are available for graduates of bachelor degrees in nursing and/or midwifery, there is currently no clear guidance for Victorian health services about the transition to practice needs of enrolled nurses and postgraduate (entry to practice) midwives. The purpose of this project was to conduct a study of the transition to practice needs of two nursing and midwifery
cohorts (enrolled nurses and postgraduate midwives), once they have completed their entry to practice education.

It is recognised that enrolled nurses and postgraduate (entry to practice) midwives are two distinct groups of professionals. For efficiency, the results for each cohort are presented in this report. This in no way implies, however, that the two cohorts were treated as similar groups. It was recognised that each cohort has quite different entry to practice qualifications, scopes of practice and employment conditions. As such, separate streams of enquiry were used throughout this project.

This project involved the development of two separate sets of best practice principles, one for enrolled nurses and one for postgraduate (entry to practice) midwives. The data collection which informed each of these activities was undertaken separately and analysed separately. Much of the literature, however, is general in nature and is applicable to both cohorts. Furthermore, many of the professional stakeholders who were consulted had an interest in both cohorts.

This study has addressed the knowledge gap described above and has provided evidence that may be used by both the Victorian nursing and maternity sectors. Based on the findings of the study, two sets of broad, best-practice principles have been developed for ‘transition to practice’, one for each cohort.

1.3 Study method

This study used a multi-method approach:

- Desk top research (including grey and academic literature related to transition activity and alternative models of transition in Australian jurisdictions). The findings from this stage are reported in chapter 2: Desk top research.
- In-situ consultations (including interviews, focus and mini groups) at five health services (including public and private, metropolitan and regional / sub-regional). The findings from this stage are reported in appendix C and D: Case studies, as well as being integrated throughout this document.
- Consultations with stakeholders (including academics, jurisdictional representatives, clinical educators, training and education providers, representatives of various nursing and midwifery education networks). A list of organisations, that had representatives participating in the study, is included in appendix B: Contributors.
- Two brief health service surveys (related to transition activity for each cohort). The results of the surveys are included in chapters 4: Enrolled nurse health services survey and chapter 9: Postgraduate midwife health services surveys. The questionnaires are included in appendix H: Tools.
A consultation paper regarding the proposed best practice principles for each cohort was circulated by the Department to stakeholders. The feedback received from this consultation process has been incorporated into chapters 7 (for enrolled nurses) and 12 (for postgraduate midwives).

Further information about the research method is included in appendix A: Method.
2 Desk top research

This chapter presents desk top research related to transition, including professional transition, issues associated with transition and responses to support transition. Other information and data to support the current project is also provided.

Desk top research related specifically to enrolled nursing, including workforce data and transition needs and issues, is presented in Chapter 3. Chapter 8 contains desk top research specifically related to postgraduate (entry to practice) midwifery, including literature and workforce data.

2.1 Summary of literature related to graduate nurses and midwives

In 2012, the Department commissioned work to investigate transition programs for newly graduated nurses and midwives (Healy and Howe 2012). An extensive Australian and international literature review related to the transition needs of early graduates was undertaken as a component of this work. The following is a summary of key issues identified in the 2012 literature review.

Successful transition is a process which assists a novice practitioner to develop the ability to work autonomously (within their scope of practice) and consolidate and enhance their skills. It recognises that new graduates are registered and legally able to practice. They are not students. Transitional support is not about reteaching undergraduate education and 'filling in gaps'. It is about enabling new practitioners to apply their skills and knowledge and develop further as a part of their lifelong learning.

There are repeated documented links in the literature between the nature and extent of new graduate challenges and rates of development of stress and attrition. The challenges faced by new nursing and midwifery graduates are numerous and multifaceted.

These challenges can be broadly classified into three key categories:

- Professional - this includes development of generic professional skills, socialisation to the nursing or midwifery professions, development of a professional persona

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and consolidation and confidence with clinical skills and feeling they have the ability to contribute to improved patient care.

Organisational - this includes feeling a sense of belonging to the organisation where one is employed, knowing how to access organisational support and resources, feeling comfortable with organisational routines and operational matters, knowing how to access the information and tools need to perform in their role.

Personal - this includes sense of job satisfaction, ability to reflect on performance, ability to deal with stress, manage work life balance, work in a context where one is open to feedback from others and ability to develop resilience.

Available literature suggests that multiple related factors work to facilitate the transition of new nursing and midwifery graduates into professional practice. A number of key factors exist:

- There are opportunities to develop a sense of belonging to the organisation. This may include being treated as a member of the team, people knowing who you are, being able to contribute to the organisation, participating in whole of organisation activities, knowing how the organisation works, and seeing graduates being valued and supported by others as a part of the organisation culture.

- There are opportunities to develop a sense of belonging to the profession. This may include being treated as a member of the nursing/midwifery team, people knowing who you are, having access to peers, being supported in an informal and friendly manner by co-workers and more senior nursing/midwifery staff, being given direct feedback, feeling successful and competent, and feeling professionally challenged as a nurse/midwife.

- There is access to different types of clinical nursing/midwifery education including *in situ* access to support from a designated clinical educator and informal professional support from co-workers.

- Importantly, support must be appropriate to the stage of the nurse’s/midwife’s transition, with a focus in the first six months on communication and learning and then shifting in the last six months to enhancing independence. Research also suggests that support provided by informal teachers and graduate colleagues during the first four weeks of the program, as well as at the beginning of each new rotation, is critical.

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4 In later work (Healy and Howe, 2014), the professional theme was separated from clinical issues in order to facilitate the ability to evaluate performance of transition activities in these key areas. In the literature, professional attributes are often not separated from clinical attributes.
Transition to practice needs

- The type of support should change over time to encourage reflective practice, clinical decision-making and autonomous practice according to the individual's needs.
- Access to preceptors (or facilitators and/or mentors) is central in developing reflective practice, clinical decision-making, confidence and resilience. Preceptors provide support, opportunities for practical learning and guidance to promote learning and confidence. There is some literature to suggest that graduates should depend less on preceptors as this will encourage self-reliance, resourcefulness and positive interactions with all staff. If properly resourced and trained, however, preceptors are generally viewed as an integral part of graduate nurse/midwife development.
- Similarly, access to opportunities to debrief, particularly immediately following an issue, is also important.
- Research supports a graduate transition period of 12 months duration for nursing/midwifery bachelor degree graduates. This allows nursing/midwifery graduates sufficient time to move through the necessary stages of development including adjustment, improvement, consolidation, progression and finally, program graduation. The need for flexibility to accommodate individual needs is noted.

A number of outcomes that can result from appropriate transitional support are reported in the literature. These include positive outcomes for:

- employers - improved organisational culture and a good return on investment for employers who have access to a more robust, stable workforce with fewer issues with sick/stress leave, retention, recruitment of staff
- the community – through access to a dependable, safe, well prepared, adaptable, professional nurse/midwifery workforce
- individual graduates – through improved job satisfaction, increased confidence and competency, increased sense of belonging to the organisation and the profession, increased resilience, ability to work to full scope and undertake challenging meaningful work.

2.2 Professional transition

There is strong acceptance of the need for transition to practice activity to support novices entering traditional established professions (including medicine, pharmacy, nursing, law, dentistry, allied health and engineering). Transition tends to be more common in professions where the individual is required to have a high degree of specialised skill and knowledge and may be required to work autonomously, or where the application of academic knowledge needs to be transferred to a clinical context and reflection is needed to build professional judgement (Schon 1983; 1987).
The literature suggests that rather than dispensing information to assist with every transition, the most effective approaches are likely to be those which promote adaptability and resilience by providing transferrable skills which support the evolution of the professional in many different settings.

2.2.1 Transition as an ongoing process

Contemporary views see professional transition as occurring throughout professional life. As the individual goes through the processes of 'becoming' professional, within our highly changeable workplace, it is likely that multiple transitions will occur. Scanlon (2011) sees professionals as operating in a knowledge society where they must continually adapt to knowledge technologies and the new contexts in which knowledge is actualised, with professional identity developing across potentially multiple transitions. The notion of lifelong learning has been embraced in response to these changes and accompanying this, the idea that transition is a part of a professional's ongoing evolution.

A key component of successful transition and professional evolution is adaptability. Best practice approaches to transition provide more than information. They provide professional learning opportunities which develop and enhance adaptability. Adaptability allows the individual to apply learning to complex professional situations, apply knowledge in unfamiliar situations, generate new knowledge and continuously improve performance (Fraser and Greenhalgh 2001).

This does not automatically occur in all learning situations but requires opportunities which facilitate understanding, learning between professionals, and real world application of knowledge and skills. Adaptability is promoted through non-linear techniques which shift away from traditional prescriptive academic approaches to those which employ self-directed learning, setting of individual goals, provision of feedback and opportunities for reflection, problem-based learning, story-telling and small group work (Fraser and Greenhalgh 2001). This is consistent with the work of Schon (1983; 1987), which introduced the idea of reflective practice and postulated that professionals who receive real-time coaching and encouragement to think carefully about what they do, will learn in a more profound way and develop the reflective skills which will support continuous development throughout their lives.

2.2.2 A multidisciplinary view of new graduate transition

One of the most discussed transitions is the transition from student to professional. The challenges associated with the entry to practice transition from the academic life of the student to a professional role are noted across many professions including law,
engineering, accounting, psychology, allied health professions, dentistry, management and nursing\(^5\). Examination of interdisciplinary literature (related to professions other than nursing\(^6\)), suggests that entry to practice transition has long been recognised as problematic and challenging for the novice professional, their employers and education providers.

Black et al (2010), in a study of novice physical therapists, found there are common experiences and themes that emerge as novice physical therapists develop. Four themes emerged: (1) the clinical environment influenced the novice physical therapists' performance (2) participants learned through experience and social interaction and that learning was primarily directed inward to their own development (3) growing confidence was directly related to developing communication skills, and (4) they were engaged in professional identity formation and role transitions. They emphasised the importance of reflective practice and reflective learning. Positive supports and experiences influenced graduates’ decisions to remain in an organisation and improved coping ability and development of confidence.

Work in the area of transition to practice for novice allied health practitioners highlights the importance of developing generic professional skills to aid transition. These include understanding one’s role, being able to articulate one’s role, communication and relationship building and teamwork (Morley 2009; Black et al. 2010).

A number of authors have commented on the role of transition support in helping graduates to develop and embrace their role as a member of the organisation. According to these writers transition activity can help graduates move from having an intense focus on themselves as individuals to becoming more active and engaged as members of an organisation with a stronger appreciation of the organisation the health care system and the needs of patients (Smith and Pilling 2007; Sole et al. 2012).

Sole et al. (2012) found that successful transition among physiotherapy graduates was more than just about developing clinical skills and knowledge. They contended that it assisted in the development of professional behaviour and ability to respond to issues of professionalism. It built the graduates’ confidence in themselves and their identification with themselves as a member of a profession, causing a shift in their focus and perspective.

\(^5\) For a more detailed account of the approach to transition to practice of other selected professions see Department of Health 2012.

\(^6\) These studies are described in greater detail in the following sections.
A number of studies from different professions identified deficits or gaps in the knowledge and skills of recent graduates as they step from one context into another. For example, in the case of engineering, Katz (1993) found that recent graduates were missing, or insufficiently developed in, the ability to work on a team and communicate effectively with their peers and supervisors. Katz noted that many employers have programs to overcome these deficiencies, but that consideration should be given to the role which could be played by educators and the students themselves in better preparing for their future roles to 'ease' the transition.

Scanlon (2011) considered the idea that transition to becoming a professional is about taking the skills and knowledge acquired in the formal educational environment and enacting them in the workplace. While knowledge, skills and performance are significant contributors to a person’s sense of professional identity, according to Scanlon, development of professional identity and professional self is iterative and evolutionary. This view rejects the conventional characterisation of transition from student to professional being embodied in a movement from novice to expert. Scanlon (2011) sees transition as on-going and ever changing, reflecting an appreciation of the role of life-long learning to contemporary professionals.

Beckett and Hager (2002) postulate that the professionalisation of some occupations and the development of tertiary courses have removed students from the opportunity to experience learning (which was largely informal and incidental) intertwined with work and reflection. Now theory is disseminated in one context and practised in another, with hopes that a transfer of learning will occur. With some professions, (such as nursing and midwifery) this may lead to barriers to assimilating theory and practice, and could impact on their practice if they do not have the opportunity for reflection. Central to the view of Beckett and Hager (2002), practice is the ability to make discretionary judgements based upon a body of knowledge and awareness of the purposes of one's actions.

2.2.3 Socialisation into a profession

Numerous studies highlight the role of graduate transition activity providing new graduates with socialisation into a profession. Welie (2004) postulated that new graduates in dentistry are confronted with role confusion as they come to terms with their role as a professional with a social responsibility and all of the social rules, norms and role expectations that accompany it, balanced with the individual or personal aspirations which they hope to achieve from the profession.

In other cases, graduate programs focus on socialising new graduates into a profession in order to promote a sense of belonging and affinity which will result in increased retention. A number of Australian and international studies have explored transition activity with teachers, highlighting the importance of socialisation in order
to improve retention and produce outcomes, including invigorating the pool of new teachers entering the workforce and producing improved student outcomes (Martínez, 2004; Portner, 2008). Supporting a teacher’s socialisation to the teaching profession was an important element in enculturation within the particular organisation, overcoming stress, and developing autonomous work practices and coping strategies. Professional socialisation was also suggested as a key element in preventing attrition in the early years of practice (Ballantine and Hammack 2009; Cherubini 2008).
Enrolled Nurses

The following section contains material which relates specifically to enrolled nurses:

- information about enrolled nursing in Victoria
- desk research including literature and workforce data
- the findings of a survey of health services
- a summary of jurisdictional approaches to enrolled nursing
- qualitative data related to perceptions of enrolled nurse transition to practice needs
- transition to practice best practice principles for enrolled nurses.
3 Enrolled nurse desk top research

Very few recent studies have directly explored the transition to practice needs of enrolled nurses. Overwhelmingly, research has focussed on issues associated with registered nurse and midwife transition to practice activity and needs (Levett-Jones and Fitzgerald 2006; Newton and McKenna 2009; Madsen et al. 2009; Evans et al. 2008; Duchscher 2008; Park and Jones 2010). Examination of recent national workforce data and available grey and academic literature, however, indicates that there is an emerging need for transition to practice activity to support a changing enrolled nurse workforce.

3.1 About enrolled nurses in Victoria

From July 2014, the minimum qualification for new enrolled nurse registrants is the Diploma of Nursing. Currently, enrolled nurses registered with the Nursing and Midwifery Board of Australia can work in a variety of settings and clinical environments. These include working in aged care, acute and/or specialty settings such as emergency departments, maternity units, mental health and operating theatres.

A number of contemporary issues highlight the need for a well-prepared work-ready enrolled nurse workforce:

- Diploma qualified enrolled nursing graduates have training with greater scope and complexity than was previously provided to enrolled nurses. This makes it possible for enrolled nurses to take on higher duties, have more challenging roles and responsibilities, and to function under different levels of supervision and support.
- With the Diploma of Nursing as the accepted ‘industry standard’ in Victoria, there are growing demands for certificate enrolled nurses to up-skill as well as opportunities for them to use training and move into a different setting.
- As a result of a number of industrial changes, some Victorian health services are keen to seize opportunities to increase their enrolled nurse workforce - using them in greater numbers and in a broader range of settings than they may have traditionally.
- A mapping exercise of the enrolled nurse workforce undertaken by the Department in 2013, suggested that current and potential employers of enrolled nurses do not have a comprehensive knowledge of the entry level capability of enrolled nurses with diploma qualifications.
Concerns have been raised about the work readiness of enrolled nurses in acute wards given the limited availability of acute clinical placements available to Diploma of Nursing students.

In order to respond to these issues and support enrolled nurse transition to practice, a number of health services provide transition activities for enrolled nurses with some including enrolled nurses in their graduate nurse programs designed for registered nurses and midwives (bachelor degree level graduates).

3.2 Enrolled nurse workforce data

The place of enrolled nurses in the health workforce is changing with participation in clinical settings increasing steadily since 2003. The nature of enrolled nurse employment is also changing, with employment of enrolled nurses in residential aged care declining (Productivity Commission 2011).

Nationally, there are 257,236 registered nurses, compared to 59,797 enrolled nurses (AHPRA, Quarter 1 data March 2014). Victoria has the largest proportion of the enrolled nurse workforce with just under 20,000 enrolled nurses or around one third of all enrolled nurses practicing in Victoria. As enrolled nurses work under the supervision of registered nurses and have a different scope of practice, their place and contribution to each jurisdiction's health workforce may depend upon the proportion of registered nurses to enrolled nurses. Within public health services this will also depend upon current enterprise bargaining agreements. The table below indicates that there is variation between jurisdictions in the proportion of the nursing workforce comprised by enrolled nurses.

Nationally, enrolled nurses play a significant role in the health workforce. Supporting this, the former Commonwealth Government Department of Employment, Education and Workplace Relations (2012) found that enrolled nurses met the official criteria for classification as a high risk/high disruption occupation. This indicates that a shortage of these skills causes significant cost (posing a high risk) and disturbance to the community and/or economy (high disruption). Enrolled nurses were also found to play a critical role in the achievement of a number of Commonwealth Government health policies and priorities.

In the past, national workforce shortages of enrolled nurses were experienced between 2008 and 2012. While the national enrolled nurse workforce is currently considered to be relatively stable, specific shortages exist in relation to enrolled nurses who have the necessary skills and experience to work in the acute setting. Well-documented moves to increase enrolled nurse participation in these settings are likely to result in increased pressure on the supply of enrolled nurses. Employment modeling by Health Workforce Australia (HWA) (2012) suggests that there will be a
significant shortage of enrolled nurses by 2025 as a result of factors including population growth, an ageing population and increased demand for health services. HWA postulated that the projected long-term gaps between supply and demand could be, at least in part, mitigated by review of the registered nurse, enrolled nurse and assistant-in-nursing skill mix, allowing enrolled nurses to work to their full scope of practice.

Table 1: General registration for enrolled and registered nurses by jurisdiction

<table>
<thead>
<tr>
<th>Principle Place of Practice (PPP)</th>
<th>Enrolled Nurse</th>
<th>Registered Nurse</th>
<th>Enrolled Nurse &amp; Registered Nurse</th>
<th>Total RN &amp; EN workforce</th>
<th>ENs as a % of total RN &amp; EN workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>7,804</td>
<td>21,455</td>
<td>538</td>
<td>29,797</td>
<td>26%</td>
</tr>
<tr>
<td>VIC</td>
<td>19,817</td>
<td>64,487</td>
<td>1,793</td>
<td>86,097</td>
<td>23%</td>
</tr>
<tr>
<td>QLD</td>
<td>11,286</td>
<td>49,241</td>
<td>1,024</td>
<td>61,551</td>
<td>18%</td>
</tr>
<tr>
<td>TAS</td>
<td>1,374</td>
<td>6,346</td>
<td>46</td>
<td>7,766</td>
<td>18%</td>
</tr>
<tr>
<td>WA</td>
<td>5,154</td>
<td>27,771</td>
<td>410</td>
<td>33,335</td>
<td>15%</td>
</tr>
<tr>
<td>NSW</td>
<td>13,199</td>
<td>73,654</td>
<td>1,053</td>
<td>87,906</td>
<td>15%</td>
</tr>
<tr>
<td>ACT</td>
<td>692</td>
<td>4,298</td>
<td>53</td>
<td>5,043</td>
<td>14%</td>
</tr>
<tr>
<td>NT</td>
<td>418</td>
<td>3,114</td>
<td>39</td>
<td>3,571</td>
<td>12%</td>
</tr>
<tr>
<td>No PPP</td>
<td>53</td>
<td>6,870</td>
<td>6</td>
<td>6,929</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: AHPRA, 2014

The Australian Institute of Health and Welfare (AIHW) (2013) data reveals that enrolled nursing in Victoria differs to several national trends. Compared to other jurisdictions, Victoria has the highest number of enrolled nurses overall, and the most enrolled nurses employed in residential aged care. This contrasts with a national tendency towards higher proportions of enrolled nurses being employed in hospitals.

In Victoria, 41% of enrolled nurses worked in residential aged care, 33% work in hospitals and 6% work in community health care services. Most Victorian enrolled nurses work part-time and the workforce is predominantly female. This is an ageing workforce with an average age of 45.6 years.

7 The data contained in this table is registrant data and does not indicate if the person was employed or their EFT.

8 At a jurisdictional level Tasmania is also an exception to this with slightly higher participation of enrolled nurses in aged care than hospitals.
3.3 The changes impacting on enrolled nurses in the last decade

The context in which enrolled nurses work has undergone significant changes over the past ten years. These changes have impacted on the demands placed upon enrolled nurses and the perceptions of enrolled nurses held by other healthcare workers. In addition to the changes which have affected enrolled nurses’ scope of practice, changes to the context in which enrolled nurses are employed have been noted in the literature. These include:

- increased demand for acute beds and increased complexity of patient care needs (Australian Health Workforce Advisory Commission (AHWAC) 2005; AIHW 2005; Productivity Commission 2005)
- reduced access to nursing staff and mal-distribution of nursing staff (Preston 2009)
- changes in the Australian health workforce which has grown in size and changed in composition resulting in new roles and a blurring of the lines between occupations (Duckett 2005; Schluter 2009)
- an ageing part-time nurse workforce (AIHW, 2005; Productivity Commission, 2005)
- increased acuity of patients and shorter periods of stay (AIHW 2005)
- increased intensification of the work being undertaken by nursing staff (Schluter 2009)
- changes in enrolled nurse scope and roles which include expanded settings, specialisations, higher levels of educational preparation, competence and delegation and supervision of nursing activities (Fowler et al. 2006; McEwan 2008).
- unclear boundaries with other health care workers and nursing personnel (Schluter 2009)
- different models of care (Davidson et al. 2006; Fowler et al. 2006) which demand high degrees of both specialised and transferrable skills and adaptability
- poor understanding of scope of practice among other staff and changes in the model of care (Duffield et al. 2008; McEwan 2008).

As a result of the changes noted over the past decade, enrolled nurses now work in a very different and increasingly complex workplace. As the workplace and community needs have changed, so too have the models of care. Enrolled nurses participating in these new and diverse models of care have new roles and responsibilities, along with the challenges which accompany these.
3.4 The need for enrolled nurse transition into the future

A number of factors suggest that traditional views of health professionals, including enrolled nurses, will need to change in order to respond to the epidemiological and demographic transition of the Australian population. While current supply of enrolled nurses is stable, there is a wealth of evidence which suggests that future shortage of health professionals (including enrolled nurses) is highly likely (HWA 2012). Responses to avert, or at least mitigate these shortages, call for innovative thinking around nursing roles, as well as preparedness to look at more flexible ways for nurses to work with other health professionals, including skill mix and workforce substitution (Duckett 2005; Duckett et al. 2014; HWA 2012).

Indications are that the enrolled nurse role is already changing. In a recent paper the Nursing and Midwifery Board of Australia commented that,

> Since the national competency standards for the enrolled nurse were released in 2002, there have been significant changes in the way in which enrolled nurses (ENs) work. The biggest changes have been in the range of the tasks they perform and in the settings in which they work. Although the majority of ENs are providing direct consumer care working alongside registered nurses and midwives, there has been an increase in the number and complexity of the tasks that some ENs perform. In addition, in some contexts they are supervising other workers providing direct consumer care and instructing students (NMBA, 2014, p. 1).

Compounding the challenges of the changing role of enrolled nurses, competition and pressure in obtaining clinical placements (Preston 2009; HWA 2013) means that many enrolled nurses begin practice without always having a high quality range of placement experiences. Employers are increasingly seeking experienced and specialised enrolled nurses (Department of Employment, 2014i) and increasingly enrolled nurses are endorsed to administer medicines and perform IV therapy, for example (HWA 2012). It is expected that the demand for graduates who are work-ready will increase into the future (HWA 2012). A plethora of research indicates that part of transition to practice for registered nurses and midwives includes some form of transitional support. There is less indication that this is happening for enrolled nurses.

The traditional enrolled nurse role, which was highly supervised and directed by registered nurses, has evolved and is very likely to continue to evolve in response to the demands which will be placed upon the health workforce into the future. Models of care include team-based models and community-based models in which 'supervision' is very different to how it previously looked.
3.5 Conclusions

Enrolled nurses are now working within a broader scope of practice than previously. They have increased responsibility as part of the healthcare team, performing specialised roles, moving between different models of care, administering medication and supervising other personnel. Retention of enrolled nurses is identified as a significant factor in mitigating future nursing workforce shortages. Enrolled nurses will be required to work to their full scope, and this needs to be understood in order for them to make best use of their skills. The link between transition activity (preparing novice practitioners for practice) and retention is well recognised in the literature. This suggests that like other health professionals, enrolled nurses should have access to transition to practice activities.
4 Enrolled nurse health services survey

A survey was designed to obtain some basic information about transition to practice activity for recently graduated enrolled nurses in their first year post study. The Department distributed the survey to managers involved with enrolled nurses in all Victorian public and private hospitals. This section reports on the results from that survey.

4.1 Survey findings

There were 38 responses to the Graduate Enrolled Nurses Survey. Responses were obtained from a mix of private, public, rural, regional, and metropolitan health services of varying sizes.

The majority of responses (25 respondents or 66%) were from respondents employed at public health services, with the remaining 13 respondents or 34% from private health services.

Nearly three-quarters of respondents (27 respondents or 71%) worked at facilities that employed graduate enrolled nurses.

Of those respondents that worked at facilities which employ graduate enrolled nurses, just over half (15 respondents or 56%) offered specific programs or activities for graduate enrolled nurses. However, half of these respondents (7 respondents or 50%) identified that the programs or activities offered were not separate from programs or activities offered to graduate registered nurses.

Fifteen respondents provided a response on the types of programs or activities specifically available to graduate enrolled nurses. On average, respondents indicated eight programs or activities were available. These included:

- clinical support (100%)
- opportunities for review of their progress (93%)
- supernumerary time (93%)
- support from preceptors and/or mentors (93%)
- study leave (88%)
- regular opportunities to debrief (88%)
- regular formal classes/PD days/tutorials etc. (80%)
- opportunities to network with other ENs (73%)
- specialized streams (47%)
- rotations or placements (27%)
- other (13%).
5 Jurisdictional approaches to enrolled nurse transition

While there is a national consistent approach to enrolled nurse training and registration, the place of the enrolled nurse in the health workforce varies between jurisdictions. This is influenced by factors including different models of care, supply and demand issues, population distribution, levels of enrolled nurse specialisation and participation in clinical, community and expanded settings, variations in practice throughout Australian jurisdictions, accessibility to registered nurses and the availability of a suitably skilled and experienced enrolled nurse workforce.

The transition to practice approach varies between jurisdictions. There are differences in the approach to transition activity, understandings of the nature and purpose of activity and the level of official involvement in transition activity.

5.1 Workforce trends

The enrolled nurse is an integral member of the health workforce throughout all Australian jurisdictions.

Jurisdictional workforce and other relevant data has been included to provide an overview of the workforce context for enrolled nurses in each jurisdiction and to provide some insight into the drivers which may affect the jurisdiction’s approach to transition to practice activity.

The main sources of data are the jurisdictional summary reports of the Commonwealth Department of Employment annual Survey of Employers Who Have Recently Advertised (Employers’ Survey) (Department of Employment, 2014a). This survey is one of the key inputs into the annual labour market ratings provided by the Department of Employment for Australian occupations. A brief outline of the jurisdictional approach to transition to practice activity for enrolled nurses is also provided. This has been informed by a combination of consultation with jurisdictional stakeholders and desk top research.

Enrolled nurses play a significant role in the national health workforce. National skill shortage reports indicated that enrolled nurses continue to be in high demand. Nationally, shortages of enrolled nurses that have persisted for over ten years are now showing signs of easing due to increased enrolment in vocational education and training courses (Department of Education, Employment and Workplace Relations (DEEWR) 2012)⁹. In Victoria, however, where enrolled nurses comprise a more

⁹ This is based on national figures. Annual jurisdictional fluctuations are acknowledged.
substantial component of the nursing workforce than in other jurisdictions, there remains a high demand. Anecdotal reports suggest that while there has been increased enrolment in vocational education and training courses for enrolled nurses, high rates of attrition limit the completion rates.

In most cases enrolled nurse transition to practice activity is provided locally and is not centrally mandated or monitored by the jurisdiction. As such, information provided by the jurisdictional stakeholders is variable and qualitative in nature.

5.2 Conclusions

Workforce data provided by the Department of Employment and other sources suggests that nationally employers are increasingly seeking enrolled nurses for acute roles and, in most cases, expect them to have a high level of previous experience and specialisation. While traditionally having a higher number of enrolled nurses than other jurisdictions, Victoria has generally had lower rates of employment in hospitals. As with other jurisdictions, Victoria has an emerging demand for enrolled nurses who are able to work in acute settings and require preparation to achieve this.

The review of approaches in other jurisdictions revealed that nationally, enrolled nursing is not registered as an occupation experiencing a workforce shortage. Four out of eight jurisdictions (Victoria, QLD, SA and ACT) are not experiencing an enrolled nurse workforce shortage. This may mean that employers in these locations generally have a pool of enrolled nurses to choose from and little immediate pressure to hire and support recent, inexperienced enrolled nurse graduates. In other jurisdictions identified by the Department of Employment as experiencing difficulties with recruitment (WA and Tasmania) and a workforce shortage (NSW, NT) of enrolled nurses, there is evidence of a stronger official approach to engagement in transition activity. This suggests that transition activity may be seen as most valuable as a recruitment strategy.

Qualitative information from the jurisdictions and desk research suggests that where there is evidence of transition activity, in most cases (with the exception of Tasmania) the activity is not mandatory, what is delivered has little official input or involvement from the jurisdiction, and there is no evidence of consistent monitoring of outcomes or overarching framework to support delivery. With the exception of Tasmania, transition activity for enrolled nurses is often based around registered nurse transition to practice activity and provided inconsistently across most jurisdictions, at the discretion of individual health services.

Further detail on the approach of individual jurisdictions to enrolled nurse transition to practice is provided in Appendix E.
6 Views on enrolled nurse transition

This chapter contains qualitative information related to enrolled nurse transition. It is based upon consultations undertaken with national and Victorian professional stakeholders and qualitative research undertaken with enrolled nurses. Topics discussed related to transition to practice support needs of enrolled nurses, the need for activities to support transition, the nature of activities which support transition and outcomes from successful transition activity.

6.1 Views of professional stakeholders

A series of consultations was undertaken to explore the views of professionals, with an interest in enrolled nursing, on a range of issues related to enrolled nursing transition to practice. Around 30 consultations were undertaken with stakeholders including representatives from state and territory health departments, public and private health services, aged care providers, policy advisors, academics, mental health services, nursing and midwifery education networks and education providers\(^\text{10}\).

Key issues identified by these stakeholders included the need for a broader understanding of the changing nature and the expanding scope of enrolled nursing practice. In particular, the need for specific enrolled nurse transition activity, that supports new graduates to work to their full scope and contribute to acute care and other settings, was identified.

6.1.1 The need for enrolled nurse transition activity

There was a strong view that novice enrolled nurses would benefit from transition to practice activity in the same way that novice registered nurses and midwives have benefited from such activity.

"We know that graduate programs assist nurses to acquire skills and confidence and the all-important sense of belonging to the profession...why would it be any different for enrolled nurses?" (Public health service representative)

Views varied slightly on the nature of transition to practice activity depending upon the perspective of the stakeholder on the place of the enrolled nurse within the model of care and workforce. As there are a number of variables related to the role of enrolled nurses (including how many are employed within a health service,

\(^\text{10}\) See the list of participating organisations provided in Appendix B to this report.
Transition to practice needs

jurisdiction or region, the types of roles they perform and their scope of practice), it is not surprising that the views on transition support needs vary. For instance, in one jurisdiction where rural enrolled nurses can play an important role in leading teams and supervising others (students, personal care staff, allied health assistants and assistants in nursing) the need for structured formal transition to practice activity which included development of leadership and management skills, was mentioned. Similarly, many stakeholders noted the importance of preparing enrolled nurses to participate in new models of care and innovative approaches to health care.

"Everything now is about multidisciplinary teams and you have to be prepared to play a part in a team. People need to respect that. Respect the roles. No one is better than anyone else. We all work within our scope". (Rural public health service clinical educator)

In contrast to this, a stakeholder from a jurisdiction where enrolled nurses make a significant contribution to the acute workforce had a strong focus on the development of clinical skills, knowledge and confidence.

"They lead teams and often people don't automatically know they are enrolled nurses because they are so professional...but some need time and support to develop those skills but they have the potential." (Regional public health service representative)

There was a strong view that the introduction of the Diploma of Nursing as the national standard for entry to practice signalled a change in the status of enrolled nurses. While enrolled nursing was not seen as a 'profession' in the traditional sense of the word, enrolled nurses were seen as behaving professionally and as responsible practitioners, able to work with a degree of independence and make decisions (within scope) and exercise clinical judgement. These changes were associated with the need for transition activity to support the development of the skills and knowledge necessary to perform at this higher level.

"In the past it would not have been an issue. They basically followed orders. Now they are capable of so much more that we need to foster it." (Metropolitan health service representative)

Some argued that the need for transition to practice activity was prompted by changes in the workforce which saw less direct supervision being conducted by registered nurses and enrolled nurses playing a more significant role in patient care.

"They are not just changing bed pans... I can recall registered nurses doing the same as enrolled nurses and everyone recognised that they needed a grad year." (Nurse and midwifery academic)

A small number of stakeholders felt that enrolled nurses did not require transitional support. It was argued that because they were legally required to be supervised,
Transition to practice needs should be provided by the supervisor. According to this view, transition activity should be the preserve of those who work autonomously and this does not apply to enrolled nurses who were not seen as having the responsibility of independent practice.

"It's a matter of resource management. They are always supposed to be supervised so why channel funds into transition activity when they should always be directed by an RN...?" (Jurisdictional representative)

6.1.2 Assumptions about transition activity

Some of the arguments against transition activity for enrolled nurses tended to be based upon assumptions about what the activity would look like. For instance, there was concern about the cost of supernumerary time and the value of providing rotations. Similarly, some stakeholders felt that a 12 month transition period would be too long given that the diploma only takes 18 months.

Another stakeholder expressed concern that enrolled nurse transition activity could prolong the period in which enrolled nurses were seen as students and remove the impetus for them to gain acute experience as undergraduates. It was contended that as enrolled nurses struggle to access acute clinical placements when studying, offering transition activity with a focus on providing acute experience could prevent a focus on such experience in undergraduate clinical placements and therefore, be seen as supplementing their study.

"There is already a shortage of access to clinical placements for ENs. If it becomes accepted that they will all have a grad program with acute rotations there will be less pressure to make sure this is done as part of their course." (Jurisdictional representative)

Conversely, others argued that transition to practice activity was now more important because of the capacity of enrolled nurses to contribute more to acute settings. Most felt that the difficulties with supply of high quality acute clinical placements lent more weight to the need for transition to practice activity to assist graduate enrolled nurses consolidate their skills and experiences in preparation for a role in acute settings.

Clearly, many of these concerns stem from the view that enrolled nurse transition activity will mimic the approaches commonly used in graduate transition programs for newly registered nurses and midwives.
6.1.3 Outcomes associated with enrolled nurse transition to practice activity

In the main, transition to practice activity for enrolled nurses was supported and was seen as producing a number of positive outcomes for the enrolled nurse, the employer and the community (see Box 1).

Box 1: Stakeholders' suggested positive outcomes from transition to practice activity

Positive outcomes of transition to practice activities for enrolled nurses include:

- increased ability to recruit enrolled nurses
- increased sense of belonging to the organisation and nursing profession, resulting in improved retention within the nursing workforce
- development of a more adaptable capable workforce better able to respond to fluctuations in workforce supply and demand
- increased likelihood of further study including advanced practice/advanced skill enrolled nursing and qualifying as a registered nurse and/or midwife
- improved health service culture which better understands and supports enrolled nurses to work to their full scope
- better use of enrolled nurses contributing to positive workforce outcomes across the health service
- improved clinical skills and knowledge
- development of an enrolled nurse workforce with higher capabilities than have been seen before
- development of resilience and capability to manage stress (that is in acute/new settings)
- improved organisational knowledge and loyalty
- increased confidence to practice in acute settings and move between sub-acute and acute settings
- less sick days and ability to work to full EFT
- improved communication and interpersonal skills
- able to work with less supervision and in different models of care
- a more professional accountable enrolled nursing workforce.

6.1.4 Working to full scope of practice

The presence of transition to practice activity was seen as having a strong positive impact on the health service and the place of enrolled nurses within the workforce. According to this view, since the introduction of the Diploma of Nursing as the entry level qualification for enrolled nurses, confusion remains about enrolled nurse scope of practice. This is of particular concern in acute settings where it is asserted that enrolled nurses do not always have the opportunity to work to their full scope. This is not only deskilling for the enrolled nurse, but also a poor use of a valuable resource.
"I have people ringing me from the wards on my days off to check out what an EN can and can't do...of course most of the time it means if they can't get me they are probably being underutilised..." (EN coordinator metropolitan public health service)

Promotion of transition activity was seen as having a positive impact on health service culture by educating co-workers of the role of the enrolled nurse. The presence of enrolled nurse transition to practice activity was seen as integrally linked to the culture of the health service. Not only were transition to practice activities seen as positively impacting the role of the enrolled nurse but also supporting the use of different models of care.

6.1.5 Contributing to a more adaptable innovative workforce

The need for newly graduated enrolled nurses to work in acute settings was a critical issue in the support for enrolled nurse transition to practice activity. It was also seen as being important in development of a more adaptable workforce with enrolled nurses who have the capability to work in specialised areas including mental health, emergency department, peri operative care and community settings.

Box 2: Austin Health enrolled nurse transition

Austin Health has successfully used enrolled nurses in emergency departments since 2006 and found that this approach works well when the scope of practice and role is clear. Enrolled nurses work within the Short Stay Observation Unit (SSOU)\(^\text{11}\) which is a designated area within the emergency department that is used to accommodate patients expected to require a short episode of care that is 4-24 hours. These units are designed to provide intensive short-term assessment and/or therapy for select conditions in order to streamline the episode of care. While there were some initial concerns, mainly from emergency department registered nurses who had not previously worked with enrolled nurses in this setting, the role of enrolled nurses is now supported and embraced by nursing and medical staff.

6.1.6 Developing a pathway

Some supporters of enrolled nurse transition to practice activity contended that not only did transition activity promote successful transition to practice as an enrolled nurse but promoted a pathways approach to career development. Many felt that a critical aspect of effective transitional support was the access to a mentor or support person to foster development along the pathway. The point was made that transition

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\(^{11}\) The role of enrolled nurses in emergency departments performing these types of roles have been previously documented in Australian Health Workforce Advisory Committee (2006), *Health Workforce Planning and Emergency Care Model of Care*, AHWAC Report 2006.X, Sydney
activity for enrolled nurses should not be seen as a one-off transition experience, but rather as part of a network of transitions that an enrolled nurse might engage in as they move between settings, different models of care or acquire higher qualifications.

6.1.7 Components of transition to practice activity

Stakeholders suggested a number of core components which they expected to see included in transition to practice activity for enrolled nurses. These were generally very similar to the range of activities commonly included in transition to practice activity for newly graduated nurses and midwives (see Box 3).

Box 3: Stakeholders suggested inclusions in transition to practice activity

Stakeholders suggested the following transition to practice activities:

- clinical support (particularly with medications, IV’s, new settings, hand over)
- access to clinical educators, preceptors and/or mentors
- rotations or placements to ensure a range of experience
- opportunities to develop communication and interpersonal skills
- organisational knowledge
- work management skills (time management, shifts, full time)
- supernumerary time
- study days (competencies and cover local issues)
- academic support and encouragement
- adult learning principles

Views on the appropriate length of transition activity varied. Some commented that a few months would be sufficient for those enrolled nurses (typically in rural locations) who had undertaken a trainee pathway to achieving their qualifications.

"The trainees have been part of the organisation for 18 months and know how the organisation works and who to ask if they have any trouble...in most cases they have already transitioned but some might need a little bit more support to develop the confidence to make the leap into practice..." (Rural health service representative)

Typically, six months was seen as the optimal length required for enrolled nurses to have the skills and confidence to practice at the novice level. Some suggested 12 months and a number of health services offer 12 month structured programs. In all cases the first three months were seen as critical in the success of a graduate enrolled nurse’s transition experience. Most felt that a higher level of support was needed for the first three months with a reduced amount of support being required after that. Many explained that the length of a transition activity should be individualised to reflect the need of the individual and reflect the workforce needs of the health service. Transitioning into some models of care may require a shorter
period of transition than others. For instance, an enrolled nurse working as part of a community health team may require a longer period of transition to practice support than someone working in a metropolitan health service.

Many stakeholders also advised a graduated or stepped approach to clinical support and saw it as a critical aspect of the transition experience. Similarly the quality of teaching and educational support was seen as important in developing the enrolled nurse’s ability to make decisions and acquire the confidence to practice clinical skills.

"The support you provide in the first few weeks should be different to the support you offer after three months and then after six months...it's important to build their confidence and not automatically just answer questions...you guide them through a decision-making process looking at pros and cons and challenging their thinking.... It's unlikely they would get this outside of a grad year....it's faster and easier for staff to just answer their questions or do it and show them...they just won't learn as much." (Enrolled nurse transition to practice program co-ordinator, metropolitan public hospital)

6.1.8 Recognising the unique needs of enrolled nurses

Many stakeholders commented that transition activity for enrolled nurses is often a reflection of the health service’s approach to transition to practice activity for newly graduated nurses and midwives. Most felt that transition to practice activity for enrolled nurses needed to be designed to reflect their specific needs including their place in the model of care, their scope of practice and their personal and professional development needs. This did not necessarily mean that activities could not be delivered together.

Views varied on whether activity should be conducted along with newly graduated registered nurses or midwives or separately. These views have been summarised in Table 2.
Table 2: Arguments for and against separate enrolled nurse transition to practice activity

<table>
<thead>
<tr>
<th>For separate enrolled nurse transition to practice activity</th>
<th>Against separate enrolled nurse transition to practice activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled nurses may feel intimidated by presence of registered nurses and midwives who will be supervising them, inhibiting their engagement in the process.</td>
<td>In small health services or services with a small enrolled nurse cohort separate activities are not financially viable.</td>
</tr>
<tr>
<td>Enrolled nurses have a unique scope of practice and role which warrants enrolled nurse targeted activity.</td>
<td>The cost of separate activities could be a deterrent to employers providing any activities.</td>
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<tr>
<td>Enrolled nurses will need to develop a unique set of skills and abilities which will include how to work with registered nurses and midwives. Registered nurses and midwives will have their own sets of transition support needs. Not everything that is relevant to a registered nurse or midwife will be relevant to an enrolled nurse.</td>
<td>Enrolled nurses and registered nurses/midwives in many health services work together and need to understand each other's roles in patient care. Team based models of care are more common and transition experience should reflect this.</td>
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<tr>
<td>In some health services/locations the differences between the sizes of the two cohorts could result in activities being skewed towards one cohort.</td>
<td>A unified approach promotes a holistic view of the nursing workforce and increases access to peer support and respect for the role of each unique nursing cohort.</td>
</tr>
<tr>
<td>The enrolled nurse cohort is comprised of very different types of people who have chosen different educational pathways. They have different learning styles and abilities and may require a particular approach to education and/or transition.</td>
<td>A high proportion of enrolled nurses will complete registered nurse qualifications and see enrolled nursing as an alternative pathway. They are a diverse cohort with a wealth of life, educational and professional experience which could contribute to a rich transition experience for all members of the nursing workforce at a particular health service.</td>
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6.1.9 Education providers contributing to effective transition activity

Education providers consistently felt that enrolled nurses would benefit from transition activity to support them bridge the gap between student and practitioner. Several commented that there was often a demarcation between education and training providers and the health services employing graduate enrolled nurses. Several felt that the transition experience could be enhanced by both parties working more closely together before and after graduation to ensure a smoother transition for graduates.
"We need to work together and overcome the 'them and us' mentality and recognise we both have responsibilities to educate enrolled nurses and support their transition" (representative of a TAFE)

Suggestions to improve the engagement between health services and Diploma of Nursing education providers, thereby supporting a smooth approach to transition, are summarised in Box 4.

**Box 4: Suggestions from education providers and health services**

Suggestions to improve the engagement between health services and Diploma of Nursing education included:

- less focus on 'bridging gaps'
- increased focus on building competency, skills and confidence
- seeing transition as part of the education process which has its roots in the education setting and moves into the employment setting.
- using a shared lexicon and supporting each other's internal priorities and drivers
- seeing the education provider as a resource to support cultural change at the health service. In one case the education provider recounted doing scope of practice training with health service staff to ensure enrolled nurses were entering a supportive environment.
- health services recognise their role in education and education providers recognise their role in supporting transition
- increased opportunities for those delivering support to enrolled nurses from each sector to meet and engage in discussion. Concerns were that this often occurs at a high level and does not impact on improving delivery or the curriculum.

6.1.10 Approaches to best practice principles

Views on the nature of best practice principles for transition to practice activity for novice enrolled nurses were generally consistent. It was contended that principles need to be broad to accommodate the diverse settings in which enrolled nurses are employed. In order to reflect the different roles of enrolled nurses and their place in the workforce and diverse models of care, best practice principles need to be flexible and non-prescriptive.

Best practice principles need to accommodate different approaches between employers including differences in length, components of the activities (such as rotations), participation with new graduate registered nurses and midwives and the like.

"The enrolled nurse workforce here is so diverse with so many different needs and levels of ability and roles that it has to be flexible so they can each get the support they need" (Representative of a health service).
Most felt that the best practice principles should be general in nature and not prescriptive. There was strong acceptance of the idea of providing a broad and flexible approach which would meet the workforce needs of the employer.

6.2 Views of enrolled nurses

Consultation was undertaken with 29 enrolled nurses as a component of this project. This included a mix of separate consultations with enrolled nurses who were currently participating in a transition to practice activity, enrolled nurses who had graduated within the past two years and enrolled nurses who had graduated more than two years ago. Participants in the consultations came from a variety of locations and health service types. Consultations included focus groups, mini groups, face-to-face and telephone interviews (see the Appendix A: Method for further details). Participants identified a number of key, ‘transition to practice’ support needs including the need for access to clinical support, opportunities to debrief and obtain feedback and access to support staff such as clinical educators, preceptors and mentors.

6.2.1 About the enrolled nurse cohort

Enrolled nurses are a highly diverse nursing cohort. Those participating in the consultations had a range of different life, education, professional, and family experiences. Some were mature-aged people who, having left their previous careers, were seeking a 'humanitarian-change'. Others were highly motivated and ambitious younger people who saw an opportunity to undertake enrolled nursing and be paid to work towards a higher qualification. Some had higher degrees while others had struggled to complete secondary school and turned to a VET pathway. There were middle-aged men who had lost their jobs and former stay-at-home-mothers who were seeking a new career.

"I had a successful business...which I sold so I could undertake the enrolled nurse traineeship. I had always wanted to work in a caring profession and I saw this as my chance to do something completely different..." (Rural health service newly graduated enrolled nurse in an acute setting)

Some enrolled nurses who were consulted had highly developed professional communication and interpersonal skills while others were experiencing paid employment for the very first time.

Older enrolled nurse graduates appeared to face a number of challenges. While they were generally positive about their experiences, the more mature graduates often felt that they were given less support than their younger peers.
"They assume because we are older and more articulate that we don't have questions...co-workers on the wards were the worst. If something interesting happens they call over the young people but forget we are learners too." (Recently graduated enrolled nurse metropolitan public health service)

A small number of more mature enrolled nurses reported struggling to get back into the practice of learning and being a novice. This was also a challenge for many younger people who had often been away from a learning environment for many years and had negative self-image about themselves as learners. In both cases the solutions were relatively similar and involved having a close relationship with the activity co-ordinator.

"I had a few issues in the beginning....personal issues that made me lose confidence... [The co-ordinator] was fabulous. I can go to him and talk it through... I trust him... Going into something like this...it's scary and you need to know there are people there to help." (Rural new graduate enrolled nurse)

These variables require a response to transition which is flexible and individualised. These adult learners have different educational histories, learning styles and support needs. The importance of a trusted advisor cannot be over stated.

6.2.2 Enrolled nurses’ views on the need for transition to practice activity

Overwhelmingly, enrolled nurses felt that they required transition to practice activity to assist them in assuming their new roles as enrolled nurses. They often considered the provision of transition to practice activity in choosing which jobs to apply for. A number of the enrolled nurses worked at health services which offered transition positions to graduate enrolled nurses and provided a structured transition experience.

"I applied because I want to work in oncology and I knew I would need support to do it well. I also want to be an RN and I figured this was an organisation that was serious about supporting staff education so with a bit of luck I will be able to stay here and move up the ranks." (Rural health service, recently graduated enrolled nurse)

The one exception to this was the group who had undertaken a traineeship at the health service. This group had been in paid employment at the health service for 18 months and felt that they had already experienced transition throughout this period.

"We put on our uniforms every morning and we are employees...we know how to interact with co-workers and we know how to communicate with patients.... Within a few months of training we felt like we belonged here
and we were nurses...People know us and we know we can ask if we need help..." (Enrolled nurse graduate traineeship pathway)

6.2.3 Novice enrolled nurses' identified transition needs

Novice enrolled nurses who had graduated within the past 12 months identified a number of specific transition support needs. These were most commonly related to clinical skills, clinical support, opportunities to debrief and obtain feedback, and in addition, access to staff such as clinical educators, preceptors and mentors (see Box 5).

Box 5: Novice enrolled nurses' identified transition needs

Transition needs identified by newly graduated enrolled nurses included:

- access to timely clinical support (related to medication administration, use of IV therapies, handover practices and orientation to new settings)
- opportunities for regular *in situ* debriefing and reflection
- increased formal reviews of progress, *ad hoc* feedback from more experienced co-workers
- timely access to clinical educators, preceptors and/or mentors
- written information and support to assist when moving between settings including important clinical information as well as basic things such as where to put your bag and where the files are kept
- opportunity for rotations or placements to ensure a range of experience
- improved recognition of the need to support all novices including mature age enrolled nurses

6.2.4 Conclusions for enrolled nurses

Changes in the role and scope of practice of the enrolled nurse, coupled with broader workforce changes, indicate an increased need to support enrolled nurses through access to transition to practice activity. Transition to practice activity is likely to be an important factor in ensuring that enrolled nurses are skilled and supported to work to their full scope, enabling employers to make best use of their skills. Transition activity can also improve employee retention within the workforce and encourage participation in further training pathways.

The nature and composition of transition activity is highly dependent on the needs of the employer and the enrolled nurse. The great diversity of the enrolled nursing cohort and the range of different contexts in which they can be employed dictates that any approach be flexible and individualised.

Delivery of transition to practice activity, such as study days and debriefing for newly graduated enrolled nurses with newly graduated registered nurses and midwives, is
discretionary. It is important that whatever approach is taken, the needs of enrolled nurses are accommodated and they are actively engaged in the process.

There is uncertainty about what clinical skills and areas of practice are covered in entry qualifications and the level of supervision and transition support that enrolled nurses may require. The sector has raised concerns about the work readiness of enrolled nurses in acute wards. A key factor in developing work readiness is the limited availability of acute clinical placements during the course for enrolled nurses. Continued construction of positive relationships between education providers and employers, with recognition of the roles of each party in transition, may be of benefit in addressing these issues.
7 Enrolled nurse transition best practice principles

This chapter includes a best practice framework for use with newly graduated enrolled nurses. This has been informed by a multi-method study design (see Appendix A: Method) and mapped against the findings from previous work commissioned by the Department (Healy and Howe, 2012; Healy and Howe 2014). While this framework has been designed with a focus on newly graduated enrolled nurses, it is expected that this approach would also be valuable in the design of transition to practice activity for other forms of enrolled nurse transition including to new services, new settings and to new models of care.

7.1 The approach to best practice principles

The suite of enrolled nurse best practice principles is underpinned by contemporary views which consider professional transition to have two main elements. The first is general transferable skills and knowledge and the second is specific skills and knowledge which relate to the individual’s particular role.

The vision for the transition to practice activity, which states the overall achievement to be attained through the activity, is embodied in the broad aim which spans all principles. The Department developed a broad aim for transition activity which was developed through a comprehensive research process in 2013 (Healy and Howe, 2014):

The broad aim for transition to practice activity is to provide a flexible range of supports to assist graduates in adjusting to their professional roles, as part of a high quality sustainable workforce (Healy and Howe, 2014 p. 6).

Effective transitional support focuses on general transferable skills and knowledge which may apply across a number of (in this case) health care settings. For example, all enrolled nurses require generic knowledge and skills in areas including time management, managing a patient load, participating in care planning, accessing support, teamwork, supervising others and effective communication skills. These more general, transferrable skills are embedded in three of the best practice principles - the professional principle, the organisational principle and the personal principle (see Table 3).

According to this approach, the particular skills and knowledge that relate to an individual’s adjustment to a specific role are embedded most strongly in the clinical principle (see Figure 1). For example, it may be important to an enrolled nurse working in a theatre to have support to consolidate knowledge and skills related to patient admission and verification, pre and postoperative patient assessment, infection control practices, patient positioning, set-up and care of vascular access.
lines and devices. However, an enrolled nurse working in a mental health setting is likely to require a focus on consolidating and gaining confidence with a different set of skills and knowledge.

The clinical principle recognises the scope of practice of the enrolled nurse which requires different forms of clinical education, support and experiences to assist the transition from beginning practitioner to autonomous professional.

**Table 3: Overview of approach to transition**

<table>
<thead>
<tr>
<th>Suite of best practice principles with two different foci:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Focus on general, transferrable skills</strong></td>
</tr>
<tr>
<td>Most strongly embedded in the:</td>
</tr>
<tr>
<td>- Professional principle</td>
</tr>
<tr>
<td>- Organisational principle</td>
</tr>
<tr>
<td>- Personal principle</td>
</tr>
<tr>
<td>2. <strong>Focus on the enrolled nurse’s specific role</strong></td>
</tr>
<tr>
<td>Most strongly embedded in the:</td>
</tr>
<tr>
<td>- Clinical principle</td>
</tr>
</tbody>
</table>

7.2 **Using the best practice principles**

A number of considerations are important in using the graduate enrolled nurse transition best practice principles.

The best practice principles are separate to the *Enrolled Nurse Competency Standards* and any other legal requirements or local policies which enrolled nurses are mandated to follow. Transition to practice activity is not mandatory for practice. As such, transition activity and the best practice principles seek to enhance and consolidate skills and knowledge. They are focussed on promoting confidence of professionals who have already been assessed as competent to practice. They are about workforce development and supporting staff in various roles to work to their full scope at an early stage of their practice. The best practice principles are not intended to teach or measure the Australian Nursing and Midwifery Accreditation Council standards and are not intended to supplement vocational, undergraduate or postgraduate education.

The best practice principles should not be seen as prescriptive. They are designed to be general in nature with the ability to support a range of transition to practice activities including *ad hoc* or intermittent activities and more formal structured programs.

They are designed to be relevant to all Victorian health services, and intended to be measureable to assist and promote health services to evaluate their transition to practice activity. To support this, the best practice principles were designed to have elements which target the transition to practice activity, not just the individual
They are underpinned by the best available evidence and reflect an understanding that transition activity is not compulsory, however, evidence suggests that it does support transition to professional practice.

### 7.3 The approach to transition to practice activity

The transition to practice principles are designed to underpin approaches to transition activity which recognise the importance of adult learning principles and focus on providing flexible individualised support.

No one approach to transition activity is prescribed. Some health services elect to offer formal structured activities while others provide less formal activities on an as needs basis. Some transition activities span a 12 month period while most are six months in duration. In general, it is recognised that transition to practice programs should reflect lifelong learning and be applicable to new graduates and others engaged in a workplace transition.

Most stakeholders agree that newly graduated enrolled nurses require higher levels of support (particularly focussed on clinical areas) in the initial 0-3 months of practice and that support needs change over time as the graduate gains confidence and experience.

Literature and primary data suggests that an approach which draws from a range of components is preferable. These components draw from the following:

- clinical support provided in situ in a timely manner
- opportunities for review of the enrolled nurse’s progress including formal structured reviews of performance at key points in the transition
- opportunity for informal engagement to discuss progress and any issues
- supernumerary time
- support from preceptors and/or mentors
- study leave and/or study days including formal classes/PD days/tutorials
- regular opportunities to debrief and engage in reflective practice
- opportunities to network with other newly graduated enrolled nurses
- rotations or placements
- other activities to address individual needs.

### 7.4 The best practice model and principles

The enrolled nurse transition best practice principles are underpinned by a wealth of primary data and secondary data collected as a component of this project. This includes desk research, health service survey, case studies, consultations and enrolled nurse focus groups and interviews (for further detail see Appendix A: *Method*).
As stated earlier, this work builds upon work commissioned by the Department in 2012 and 2013 (see section 1.1: *Background*).

The following section includes a diagram which reflects the overall model for the transition to practice activity (see Figure 1). Each of the principles is underpinned by a theme which emerged as a result of the study and analysis of previous work (Healy and Howe 2012 & 2014). This theme is based upon work undertaken in the current project and literature previously presented in Healy and Howe 2012 & 2014. A preamble is included which outlines the rationale for the principle. This is followed by the principle. The development of the principles is outlined in Appendix A: *Method*.

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A long-term commitment to the profession is fostered by facilitating socialisation into the profession and providing opportunities for beginning practitioners to improve the skills and knowledge required to practice effectively and safely as an enrolled nurse.

Information and experiences are provided to assist newly graduated enrolled nurses to operate effectively within the organisation and perform as engaged and valued members of the organisation’s workforce. Transition activity should be promoted as an integral part of the organisational culture, whilst ensuring that graduate enrolled nurses find a valued place and sense of belonging within the organisation.

A life-long approach to well-being is promoted by providing graduate enrolled nurses with appropriate information, knowledge, skills and experiences to address their needs as either beginning practitioners or practitioners in a new role, and to build personal resilience to assist them into the future.

Clinical abilities, clinical judgment & confidence are consolidated and expanded by providing support to graduate enrolled nurses and by fostering environments that provide opportunities for increasing and meaningful engagement in clinical roles.
Principle 1: Professional best practice principle

Preamble

The professional theme contains a number of dimensions. It includes the need for transition activity to assist graduates with socialisation to the profession. This means instilling graduates with the values, attitudes and behaviours which identify them as a competent enrolled nurse. It includes development of their professional persona and their sense of belonging to the nursing profession. Socialisation is seen as important in the development of the individual’s intentions to commit long-term to a career in nursing.

This theme also includes attributes which are strongly associated with the enrolled nursing profession, such as understanding the legal obligations of the profession, understanding the role of the enrolled nurse within the health workforce, understanding supervision and delegation principles, reflective practice, fostering an interest in the enrolled nursing career path and understanding professional boundaries. It includes transferrable professional attributes such as time management, development of day-to-day leadership skills, accountability, communication, interest in life-long learning and professional development.

Enrolled nurses are a diverse cohort comprising people of different age groups, with different educational experiences, employment histories, life experiences and career aspirations. Activity which reflects this principle requires a flexible, individualised approach which accommodates the diverse needs of graduate enrolled nurses.

Professional best practice principle

A long-term commitment to the profession is fostered by facilitating socialisation into the profession and providing opportunities for beginning practitioners to improve the skills and knowledge required to practise effectively and safely as an enrolled nurse.
Principle 2: Organisational best practice principle

Preamble

The organisational theme is concerned with the graduate's 'fit' within the health service organisation. The literature indicates that it is important for novice practitioners to develop a sense of belonging to their place of employment. This includes feeling safe and secure, as well as familiarity with the organisation's operations that affect graduates as employees. Being perceived as valued and important may even influence future career intentions. It is important for individuals to understand their responsibilities to the organisation and how the organisation functions. This includes understanding rostering, timetables, occupational health and safety, organisational policies, resources and procedures. Understanding the 'mechanics' of the organisation, the ability to orient themselves and the ability to access resources, are all part of what assists graduates to develop a sense of belonging and security. At the same time, it is imperative to ensure that the organisation facilitates the engagement of the enrolled nurse within the organisation and makes any organisational changes required to achieve this.

An individualised approach to this principle is important given that newly graduated enrolled nurses are comprised of people with a range of diverse experiences in the workforce. While some have years of previous work experience and an ability to adapt to the requirements of an organisation, others may have no previous employment experiences to draw upon. The individual's level of exposure to a particular organisation is also important. For example, the need for organisational orientation was seen as less compelling among those rural enrolled nurses who had participated in a trainee pathway and undertaken much or all of their undergraduate study at a particular health service. For others, however, who were employed in a health service where they may have had few or even no clinical placements, organisational orientation and support was a more significant need.

It is important to note that this principle has a strong emphasis on fostering the enrolled nurses' sense of belonging within the organisation. It is underpinned by the notion that novice practitioners do best within organisational cultures that embrace recent graduates and value transition to practice activity. In such organisations transition to practice activity is embedded in their vision and values, is promoted internally and is recognised and supported by staff. In the case of enrolled nurses this would include ensuring that co-workers and managers understand their scope of practice and support them to work to their full scope. Several approaches to promoting organisational awareness of enrolled nurse scope of practice were noted in this study. One approach included collaboration with a VET provider (Holmesglen
TAFE) to deliver in-service training on enrolled nurse scope of practice to co-workers and managers of enrolled nurses.

Other approaches to fostering organisational interest in graduate enrolled nurses have included dissemination of newsletters throughout the hospital to provide information on matters related to enrolled nurses, while elsewhere internal consultations between enrolled nurse educators and nurse unit managers and associate nurse unit managers were undertaken to ensure that ward/unit staff are aware of any issues pertaining to enrolled nurses particularly any issues related to scope of practice and supervision.

Organisational best practice principle

Information and experiences are provided to assist enrolled nursing graduates to operate effectively within the organisation and perform as engaged and valued members of the organisation’s workforce. Any transition activity should be promoted as an integral part of the organisational culture, whilst also ensuring that graduate enrolled nurses find a valued place and sense of belonging within the organisation.
Principle 3: Personal best practice principle

Preamble

The personal theme is largely concerned with those elements which can influence the well-being and personal resilience of graduates. Much is written in the nursing and midwifery literature about 'transition shock', and the impact of stress on graduates’ performance as well as long-term commitment to the profession. This theme is concerned with ensuring that transition to practice activities have an explicit focus on building the capacity of graduates to: manage stress, understand and develop resilience, manage work-life balance, have realistic expectations, know where to access support, be able to identify early signs of not coping, and build formal and informal resources to promote their well-being and ability to adapt to changing circumstances.

This is particularly important with newly graduated enrolled nurses who come from a diverse range of backgrounds with varying life experiences, levels of maturity, academic histories and family responsibilities. Findings from this study suggest that there may be an erroneous inclination to assume this type of support is not required by older graduate enrolled nurses. This reinforces the need to provide transition to practice activity which enhances the individual's current level of skill or knowledge.

This principle pertains to a rather specialised area and spans complex issues associated with stress, resilience, adaptability, work-life balance and the like. Not all those involved in providing transition to practice activity to enrolled nurses report feeling competent or capable of providing activities to support development in these areas. In many cases the broader organisation will have existing resources which can either be deployed to support graduates, or drawn upon to develop activities to support enrolled nurses’ personal development and well-being.

Personal best practice principle

A life-long approach to well-being is promoted by providing graduate enrolled nurses with appropriate information, knowledge, skills and experiences to address their needs as either beginning practitioners or practitioners in a new role, and to build personal resilience to assist them into the future.
Principle 4: Clinical best practice principle

Preamble

The clinical theme is concerned with engaging novice practitioners with challenges to address their individual needs and abilities as they progress through the early stages of their career or new role, consolidating and building upon their clinical skills and knowledge. As beginning practitioners, in the early stages of developing professional judgement and critical decision-making skills, graduate enrolled nurses require opportunities for reflection and debriefing. The research suggests that the type of clinical support required by novice practitioners is best facilitated within the clinical environment. As such, transition to practice activities have an important role to play in developing appropriate clinical environments in which all senior personnel, not just preceptors and educators, embrace their roles in supporting novice practitioners.

Part of the clinical theme is providing exposure to a range of experiences. The experiences will vary depending on the service area and/or model of care in which the graduate is working, for example, those working in a community-based model of care (such as the Royal District Nursing Service) will require different experiences and clinical support to those of an enrolled nurse working in a busy metropolitan emergency department (for example Austin Health).

Experiences should provide opportunities for enrolled nurses to work to their full scope of practice within a supported and nurturing environment. The needs of enrolled nurse graduates will vary depending on their previous clinical placement experience. The type of transition activity that the new graduate will experience will depend on a number of factors, including organisational workforce needs, the models of care available, and the area in which the enrolled nurse is employed. These experiences provide opportunity for novice enrolled nurses to develop the knowledge and confidence to work to their full scope of practice.

Clinical best practice principle

Clinical abilities, clinical judgement and confidence are consolidated and expanded by providing support to newly graduated enrolled nurses and by fostering the development of clinical environments that provide opportunities for increasing and meaningful engagement in clinical roles.
Postgraduate (Entry to Practice) Midwifery Section

The following section contains material which relates specifically to postgraduate (entry to practice) midwifery:

- information about postgraduate (entry to practice) midwifery in Victoria
- desk top research including literature and workforce data
- the findings of a survey of health services
- a summary of jurisdictional approaches to postgraduate (entry to practice) midwifery
- qualitative data related to perceptions of postgraduate (entry to practice) midwifery transition to practice needs
- transition to practice best practice principles.
8 Postgraduate (entry to practice) midwives desk top research

The following section provides a range of information (from workforce data, academic literature and official reports) to provide a context for understanding the place of the postgraduate (entry to practice) midwife within the midwifery workforce and insight into some of the issues which impact on transition support for these postgraduate midwives.

Specific information related to postgraduate midwives is limited for several reasons. The Australian Health Practitioner Regulation Agency’s (AHPRA) National Registration & Accreditation Scheme only commenced collecting midwifery registrant data by pathway in 2013. As such, information specifically related to postgraduate midwives is limited. Compounding this, the overwhelming focus of academic literature related to transition to practice activity has focused on registered nurses and to a lesser degree, midwives. Few studies have looked at postgraduate (entry to practice) midwives as a unique cohort.

8.1 About postgraduate midwifery in Victoria

To become a midwife in Australia, individuals must have completed a program of study accredited by the Australian Nursing and Midwifery Accreditation Council and approved by the Nursing and Midwifery Board of Australia. There are currently four pathways into midwifery in Victoria. These are the Bachelor of Midwifery, combined Bachelor of Nursing/ Bachelor of Midwifery, Postgraduate Diploma of Midwifery and more recently, the Masters of Clinical Midwifery.

Postgraduate (entry to practice) midwifery students engage with health services through either an employment model or a clinical placement model (also commonly referred to as a supernumerary model). Both models attract funding from the Department. Under the employment model, postgraduate midwifery students are employed by the health service for a minimum of 24 hours per week in a maternity service area and complete the majority of the clinical component of the program at the same health service. Under the clinical placement model postgraduate midwifery students are supernumerary (unpaid) and undertake supervised clinical placements in maternity service areas of a health service as part of the program. This may be at one health service or multiple health services.\(^\text{13}\).

\(^\text{13}\) These definitions are derived from the Department of Health Victoria Training and Development (T&D) Grant (Nursing and Midwifery) Funding Guidelines (2011/12). The guidelines were updated in February 2012.
Between 2009 and 2013, 47 Victorian health services received training and development funding from Nursing and Midwifery Workforce to support the clinical education and training of postgraduate (entry to practice) midwives.

8.2 Development of midwifery pathways

Midwifery is a heterogeneous profession with entry through several possible pathways. Historically, in Australia the postgraduate pathway was the only way to become a registered midwife. The move to midwifery being seen as a separate profession to nursing lead to the evolution of a direct entry Bachelor of Midwifery, with the first programs commencing in South Australia and Victoria in 2002. Direct entry midwifery programs were also developed in part with the aim to prepare midwives for registration in a shorter timeframe and add to workforce flexibility (Leap et al. 2003). Dual nursing and midwifery degrees added to workforce flexibility and have evolved in part due to the need of those wishing to work in small facilities where both nursing and midwifery skills are required, particularly in rural and remote areas (Yates et al. 2011).

The result of these different pathways is that while there are common requirements related to education, registration and legal requirements, midwifery is comprised of a number of different midwifery cohorts which may have very different transition to practice needs. Postgraduate (entry to practice) midwives are experienced registered nurses who are required by most educational providers to have worked for at least 12 months as registered nurses. On graduation, they are novice midwifery practitioners working in a new model of care, requiring a different range of clinical and professional skills. While most will have participated in a transition to practice activity as a registered nurse following graduation, few will have experienced specific transition activity into midwifery practice. Most transition to midwifery programs target bachelor prepared midwives (Clements 2012).

8.3 Workforce data related to postgraduate (entry to practice) midwives

National workforce data reveals that the need for a robust well-prepared midwifery workforce will continue into the future. AIHW (2013) reported that Australia has an ageing midwifery workforce with increasing rates of part-time employment. Rates of complex births and cesarean delivery have increased and birthing mothers increasingly present with issues associated with ageing, chronic disease and obesity. While a number of national projection studies indicate that shortages of midwives in the future are likely (Department of Employment 2014b; HWA 2012), for Victoria the mal-distribution of midwives is considered a more pressing concern.
The Australian Department of Employment (2014i) commented that the shortage of midwives reflects the demand for midwives with dual registration, particularly in rural areas. It was observed that there are almost ten times as many midwives with dual registration than those registered as midwives only. The recruitment of midwives is markedly easier than in the past but it is still more difficult to recruit midwives compared to registered nurses. Furthermore, in regional locations where employers still experience difficulties filling midwifery positions, there is a preference for dual registered applicants who are midwives and registered nurses (Department of Employment 2014i). A decline in rural births and maternity services has driven the demand for midwives who can work as registered nurses when no maternity care is required (Australian Nursing and Midwifery Accreditation Council 2013; Department of Employment 2014i).

It has been noted in at least one jurisdiction (Queensland), however, that the move towards a midwifery continuity of care model means direct entry midwives are becoming increasingly viable.

A Department of Employment (2014i) review of AHPRA data compared data from June 2012 to June 2014 to reveal a number of recent trends. Nationally, numbers of registered practicing midwives increased by 48.1% (from 2,142 to 3,173) while those practicing with dual registration decreased by 18.5% (from 38,308 to 31,233).

In rural areas it appears that the demand for those with dual registration (registered nurse midwife) is likely to continue (HWA 2012; Department of Employment 2014i).

### 8.4 Supporting success through transition activity

The majority of the research literature relates to registered nurses (see section 2.1 Summary of literature). Midwifery literature suggests that transition activity to support new graduates is recognised as important in retention, and is an important strategy in maintaining an adequate workforce (Carolan 2013). Socialisation into the profession is an important part of successful transition. This requires graduates to have obtained adequate skills, familiarisation with the workforce and work setting, and confidence to practice (Clements et al. 2012). There is also a need for strong supportive and consistent relationships with other midwives and recognition of the unique aspects of the maternity setting including a focus on woman-centred care (Fenwick et al. 2012).

### 8.5 Challenges of contemporary practice

A number of factors have contributed to a changing midwifery landscape which may present new midwifery graduates with a number of challenges. These factors include:
增加了母体年龄和肥胖和物质滥用事件（Li et al. 2013）
- 更广泛的选择产科护理，特别是那些关注连续性的护理和增加针对妇女中心护理的护理（Australian Health Ministers’ Advisory Council (AHMAC) 2013）
- 增加关注将母体护理置于健康模型下，并将护理平衡从急症服务转移到社区模型（AHMAC 2013）
- 一个日益增长的兼职助产士劳动力（AIHW 2013）
- 增加跨专业学习和合作实践（由于分娩母亲的发病率增加而产生的）（AHMAC 2013）
- 增加助产士管理护理模式和更关注鼓励助产士在转诊模式下工作来支持高危女性（AHMAC 2013）
- 增加有资格助产士提供医保退税的机会，当与医疗提供者合作时（Department of Health 2013）
- 为合格的认证助产士提供开药权（AHMAC 2013）。

这些因素表明，助产士正进入一个新阶段的专业实践，这可能伴随新的挑战和机会。

8.6 观点：助产士（进入执业）的需求

如前所述，与助产士（进入执业）相关文献有限。少数澳大利亚研究探讨了新手助理助产士与其他助产士之间的差异。

Davis et al (2012) 发现，通过本科学术和研究生路线准备的助产士在进入执业时表现出相似的自信心。研究生项目的助产士在第一年执业后自信心更高。Clements (2012) 发现，助产士（进入执业）的成员感到的支援比其他助产士群体少，特别是在产房。但临床人员报告称，助产士（进入执业）群体似乎是自信心最强的群体，并且拥有更好的通用专业技能。Clements 还发现，助产士（进入执业）的成员在早期执业时的退学率稍高于其他群体。
Hammond et al (2011) found that graduates from both undergraduate and postgraduate pathways had similar intentions to work post registration although Bachelor of Midwifery graduates were older and more likely to want to work part-time. Graduates from postgraduate midwifery programs seemed to more be quickly socialised into the workforce than other graduates, possibly due to their previous exposure to the health care system as registered nurses.

Postgraduate (entry to practice) midwives may experience challenges (in their initial period of midwifery practice) developing their professional identify and in some cases, being called back to their roles as registered nurses. This issue of role confusion and failure to socialise into the new profession is most common in smaller rural health services, particularly if a newly graduated midwife was previously employed at the same location as a registered nurse (Yates et al 2011). There is also some evidence to suggest that direct entry midwives are seen as less adaptable than their dual registered counterparts and are less preferred by employers in rural hospitals (Yates et al 2011).

Hammond et al (2011) conducted a study comparing graduates from a Graduate Diploma of Midwifery (postgraduate midwives) with Bachelor of Midwifery graduates (direct entry midwives). Hammond et al (2011) commented that anecdotal reports from midwifery educators and industry leaders suggest that there are differences between postgraduate midwives and other midwifery cohorts including the demographic profiles, as well as possible differences in expectations and workforce intentions. In a study of graduates from one university in NSW, Hammond et al (2011) found that Bachelor of Midwifery graduates were around ten years older than the Graduate Diploma of Midwifery graduates, and had higher rates of intention to work part-time. This was seen as a function of their age, consistent with national nurse workforce demographics. It was also found that jurisdictional funding of transition to practice activity in NSW did not provide funding of transition support for postgraduate midwives to employers. While employers may fund postgraduate midwives support directly, this was found to be rare with few postgraduate midwives participating in transition to practice programs in their first year (Hammond et al 2011).

8.7 Desk top research conclusion

The midwifery profession in Australia comprises a workforce that has entered the profession via a diverse range of pathways. The demand for midwives is likely to remain high, and midwives will continue to practice in highly challenging settings with women who have complex needs. Clearly, more work is needed to investigate the transition support needs of midwives as very little work has been done in this area. It is hoped that future data collection will make it possible to better examine
matters relating to the postgraduate midwifery cohort. At present, it is clear that transition to practice activity needs to embrace the heterogeneous nature of the midwifery profession and recognise that transition to practice support can provide the individualised support required to assist all midwives transition into the profession.
9 Postgraduate midwife (entry to practice) health services survey

A survey was designed to provide some basic information about transition to practice activity for recently graduated postgraduate (entry to practice) midwives in their first year post study. The Department distributed the survey to managers involved with postgraduate (entry to practice) midwives in all Victorian public and private hospitals. This section reports the results from that survey.

9.1 Survey findings

There were 20 responses to the postgraduate (entry to practice) midwives survey. Responses were obtained from a mix of private, public, rural, regional, and metropolitan health services of varying sizes.

The majority of responses were from respondents employed at public health services (14 respondents or 70%) with the remaining six respondents or 30% from private health services. Due to the small sample size, results are presented in aggregate only. A clerical review and comparison of responses between respondents employed in public and private health services did not reveal any significant differences between results.

Nearly three-quarters of respondents (18 respondents or 90%) worked at facilities that employed postgraduate (entry to practice) midwives.

Where employed, the number of postgraduate (entry to practice) midwives ranged from one to 10 (mean of 2.56, median of 1.50).

Most postgraduate (entry to practice) midwives studied under an employment model (12 respondents or 86%) with a minority studying under a clinical employment (one respondent or 7%) or a dual model (one respondent or 7%). Six respondents did not provide a valid response.

Most respondents (11 respondents or 61%) indicated that the facility had specific programs or activities to support the transition of recently graduated postgraduate midwives. Most respondents (8 respondents or 73%) indicated that these programs were separate from other programs or activities offered to graduate registered nurses or midwives.

Eight respondents identified programs or activities that were provided by the facility specifically for recently graduating postgraduate (entry to practice) midwives. On average, these respondents indicated that six programs or activities were available to the cohort.
These included:

- supernumerary time (88%)
- clinical Support (88%)
- support from preceptors and/or mentors (88%)
- study Leave (75%)
- opportunities for review of their progress (75%)
- regular opportunities to debrief (75%)
- opportunities to network with other newly graduate midwives (75%)
- regular formal classes/professional development days/tutorials etc. (62%)
- rotations or placements (13%).
10 Jurisdictional approaches to postgraduate (entry to practice) midwife transition

The approach to transition to practice for midwives generally varies between jurisdictions. The approach to transition to practice activity for postgraduate (entry to practice) midwives also varies between jurisdictions. Most jurisdictions offer informal support and some offer activities shared with other newly graduated midwifery cohorts. In the main, the approach is driven by the health service not the jurisdictions.

10.1 Workforce trends

Midwives are a vital component of the Australian health workforce. Throughout Australia midwives are the responsible and accountable professionals who work in partnership with women to provide the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births and to provide care for the infant. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and community (International Council of Midwifery 2011).

Limitations of current data collection and reporting make it very difficult to access specific data related to postgraduate (entry to practice) midwives. This is compounded by the diverse number of entry to practice pathways, and the range of maternity models of care where midwives are employed. While some data is available from the Australian Bureau of Statistics and AHPRA, these present difficulties because they are not comparable as each data set has a different sample base – workforce participation verses registration. This is compounded by different systems of categorisation.

The problems with midwifery data have been noted in the nursing and midwifery literature for well over a decade (Tracy et al. 2000; Mason 2013). As a result there are a number of gaps in information related to postgraduate (entry to practice) midwives throughout this section.

Jurisdictional midwifery workforce and other data has been included (see Appendix F) to provide an overview of the workforce context for midwives in each jurisdiction and to provide some insight into the drivers which may affect each jurisdiction’s approach to transition to practice activity for postgraduate (entry to practice) midwives.

The main sources of data are the jurisdictional summary reports from the Commonwealth Department of Employment annual Survey of Employers Who Have Recently Advertised (Employers’ Survey) (Department of Employment 2014 a). This
survey is one of the key inputs into the annual labour market ratings provided by the Department of Employment for Australian occupations.

A brief outline of the jurisdictional approach to transition to practice activity for postgraduate (entry to practice) midwives is also provided. This has been informed by a combination of consultation with jurisdictional stakeholders and desk research. Where no information related to postgraduate (entry to practice) midwives exists, reference may be made to midwives in general with an explanation of how these relate to postgraduate (entry to practice) midwives.

In most cases midwifery transition to practice activity is provided locally and is not centrally mandated or monitored by the jurisdiction. As such, information provided by the jurisdictional stakeholders is variable and qualitative in nature.

10.2 Conclusions

The educational pathway to becoming a midwife is highly influential in determining the novice midwife’s access to transition to practice support. Examination of jurisdictional responses to provision of transition to practice activity for midwives indicates that transitional support is seen almost universally as critical for bachelor level midwifery graduates but is often ad hoc for postgraduate (entry to practice) midwives.

Stakeholder consultations undertaken as a part of this study revealed that the numbers of postgraduate (entry to practice) midwives vary according to jurisdiction. In some instances postgraduate (entry to practice) midwives comprise a small component of the midwifery workforce and resources are focussed elsewhere. In other cases the transition to practice needs of postgraduate (entry to practice) midwives are accommodated by the graduate midwifery transition to practice program or aspects of the program. In most cases, there is a strong view that transition to practice needs of postgraduate (entry to practice) midwives are a matter for the individual health service. Some jurisdictions, such as Tasmania and Victoria, provide frameworks to guide and support understanding and development of appropriate transition activity.

In most cases there was a strong view that this cohort is best suited to a flexible approach. This is based on the fact that they often differ in terms of previous experience as a registered nurse, tertiary education provider and pathway, employed or clinical supervision model, level of experience with the model/s of care offered at the health service, as well as a host of other personal and professional characteristics.

Workforce data indicated that there is a strong demand for midwives, particularly in rural areas. There remains a strong demand for experienced double degree midwives.
who are able to work autonomously with little or no supervision and transitional support and contribute to other health service needs. As a result, in some rural areas nationally, there has been a move away from employing newly graduated midwives. Further detail on the approach of individual jurisdictions to postgraduate (entry to practice) midwife transition to practice is provided at Appendix F.
11 Views on postgraduate (entry to practice) midwifery transition

This chapter contains qualitative information related to postgraduate (entry to practice) midwife transition. It is based upon consultations undertaken with national and Victorian professional stakeholders and qualitative research undertaken with postgraduate (entry to practice) midwives. Topics discussed relate to transition to practice support needs of postgraduate (entry to practice) midwives, the need for activity to support transition, the nature of activity which supports transition and outcomes from successful transition activity.

11.1 View of professional stakeholders

The following section is based upon the views expressed during a series of consultations undertaken with midwifery stakeholders. Around 30 consultations were undertaken with stakeholders including representatives from state and territory health jurisdictions, public and private health services, policy advisors, academics, nursing and midwifery education networks and education providers. Stakeholders discussed a range of topics related to the transition to practice needs of postgraduate (entry to practice) midwives and put forward their views on the development of best practice principles to support transition to practice activity. They highlighted the complexities associated with midwifery as a unique profession, and the challenges of designing activity to support transition to practice within this context.

There was a strong view that rather than design multiple approaches to transition to practice activity which accommodate the many pathways into midwifery, it would be better to develop one approach which recognises and embraces the diverse midwifery pathways from student to novice practitioner.

11.1.1 Embracing the diversity of midwifery

The profession of midwifery is comprised of professionals, with a diverse range of experiences, who have achieved their qualifications via four different academic pathways and a variety of different education providers. The subset cohort of

14 See the list of participating organisations provided in the Appendix B to this report.

15 In Victoria there are currently four academic pathways offered into midwifery (See the ‘Background’ section in this report).
postgraduate (entry to practice) midwives is comprised of individuals with variations in:

- academic pathway into registered nursing and then midwifery
- length of midwifery course
- clinical placement model experienced as a student midwife (whether clinical supervision or employment model)
- years and type of experience as a registered nurse
- exposure to different models of care and organisational culture
- type of employer (private or public health service, location and size of health service)
- experiences while on clinical undergraduate placement
- the point in their nursing career when they enter midwifery.

These variations may result in gaps in the knowledge, skills and experiences of midwives, as well as varying levels of confidence.

Stakeholders often viewed this diversity as a strength of the profession, which made the midwifery workforce dynamic and added to the richness of midwifery care.

"They all bring something unique to the profession and I like having a midwifery team with a mix of people. I think it adds to the care we offer and keeps us aware of different ideas...I know some employers prefer this pathway or that, but I look for a mix of postgrads, double degrees and direct entry." (Representative of a metropolitan public health service)

This diversity, coupled with the often small numbers of postgraduate (entry to practice) midwives, led some to favour individualised approaches to transition activity.

"The numbers are too small to do things separately, and if your approach is individualised it should not be necessary. We use mentors a lot and focus on an education plan which addresses what that individual needs. They are all different." (Representative of a metropolitan private health service)

11.1.2 Socialisation into midwifery

Stakeholders often contended that 12 and 18 month postgraduate courses can produce newly graduated midwives who have less exposure to midwifery than midwives from other pathways. According to this view, postgraduate (entry to practice) midwives have experienced fewer years of undergraduate exposure to midwifery which results in a lack of socialisation into the profession and retention of a stronger connection to registered nursing. Some stakeholders perceived midwifery
to be a distinct profession to registered nursing with a different range of skills and knowledge required. According to this view midwifery, has a unique culture with its own social norms, values and attitudes.

Transition activity was seen as important in acculturating the newly graduated postgraduate (entry to practice) midwife into the profession and assisting them to adjust to midwifery models of care which have a strong focus on wellness, and in many cases, include continuity of care and community based care.

"They need to work differently in mid and draw upon new skills…it takes time and support to develop those skills and learn new approaches." (Rural public health service clinical educator)

11.1.3 Strengths of postgraduate (entry to practice) midwives

Postgraduate (entry to practice) midwives were seen as having a number of strengths which other newly graduated midwifery cohorts were seen as still developing. These included generic work readiness skills, professional skills and organisational knowledge. Most importantly, they were seen as being able to work independently at an earlier stage than any other cohort. These views are summarised in Box 7.

Box 3: Attributes of newly graduated postgraduate (entry to practice) midwives

Attributes of newly graduated postgraduate midwives included:
- ability to work autonomously at an earlier stage than most graduate midwives
- highly developed general nursing and clinical skills
- good skills including leadership, decision-making and communication skills
- generally had a 12 month graduate registered nurse transition program experience previously and understand the challenges associated with transition
- already socialised into the nursing profession and present a polished professional persona
- often older and more mature, needing less support and more experienced in managing personal matters and work-life balance
- have well developed generic work readiness skills and understanding of how a workplace operates (human resources, occupational health and safety, payroll, applying for leave)
- used to working in a health service and are familiar with medical hierarchy, shift work, weekend work, and so on
- employment pathway graduates tend to require shorter transition period – already well oriented to the workplace and aware of key resources and personnel
- good rate of retention to the organisation even in rural locations
- highly adaptable making them a useful resource.
11.1.4 Transition needs of postgraduate (entry to practice) midwives

Some stakeholders identified specific challenges which they felt postgraduate (entry to practice) midwives faced in moving from registered nursing into midwifery. These included struggling with the role of novice, learning a different style of communication and acquiring new clinical skills. Interestingly, some stakeholders asserted that postgraduate (entry to practice) midwives were overly confident and did not see themselves as novices (because of their experiences as registered nurses). Others felt that they lacked confidence as midwives. These views were not associated with any particular type of pathway or placement model, however in each case the solution posed was the same - recognition of the need for early support to manage expectations and provide guidance.

Stakeholders generally felt that transition to practice support should be available for the first 12 months of practice but that the level of support could be reduced after six months. The first three months were seen as critical and high support needs were expected.

Box 8 contains a summary of the transition support needs identified by professional stakeholders.

Box 4: Stakeholders' views of postgraduate (entry to practice) midwives transition support needs

Stakeholders suggestions for support included:
- socialisation into the midwifery profession - seen as affected if the midwife is still also working as a registered nurse
- repeated frequent exposure to birthing suite/labour ward and support to develop skills and clinical judgement
- support to build skills and confidence to work in diverse midwifery settings, in different midwifery models of care and at different points in the continuum of care
- development of educational and communication skills required to support women in both peri natal and antenatal care
- experience in managing a full client load
- opportunities to develop maternity focussed clinical judgement and decision-making ability
- access to preceptors, clinical educators and senior staff to support clinical skill development and for debriefing and feedback
- access to supernumerary time particularly in birth suite/labour ward
- help with developing ability to work in diverse and multifaceted maternity settings
- support to develop confidence across the continuum of care and span of maternity services
- expectation management and recognition of their status as novice practitioners
- access to support for up to 12 months dependent on individual needs.
11.1.5 Stakeholder views on best practice principles for transition

Stakeholders favoured an approach to transition which focused on the individual's needs and which did not further fragment the midwifery cohort. They generally wanted a flexible approach which could be tailored to reflect the needs of health services and midwives.

Stakeholders also felt that the transition to practice best practice principles should recognise other transitions which midwives experience including the move to different health services, a different role, the move to a public/private health service where the model of care is likely to be very different, and the move to a different location.

11.2 Views of postgraduate (entry to practice) midwives

Consultation was undertaken with 20 postgraduate midwives as a component of this project. This included a mix of separate consultations with postgraduate (entry to practice) midwives who were currently participating in a transition to practice activity, postgraduate (entry to practice) midwives who had graduated within the past two years and postgraduate (entry to practice) midwives who had graduated more than two years ago. Participants in the consultations came from a variety of locations and health service types. Consultations included focus groups, mini groups, face-to-face and telephone interviews (see Appendix A: Method for further details).

11.2.1 Challenges reported by postgraduate (entry to practice) midwives

Postgraduate (entry to practice) midwives generally reported that they experienced initial difficulties or challenges in adjusting to the role of novice midwife. In most cases these challenges were addressed by the support of transition activity. However, in a few cases the postgraduate (entry to practice) midwives reported that they planned to leave midwifery and seek alternative roles in areas such as maternity nursing and mother child nursing.

Overwhelmingly, the most challenging experiences recounted by newly graduated postgraduate (entry to practice) midwives centred on their role in birthing suite/labour ward. This was particularly challenging for rural postgraduate (entry to practice) midwives who felt that they lacked access to support, were often expected to take a leadership role even though they were only recently graduated, rarely worked with the same people (due to high dependency on casual part-time midwives), had insufficient supernumerary time, and because of the structure of rotations in some graduate transition programs, spent lengthy periods away from the birthing suite/labour wards.
"As a registered nurse you are following a care plan and things are more predictable. There is always support around even on night shifts. It's not like in [birth suite]. It's unpredictable and you don't always have someone more experienced to help you. If something happens it may be days before you have the chance to talk to someone about it. It's scary." (Postgraduate midwife, rural public health service)

Postgraduate (entry to practice) midwives may erroneously be seen by other midwives and clinical support staff as not needing as much support as other graduate midwives because of their professional background as a registered nurse and because they may present a confident professional persona. Similarly, those who graduate at an older age may be seen as needing less support than younger graduates.

"I think they assume we are more experienced than we are. Because we rarely work with the same team they remember your face and think that because you look familiar and you are older you don't need the same support as a fresh faced new grad.” (Postgraduate midwife, rural public health service)

"It is hard to adjust to feeling like you don't know what you are doing...to experience that loss of confidence....I sometimes pick up shifts on my old [acute] ward, just so I can get a confidence boost." (Postgraduate midwife, metropolitan private health service)

11.2.2 Support needs identified

Participants identified a number of key transition to practice support needs including the need for access to clinical support, increased supernumerary time in birthing suite/labour ward, increased opportunities for in situ debriefing and reflection, ability to obtain feedback and access to support staff such as clinical educators, preceptors and mentors, regular structured reviews of their progress and increased recognition from co-workers that they are novice midwives. Some noted that the style of communication within midwifery is different than in nursing.

"If you try to go through questions to assist you to understand an approach, to work out how you would do something and what factors need to be considered...it's common in nursing....but [midwives] think you are questioning them personally. I had trouble with one mid when I started and she has still not forgiven me." (Postgraduate midwife, metropolitan public health service)

Postgraduate (entry to practice) midwives indicated that they required different periods of transition varying between six and 12 months. Employment pathway
graduates often felt that a shorter transition period was required – as they were already well oriented to the workplace. In the main, a period of 12 months was seen as optimal to consolidate skills and experience and develop confidence. Most felt this needed to be based on assessment of individual needs (Box 9).

**Box 5: Support needs identified by postgraduate (entry to practice) midwives**

Support needs identified by postgraduate (entry to practice) midwives included:
- clinical support related to midwifery
- supernumerary time with increased time in birth suite/labour ward
- opportunities for timely *in situ* debriefing and reflection
- regular reviews of their progress
- communication skills and strategies to promote sound engagement with other midwives
- support to manage expectations and confidence levels while adjusting to the new role as a novice
- support to adjust to the new setting which might include different levels of access to senior staff, constantly changing teams, working with a high percentage of casuals and part-time staff
- opportunity to ask questions without feelings of being judged by clinical support staff

11.2.3 Views on best practice principles

Postgraduate (entry to practice) midwives generally felt that transition support should be flexible and individualised. They felt that to be successful there needed to be a reasonable level of support staff available. They also indicated that the principles should have the capacity to be applicable to a range of transitions that might occur at other points during a postgraduate (entry to practice) midwife’s career. As with other midwives, variations in experience can occur if a midwife moves between different models of care, from the private to public setting and between jurisdictions.

"I really want to go to public so I can get more experience in birthing. Here the closest we get to it is, an obstetrician hands me a baby...but I will need support to move to public because the roles are so very different." (Postgraduate midwife metropolitan private health service)

11.2.4 Conclusions

Newly graduated postgraduate (entry to practice) midwives require the support of transition activity as they move into the midwifery profession. An individualised approach is necessary to accommodate the impacts of diverse pathways and
experience. Holistic approaches which embrace and promote the integrity of the midwifery workforce and bring together the midwifery cohort at a health service are preferred. Transition into midwifery for postgraduate (entry to practice) midwives is generally considered challenging not only because of the different skills and knowledge practised, but because of the different culture prevalent in midwifery. Newly graduated midwives are exposed to different models of care with a different role to play in the care of women and their families, different styles of communication and differently structured teams and wards. While postgraduate (entry to practice) midwives are highly skilled in terms of nursing and professional skills, it is the adjustment to this different culture which is among the greatest challenges, and where transition to practice support also needs to focus.
12 Postgraduate (entry to practice) midwives best practice principles

This chapter includes a best practice framework for use with postgraduate (entry to practice) midwives. This has been informed by a multi-method study design (see Appendix A: Method) and mapped against the findings from previous work commissioned by the Department (Healy and Howe 2012; Healy and Howe 2014).

While this framework has been designed with a focus on newly graduated postgraduate (entry to practice) midwives, it is expected that this approach would also be valuable in the design of transition to practice activity for other forms of postgraduate (entry to practice) midwives transition including to new services, new settings, changing from employment at a private health service to a public health service and to new models of care.

12.1 The approach to best practice principles

The suite of postgraduate (entry to practice) midwives transition to practice, best practice principles is underpinned by contemporary views which consider professional transition to have two main elements. The first is general transferable skills and knowledge and the second is specific skills and knowledge which relate to the individual’s particular role.

The vision for the transition to practice activity, which states the overall achievement to be attained through the activity, is embodied in the broad aim which spans all principles (see Figure 2 below). The Department has a broad aim for transition activity which was developed through a comprehensive consultation and research process in 2013 (Healy and Howe 2014):

*The broad aim for transition to practice activity is to provide a flexible range of supports to assist graduates in adjusting to their professional roles, as part of a high quality sustainable workforce (p. 6).*

Effective transitional support focuses on general transferable skills and knowledge which may apply across a number of (in this case) health care settings. For example, all postgraduate (entry to practice) midwives require generic knowledge and skills in areas including, time management, managing a patient load, participating in care planning, accessing support, teamwork, supervising others and effective communication skills. These more *general, transferrable skills* are embedded in three of the proposed best practice principles - the professional principle, the organisational principle and the personal principle (see Table 4).
According to this approach, the particular skills and knowledge that relate to an individual’s adjustment to a specific role are embedded most strongly in the clinical principle (see Figure 2).

The clinical principle recognises the scope of practice of the newly graduated postgraduate (entry to practice) midwife, which requires different forms of clinical education, support and experiences to assist the transition from beginning practitioner to autonomous professional.

Table 4: Overview of approach to transition

<table>
<thead>
<tr>
<th>Suite of best practice principles with two different foci:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Focus on general, transferrable skills</td>
<td>2. Focus on the postgraduate midwives specific role</td>
</tr>
<tr>
<td>Most strongly embedded in the:</td>
<td>Most strongly embedded in the:</td>
</tr>
<tr>
<td>- Professional principle</td>
<td>- Clinical principle</td>
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<tr>
<td>- Organisational principle</td>
<td></td>
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<tr>
<td>- Personal principle</td>
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12.2 Using the best practice principles

A number of considerations are important in using the newly graduated postgraduate (entry to practice) midwives transition best practice principles.

The best practice principles are separate to the Australian Nursing and Midwifery Accreditation Council (ANMAC) competency standards and any other legal requirements or local policies which newly graduated postgraduate (entry to practice) midwives are mandated to follow.

Transition to practice activity is not mandatory for practice. As such, transition activity and the best practice principles seek to enhance and consolidate skills and knowledge. They are focussed on promoting confidence of professionals who have already been assessed as competent to practice. They are about workforce development and supporting staff in various roles to work to their full scope at an early stage of their practice. The best practice principles are not intended to teach or measure the ANMAC competency standards, and are not intended to supplement vocational, undergraduate or postgraduate education.

The best practice principles should not be seen as prescriptive. They are designed to be general in nature with the ability to support a range of transition to practice activity including *ad hoc* or intermittent activity and more formal structured programs.

The best practice principles are designed to be relevant to all Victorian health services and intended to be measureable to assist and promote health services to
evaluate their transition to practice activity. To support this, the best practice principles were designed to have elements which target the transition to practice activity, not just the individual graduate. They are underpinned by the best available evidence and reflect an understanding that transition activity is not compulsory, however, evidence suggests that it supports transition to professional practice.

12.3 The approach to transition to practice activity

The transition to practice principles are designed to underpin approaches to transition activity which recognise the importance of adult learning principles and focus on providing flexible individualised support.

No one approach to transition activity is prescribed. Some health services elect to offer formal structured activities while others provide less formal activities on an as needs basis. Most transition activity for postgraduate (entry to practice) midwives span a 12 month period while some are six months in duration. In general, it is recognised that transition to practice activity should reflect lifelong learning and be applicable to new graduates and others engaged in a workplace transition.

Most stakeholders agree that newly graduated postgraduate (entry to practice) midwives require higher levels of support (particularly focussed on clinical areas) in the initial 0-3 months of practice and that support needs change over time as the graduate gains confidence and experience.

The approach must be individualised. In the case of postgraduate (entry to practice) midwives, some may continue to need clinical support while others may have different needs. For example postgraduate (entry to practice) midwives who have followed an employment pathway (and are therefore familiar with the health service and organisation) are likely to need less time to transition, compared to postgraduate (entry to practice) midwives who followed a clinical placement model. Similarly, they may need a different type of transition experience to newly graduated direct entry or double degree midwives.

Midwifery teams at most health services are a diverse group with a multitude of different characteristics including different educational pathways and exposure to professional practice as registered nurses. An approach to transition activity which embraces this diversity is favoured. Best practice approaches provide individualised support coupled with opportunities to develop a sense of belonging to the midwifery team and profession.

Literature and primary data suggests that an approach which draws from a range of components is preferable. These components draw from the following:

- clinical support provided *in situ* in a timely manner
Transition to practice needs

- opportunities for review of the postgraduate (entry to practice) midwives' progress including formal structured reviews of performance at key points in the transition
- opportunity for informal engagement to discuss progress and any issues
- supernumerary time
- support from preceptors and/or mentors
- study leave and/or study days including formal classes/professional development days/tutorials
- regular opportunities to debrief and engage in reflective practice
- opportunities to network with other newly graduated postgraduate midwives
- rotations or placements
- other activities to address individual needs.

12.4 The best practice model and principles

The following section includes a diagram which reflects the overall model for the transition to practice activity (see Figure 2). Each of the principles is underpinned by a theme which emerged as a result of the study and analysis of previous work (Healy and Howe 2012 & 2014). This theme is based upon work undertaken in the current project and literature previously presented in (Healy and Howe 2012 & 2014). A preamble is included which outlines the rationale for the principle. This is followed by the principle. The process for the development of the principles is outlined in Appendix A: Method.

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16 These documents and other supporting tools to assist in the monitoring and development of transition activity are available at http://www.health.vic.gov.au/nursing/graduate
Figure 2: Overview of best practice model

**Broad Aim of the Model for Transition Activity**

To provide a flexible range of supports to assist graduates in adjusting to their professional roles as part of a high quality and sustainable workforce.

1: Professional Principle

A long-term commitment to the profession is fostered by facilitating socialisation into the profession and providing opportunities for beginning practitioners to improve the skills and knowledge required to practice effectively and safely as a postgraduate (entry to practice) midwife.

2: Organisational Principle

Information and experiences are provided to assist newly graduated postgraduate (entry to practice) midwives to operate effectively within the organisation and perform as engaged and valued members of the organisation’s workforce. Transition activity should be promoted as an integral part of the organisational culture, whilst ensuring that newly graduated postgraduate (entry to practice) midwives find a valued place and sense of belonging within the organisation.

3: Personal Principle

A life-long approach to well-being is promoted by providing newly graduated postgraduate (entry to practice) midwives with appropriate information, knowledge, skills and experiences to address their needs as either beginning practitioners or practitioners in a new role, and to build personal resilience to assist them into the future.

4: Clinical Principle

Clinical abilities, clinical judgment & confidence are consolidated and expanded by providing support to newly graduated postgraduate (entry to practice) midwives and by fostering environments that provide opportunities for increasing and meaningful engagement in clinical roles.
Principle 1: Professional best practice principle

Preamble

The professional theme contains a number of dimensions. It includes the need for transition activity to assist newly graduated postgraduate (entry to practice) midwives with socialisation into their new profession. This means instilling newly graduated postgraduate midwives with the values, attitudes and behaviours which identify them as a professional. It includes development of their professional persona and their sense of belonging to the midwifery profession. Socialisation is seen as important in the development of the individual’s intentions to commit long-term to a career in midwifery.

This principle includes attributes which are integral to the midwifery profession, such as understanding the legal obligations of the profession, understanding the role of the midwife within the health workforce, reflective practice, fostering an interest in the midwifery career path and understanding professional boundaries. It includes transferrable professional attributes such as time management, development of day-to-day leadership skills, accountability, communication, interest in life-long learning and professional development.

Postgraduate (entry to practice) midwives have a previous history as registered nurses and may take time and support to develop a sense of belonging to the midwifery profession and to acculturate to the midwifery setting. On graduation, they are novice midwifery practitioners who will be working in a new model of care that requires a different range of professional skills. This study found that postgraduate (entry to practice) midwives faced particular challenges in shifting from a registered nurse mode of communication, particularly in relation to clinical reflection and asking questions within a clinical context. Rather than seeking to replace one set of skills with another, this principle is about professional development. Appropriate responses will focus on enhancing and building upon the professional skills and knowledge of newly graduated postgraduate (entry to practice) midwives and thereby building a stronger more adaptable workforce able to draw upon a wide range of skills and knowledge and move between settings if workforce needs change.

Professional best practice principle

A long-term commitment to the profession is fostered by facilitating socialisation into the profession and providing opportunities for beginning practitioners to improve the skills and knowledge required to practise effectively and safely as a midwife.
Principle 2: Organisational best practice principle

Preamble

The organisational theme is concerned with the postgraduate’s 'fit' within the health service organisation. The literature indicates that it is important for novice practitioners to develop a sense of belonging to their place of employment. This includes feeling safe and secure, as well as familiarity with the organisation’s operations that affect graduates as employees. Being perceived as valued and important may even influence future career intentions. It is important for individuals to understand their responsibilities to the organisation and how the organisation functions. This includes understanding rostering, timetables, occupational health and safety, organisational policies, resources and procedures. Understanding the 'mechanics' of the organisation, the ability to orient themselves and the ability to access resources, are all part of what assists graduates to develop a sense of belonging and security.

Underpinning this theme is the notion that novice practitioners do best within organisational cultures that embrace recent graduates and value transition to practice activities. In such organisations transition to practice activities are embedded in their vision and values, are promoted internally and are recognised and supported by staff.

Reflecting the need for an individualised flexible approach, those postgraduate (entry to practice) midwives who have had previous experience at the organisation in their capacity as a registered nurse may not require the same type of organisational orientation or support as a person who is new to the organisation. Despite this, they will still need to feel valued and important in their new roles, working in varying models of care.

Organisational best practice principle

Information and experiences are provided to assist postgraduate (entry to practice) midwives to operate effectively within the organisation and perform as engaged and valued members of the organisation’s workforce. Any transition activities should be promoted as an integral part of the organisational culture, whilst also ensuring that the postgraduate (entry to practice) midwife finds a valued place and sense of belonging within the organisation.
Principle 3: Personal best practice principle

Preamble

The personal theme is largely concerned with those elements which can influence the well-being and personal resilience of graduates. Much is written in the nursing and midwifery literature about 'transition shock', and the impact of stress on graduates’ performance as well as long-term commitment to the profession. This theme is concerned with ensuring that transition to practice activity has an explicit focus on building the capacity of postgraduates to: manage stress, understand and develop resilience, manage work-life balance, have realistic expectations, know where to access support, be able to identify early signs of not coping, and build formal and informal resources to promote their well-being.

This study found that postgraduate (entry to practice) midwives may experience personal difficulties associated with the move to a new model of care within a different setting and clinical culture, as well as the change back to being a novice practitioner. For these midwives, support is likely to be required early in the transition process. The importance of ensuring that postgraduate (entry to practice) midwives have access to a cohort of peers to debrief informally is important in this principle, and one of a number of reasons why it may be important to ensure that newly graduated midwives from all pathways have the opportunity to connect.

Personal best practice principle

A life-long approach to well-being is promoted by providing newly graduated postgraduate (entry to practice) midwives with appropriate information, knowledge, skills and experiences to address their needs as either beginning practitioners or practitioners in a new role, and to build personal resilience to assist them into the future.
Principle 4: Clinical best practice principle

Preamble

The clinical theme is concerned with engaging novice practitioners with challenges to address their individual needs and abilities as they progress through the early stages of their career or new role, consolidating and building upon their clinical skills and knowledge. As beginning practitioners, in the early stages of developing professional judgement and critical decision-making skills, newly graduated postgraduate (entry to practice) midwives require opportunities for reflection and debriefing. The research suggests that the type of clinical support required by novice practitioners is best facilitated within the clinical environment. As such, transition to practice activity has an important role to play in developing appropriate clinical environments in which all senior personnel, not just preceptors and educators, embrace their roles in supporting novice practitioners.

Part of the clinical theme is providing exposure to a range of experiences. Experiences should provide opportunities for postgraduate (entry to practice) midwives to work to their full scope of practice within a supported and nurturing environment. The experiences of postgraduate (entry to practice) midwives will vary depending on a number of factors, including organisational workforce needs, community demographics and the models of care available.

In most cases, transition activity for postgraduate (entry to practice) midwives provides a range of experience across the full spectrum of the midwifery continuum of care. Evidence suggests that postgraduate (entry to practice) midwives require more frequent periods of exposure to birth suite/labour ward than other parts of the continuum. This should be supported by access to clinical support, clinical nurse education and opportunity to debrief.

Newly graduated postgraduate (entry to practice) midwives enter practice with variations in their level of clinical confidence and preparedness to work autonomously. New graduates come to practice with varying levels and types of experience as registered nurses via different entry pathways and with education from different providers. Exposure to different clinical situations in their student placements vary as do the roles played by midwives in different health service types. Transition to practice experiences need to accommodate the graduates’ current level of clinical confidence and recognise the importance of individualised challenges which support the development of confidence and the ability to work autonomously.
Clinical best practice principle

Clinical abilities, clinical judgement and confidence are consolidated and expanded by providing support to newly graduated postgraduate (entry to practice) midwives and by fostering the development of clinical environments that provide opportunities for increasing and meaningful engagement in clinical roles.
Appendix A: Method

The study method employed for this project combined multiple levels of evidence to ensure the development of robust best practice principles for both the enrolled nursing and postgraduate (entry to practice) midwifery cohorts. The project was guided by a series of research questions (see Figure 1). The following sections contain a description of the method used to undertake this project.

The inception stage

The inception stage was comprised of a project establishment meeting with the Department and development and submission of a project study plan which was approved by the Department in May 2014.

A desk research stage

The desk research stage was undertaken to review and analyse relevant secondary data, as well as academic and grey literature. It aimed to provide evidence of activity related to transition to practice approaches generally, as well as for the two cohorts of interest in the current study. The key terms used in the searching included enrolled nurses, midwives, enrolled nurse/midwife transition to practice, enrolled nurse/midwife graduate year/graduate program/graduate activity, becoming a professional, professional socialisation and professional transition. The desk research also sought information related to jurisdictional models of transition to practice activity for enrolled nurses and postgraduate (entry to practice) midwives (see Chapter 2: Desk Top Research). A variety of academic search engines were used.

The desk research in this report also includes a summary of relevant literature related to registered nurses and midwives which was included in the previous work undertaken by the Department in 2012 related to graduate nurse and midwife transition.

Two health service surveys

In May 2014, two questionnaires (see Appendix H: Tools) were disseminated by the Department to public and private Victorian health services. The purpose of these surveys was to collect descriptive information about transition to practice activity for recently graduated enrolled nurses and postgraduate (entry to practice) midwives in their first year post-study. Thirty-eight responses were received in relation to the Graduate Enrolled Nurses’ Survey and 20 responses to the Postgraduate Midwives’ Survey (findings reported in Chapters 3 and 7).
A consultation stage

The project was informed by various types of consultations with a wide range of interested enrolled nurse and midwifery stakeholders.

*Department of Health Nursing and Midwifery Education Planning Group*

Consultation and presentation of preliminary data was undertaken with the Department of Health Nursing and Midwifery Education Planning Group in both June and August 2014. This is a group comprised of health service and academic stakeholders who provide advice and insight on educational matters related to nursing and midwifery.

*Five health services*

Site visits were undertaken at five health services. Health services were selected using purposive sampling (Guba & Lincoln 1989). The data provided through the health service surveys was examined and health services with different approaches, sizes, locations, and types of activity were selected. This approach was used to ensure that a range of sites were selected which represented different community and workforce issues and models of care and included both private and public health services. The sample was not intended to be representative of health services. The health services which participated were:

- The Epworth (Epworth Eastern and Epworth Freemasons)
- Echuca Regional Health
- Ballarat Health Services
- Eastern Health (Angliss Hospital and Box Hill Hospital)
- Goulburn Valley Health.

These consultations were designed to contribute qualitative data to inform two key components of the study:

- Firstly, the development of health service based case studies (two for each health service - one related to transition activity for postgraduate (entry to practice) midwives and the other related to transition activity for enrolled nurses). Written drafts of each case study were prepared and sent back to the key contact for review and feedback, to ensure accuracy of details before inclusion in the final report.
- Secondly, to provide broader perspectives (from training and education providers and other health service based stakeholders) to inform an understanding about the needs of cohort members, potential impacts from transition activity and opportunities to enhance transition activity through the development of the best practice principles.
The site visits were each one day in duration and included:

- consultations with key health service stakeholders such as directors of nursing, clinical education managers, graduate program coordinators and clinical educators. In two cases the visit also included consultation with nurse unit managers and assistant nurse unit managers who were involved with the support of enrolled nurses.
- consultations with enrolled nurses and postgraduate midwives via in situ interviews, focus or mini groups at each location. These comprised enrolled nurses or postgraduate midwives who were recent graduates or who were no more than two years post graduate. In several cases additional telephone interviews were conducted with graduates who were not available on the day. In total across all health services and campuses, 30 enrolled nurses and 20 postgraduate (entry to practice) midwives participated in these consultations.
- consultations with tertiary and vocational education training providers who had a relationship with each of the health services. Health services nominated local providers who were involved in supplying education and training to enrolled nurses and postgraduate (entry to practice) midwives. Interviews were conducted with seven of those who consented to participate.

**Professional stakeholder consultations**

A series of around 30 consultations with professional stakeholders (with an interest in transition to practice activity) were undertaken. These included interviews with representatives from education and training providers, jurisdictions, professional associations and colleges, nursing and midwifery academics, and nursing and midwifery education networks. Many of these stakeholders shared perspectives on transition to practice activity of a general nature and on both postgraduate (entry to practice) midwives and enrolled nurses.

**A consultation survey stage**

Following development of draft best practice principles (for transition to practice activity for each of the cohorts), a consultation paper was developed and disseminated to targeted informants (nursing and midwifery managers, academics and members of various professional networks) for review and comment.

The paper contained information about the background to the project, key findings to date for each cohort and an outline of the draft best practice principles. The framework was presented with explanation of each of the four proposed themes outlined. Consultation participants were invited to make comment on the relevance, appropriateness and usefulness of the proposed principle as it relates to newly
graduated enrolled nurses and/or newly graduated postgraduate (entry to practice) midwives.

*Reporting and development of the best practice model*

Inductive analysis was used in the analysis of all qualitative data. According to this process the data is examined and themes emerge from the data rather than the imposition of theories. This is a common approach used in qualitative research and stems from the work of constructivist and grounded research (Glasser and Strauss 1967).

The themes from the current study, identified in the inductive analysis, were mapped against those which were identified in previous work undertaken by the Department (Healy and Howe 2014). This previous work involved the development of an evaluation framework for transition to practice programs for newly graduated registered nurses and midwives. The framework was based around a broad aim and four themes emerged. These were organisational, professional, personal and clinical. This framework was found to have a high degree of compatibility with the data emerging from the current study. Because of this compatibility, the same framework developed for graduate nurses and midwives is used as the basis for the development of best practice principles for two further nursing/midwifery cohorts - enrolled nurses and postgraduate (entry to practice) midwives.
Figure 3: Research questions

- How are the two cohorts currently supported in Victoria and more broadly?
- What models of support exist for the two cohorts in Australian jurisdictions?
- Does the literature/scan provide insights on approaches to support similar cohorts in their graduate year?
- What outcomes are sought by the programs?
- What best practice features emerge from the literature/scan?
- Do approaches in Victoria align to best practice features identified in the literature/scan?

- What specific needs do various programs aim to address?
- What do stakeholders see as the main needs of the two cohorts?
- To what degree do stakeholders feel graduate needs are met by current approaches?
- To what extent is there agreement among stakeholders about cohort needs?
- What gaps exist in current approaches resulting in unmet needs?

- What are the transition needs of each cohort?
- What are the transition needs of each cohort?
- To what extent do these fit the needs of stakeholders in different contexts?

- What are the opportunities to support transition needs of each cohort?
- What enhances and inhibitors impact on graduates having their needs met?
- How might enhancers/inhibitors be addressed to decrease graduate needs?
- What learnings from literature/scan and consultations can assist in development of best practice principles to support transition needs of the cohorts?

- What are the views of stakeholders on proposed best practice principles?
- What broad best practice principles might assist in meeting the transition needs of the cohorts?
- To what extent do these fit the needs of stakeholders in different contexts?
- How might they be reviewed to address the needs of a range of stakeholders in diverse contexts?

- What outcomes are sought by the programs?
- What outcomes are sought by the programs?
- What outcomes might they be reasonably expected to produce?
Appendix B: Contributors

ACT Health
Austin Hospital
Australian College of Midwifery
Australia College of Nursing
Ballarat Health Service
Box Hill Institute
Charles Darwin University
Charles Sturt University
Deakin University
Department of Health and Human Services, Tasmania
Department of Health, Victoria
Eastern Health
Echuca Regional Health
Epworth Box Hill
Epworth Freemasons
Graduate Program Coordinators Network
Goulburn Valley Health
Holmesglen TAFE
Latrobe University
Monash Health
NSW Health
Portland District Health
Queensland Health
RMIT
South Australia Health
Swinburne Institute of Technology
The Royal Women's Hospital
Victoria University
Western District Health Service
Western Health
Appendix C: Case studies on enrolled nurses transition activity

The following five case studies form part of the evidence-base to support the development of transition to practice best practice principles for enrolled nurses. They demonstrate different models of transition to practice support and responses to address local needs.

**Ballarat Health Service enrolled nurse transition to practice case study**

**Introduction**

Facing a critical shortage of Enrolled Nurses (ENs) to address the future needs of residential aged care services, in 2010 Ballarat Health Service (BHS) initiated a training program for ENs which provided employment and a traineeship. The program is now into its fourth intake. Learnings from this program provide important insights into understanding the nature of transition, and how preparation and experience can influence the transition needs of graduates. To fully understand the impact of this program on EN graduate transition, it is important to examine the approach to undergraduate traineeship.

**Context**

The City of Ballarat is located approximately 110 kilometres west of Melbourne. BHS is the largest regional health service and principal referral centre in the Grampians Region. BHS is the largest employer in Ballarat and has an ongoing challenge in filling and maintaining EFT positions across all of its sites. BHS has two main sites which have a combined bed capacity of: 200 acute care beds, 424 aged care beds, 80 subacute beds and 85 mental health beds.

**Background**

When the traditional approach of employing graduate ENs resulted in a 50 EFT deficit, BHS initiated a two year EN trainee program in partnership with University of Ballarat (UB). The program is delivered at BHS, with BHS clinical educators. Now in its fourth year, the program has supplied the health service and surrounding regional employers, with access to around 20 graduate ENs each year.

**Drivers of the Trainee model**

The drivers of the current approach to the program were to:

- ensure the quality of the EN workforce at Ballarat Health with capacity to meet the needs of residential aged care services and acute health services
Transition to practice needs

- provide trainees with real-life hands-on learning experiences
- ensure that ENs are surrounded by a supportive team
- ensure that trainees have an extended period of time to familiarise themselves with the health service
- promote socialisation into the nursing profession by employing student ENs as trainees
- foster commitment to the organisation and extend the length of EN employment beyond two years
- assist and support people who had been out of the workforce for some time to return to, or commence work
- ensure a smooth transition period between the role of student and EN.

Aims of the approach

The primary driver of the program was to increase the access of BHS to ENs. This approach sees the transition process as occurring prior to the time the participant is qualified, ensuring graduates are work-ready, having accumulated a significant amount of work experience and confidence during the program.

Characteristics of the approach

Attributes of the trainee program are identified below:

- It is a two year program with no classes in the last two months.
- Trainees are employed to work in residential aged care services two days per week.
- Trainees are supernumerary in aged care for the first six months of their employment to ensure that they are safe, competent and able to practice within scope.
- Trainees study three days per week at BHS where the academic program is delivered entirely onsite (including the required hours for clinical placement).
- Trainees are supported at BHS by two lead educators and clinical support staff.
- Elective modules which form part of the education component are selected to meet the workplace needs of BHS.
- There is a focus on work readiness (for example, exposure to shift work and weekend work, time management, patient/resident focused care and communication, processes used in different wards, strategies for managing challenges)
- Validation processes and assessment are reviewed by Federation University four times per year.
- Federation University and BHS hold monthly meetings to promote open communication and ensure the program has
effective oversight.
- Trainees have an annual progress meeting with clinical educators.
- Opportunities are provided for the trainee cohort to meet together regularly.

**Rationale for the approach**
The trainee model was designed to increase access to staff by enculturation into the BHS organisation and workforce. This program recognises the need to support the trainee cohort and commence their transition from trainee to nurse as early as possible. While it has involved considerable investment from BHS to pay for supernumerary time and support staff time, the return on investment has been significant, with a supply of work ready ENs being established. This supportive approach and in situ education has resulted in trainees joining the residential, subacute, community and acute care nursing workforce at BHS.

**Outcomes**
Outcomes of the program noted for BHS included:
- development of a committed well prepared EN workforce
- access to additional EFT to support aged care services
- opportunity to work in diverse roles across the organisation
- enhancing the BHS role as a teaching hospital
- improved retention of staff after two years
- reduced need for a transition to practice year following graduation

Outcomes for trainees include:
- achievement of a national qualification
- access to ongoing employment
- 50% going on to do higher study
- completion of studies
- work-ready however a period of transition into the acute area would be desirable.

**The current situation**
Over the duration of the four years that the program has operated, it has undergone some refinements. The most notable is that the amount of supernumerary time provided in aged care has been reduced from eight months supernumerary to six months supernumerary.

While the EFT needs of BHS have improved as a result of this program, it will continue in order to increase supply of ENs throughout the region.
Eastern Health enrolled nurse transition to practice case study

**Introduction**
The Eastern Health Enrolled Nurse Induction Program (ENIP) provides a centralised, planned, educational approach to supporting newly graduated ENs and clinicians to a new environment, effectively facilitating transition to practice using existing health service resources.

**Context**
Eastern Health is one of Melbourne’s largest metropolitan public health services. Eastern Health provides services to more than 800,000. With a budget of $730 million and over 8,000 employees, Eastern Health delivers high quality clinical services at over 25 locations.

**Background**
Traditionally, nurse unit managers (NUMs) handled recruitment, employment and preparation of ENs on the wards. However, the changing nature of the EN role in recent years, and their expanded use within team nursing across the health service, prompted development of a new approach. The ENIP provides a planned centralised approach to supporting EN transition, with recruitment and local orientation still remaining with the NUMs and ward staff. The ENIP is the responsibility of the Eastern Health Practice Development Team and is provided within existing resources.

**Drivers of the current approach**
A number of factors drove the development of a new approach to the preparation of ENs. These included changes related to ENs scope of practice, including medication and IV therapy endorsement, the increased participation of ENs in acute settings and the changing responsibilities of ENs to supervise others (including enrolled nursing students on clinical placements and Assistants in Nursing). While there was a forward plan to increase the overall proportion of ENs in the acute nursing workforce (from 5.7% to around 20%), the availability of experienced ENs was limited and some NUMs were disinclined to hire inexperienced newly graduated ENs. The previous approach placed considerable burden upon NUMs and ward staff to prepare new starter ENs, and yielded less than optimal results with variation in the preparation and support given to newly employed ENs and resultant issues with retention. It was also recognised that transitional support was also required by experienced ENs shifting into a new work environment.

**Aims**
The ENIP aims to provide a supportive and flexible learning program in which ENs can consolidate knowledge and skills as either a newly registered EN or as a clinician to a new
Transition to practice needs

It empowers the EN to broaden their scope of practice within a structured development framework and encourages ENs to grow both personally and professionally.

The program commenced in March 2014. This program is aimed at newly registered ENs, experienced ENs shifting into a new environment and those employed as casual, bank or pool ENs at Eastern Health. Characteristics of this six month program include:

- commencement of the program at any time of year
- newly employed ENs are identified by the payroll area and referred to the program (the program does not have responsibility for recruiting or hiring new staff)
- numbers vary according to the needs of the health service, to date 50 ENs have participated in the program in 2014
- two structured study days are held three times per year - (Day 1 Professional Issues and Day 2 Patient Experience and Safety). These are provided by in-house and paid as study leave through the professional development allowance specified in the EBA.
- completion of mandatory legislative components and competency packages
- formative performance appraisal after 3 months and summative appraisal after 6 months
- clinical education and ongoing preceptor support
- feedback surveys on each of the program components
- issuing a Certificate of Completion upon successful performance appraisals, participation in study days and successful achievement of Clinical Patient Assessment.
- two supernumerary days at the start of employment for induction and on an individual basis as required
- evaluation of outcomes
- supporting materials including a handbook for participants and a guide for NUMs.

The ENIP approach reflects the need to provide a rolling approach which supports gradual employment and avoids the creation of a flood of transitioning ENs all with high support needs. A centralised, planned structured approach ensures that all ENs receive consistent and considered transitional support and induction. The inclusion of casual pool and bank staff as well as ENs shifting between environments recognises the broad
transition needs of ENs. The provision of the induction program by a dedicated team was seen as a way to relieve the burden from the NUMs and ward staff and ensure that all ENs receive a consistent and high quality approach to transition.

<table>
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<tr>
<th>Outcomes</th>
<th>Outcomes that have been noted to date, for Eastern Health are:</th>
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<tr>
<td>consistency of monitoring and support for ENs involved in transition</td>
<td>• raised profile of the important role of ENs</td>
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<td>raised profile of the important role of ENs</td>
<td>• increased awareness of the clinical education and support needs of ENs</td>
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<td>increased awareness of the clinical education and support needs of ENs</td>
<td>• quality support to ENs with less burden on NUMs and other staff</td>
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<td>quality support to ENs with less burden on NUMs and other staff</td>
<td>• less burden on NUMs and ward staff to support new ENs to achieve competencies while on the ward</td>
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<td>less burden on NUMs and ward staff to support new ENs to achieve competencies while on the ward</td>
<td>• increased access to ENs with capacity to meet the needs of the health service in both acute and subacute settings</td>
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<td>increased access to ENs with capacity to meet the needs of the health service in both acute and subacute settings</td>
<td>• increased likelihood of retention of ENs</td>
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<td>increased likelihood of retention of ENs</td>
<td>• increased willingness of NUMs to employ less experienced ENs.</td>
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<td>increased willingness of NUMs to employ less experienced ENs.</td>
<td>Outcomes noted for the participants in the ENIP program include:</td>
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<td>Outcomes noted for the participants in the ENIP program include:</td>
<td>• a structured and supported approach to transition and achievement of competencies</td>
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<td>a structured and supported approach to transition and achievement of competencies</td>
<td>• support to pursuit a career pathway and achieve higher qualifications</td>
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<td>support to pursuit a career pathway and achieve higher qualifications</td>
<td>• increased opportunities for less experienced ENs</td>
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<td>increased opportunities for less experienced ENs</td>
<td>• increased organisation recognition of the need to support ENs in transition to practice and transition to new environments</td>
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<tr>
<td>increased organisation recognition of the need to support ENs in transition to practice and transition to new environments</td>
<td>• recognition of the need to support all ENs involved in transition, including casual, pool and bank staff.</td>
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Echuca Regional Health enrolled nurse transition to practice case study

Introduction  With an ageing Enrolled Nurse (EN) workforce and plans for expansion of the health service imminent, the need for an injection of ENs was required to ensure the ongoing provision of a robust nurse workforce. Echuca Regional Health (ERH) has developed a capacity building approach which assisted in addressing issues associated with EN attraction and retention. A critical component of this approach has been the provision of transition activities to support graduate ENs.

Context  ERH is a sub-regional public health service located in the Victorian port town of Echuca-Moama with an operating budget of $49 million. The hospital employs 541 staff (or 365.8 EFT) and provides a range of services for the 44,269 people in the region, including; acute, emergency, primary care, aged care, and community health services. With expansion of the regional population and projected increases in the demands placed upon services, in 2012 work commenced on a new $65.6 million hospital. This will significantly expand the capacity of ERH and require around 60 more staff.

Background  Historically, the supply of ENs within the region and at ERH has been challenging. In 2004, a review of ERH nurse workforce demographics revealed that the average age of ENs was 52 years with most choosing to work a reduced EFT position. Furthermore, the region’s aged care facilities provided ENs with an attractive alternate source of employment to ERH making it difficult for ERH to sustain its EN workforce overtime.

In 2012, ERH initiated an EN training program in partnership with GoTAFE to locally train ENs and increase the overall supply of ENs available to ERH and more broadly to other employers in the region. This program took approximately 15 months to establish and had its first intake in August 2012. Of the 16 students in the cohort, ERH employed four and the remainder will contribute to the regional supply of ENs. Training is conducted on site at ERH in the Australian Health Practitioner Regulation Agency accredited lab and education facilities provided by ERH. Students are enrolled at GoTAFE and pay fees to GoTAFE. GoTAFE rent the
education facilities from ERH and contribute to the cost of tools in the skills lab. These are maintained by ERH. All student placements are provided at ERH with GoTAFE providing funding for ward educators as a part of the usual placement arrangements. In addition to this, the cost of the course coordinator/clinical educator is shared between the ERH and GoTAFE. With this role being located at ERH, students have a high level of access to support and education in situ and ERH has a high level of confidence in the quality of the program and the ability of the students to meet the needs of the health service when they graduate. GoTAFE holds reference group meetings at ERH every three months - ensuring that ERH feedback can be provided and will be acted upon immediately.

The training is offered part-time to allow the cohort (of generally adult learners with family responsibilities) to work part-time and care for their families. Understanding the approach to training provides a context for understanding the ERH approach to EN transition to practice. Following the considerable investment into the EN students, the transition year provides a further 12 months to consolidate the graduate EN's knowledge and confidence and set them off on a nursing career path at ERH which is expected for most to include further study and career progression.

| Drivers of the current approach | The key need driving the current approach was to supply the newly expanded health service with a high quality, sustainable EN workforce. It was recognised that this could best be achieved by development of a locally based workforce. Prior to the introduction of this new approach, people living within the region had to travel to Shepparton, Bendigo or further to undertake Certificate IV in Nursing to qualify as an EN. Furthermore, competition between employers for ENs was strong with aged care providing an alternative source of employment, which appealed to many new EN graduates. As such there was a need to assist in the development of a regional EN workforce to ensure that local aged care facilities had access to a workforce without attracting high quality ENs from the health service. It was felt that providing training and clinical placements at the health service would strengthen the relationship between the student EN and ERH, increasing their likelihood of retention following their graduation. The transition program is advertised publically and |

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MANDY HEALY Research and Evaluation Consultant
Transition to practice needs

applicants can come from outside of the health service. ENs enrol in August to ensure that the health service does not have an oversupply of new graduates from different disciplines all at the one time. The part-time nature of the Transition to Practice Program (being .06 EFT) reflects the needs of the graduate ENs.

### Aims

Purpose of the transition to practice year is to build upon and consolidate the graduate's knowledge and experience. It leverages the highest performing ENs from the EN training program based at ERH and seeks to retain these graduates at ERH. The overarching aim of the graduate program is to ensure that ERH has ongoing access to a skilled and qualified nursing workforce.

### Characteristics of the approach

In 2014, positions of 0.6 EFT were offered for newly qualified ENs for inclusion in the Transition to Practice Program.

Commencing in August, the program runs for a period of twelve months. This ensures that graduate ENs commence their program in an off-peak period and are not in competition with other recent graduates (from different health professional cohorts) for clinical support and rotations.

The program does not receive direct funding but is funded primarily through the use of professional development funds which each EN would normally attract.

At the end of the transition to practice program graduates are offered on going employment.

The program is comprised of:

- supernumerary days at the start of each rotation
- four rotations of three months duration (midwifery, medical, aged care, surgical)
- clinical education support
- five topic-specific study days (with RNs)
- a well-being day focussed on managing substances, work-life balance, sleep, hand-care, massage and other issues.

### Rationale for the approach

ERH has a strong focus on education and capacity building of the regional health workforce. This approach is seen as intricately linked to the profile of the health service as a subregional education provider. Graduate programs have become their
number one recruitment tool. The transition program for ENs is seen as a part of a pathway for developing a high quality nurse workforce with ENs being encouraged and supported and given opportunities to move into RN education. The transition program for ENs is supported by specific educators and ward staff who are keen to see this approach continue.

With strong links to the undergraduate training program and the offering of local training, it has increased the educational opportunities available to people in the region who might otherwise have struggled to access training. In part, the transition to practice year is intended to reduce the movement of ENs away from the region, thereby increasing regional workforce capacity.

Outcomes

Outcomes noted to date, for the health service include:

- increased access to high calibre EN graduates with an existing connection to the region and ERH
- increased monitoring and support of new EN graduates
- raised profile of the important role of ENs and the ERH investment in them - contributing to the development of a culture of support for ENs at the health service
- increased access to ENs with capacity to meet the needs of the health service in both acute and sub acute settings
- development of a closer relationship with the training provider (GoTAFE), leading to business opportunities such as hiring out of training facilities and provision of equipment used to train the EN cohort
- improved insight on students' and graduates' abilities through the employment of a shared ERH/GoTAFE program coordinator
- employment of four graduates to address EFT.

Outcomes noted for the graduates to date include:

- opportunity to work and train locally
- access to a nationally accredited qualification
- encouragement to pursue a career pathway and achieve higher qualifications
- access to flexible working conditions to allow graduates with families opportunity to achieve work life balance
- access to increased employment opportunities beyond ERH.
Epworth Eastern enrolled nurse graduate program case study

Introduction Part of the broader Epworth HealthCare organisation, Epworth offers Enrolled nurses (ENs) a structured, educationally focussed graduate program. Based upon adult learning principles, the program offers graduate ENs a diverse range of clinical experiences supported with planned learning. The program, which has been provided for around a decade, is available at Epworth Richmond, Freemasons and Eastern campuses.

Context Located in Box Hill, Epworth Eastern is a not-for-profit hospital which opened in 2005. It is a 223 bed, tertiary level acute surgical and medical facility – with approximately 73% of these being private rooms. Epworth Eastern follows a patient centred model, using team-based nursing.

Background Epworth Eastern has a strong culture of investing in transitional education for nurses. In addition to graduate programs, which support new practitioners, the Specialty Development Program is offered throughout Epworth HealthCare for both registered and enrolled nurses. This supportive program enables nurses’ entry into specialty clinical practice areas. The specialist areas include: orthopaedic, neurological, perioperative, oncology, critical care (cardiac, emergency, intensive care), acute surgical, rehabilitation. The program is flexible to meet the needs of the participants with rotations through these areas. Educational support is offered throughout the program.

Drivers of the current approach The current EN Graduate Program is driven by several imperatives. At a broad level, the program is related to recruitment and retention of ENs. It is designed to provide the health service (and the wider Epworth HeathCare organisation) with access to a well-educated, high quality EN workforce with the knowledge and experience required to work in acute roles at the health service.

The current approach recognises that in undertaking their Diploma’s, graduates have wide variations in experience and exposure to clinical environments. The program seeks to bridge gaps in experience by supporting graduates as they gain skills and competency across a range of clinical environments. It is underpinned by a strong education focus which recognises a need
to provide planned learning using adult learning principles to encourage graduates to reach their full potential.

The program was designed to foster development of a supportive environment, which promotes awareness among co-workers about the support and learning needs of graduates. Materials were developed by the EN Graduate Program co-ordinator to support this aim and to give guidance to co-workers about how to support graduate ENs, how to provide feedback and how to encourage their development.

**Aims**

The aims and objectives of the program are clearly articulated in the Handbook provided to graduates. It states that the program aims to facilitate the transition from student to enrolled nurse through;

- transfer of existing theoretical and clinical knowledge into quality patient outcomes
- reflective practice
- increased proficiency in competencies related to clinical areas
- increased capacity to work collaboratively and independently
- development of rationales for decision making and critical thinking skills
- providing support, encouragement and education

The stated objectives for the program are:

- successful completion of core competencies
- to gain an appreciation and understanding of the diversity of experience offered by the organisation, ranging from the care of patients requiring immediate acute treatment to those requiring palliative care.
- development of sound problem solving skills
- to demonstrate an understanding of the legal issues and implications for nursing practice
- to demonstrate effective interpersonal skills, thereby facilitating efficient and collaborative relations with the immediate and wider health care team
- to assume responsibility for personal and professional development by identification of specific learning needs and attendance at formal study days etc.
- to develop advanced beginner practitioners who are reflective in the practice, to ensure a continual experience of learning.
The 12 month Epworth Eastern Graduate Program offers:

- a comprehensive orientation program
- two six month rotations in acute clinical units tailored to individual interests
- support of two mentors provided for each rotation (an EN mentor and an RN mentor)
- educational opportunities which combine both core and elective components
- on-going clinical and professional support from a graduate coordinator
- five paid study days with a structured theoretical component and a focus on clinical and professional issues designed to expand graduates’ scope of practice
- ongoing career counseling
- opportunities for on-going employment following completion of the Program

Graduates are generally employed on a full time basis, however part-time hours may be negotiated (min 4 days per week). Flexibility in rostering is encouraged and it is expected that graduates will work day, evening, weekends and some night duty shifts. Graduates are supernumerary for at least one week (and up to two weeks) at the start of their first rotation, second rotation they have 1 supernumerary day, and then 1 day of a lighter patient load.

During this week the graduates work Monday to Friday (all morning shifts) to give them access to graduate program educators.

The program is based around the achievement of points through completion of a number of core and elective components. Adult learning principles are embedded in this approach which gives graduates the opportunity to accumulate points and exercise control over learning through their electives. To successfully complete the graduate program each graduate needs to accumulate 100 points. This is achieved by completing the core competencies: No lift, basic life support, emergency codes, wound management (32 points) and attendance at all five study days (8 points). The other 40 points can be made up through...
completion of electives which include presentations, attending short courses, seminars, completion / attendance of at least 10 in services per rotation, ward specific competencies.

This program is well supported by a wide range of high quality resources designed by the EN Graduate Program Co-ordinator. These tailored resources reflect the planned learning approach to the program (for example specifying the expected learning outcomes to be achieved etc.). The resources not only provide information and structure for graduates, but also ensure that those working with, and supporting graduates on the wards have access to information to promote positive engagement with graduates and assist in their smooth transition to autonomous practice.

In addition the Program provides opportunities for graduates to undertake study towards further qualifications.

This long running program is evaluated and reviewed regularly to ensure its currency and ability to meet the needs of the health service and the graduates.

<table>
<thead>
<tr>
<th>Rationale for the approach</th>
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<tr>
<td>This planned educational focus which is the hallmark of this program, seeks to take graduates with a diverse range of learning and clinical experiences and consolidate their knowledge and skills during their graduate year. It recognises that acute roles are challenging and graduates require clinical and professional skills and knowledge to make a successful transition from student to practitioner. Throughout the program support is provided in the early stages where required, then reduced as graduates become more confident and autonomous. This approach fosters independence among graduates and ensures that resources are available as required.</td>
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<tr>
<th>Outcomes</th>
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<tr>
<td>Outcomes for Epworth Eastern include:</td>
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<tr>
<td>- improved recruitment and retention with around 14 graduates completing the program each year and a large number of applications for the program every year</td>
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<tr>
<td>- increased access to an acute ready EN workforce</td>
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<tr>
<td>- ability of ENs to work to their full scope of practice in a wide range of clinical contexts</td>
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- access to ENs who are well prepared and able to contribute to the Epworth's culture including participation in team-based patient-centered nursing teams
- preparation of NUMs and ward staff to support novice practitioners and greater awareness of their role in the learning culture across the organisation.

Outcomes for graduates include:
- ability to access support and education as they consolidate knowledge and grow in confidence
- ability to access support from the program co-ordinator, as required, for in-situ clinical reflection, advice and general support
- assistance to grow clinically and professionally
- reduced anxiety about transitioning to practice, commencing rotations and practicing clinical skills
- confidence to participate in ongoing education and a nursing career path.
Goulburn Valley Health enrolled nurse transition to practice case study

Introduction
To accommodate changing needs, the approach to enrolled nurse (EN) transition has changed overtime. While the first formal EN transition program focussed on graduate ENs, the most recent approach takes a broad view of transition, seeing transition as occurring in a range of different contexts - including at the beginning of professional practice as well as when ENs move between settings.

Context
Located in Shepparton, Goulbourn Valley Health (GV Health) services the greater Goulbourn Valley Region. This 280 bed acute and extended care facility provides surgical, medical, paediatric, obstetrics and gynaecology, intensive care and psychiatry services as well as extended care and regional services. GV Health has two smaller sites at Rushworth and Tatura with acute and aged care beds.

Background
The first formalised GV Health EN transition to practice program was launched in 2006 and driven by the rural nurse workforce shortages. At this time, the nursing workforce model at GV Health was largely driven by the level of access to registered nurses (RNs). Numbers of ENs and their place in the workforce mix had traditionally been variable and dependent upon the level of availability of RNs. ENs made up about 20% of the nursing workforce and were typically located in subacute settings. With shortages in the RN workforce set to impact on rural health services, most prominently in acute care, the need to ensure a reliable supply of well prepared ENs became imperative.

The primary aim of the 2006 EN transition program was to attract and retain well prepared ENs who had the skills and confidence to work in acute areas, as well as in other settings across the health service.

The broad approach to the EN transition was informed by the 12 month GV Health RN Graduate Program. It was felt that six months would be a more appropriate length of time to assist and support graduate ENs - experience had demonstrated that the bulk of their support needs would be in the initial months of practice.
Six ENs were employed three days a week as graduates. All had completed Certificate IV in Nursing at Goulbourn Ovens TAFE (GOTAFE) and undertaken student placements at GV Health - contributing to their familiarity with the health service. The graduate ENs were provided with a structured six month transition program which included:

- three rotations, each of two months, in medical, surgical and rehabilitation
- two supernumerary days at the start of each new rotation
- three paid study days which focussed on learning skills using GV Health staff or external specialists
- clinical educators, preceptors and clinical support nurses
- a comprehensive EN specific orientation manual
- opportunity for structured reflection and debriefing
- access to on-going in-service training and tutorials
- performance review
- evaluation activities.

Positive outcomes from this approach included contributions to the regional nursing workforce, with five of the six ENs completing the program and continuing to be employed in nursing roles within the region (two of these are still at GV Health). Graduates reported positive outcomes including increased knowledge, skills and confidence in working in acute care settings, commitment to the profession and greater awareness of the RN articulation pathways. This program was also a catalyst to the formation of a stronger relationship with GOTAFE.

The sustainability of this approach proved to be limited. The program lacked its own discrete funding stream with the funding of supernumerary days, study days and staffing being provided through unit funds and training budgets. There was also concern that this approach only met the needs of a small number of ENs with its focus on new graduates and not other EN cohorts transitioning between settings.

| Drivers of Bank Nurse Orientation | In 2008, EN Bank Nurse Orientation was launched. It was driven by the need for a well prepared, confident and skilled EN Bank workforce to work in acute clinical settings. It was recognised that there was a need for transitional support to Bank list ENs who were new to acute care, not just new graduate ENs. Difficulties had been |

MANDY HEALY Research and Evaluation Consultant
experienced retaining EN Bank staff with informal review suggesting that many did not want to continue with employment on Bank due to lack of familiarity with equipment and processes in differing units. It was expected that this new approach would assist in attraction and retention of ENs moving from subacute areas of employment such as aged care to acute care settings.

Expanding the existing orientation program to specifically address the needs of ENs, was seen as an efficient way to support more ENs as opposed to the previous (2006) approach which supported fewer ENs for longer. The Bank Nurse Orientation supported Bank list ENs to gain confidence and achieve competencies required to work in acute care settings prior to working on the ward, thus relieving the pressure on unit staff to support them.

The new approach was also seen as consistent with contemporary approaches to workplace learning, which recognise that transition can occur at multiple stages of employment as people commence work in new settings and contexts. It reflected learnings from the 2006 approach, which found an important need to support ENs in the transition to acute care settings, particularly in the very early stages of the transition.

### Aims of the approach

Bank Nurse Orientation aimed to support a greater number of ENs transition into acute care settings. The program aimed to provide an initial period of support to ENs on Bank who were new to acute care or who had experienced a period of absence. It aimed to drive acquisition of skills and professional thinking which are critical in acute care settings.

### Characteristics of the approach

Coinciding with the mainstream two day hospital and nursing orientation, this approach included:

- one further orientation day to introduce equipment and process
- two supernumerary days in three different clinical areas (medical, surgical and rehabilitation)
- support on supernumerary days from an EN clinical facilitator to assist in areas of development including achieving competencies.

Hallmarks of this approach compared to the 2006 approach were that it was comprised of intensive, short-term support targeting ENs on Bank who were graduates and/or new to acute care.
Rationale for the approach

This approach provided a greater number of ENs (24 over the course of three years) on Bank with access to the support and training required to work in acute care settings within the health service.

Outcomes

A number of positive outcomes were reported from this approach including:

- increased ability to attract and retain experienced ENs on Bank who had worked for some time in aged care
- efficiency in preparing a larger number of ENs for work in acute areas
- relieving the pressure from unit staff to prepare ENs for work in acute care settings.

The EN Bank Nurse Orientation was conducted for the last time in 2011. This was the result of several factors including changes in the workforce needs of the health service, in part due to increased access to ENs on Bank with acute experience and greater access to RNs. There has also been a shift in the funding priorities with an organisational focus on developing the RN component of the workforce and the need to balance funding priorities.

Currently, GV Health is considering opportunities for future investment in EN transition activity. Of the two approaches to EN transition, the latter approach was seen as the most efficient and capable of producing positive outcomes across the broader EN workforce including graduate ENs, ENs moving into acute care settings and ENs that are new to the GV Health.
Appendix D: Case studies on postgraduate midwives (entry to practice) transition activity

The following five case studies form part of the evidence-base to support the development of transition to practice best practice principles for postgraduate midwives. They demonstrate different models of transition to practice support and responses to address local needs.

**Ballarat Health Service postgraduate midwives case study**

**Introduction**
The Centre for Nursing & Health Education at Ballarat Health Service (BHS) offers a 12 month Graduate Midwife Program. Funded within existing resources, this program supports around six newly graduated midwives annually.

**Context**
BHS' Maternity Unit is a 22 bed department which provides family centred, individualised care. Birthing over 1,000 babies annually the Maternity Unit offers the opportunity for continuity of care across the entire birthing experience. It is staffed 24 hours a day by the same maternity unit staff, medical and midwifery who are employed in all areas of maternity care, antenatal clinics, intrapartum, postnatal, special care nursery and domiciliary care.

**Background**
Historically, BHS only had postgraduate midwives in the Graduate Midwifery Program. Generally, they had participated in an employment model as undergraduates, so were familiar with the health service. More recently a number of Bachelor level graduates with double nursing and midwifery degrees have been included in the program (usually 3 per year). While this created some challenges in accommodating the diverse needs of the two cohorts, it was welcomed because it was seen as adding a dynamic element to the both the Graduate Midwifery Program and BHS midwifery workforce.

**Drivers of the current approach**
Key drivers of this program are to support the transition of newly graduated midwives and ensure that they are retained within the health service and the region. It recognises that transitional support is required to ensure that RNS who have achieved postgraduate midwifery qualifications make a smooth and successful transition to midwifery. With graduate midwives from a number of educational pathways, it has been important to create
a cohesive graduate midwifery cohort.

Funding is provided through the wards education budget. The additional funding attracted by double degree (nursing and midwifery) graduates contributes to resources which also benefit the postgraduate midwifery cohort.

| Aims | The Graduate Midwife Program aims to support newly endorsed midwives during their transition. The quality of midwifery care provided rests on the knowledge, skills and values of the clinical midwife. The graduate year of midwifery practice offers: evidence based practice, a supportive learning environment, consolidation of clinical skills and enhancement of existing knowledge and skills. |
| Characteristic of the approach | Characteristics of the Graduate Midwife Program include: |
| | • duration of 12 months commencing in February |
| | • rotations to all areas of midwifery care (each rotation is of four weeks duration) |
| | • supernumerary for two days on each new rotation with four days in birth suite |
| | • opportunities for debriefing and reflective practice |
| | • comprehensive orientation to the health service and to the practice of midwifery at the organisation |
| | • supernumerary time when commencing in a new rotation |
| | • ongoing support with professional portfolios |
| | • ongoing feedback and performance review |
| | • three study days (undertaken with the double bachelor degree cohort) |
| | • opportunity to work part-time |
| | • formal performance reviews |
| | • supported clinical experiences across the full continuum of care |
| | • a dedicated clinical midwifery educator. |

Prerequisites are:

- less than six months experience as a registered midwife
- current registration in midwifery
- demonstrated commitment to midwifery in rural Victoria
Rationale for the approach

The rotations were originally eight weeks each in duration. However, it was found that this meant that graduates were away from the birth suite for too long and often experienced stress about returning. This prompted the introduction of rotations of four weeks duration, which resulted in graduates returning to the birthing suite more quickly. While two supernumerary days are provided on each new rotation, four are provided for the birth suite. This reflects the challenging nature of the birth suite and the stress often associated with it.

Beginning practitioner midwives are seen as having a large number of competencies to achieve as well as adjusting to their new role. For this reason higher levels of support are often required in the first three months and at the beginning of rotations. As the graduates become more experienced and have achieved their competencies, this generally decreases. It is still necessary, however, to ensure individual support needs are accommodated, as some graduates take longer to feel comfortable in the role and function independently. After six months, support needs tend to decline markedly.

Outcomes

Outcomes noted for the health service have included:

- improved recruitment and retention of newly graduated midwives and those seeking midwifery qualifications
- development of a highly qualified, well-prepared, midwifery workforce
- promotion of greater awareness of the support needs of beginning midwives as they transition from novice to confident practitioner.

Outcomes for graduates include opportunity to:

- consolidate clinical and professional skills with access to clinical, educational and professional support
- experience the full continuum of care with monthly rotations
- gain experience across the midwifery scope of practice
- access support to address issues associated with transition to practice as a midwife in this first year of practice.
Eastern Health postgraduate midwives case study

### Introduction
Eastern Health provides transition to practice support to postgraduate midwives within their mainstream Graduate Midwifery Program. The program is provided at two sites (the Angliss Hospital and Box Hill Hospital).

### Context
Eastern Health is one of Melbourne’s largest metropolitan public health services and provider of maternity services. Eastern Health’s maternity services at Angliss Hospital and Box Hill Hospital support women with diverse cultural and socio-economic needs. Eastern Health maternity services supported 4559 births in the period from June 2013 to June 2014 and provided comprehensive medical and midwifery models of care.

### Background
Eastern Health, in partnership with Deakin University, offers the Graduate Diploma of Midwifery using an employment model approach. This is open to registered nurses employed at Eastern Health with at least 12 months acute nursing experience. This 18 month course provides the opportunity to combine part-time employment and part-time study.

While the duration of the Graduate Midwifery Program has traditionally spanned 12 months, a new approach is being trialled in August 2014. Post graduate midwives will trial a six month program. This will be a condensed version of the 12 month general graduate midwifery program.

### Drivers of the current approach
Key drivers of the Program are to prepare registered nurses for the transition to practice as a midwife.

Eastern Health will commence a trial of the six month duration postgraduate midwifery program in late 2014. There will be three participants trialling this approach. It is expected that the trial will include an opportunity for evaluation of outcomes. The condensed approach is informed by positive outcomes noted with the transition to practice of previous cohorts of postgraduate midwives coming through the employment model Graduate Diploma of Midwifery offered at the health service. These positive outcomes suggested that newly graduated midwives with prior experience at the health service may require a shorter period of transition support.
### Aims
The aim of the Eastern Health Graduate Midwifery program is to provide a supportive environment that encourages the development of clinical skills, reflective practice and a sense of professional identity and accountability. Experiences across the midwifery scope of practice are provided to enable the newly graduated midwives to develop as competent and confident members of multidisciplinary healthcare teams. Newly graduated midwives work in a collaborative environment across the continuum of care to provide sound, evidence-based care. The Graduate Midwife Program has been developed to help address the inherent challenges faced by graduates in their first year of practice and to facilitate their transition from novice to confident practitioner.

### Characteristics of the approach
The Graduate Midwife Program provides a structured transitional education program inclusive of paid study days. Characteristics of the program include:

- dedicated Midwifery Educators at both Angliss Hospital and Box Hill Hospital (in addition to the ward based/specialist clinical educators)
- set number of minimum weeks spent in Birth suite, Postnatal ward, Antenatal Clinic, Fetal Maternal Assessment Clinic, Lactation Support Unit, Domiciliary (Midcare) and Special Care Nursery
- comprehensive orientation to the health service and to maternity services
- supernumerary time when commencing in a new rotation. Length and availability varies depending on individual needs and whether the graduate has previous experience as a student or employee at Eastern Health
- ongoing feedback and performance review
- access to a broad range of organisational education, training and professional development opportunities
- honours program (where applicable) with academic support provided through the Eastern Health Research Unit
- part-time employment offered (4 days a week).

Postgraduate midwifery positions are advertised and recruited in August/September and commence the Program at the same time as other graduate midwives. All members of the Graduate Midwife Program participate in the same study days.
### Rationale for the approach

The rationale underpinning the six month approach is that, as the post graduate midwives have been studying and employed at Eastern Health for 18 months, they should require less time to transition. The small size of the cohort (three graduates) participating in the trial will provide an opportunity to closely monitor their progress and the outcomes of this approach.

### Outcomes

Outcomes noted for the (12 month) program for the health service have included:

- improved recruitment and retention
- development of a highly qualified, well-prepared, resilient midwifery workforce
- promotion of greater awareness of the support needs of beginning midwives as they transition from novice to confident practitioner.

Outcomes for graduates include opportunity to:

- consolidate clinical and professional skills with access to support and reflective practice
- gain experience across the midwifery scope of practice
- access support to address the inherent challenges faced by the graduate in this first year of practice.
Echuca Regional Health postgraduate midwives case study

Introduction
Building upon the Echuca Regional Health (ERH) Student Midwife Program, ERH offers a small number of postgraduate midwives (usually under five) the opportunity for support to transition to practice as midwives. This is an informal approach based around the individual needs of each graduate midwife. Support is provided in-situ on the wards in the early stages of their transition from registered nurse. The length and nature of support is dependent upon the needs of the midwife.

Context
ERH maternity services are provided in the Rose Baker Ward which manages 300 to 400 births annually. Facilities include a birthing suite and labour room. The nursery is recognized as a level one nursery with basic emergency and higher level care equipment. Babies who require a higher level of care are transferred to other hospitals in Bendigo, Melbourne or Shepparton. ERH also provides other services to the client group including antenatal information and education sessions, and a domiciliary service.

Background
Recruitment and retention activities at ERH, and the movement of medical obstetric services from smaller regional health services such as Rochester and Elmore District Health and Kyabram in 2011-2012, have contributed to greater accessibility of midwives at ERH. While there is no immediate shortage of midwives at ERH, there remains a need for training of midwives to address annual workforce attrition and future needs.

To support this, ERH has a Student Midwifery Program open to registered nurses. Following public advertising of positions, a suitably qualified registered nurse is employed in the position of Student Midwife, Grade 2, within Rose Baker Wing. The position is 0.5 EFT commencing in February each year for 12 months.

The position is dependent upon successful enrolment in a postgraduate midwifery course and ongoing participation. The successful applicant is also subject to initial performance appraisal three months after commencement in the role. The contracted hours are five shifts per fortnight with additional supernumerary time and unpaid access to Rose Baker Wing in order to achieve the required outcomes of the course.
Drivers of the current approach

While ERH is not currently facing a shortage of midwives, a number of factors mean that a small number of new midwifery graduates, usually two, are sought each year. These factors include:

- previous experience with workforce shortages in the region and the need to support regional capacity building activities
- the annual movement of midwives out of the region - particularly younger midwives who move out of the region for family reasons or to travel
- the age of the current midwife team with many being over 50 years of age
- the ageing workforce leading to an increased number of part-time midwives driving the need for more staff to fill the required EFT.

This approach means that a small number of recently graduated postgraduate midwives are supported each year and provide an ongoing 'trickle' of new midwives into the region. Taking a small number each year means that the graduates have access to individualised support without requiring significant investment from the health service.

Aims

The purpose of the transition support is to provide a small number of recent postgraduate midwives with individualised support as they move from their roles as registered nurses to midwives.

Characteristics of the approach

The current focus of ERH is on training and supporting postgraduate midwives by providing additional access to clinical support in the first year of practice. This informal approach involves provision of access to an additional clinical educator to support postgraduate midwives.

Graduates also have access to increased opportunity for debriefing and reflection with a clinical educator. Their progress and performance is monitored and rotations may be customised to accommodate the needs of individual beginning practitioners as they develop skills and confidence across all areas of midwifery.
Rationale for the approach

ERH requires a small number of new graduate midwives each year to contribute to the regional workforce. As the postgraduate midwifery cohort tends to be comprised of a diverse range of people with diverse support needs, an individualised approach is required. The program is informal in order to meet the individual needs of this small group without requiring significant investment from ERH. Provision of in situ support on the wards, particularly the labour ward, is most important as this is where graduates feel most challenged and where support could be required at any time without warning.

Within ERH there is a strong recognition of the need to support postgraduate midwives through a transitional period as they develop confidence to work autonomously. The small cohort and individualised support mean that ERH has access to the personnel it needs and resources are used efficiently.

The shift in role from registered nurse to midwife provides graduates with new challenges and a high level of responsibility for making clinical decisions. The initial months are when clinical support is required. Because of their previous roles as registered nurses, this cohort often place high demands on themselves. Debriefing, clinical reflection and emotional support need to be accessible to assist the new midwives to develop confidence and preparedness to step up into the role of midwife.

Registered nurses seeking the opportunity to gain midwifery qualifications have an expectation that transitional support will be provided upon graduation.

Outcomes

Outcomes for ERH and the region have included:

- increased access to a small steady stream of locally trained and prepared midwives
- attraction and retention of registered nurses (many of whom want to pursue midwifery qualifications and expect that a transitional period will be provided).

Outcomes for graduates have included:

- access to a customised and flexible approach to transition to midwifery practice which recognises their individual needs
- access to a high level of support as a result of the small size of the cohort.
Epworth Freemasons postgraduate midwives case study

Introduction
Epworth Freemasons offer a graduate midwifery program to midwives who have achieved their qualifications via a number of different pathways. This 12 month program has been provided for over eight years and combines clinical experience with educational support. While the size of the cohort varies slightly each year (depending on projected EFT requirements), the 2015 cohort is expected to be eight graduates. Four of these will be postgraduate midwives.

Context
Epworth Maternity Unit is located in East Melbourne. It features a 58 bed postnatal unit with an additional six bed 'Hospital in the Hotel' service, and enjoys an impressive reputation for quality care and attention to service delivery.

The unit currently accommodates 3,500 births per annum in its nine-bed birthing suite. The unit also has a dedicated 10 cot special care nursery.

Background
Epworth Freemasons offer the Graduate Midwifery Program to midwives who have achieved their qualifications via a number of different pathways (Bachelor of Midwifery, Bachelor of Nursing/Midwifery and Postgraduate Diploma of Midwifery Graduates). While the size of the cohort varies slightly depending on projected EFT requirements, the 2015 cohort is expected to be eight graduates. Four of these will be postgraduate midwives.

The Graduate Midwife Program acts as a transition year from the Postgraduate Diploma of Midwifery offered at the hospital, which commences in March each year and runs through to the following February.

The Postgraduate Diploma of Midwifery program:

- is a semi-paid model of employment for six days per fortnight, with payment for four
- includes rotations through birth suite, ante/postnatal and special care nursery
- has time allotted with private obstetricians, childbirth education and antenatal interview.

Generally, the participants of this program will undertake the Midwifery Graduate Program at the Epworth Freemasons, along
with additional midwives from other undergraduate pathways, to ensure that EFT needs can be addressed.

| Drivers of the current approach | The key drivers of the current approach are recruitment and retention. There are generally opportunities for graduates to continue working as a midwife at Epworth Freemasons at the completion of the program. The graduate program seeks to build upon the Postgraduate Diploma of Midwifery offered at the health service and retain graduates who have significant experience at Epworth Freemasons. It is also a drawcard for the postgraduate diploma as many potential students enquire about the availability of a graduate program when considering education providers. The program provides transitional support to novice midwives. Coupled with the fact that graduate midwives come via a range of pathways and have diverse clinical experiences, the graduate year, with its focus on clinical experience and educational support, seeks to address any gaps in learning and support the transition of all graduates. |
| Aims | The program aims to assist graduate midwives to achieve the highest standards of practice and learning in a supportive environment and to transition into experienced analytical midwives. |
| Characteristics of the approach | The characteristics of the 12 month program include:  
- clinical experience with just under three monthly rotations (four in total) through delivery suite, ante/post natal ward and one month in special care nursery  
- educational objectives and support to achieve midwifery competencies  
- educational support from specialist clinical midwifery educators  
- orientation to Epworth Freemasons  
- three study days scheduled throughout the year, focusing on professional issues and ongoing education  
- support on rotations from preceptors and clinical nurse specialist  
- learning objectives for each rotation which are undertaken with support from ward staff |
- a journal which encourages reflective practice
- negotiable work hours, generally a minimum of four days per week. Graduates are required to work evening, weekend and night shifts
- access to other professional development provided through the hospital.

### Rationale for the approach

The structure of the graduate program is intended to provide graduates with a range of clinical experiences to increase their knowledge and confidence. The approach is highly customised to accommodate individual needs and previous learning experiences. As an example, former postgraduate diploma of midwifery graduates who studied at the hospital are given the first round of rotations in delivery suite as they already have some experience in this context. Those who studied elsewhere are placed in less challenging settings to allow them time to orient themselves to the hospital and organisation.

### Outcomes

Outcomes for the health service include:

- retention of graduate midwives
- attraction of high quality students into the Postgraduate diploma of Midwifery who are seeking a graduate year to support their transition into midwifery.

Outcomes for the graduates include:

- opportunity to transition from student midwife to registered midwife within the same organisation
- access to educational and professional support
- opportunity to develop confidence, knowledge and skills
- opportunity to learn from medical specialists
- support of a graduate midwifery cohort.
### Goulburn Valley Health postgraduate midwives case study

#### Introduction
The Postgraduate Midwife Graduate Program (the Program) at Goulburn Valley (GV) Health was developed to provide postgraduate midwives with a smooth transition from their roles as registered nurses to registered midwives. The design allows postgraduate registered midwives to consolidate their foundation skills and extend their understanding of the clinical, social, community and professional contexts in which they practice.

#### Context
Located in Shepparton, GV Health services the greater Goulburn Valley Region. This 280 bed acute and extended care facility is the referral hospital for other midwifery units within the Hume Region. The Midwifery Unit services approximately 1,200 births per annum, has five birthing suites, 12 ward beds, an antenatal clinic, level 2 special care nursery, domiciliary service and lactation day stay facilities. It offers various models of care including a caseload model in which the midwife has a caseload of patients to manage through the continuum of care.

#### Background
The transition program currently supports recent postgraduate midwives who participated in the GV Health Midwifery Post Graduate Diploma Student Program. The postgraduate program is provided in collaboration with Latrobe University. Using an employment model, students are employed part-time as registered nurses whilst studying. National registration as a registered nurse (Division 1) is required and students pay their own fees to the university. Employment is on the basis of a 12-month contract, which is subject to performance assessment throughout the year. All clinical placements are undertaken at GV Health.

Postgraduate midwives contribute to the midwifery workforce at GV Health which is also comprised of direct entry and double degree midwives.

#### Drivers of the Program
It was recognised that postgraduate midwives are a highly experienced and unique cohort. They have high levels of professional experience and socialisation to the nursing profession as a result of their roles as registered nurses. To ensure that they are well-prepared, skilled and confident to assume the unique and challenging role of midwife, they do require an initial period of
transitional support and exposure to a range of midwifery settings. Furthermore, a growing demand for transition programs from nurses and midwives was noted, further cementing transition programs as important elements in the attraction and retention of midwives and nurses.

Aims

This transition program offers the midwife an opportunity to consolidate skills in a supportive environment. The program was developed in response to the need for ongoing clinical support and further education for postgraduate midwives. It also aims to ensure that GV Health is able to attract and retain a robust midwifery workforce with capacity to meet the diverse and complex needs of the Hume region.

Characteristics of the approach

Enrolment is subject to a formal application and interview. The length of the program varies from between six and 12 months, depending on the individual needs of the midwife. For most, the duration is around six months or slightly longer. While a certificate of completion is provided at the end of six months, the program is individualised, with many postgraduate midwives practising independently far earlier.

The program is provided at a variable EFT to accommodate the needs of participants, the minimum being 0.6 EFT.

The transition program for postgraduate midwives includes:

- opportunity for rotation to each clinical area
- Allocation of supernumerary days at commencement of rotations if required
- two community based supernumerary days
- on-going support by midwifery staff and clinical educator in midwifery
- continuing professional development
- support to complete competency components of the program as required
- clinical evaluation
- mentoring support and opportunity for debriefing (as a part of the midwifery team and as an individual).

The program does not have a designated source of funding. Support for staff and supernumerary time is funded through training funds.
### Rationale for the approach

The approach aims to support postgraduate midwives in the early stages of their transition to midwifery practice. It recognises that all of the participants are experienced registered nurses who have previously completed a registered nurse transition to practice program, and have a high level of familiarity with the health service (as a result of their previous employment as registered nurses, the use of an employment model of study, and the clinical placements at the health service). As such, while the postgraduate midwives need support to embark upon the challenges of their role as midwives, their previous professional background generally means that they do not require a 12 month transition experience. The program provides a broad range of experiences, seeking to promote professional growth in order to meet the diverse needs of patients throughout the region. The provision of the program part-time responded to the needs of graduates.

### Outcomes

Outcomes reported include higher rates of retention, with the provision of the transition program (linked to an employment-based education model) enabling locally based registered nurses to study and work locally. Graduates are seen very positively within the organisation with reports of ability to manage workloads independently and work autonomously at an early stage of their transition.

### The current situation

The transition program is expected to continue. It is seen as producing positive outcomes for the health service and graduates.
Appendix E: Jurisdiction approaches to enrolled nurse transition to practice

Australian Capital Territory (ACT)

Workforce information

The number of enrolled nurses registered and in active employment in the ACT in 2014 was 692 (AHPRA 2014). No labour market shortage of enrolled nurses was noted. The Employer's Survey found that employers attract multiple suitable applicants and fill the vast majority of their positions with little difficulty (Department of Employment 2014 b). Most advertised positions were in either acute care or aged care settings. This reflects the place of enrolled nurses in the ACT nursing workforce which typically sees around half of all enrolled nurses being employed in private and public hospitals (excluding outpatient services) followed by around 10% in residential aged care facilities (HWA 2012).

Approach to transition to practice for enrolled nurses

ACT Health offers the ACT Health Enrolled Nurse Transition to Practice Program (ENTPP) at Canberra Hospital. This 12 month program is viewed by the jurisdiction as a recruitment and retention activity with a particular focus on increasing the participation of enrolled nurses in acute settings. In 2014 the program had 16 participants. The program is considered very popular, with 40 applicants applying for positions in the 2015 program. In previous years the retention rate following the program has been around 98%.

ENTPP aims to:

- provide a structured framework to support the enrolled nurse with transition into the acute care environment
- assist the enrolled nurse to consolidate their professional practice as outlined in the Nursing and Midwifery Boards National Competency Standards for Enrolled Nurses (2002)
- support the enrolled nurse to develop their skills and knowledge with experience in two clinical areas.

Key components of the Enrolled Nurse Transition to Practice Program:

- two diverse clinical rotations (2 x 6 months)
- three day ACT Health Orientation, in addition to a ENTPP workshop and supernumerary days as required on the ward
Transition to practice needs

- extensive support network including clinical development nurses (EN CDNs) as well as specialist ward CDNs
- a designated Enrolled Nurse Co-ordinator to provide leadership and support for the learning and development of all enrolled nurses during the program
- scheduled fortnightly clinical education and debrief sessions
- completion of all professional development activities for the ENTPP
- certificate of completion ceremony at the end of the program.

This activity is the key transition to practice activity in this jurisdiction. It has a strong focus on clinical skills in order to achieve the aim of preparing enrolled nurses for participation in acute settings.

New South Wales (NSW)

Workforce information

The number of enrolled nurses registered and in active employment in NSW in 2014 was around 13,200 (AHPRA 2014). A workforce shortage of enrolled nurses and endorsed enrolled nurses was identified in Sydney and regional NSW for 2014. The Employer’s Survey found that 49% of advertised vacancies were not filled in 2014 (Department of Employment 2014c). This was consistent with the findings from 2013. The Employer’s Survey found both private and public sector employers experienced similar difficulties filling positions. Interestingly, metropolitan employers had more difficulty filling positions than regional employers, which may in part reflect the different roles and specialisation played by enrolled nurses in different locations. Supporting this, unfilled vacancies were most prominent in specialisations (including tele-health, aged care, surgical and general clinical, practice nurse, mental health and Indigenous positions). The Employer’s Survey found a strong interest from applicants in part-time employment. The most common reason cited for applicants being deemed unsuitable was lack of relevant experience or skills set for the position (Department of Employment 2014c). The Department of Employment (2014c) predicts that there is likely to be an increased demand for enrolled nurses in NSW, based upon increases in hospital separations and other health service activity, the growth and age of the population, increase in medical technology and increased incidence of chronic illness. NSW TAFE reported that while there was an increase in enrolled nurse completions in the two years leading up to the introduction of the national training system in 2009, it has declined since its peak (Department of Employment 2014c). Interstate migration has also resulted in a small loss to the NSW enrolled nurse workforce.
Approach to transition to practice for enrolled nurses

Enrolled nurse transition in NSW is the responsibility of employers and there is no official jurisdictional involvement in the running of transition to practice activity at the health service level. New South Wales Health supports a broad approach to transition to practice activity which recognises that transition occurs throughout a nurse's career and that support should be individualised and flexible.

Two main types of transition to practice activity were identified. The first type is those activities which are based in and funded by the health service to provide transition to practice support for new generalist enrolled nurse graduates. These activities provide new enrolled nurse graduates with a range of experiences in different clinical settings. These programs are typically aimed at recruitment of new graduates and are usually driven by nurse managers at individual hospitals. The activities are not offered universally for enrolled nurses. They vary between health services and regions. Many of these activities are focussed on preparing newly enrolled nurses to work in a variety of acute settings. In some cases these are aligned to activity targeting graduate registered nurses. These activities vary in length (from a few days to six or 12 months) and may include rotations, supernumerary time, study days and preceptorship.

The second type of transition activity relates to up-skilling existing enrolled nurses and endorsed enrolled nurses by providing training to support them to move into specialist areas such as peri operative care, critical care and emergency department roles. This group of activity is specifically funded by NSW Health in response to the growing demand for enrolled nurses to participate in speciality areas where new models of care and the enrolled nurse scope of practice capabilities are being explored.

Northern Territory (NT)

Workforce information

The number of enrolled nurses registered and in active employment in the NT in 2014 was around 418 (AHPRA 2014). The NT is currently experiencing a shortage of enrolled nurses. According to the Department of Employment (2014d) this shortage of enrolled nurses has been persistent for the past decade in all areas including Darwin. Due to the limited number of enrolled nurses available in the NT, employers rely on interstate applicants who are difficult to attract because of the need to move, salary disparity compared to other locations, and the high cost of living in the NT (Department of Employment 2014d). The Employer’s Survey found that lack of adequate experience was the main reason some applicants were unsuccessful. Others lacked experience collaborating with surgeons, anaesthetists and other...
members of a theatre team, and lacked experience working in emergency departments and theatre (Department of Employment 2014d).

Approach to transition to practice for enrolled nurses

The Northern Territory Graduate Program is a jurisdictional response to promote recruitment and retention of enrolled nurses. This program aims to enable the new enrolled nurse to make a smoother transition in a supported environment. It assists new graduate to understand the role and responsibilities of an enrolled nurse and practice what they have learnt in undergraduate studies, in a safe and supportive environment.

The NT Department of Health has a policy of not hiring new graduates who have not participated in the program. The program recognises that many applicants will have studied in other states, often in metropolitan locations and seeks to promote retention by providing participants with a smooth transition and experience working within the Territory. The program is offered at Alice Springs Hospital, Katherine Hospital and the Royal Darwin Hospital.

The program is comprised of two or three clinical placements which include medical and/or surgical areas as well as specialty areas such as operating theatres, special care nursery and renal dialysis. Study days cover topics such as Aboriginal cultural awareness, physical assessment, recognising and responding to deteriorating patients and chronic diseases. Support personnel include an allocated preceptor for each placement as well as access to the onsite clinical nurse educators.

This activity is a key component of the NT Government’s recruitment and retention strategy. It recognises that preparation is important in attracting applicants as well as preparing them for a longer term engagement in nursing in the NT. It also reflects the place of enrolled nurses in acute roles and the potential for enrolled nurses to participate in specialised roles.

Queensland (QLD)

Workforce information

The number of enrolled nurses registered and in active employment in QLD in 2014 was 11,286 (AHPRA 2014). According to the Department of Employment (2014e) there is no enrolled nurse shortage in QLD. Regional vacancies were slightly more difficult to fill than metropolitan. The Employer’s Survey found high levels of satisfaction with both the quality and quantity of applicants. Inexperience was the most common reason given for lack of applicant suitability. Many applicants were new graduates who were deemed to lack the necessary depth of experience. Lack of
specific experience in the areas of theatre, mental health and aged care were mentioned. In QLD, enrolled nurses are predominantly employed in hospitals followed by aged care facilities. Demand for enrolled nurses increased in 2014 from the previous year; however employment rates are lower than in 2011 and 2012 (Department of Employment 2014e).

Comparatively high rates of completion are noted for enrolled nurses graduating. Rates of those commencing courses have increased threefold between 2008 and 2012 with 1894 commencing courses in 2008 compared to 7376 commencing courses in 2012 (National Centre for Vocational Education Research (NVCER) 2013).

Approach to transition to practice for enrolled nurses

Enrolled nurse transition for new graduates is provided in some QLD health services. These activities are not centrally managed and are provided at the discretion of the health services to address the individual needs of the health service.

Several types of transition programs are available to graduate enrolled nurses in QLD. Firstly, a number of health services offer their own enrolled nurse graduate programs. These are generally tailored to the needs of the individual health service or region. They are generally structured on the registered nurse graduate program with many including supernumerary time and mentorship. It is expected that enrolled nurse transition to practice activity is likely to increase in the future as models of care change and there is increased use of enrolled nurses in acute settings in rural health services, as well as increased use of tele-health services.

QLD Health Nursing and Midwifery Workforce Unit provide support for the Central Queensland Hospital and Health Service Transition Program. This program is an opportunity for enrolled nurses, registered nurses and midwives to gain rural and remote nursing experience through a fully supported transition program over 18 months.

This program includes specialised:

- clinically focused workshops
- lectures/tutorials
- problem based learning scenarios
- on-line modules
- simulated clinical skills as determined by the program
- individual professional and clinical mentoring.
South Australia (SA)

Workforce information

The number of enrolled nurses registered and in active employment in SA in 2014 was 7,804 (AHPRA 2014). According to the Department of Employment (2014f) there is no shortage of enrolled nurses in SA with employers who had recently advertised for enrolled nurses filling the large majority of vacancies without difficulty. The Employer's Survey revealed that overwhelmingly, lack of experience was the most common reason cited for applicants being deemed unsuitable for a position. The survey also found that advertised vacancies for enrolled nurse positions were spread evenly between aged care and acute care settings, with almost half of the positions advertised being in rural locations.

Approach to transition to practice for enrolled nurses

No formal jurisdictional arrangements for the transition to practice of enrolled nurses are in place. Transition activity for enrolled nurses is undertaken at the discretion of individual health services. One of the drivers for health services undertaking these activities has been to address ongoing difficulties in accessing registered nurses. The jurisdiction expects to see an increased use of enrolled nurses in acute settings performing within their full legislated and professional scope to accommodate the shortfall in required registered nurses particularly in remote locations.

The Repatriation General Hospital (RGH) Transition to Professional Practice Program (TPPP) has been used at RGH with registered and enrolled nurses as well as in other health services. Burnside Hospital has used the RGH TPPP as the basis for its enrolled nurse transition activity. At Burnside Hospital the program consists of preceptorship and supported clinical practice through a variety of local personnel (clinical manager of the ward/unit, preceptors and clinical nurse educators) as well as nurse consultants from the RGH TPPP for enrolled nurses. As with the RGH approach, an important component of the program is non-clinical study days.

These aim to:

- provide the graduates with the opportunity to debrief, share experiences and support each other in a confidential and informal environment
- facilitate professional growth and the enhancement of practice through the further development of professional qualities such as problem solving and reflective practice skills
- provide the graduates with the opportunity to increase their clinical knowledge in areas relevant to the patient profile at Burnside Hospital.
The broad aims of the RGH approach to transition are to provide a structured opportunity and supportive environment that will enable the enrolled nurse to:

- confidently and successfully make the transition from the role of student to the role of a competent enrolled nurse
- further develop their nursing knowledge and build confidence in a range of acute care situations.

This approach has been developed in consultation with Flinders University and demonstrates the recognition of a range of graduate transition to practice needs, which go beyond supporting development of clinical skills.

**Tasmania**

**Workforce information**

The number of enrolled nurses registered and in active employment in Tasmania in 2014 was 1,374 (AHPRA 2014). According to the Department of Employment (2014g), while there is no shortage of enrolled nurses identified, employers experienced recruitment difficulty. The Employer's Survey revealed that the most difficult vacancies to fill were those in non-metropolitan areas that required candidates to function in a range of community health settings and undertake the work with only limited supervision. Difficult to fill, metropolitan-based vacancies for enrolled nurses were those that required candidates with the experience or expertise in working in specialised environments such as surgical wards. Enrolled nurses who had only worked in aged care facilities were considered unsuitable for work in hospital settings (Department of Employment 2014g).

**Approach to transition to practice for enrolled nurses**

The Tasmanian Department of Health and Human Services (DHHS) sought to promote an approach to transition which would generate transitional activity, rather than trying to implement a program. The vision was to encourage new graduates to work towards clinical excellence, rather than just 'do a program'. The DHHS sought to assist health services to develop capacity to address workforce shortage issues by developing internal approaches to transitional support.

To achieve this, the DHHS mandate the provision of transition support to any enrolled nurse (as well as registered nurses and midwives) with less than six months experience. According to the 2011 Transition to Practice for Nurses and Midwives policy, all registered nurses, enrolled nurses and midwives employed by the DHHS with less than six months full-time equivalent experience must receive specific
support to assist in consolidating their knowledge and skills during the initial period of practice.

The policy is based upon the principle that nurses and midwives, on completion of their qualification demonstrate competence to practice, however are inexperienced in their new role and require additional support. Transition to practice support will aim to encourage personal and professional growth and will include an extended period of orientation, preceptorship and specific professional development opportunities.

The policy is supported by an overarching framework. Additional policies require transition support to be provided to enrolled nurses transitioning to registered nurses and for nurses and midwives moving into new settings. The nature of the programs including content, structure and length, is largely left to health services to determine in accordance with their needs and with guidance from the DHHS transition to practice policy and framework.

The transition support comprises a structured period of orientation, allocated preceptor support, and additional professional development opportunities to assist in consolidating knowledge and skills. Tasmanian health services have positions for inexperienced enrolled nurses in a wide range of practice settings. The DHHS funds coordinators of transition to practice placements to ensure that transition to practice support is provided to all eligible new graduates, and using a continuous quality improvement framework, monitors the quality of all aspects of the programs including selection process, clinical placements, support structure and evaluation processes. The transition to practice enrolled nurse maintains a professional practice portfolio that reflects the development of practice and professional growth throughout the transition period.

Victoria

Workforce information

The number of enrolled nurses registered and in active employment in Victoria in 2014 was 19,817 (AHPRA 2014). According to the Department of Employment (2014h) there is no shortage or enrolled nurses in Victoria. Most employment occurred in aged care and these were replacement positions rather than new positions. It was noted that employers experienced difficulties in finding suitable applicants to work in perioperative, surgical and disability care positions. Other reasons applicants were found to be unsuitable included lack of skills such as flexibility, strong verbal communication and cultural integration.
Approach to transition to practice for enrolled nurses

The Victoria approach to enrolled nurse transition is not centrally managed, but is the responsibility of individual health services. A variety of transition activity is currently being delivered by health services with many recognising that transition to practice activity is necessary for enrolled nurses. Health service views differ on whether the enrolled nurse transition to practice activity should be delivered with registered nurses or as a separate stream. In some cases activity is undertaken in parallel with transition activity for registered nurses and course components are often very similar. The length of the programs varies from between several months up to 12 months. While some health services offer a specific program for graduate enrolled nurses, others offer various activities. In both cases, the main type of activities offered were clinical support, opportunities for review of progress, supernumerary time, support from preceptors and/or mentors, study leave, regular opportunities to debrief, education sessions and opportunities to network with other enrolled nurses.¹⁷

Western Australia (WA)

Workforce information

The number of enrolled nurses registered and in active employment in WA in 2014 was 5,154 (AHPRA 2014). The majority of the enrolled nurses were employed in public hospitals. According to the Department of Employment (2014i) employers in WA did not experience difficulties in filling vacancies however recruitment difficulties were identified. The Employer's Survey found that recruitment difficulties resulted from employers seeking experienced enrolled nurses with specialised skills in a particular area (including mental health, anaesthetics and aged care) (Department of Employment 2014i). The Employer's Survey found that the majority of vacancies were in the public hospital system and were replacement positions. Advertised vacancies in the private sector were generally in aged care. Employers noted that the most difficult positions to fill were in mental health and aged care.

Approach to transition to practice for enrolled nurses

The Department of Health WA supports graduate transition programs for enrolled nurses, along with registered nurses and midwives. Applications for a graduate placement can be made through GradConnect which is a streamlined online recruitment system that provides a wide choice of employment opportunities for

¹⁷ These findings are based on responses to the Enrolled Nurse Health Service Survey undertaken as a component of this project (see Chapter 3: Health services surveys)
newly qualified nurses and midwives. The system works collaboratively with Western Australian public hospitals and health services and participating private hospitals. Applications for all graduate programs offered via GradConnect are centrally coordinated by the Nursing and Midwifery Office.

Completing a graduate program is not mandatory in WA. Undertaking a graduate program is not a requirement for initial or ongoing employment. Graduate programs have been designed to offer additional support for novice nurses and midwives to assist their transition to the professional role within busy clinical environments. Places within these structured graduate programs are capped.

Graduate programs comprise a six to 24 month (although 12 months is common) paid position offering a supportive transition into the workforce. They usually include rotations through a variety of clinical settings, study days, preceptorship and/or mentoring, as well as access to designated clinical support educators.
Appendix F: Jurisdiction approaches to postgraduate midwives transition to practice

Australian Capital Territory (ACT)

Workforce information

The number of midwives registered and in active employment in the ACT in March 2014 was 91 (AHPRA March 2014). There were an additional 579 practitioners who held dual registration as a nurse and a midwife. No details were available on the number of midwives that had postgraduate qualifications. No labour market shortage of midwives was noted for the ACT (Department of Employment 2014j).

The Employer’s Survey found that employers attracted multiple suitable applicants and filled the vast majority of their midwifery positions with little difficulty (Department of Employment 2014j). Most advertised positions were for midwives with two to three years’ experience. A lack of practical experience was the main reason applicants were considered to be unsuitable.

Approach to transition to practice for postgraduate midwives

Postgraduate midwives are eligible for a 12 month structured transition program. Programs are provided at Canberra Hospital and health services. Graduate midwives from all education pathways participate in the graduate program, which includes five study days with topics designed to promote creative and reflective midwifery best practice, a high level of clinical support and preceptorship, personal support, clinical experience, as well as rotations in services offering different models of care and development of individualised learning and development plans. The program has a strong focus on clinical and professional support including feedback and guidance to assist in the transition from student to registered midwife (ACT Health 2014). All applicants apply through the same centralised process.
New South Wales (NSW)

Workforce information

The number of midwives registered and in active employment in NSW in March 2014 was 687 (AHPRA March 2014). There were an additional 8,833 individuals holding dual registration as a nurse and a midwife. No details are available on the number of postgraduate midwives.

A workforce shortage of midwives exists in Sydney and regional NSW for 2014 (Department of Employment 2014k). Among the most difficult positions to fill were those requiring experienced midwives, and those in some regional hospitals requiring qualifications and experience in both general nursing and midwifery. A number of regional hospitals indicated that it was necessary for them to only recruit registered midwives who were also registered nurses due to the small size of the hospital and the need to cover shifts in other wards (Department of Employment 2014k).

New graduate midwifery positions were more easily filled, both in Sydney and in regional NSW. The main reasons cited by employers for the unsuitability of applicants were that they did not interview well or lacked the required experience (Department of Employment 2014k).

Approach to transition to practice for postgraduate midwives

Transition support for postgraduate midwives is based on individuals needs and is not seen as a universal need. In NSW, the options for initial employment in the hospital setting are dependent on the educational pathway that the midwifery graduate has undertaken (Hammond et al. 2011). Bachelor of Midwifery graduates can apply for new graduate positions through a centralised process that is managed by the Department of Health. Hospitals receive funding for each Bachelor of Midwifery graduate that they employ in this way. However, employment of transitioning postgraduate midwives is not centrally managed and is the responsibility of individual health services. Graduate Diploma of Midwifery graduates who studied through an employed model, and were therefore already employed at a hospital during their training, tend to apply directly to hospitals for a midwifery position. These are not generally positions within the formal new graduate midwifery program.

Regions and health services approach midwifery transition in different ways. In some cases health services align postgraduate midwifery activities to graduate midwives with postgraduate midwives participating in selected activities with registered nurses and other midwives. In other cases postgraduate midwives meet as a group for debriefing and to promote peer networking. In some health services mentoring with
a more experienced midwife is provided. In most cases transition activity is flexible and individualised without a formal program.

Northern Territory (NT)

Workforce information

The number of midwives registered and in active employment in the NT in 2014 was 54 (AHPRA March 2014). There were an additional 534 practitioners who held dual registration as a nurse and a midwife. No details are available on the number of postgraduate midwives.

NT is currently experiencing a regional shortage of midwives. According to the Department of Employment (2014l) metropolitan midwifery positions were easier to fill than in previous years. The availability of midwives in the NT is likely to increase in coming years as in December 2011 APHRA approved a Bachelor of Midwifery program at Charles Darwin University.

Approach to transition to practice for postgraduate midwives

Currently, the NT government does not offer specific transition to practice activity targeting postgraduate midwives. Graduate programs for registered nurses and midwives are offered. In addition, the Post Graduate Employed Model Program - Nursing and Midwifery provides an employment based program which offers registered nurses and midwives the opportunity to undertake postgraduate study (usually at Graduate Diploma level). The one exception is midwifery where registered nurses are offered the opportunity to undertake a Bachelor of Midwifery.

Queensland (QLD)

Workforce information

The number of midwives registered and in active employment in QLD in 2014 was 528 (AHPRA 2014). There were an additional 6,211 practitioners who held dual registration as a nurse and a midwife. According to the Department of Employment (2014m) there is a regional shortage of midwives in QLD. No details are available on the number of postgraduate midwives.

18 The Employer’s Survey data did not distinguish midwives from registered nurses responses in reporting so has not been included (Department of Employment, 2014m).

19 The partnering tertiary education provider Charles Darwin University does not currently offer a Post Graduate Midwifery course.
Responses to the Employer's Survey indicated that regional employers were often not prepared to consider direct entry midwives because they were unable to undertake general nursing duties. However, Department of Employment (2014m) postulated that the recent move towards a midwifery continuity of care model is expected to make direct entry midwives increasingly viable.

Data from NCVER (2013) indicated that the number of midwives graduating from undergraduate degrees increased six-fold between 2009 (18) and 2012 (114), while the number of nurses completing postgraduate midwifery qualifications increased from 12 in 2008 to 41 in 2010 before moderating to an average of 26 each year to 2012. Similar patterns for other postgraduate nursing courses outside of midwifery were also noted.

**Approach to transition to practice for postgraduate midwives**

Approaches to transition to practice activity for postgraduate midwives vary in QLD. There is no centralised approach and health services are able to provide a flexible approach to address their needs. This approach reflects a move within the jurisdiction to using transitional programs strategically to develop the workforce to meet community needs. Reflecting this view, there is currently a stronger focus on transitional support for undergraduate midwifery pathways.

Approaches for postgraduate midwives tend to focus on individualised transition activity within the particular model of care where the postgraduate midwife is employed. This also enables health services to respond to the individual needs of postgraduate midwives who will all have different preparation and types of experience.

**South Australia (SA)**

**Workforce information**

The number of midwives registered and in active employment in SA in 2014 was 455 (AHPRA 2014). There were an additional 2,235 practitioners who held dual registration as a nurse and a midwife. No details are available on the number of postgraduate midwives.

According to the Department of Employment (2014n) employers seeking to employ midwives reported that they had no recruitment difficulties or unfilled midwife positions. In contrast to previous years, there was no evidence of significant midwife shortages in regional areas of the state.

The Employer's Survey revealed that the most common reasons cited for applicants being deemed unsuitable for a position was because they lacked sufficient post-
graduate experience or, in the case of regional vacancies, they did not hold dual registration as both a nurse and midwife.

**Approach to transition to practice for postgraduate midwives**

Postgraduate midwives are eligible to participate in the SA Health Transition to Professional Practice Program which is open to all recent graduate nurses and midwives. SA Health has approximately 50 - 60 positions for newly graduated registered midwives in metropolitan and country sites across SA in the 2015 Transition to Professional Practice Program (TPPP). This structured 12 month program is designed to support newly registered midwives to consolidate knowledge and expand clinical skills and experience as a midwife. It provides experience in a wide variety of clinical settings, giving graduate midwives the opportunity to consolidate theory with practice. The program includes: education support, a strong clinical focus, professional development study days, peer support, and full-time or part-time positions. It aims to contribute to professional development and skill consolidation, building of clinical confidence and reasoning, consolidating and further developing professional responsibilities and boundaries, and establishing close working relationships with multidisciplinary health professionals and members of the community.

**Tasmania**

**Workforce information**

The number of midwives registered and in active employment in Tasmania in 2014 was 13 (AHPRA 2014). There were an additional 644 practitioners who held dual registration as a nurse and a midwife. According to the Department of Employment (2014o), Tasmania is experiencing regional shortage and metropolitan recruitment difficulty. It was reported that vacancies in regional areas were difficult to fill even at the base-level that is registered nurses who have recently completed a Graduate Diploma of Midwifery (Department of Employment 2014o). No details are available on the number of postgraduate midwives.

The Employer’s Survey revealed that recently advertised vacancies that were unable to be filled generally required candidates to have the ability to work unsupervised and/or the ability to supervise others. The majority of employers contacted said they regularly experienced difficulty in attracting candidates to positions that required additional levels of responsibility. Employers responding to the survey commented that the University of Tasmania’s postgraduate training includes periods of practical work placements which allow students to gain extensive levels of experience in a range of clinical settings. Some employers, who had received applications from
interstate candidates with a Graduate Diploma of Midwifery qualification, did not consider that they would have had the same level or quality of clinical placements provided in Tasmania and therefore would not consider them suitable for vacancies unless supervision could be provided. As a result of these issues applicants with Graduate Diploma of Midwifery qualifications were more likely to find employment in metropolitan areas where supervision was more accessible (Department of Employment 2014o).

**Approach to transition to practice for postgraduate midwives**

The Tasmanian Department of Health and Human Services (DHHS) does not provide transition to practice programs for postgraduate midwives directly but seeks to promote a culture supporting transition. According to this approach, transition is a process which can occur at various points throughout a nursing or midwifery career, rather than being limited to a graduate program which is 'passed' or failed'. DHHS encourages health services to develop internal approaches to transitional support.

According to the 2011 Transition to Practice for Nurses and Midwives policy, all registered nurses, enrolled nurses and midwives employed by DHHS, with less than six months full time equivalent experience must receive specific support to assist in consolidating their knowledge and skills during the initial period of practice. The policy is based upon the principle that nurses and midwives on completion of their qualification demonstrate competence to practice, however are inexperienced in their new role and require additional support. The support will encourage personal and professional growth and will include an extended period of orientation, preceptorship and specific professional development opportunities.

The policy is supported by an overarching framework which applies to all nurses and midwives moving into new settings. The nature of the programs including content, structure and length is largely left to the health service to determine in accordance with their needs. The activity may last for 6 weeks or longer.

The transition support is comprised of a structured period of orientation, allocated 'preceptor' support, and additional professional development opportunities to assist in consolidating knowledge and skills. DHHS funds Coordinators of Transition to Practice to ensure that transition to practice support is provided to all eligible nurses and midwives, using a continuous quality improvement framework. The Coordinators monitor the quality of all aspects of the programs including selection process, clinical placements, support structure and evaluation processes.
Victoria

Workforce information

The number of midwives registered and in active employment in Victoria in 2014 was 940 (AHPRA 2014). There were an additional 7,915 practitioners who held dual registration as a nurse and a midwife. According to the Department of Employment (2014p), there is no shortage of midwives but full-time vacancies were commonly difficult to fill as there was a workforce preference for part-time work.

Some employers, particularly in regional areas, preferred to employ midwives who also held a dual qualification in nursing. Employers noted a preference to hire applicants from existing casual bank staff and agencies where available. However, these avenues were seen as limiting recruitment resources in that a majority of midwives who work on a casual basis do so by preference and do not desire permanent or set work hours. Unsuitable applicants generally lacked clinical experience in required areas of practice. No details are available on the number of postgraduate midwives.

Approach to Transition to Practice for postgraduate midwives

The Victoria approach to transition to practice for midwives includes provision of funding for graduate midwife transition (through the T&D Grants) and provision of materials to support transition activity (including an evaluation framework and a graduate year outcomes survey) and access to ongoing support and advice from the Department. There is no specific central approach for postgraduate midwives, as this is seen as the responsibility of individual health services.

The Health Service’s Postgraduate Midwife Survey (see Chapter 9) undertaken as a component of this project indicated that most health services employing postgraduate midwives do provide some form of transition to practice activity. However, the approaches of health services vary with some offering specific transition to practice activities for postgraduate midwives, separate to other graduate midwives, while others provide combined activities which include all graduate midwives. The most commonly reported components of these activities were:

- supernumerary time
- clinical support
- support from preceptors and/or mentors
- study leave
- opportunities for review of their progress
- regular opportunities to debrief
- opportunities to network with other graduated postgraduate midwives.
Western Australia (WA)

Workforce information
The number of midwives registered and in active employment in WA in 2014 was 318 (AHPRA 2014). There were an additional 3,018 practitioners who held dual registration as a nurse and a midwife. According to the Department of Employment (2014q), there is no shortage of midwives in WA. The situation for employers in regional WA appears to have improved from previous experiences of difficulty filling vacant positions. This situation may be linked to the change of status of a number of regional public hospitals which are no longer providing birthing services. Some employers reported trouble hiring midwives where the hospital is now focused on mother and child pre and post birth health and not birthing. No details are available on the number of postgraduate midwives.

Responses to the Employer's Survey indicated a preference in regional hospitals for midwives to be experienced and hold dual qualifications in registered nursing and midwifery (Department of Employment 2014q).

Approach to transition to practice for postgraduate midwives
The Department of Health WA supports graduate transition programs for all midwives enrolled and registered nurses. Applications for a graduate placement can be made through GradConnect which is a streamlined online recruitment system that provides a wide choice of employment opportunities for newly qualified nurses and midwives. The system works collaboratively with WA public hospitals and health services and participating private hospitals. Applications for all graduate programs offered via GradConnect are centrally coordinated by the Nursing and Midwifery Office. Completing a graduate program is not mandatory in WA and postgraduate midwives may elect to apply directly to a health service for a position. In these cases health services will provide transitional support according to their needs and those of the graduate.
Appendix G: References


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## Appendix H: Tools

### Health Service Survey: Postgraduate Midwives

This survey is designed to inform a study about transition to practice programs for recently graduated postgraduate (entry to practice) midwives in their first year of practice. By completing this survey you will help improve our understanding of the distribution of postgraduate midwives across the state and the transition to practice programs or activities available to postgraduate (entry to practice) midwives. Please note, this does not include bachelor or double degree midwives.

### Getting started

You can complete this questionnaire two ways. For **HARDCOPY** submission, print the questionnaire, mark your responses with a pen, scan the document and email it as an attachment to Toni.Tosti@health.vic.gov.au

For **ELECTRONIC** submission, save the document to your computer, mark and save your changes, then attach the file and email to Toni.Tosti@health.vic.gov.au

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In which type of health service are you employed? (Select one response. If completing electronically replace the box with an X to indicate your answer)</td>
</tr>
<tr>
<td></td>
<td>☐ 1 A public health service  ☐ 2 A private health service</td>
</tr>
<tr>
<td>2.</td>
<td>What is the name of the health service where you are employed?</td>
</tr>
<tr>
<td></td>
<td>________________________________</td>
</tr>
<tr>
<td>3.</td>
<td>What is your role at this health service?</td>
</tr>
<tr>
<td></td>
<td>________________________________</td>
</tr>
<tr>
<td>4.</td>
<td>Does the facility where you are working, currently employ postgraduate (entry to practice) midwives in their first year of practice?</td>
</tr>
<tr>
<td>☐ 1 Yes → How many are employed at your facility this year? (Please write in number of postgraduate midwives) ________</td>
<td></td>
</tr>
<tr>
<td>☐ 2 No → Thank you for your time completing this questionnaire. Please return this questionnaire to <a href="mailto:Toni.Tosti@health.vic.gov.au">Toni.Tosti@health.vic.gov.au</a></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Please estimate the proportion of postgraduate (entry to practice) midwives employed at your facility who studied under the following models.</td>
</tr>
<tr>
<td>_ _ _%</td>
<td>Employment model</td>
</tr>
<tr>
<td>6.</td>
<td>Do you have specific programs/activities to support the transition of recently graduated postgraduate midwives at this facility (over and above generic new starter orientation activities)?</td>
</tr>
<tr>
<td>☐ 1 Yes</td>
<td></td>
</tr>
<tr>
<td>☐ 2 No → GO TO QUESTION 8</td>
<td></td>
</tr>
</tbody>
</table>
7. Is this program/activities separate to any programs offered to graduate registered nurses/midwives (Bachelor entry to practice)?

☐ 1 Yes  ☐ 2 No

8. What needs do the program or activities for recently graduated postgraduate (entry to practice) midwives seek to address for the facility and these graduates?

9. Please explain the main reasons why the facility does or does not provide a graduate transition program or other activity for recently graduated postgraduate (entry to practice) midwives.

10. Which of the following opportunities, if any, are provided by the facility specifically for recently graduated postgraduate (entry to practice) midwives?

☐ 1 Regular formal classes/PD days/tutorials etc.  ☐ 8 Regular formal classes/PD days/tutorials etc.

☐ 2 Support from preceptors and/or mentors  ☐ 9 Opportunities to network with other recently graduated postgraduate midwives

☐ 3 Study leave  ☐ 10 Specialised streams

☐ 4 Clinical support  ☐ 11 Rotations or placements

☐ 5 Opportunities for review of their progress  ☐ 12 Other (Please specify)

☐ 6 Regular opportunities to debrief  ☐ 13 None

☐ 7 Supernumerary time

11. Do you have any other comments you would like to make about programs or transition to practice activity for recently graduated postgraduate (entry to practice) midwives?

Would you be happy to be contacted for further information? If so, please provide:

Your name: __________________ Your contact number: __________________

Thank you for completing this survey. Please remember to return this completed questionnaire to Toni.Tosti@health.vic.gov.au at the Victorian Government Department of Health.
Health Service Survey: Graduate Enrolled Nurses

This survey is designed to inform a study about transition to practice programs or activity for recently graduated enrolled nurses (ENs) in their first year of practice. By completing this survey you will help improve our understanding of the distribution of graduate ENs across the state and the transition to practice programs or activities available to ENs.

Getting started
You can complete this questionnaire two ways. For **HARDCOPY** submission, print the questionnaire, mark your responses with a pen, scan the document and email it as an attachment to Toni.Tosti@health.vic.gov.au

For **ELECTRONIC** submission, save the document to your computer, mark and save your changes, then attach the file and email to Toni.Tosti@health.vic.gov.au

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>In which type of health service are you employed? (Select one response. If completing electronically replace the box with an X to indicate your answer)</td>
</tr>
<tr>
<td>□ 1 A public health service</td>
<td>□ 2 A private health service</td>
</tr>
<tr>
<td>13.</td>
<td>What is the name of the health service where you are employed?</td>
</tr>
<tr>
<td></td>
<td>_______________________________</td>
</tr>
<tr>
<td>14.</td>
<td>What is your role at this health service?</td>
</tr>
<tr>
<td></td>
<td>_______________________________</td>
</tr>
<tr>
<td>15.</td>
<td>Does the facility where you are working, currently employ graduate ENs in their first year of practice?</td>
</tr>
<tr>
<td>□ 1 Yes →</td>
<td>How many are employed at your facility this year? (Please write in number of ENs) __________</td>
</tr>
<tr>
<td>□ 2 No →</td>
<td>Thank you for your time completing this questionnaire. Please return this questionnaire to <a href="mailto:Toni.Tosti@health.vic.gov.au">Toni.Tosti@health.vic.gov.au</a></td>
</tr>
<tr>
<td>16.</td>
<td>Do you have specific programs/activities to support graduate ENs at this facility (over and above generic new starter orientation activities)?</td>
</tr>
<tr>
<td>□ 1 Yes</td>
<td></td>
</tr>
<tr>
<td>□ 2 No →</td>
<td>GO TO QUESTION 8</td>
</tr>
<tr>
<td>17.</td>
<td>Is this program/activities separate to any programs offered to graduate Registered Nurses?</td>
</tr>
<tr>
<td>□ 1 Yes</td>
<td>□ 2 No</td>
</tr>
</tbody>
</table>
18. What needs do the graduate EN program or transition to practice activities seek to address for the facility and recently graduated ENs?

19. Please explain the main reasons why the facility does or does not provide a graduate program or transition to practice activity for graduate ENs.

20. Which of the following opportunities, if any, are provided by the facility specifically for graduate ENs?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regular formal classes/PD days/tutorials etc.</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
<td>Study leave</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Clinical support</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>Supernumerary time</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>Opportunities to network with other ENs</td>
<td>13</td>
</tr>
<tr>
<td>7</td>
<td>Opportunities for review of their progress</td>
<td></td>
</tr>
</tbody>
</table>

21. Do you have any other comments you would like to make about programs or transition to practice activity for graduate ENs?

Would you be happy to be contacted for further information? If so, please provide:

Your name: __________________   Your contact number: __________________

Thank you for completing this survey. Please remember to return this completed questionnaire to Toni.Tosti@health.vic.gov.au at the Victorian Government Department of Health.
Discussion guides

The Discussion Guides contained in this document have been developed to provide structure for the qualitative case study consultations and focus groups being undertaken by Mandy Healy and Cheryl Reed.

Key health service stakeholder groups to be consulted in the development of the case studies are:

- Enrolled nurses (who currently or previously participated in some form of transition to practice activity)
- Postgraduate midwives (who currently or previously participated in some form of transition to practice activity)
- Health service stakeholders with an interest in transition to practice activity for enrolled nurses or postgraduate midwives.

The Discussion Guides are designed to encompass the unique perspectives of these stakeholder groups while having a common overall structure that will ultimately be reflected in the case studies. This includes the following topics:

- Background and context
- Identification of broad workforce needs the transition activity seeks to address
- Needs of individual participant engaging in the transition activity
- Current approach to transition activities
- Opportunities and challenges
- Best practice characteristics
- Conclusions.

The extent to which these topics and other subtopics will be explored will vary depending on the stakeholder group concerned.

About the Discussion Guides

Discussion guides are qualitative tools which act as a plan or broad checklist to ensure that a range of topics are covered. They are used flexibly and will be adapted to suit the flow of conversation and participants’ areas of interest and expertise.

In the current series of consultations, questions will be customised to ensure appropriateness for each of the study cohorts.

It is also noted that stakeholders will have varying knowledge of the transition to practice activities and the conversation and dialogue will be adapted accordingly.
Timing

The consultations will be approximately 30-40 minutes in duration. However, timing may vary depending on the length of responses. As such, timings provided in the Guide are an estimate only. The length of the focus groups (or mini-groups depending on numbers) will vary according to the number of participants attending. In any case these will not exceed 60 minutes.

Discussion Guide Audiences and Structure

Two Discussion Guides are contained in this document.

- Participants Guide - this Guide is used in the focus groups with enrolled nurses (who currently or previously participated in some form of transition to practice activity) and the focus groups with postgraduate midwives (who currently or previously participated in some form of transition to practice activity). They will collectively be described as 'participants'.
- Health Service Stakeholder Guide - this Guide will be fairly generic to accommodate a variety of internal health service stakeholders with an interest in transition to practice activity for enrolled nurses and/or postgraduate midwives. This may include education directors, DONs, HR managers, mentors, unit managers and clinical educators etc.
### Internal Health Service Stakeholders Discussion Guide

<table>
<thead>
<tr>
<th>Topic</th>
<th>Areas to be discussed</th>
<th>Timing</th>
</tr>
</thead>
</table>
| **Introduction**       | - Thank participant for their time  
- Check that they still have 30-40 minutes available now  
- Reschedule if needed  
- Introduce self/consulting team  
- Provide project overview below:  

The Department of Health Nursing and Midwifery Workforce has commissioned a study of the transition to practice needs of newly graduated enrolled nurses and postgraduate (entry to practice) midwives in Victoria. This work follows on from the 2012 study of graduate programs for nurses and midwives (bachelor and double degree) in Victoria and the development earlier this year of a monitoring and evaluation framework for these graduate programs.  

The key purpose of this current study is to develop two broad sets of best practice principles for transition to practice – one for enrolled nursing graduates and one for postgraduate (entry to practice) midwives.  

As part of the consultation phase, your name has been put forward as a key stakeholder or a chair of a relevant committee, who could provide some valuable insight into the current status of transition to practice activity and/or the transition to practice needs of one or both of the two target cohorts for this study.  

- Adjust discussion as appropriate to enrolled nurses, postgraduate midwives or both cohorts  
- Ask permission to include their name and organisation in the consultation list  
- Explain use of taping and notes - proceed if agreeable. | 2 mins |
| **Participants’ professional background** | I’m interested in understanding your role or interest in transition programs/activities, enrolled nurses and midwifery workforce.  
**PROBE FOR:**  
- Nature of involvement (with which specific cohorts)  
- Length of time involved  
- Clarify involvement in any transition activities or programs  
- Type of interaction with enrolled nurses and/or postgraduate midwives. | 5 mins |
### Transition to practice needs

#### Context
*(Focuses on workforce context)*

I’m interested in understanding more about the context in which the transition activities occur.

Can you tell me about the broader context in which the activities sit including about the workforce needs and issues driving the program?

**PROBE FOR:**
- Numbers of cohort and EFT requirements addressed
- Areas where the cohort is required
- Demographic and descriptive data related to the cohort/s
- Factors driving the current approach
- Employer/health service and regional needs associated with the two cohorts.

#### Individuals’ needs associated with transition to practice

What personal or professional needs are addressed by the transition to practice activity for [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE]?  

Are you aware of any other needs that are not met through the transition activity?  

Are these needs the same for all nursing and midwifery cohorts in your experience? How do they differ?  

What factors do you think might affect the needs of [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE]?  

**PROBE AS APPROPRIATE TO EACH COHORT FOR:**
- Entry pathway
- Personal characteristics like age
- Previous work experience
- Previous healthcare experience
- Location where employed (such as rural /metro)
- Where they are employed within the health service (i.e. acute or subacute, aged care etc.)
- Employment model or clinical supervision model
- Are these needs different to the needs you associate with registered nurses?
**Current approach**

*Can you describe the current approach to transition used at your health service for [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE]*

**PROBE FOR:**
- Broad description of the model and its key characteristics
- Duration
- Participant numbers
- Structure and content
- Resources and investment (people, time & activities)
- Drivers of the approach
- Need for customisation according to cohort
- Expected outcomes
- Barriers and enhancers
- Achievements and effectiveness of the model
- Evaluation activities
- Lessons learned

**Opportunities and challenges**

Thinking about the future, what do you think will be the challenges for your transition activities for [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE]? How can these be overcome?

**Best practice**

Thinking about your involvement in transition to practice activities, what characteristics do you think should be included as best practice features? Why?

**Conclusion**

Thanks for participation
Ask if happy to be contacted if any questions arise.
### Participants’ Discussion Guide

<table>
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<tr>
<th>Topic</th>
<th>Areas to be discussed</th>
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</tr>
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</table>
| **Introduction**          | • Thank participant for their time  
                            • Check that they still have 30-40 minutes available now  
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                            • Provide project overview below:  

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The key purpose of this current study is to develop two broad sets of best practice principles for transition to practice – one for enrolled nursing graduates and one for postgraduate (entry to practice) midwives.

As part of the consultation phase, your name has been put forward as a key stakeholder or a chair of a relevant committee, who could provide some valuable insight into the current status of transition to practice activity and/or the transition to practice needs of one or both of the two target cohorts for this study.

• Adjust discussion as appropriate to enrolled nurses, postgraduate midwives or both cohorts  
• Ask permission to include their name and organisation in the consultation list  
• Explain use of taping and notes - proceed if agreeable. | 2 mins |
| **Participants’ professional background** | I’m interested in understanding your role at the health service and the setting where you are employed [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE].  

PROBE FOR:  
• Nature of involvement  
• Current or past involvement and when involved  
Clarify nature of involvement in any transition activities or programs at this health service | 5 mins |
| **Context**                | I’m interested in understanding more about the context in which the transition activities occur and what aspects of the approach you accessed to date.  

PROBE FOR: | 5 mins |
### Ideal Activity (only for focus groups not interviews)

Think about an ideal beginning [INSERT ENROLLED NURSE AND / OR POST GRADUATE MIDWIVE AS APPROPRIATE].

Describe the key characteristics you would like to see in that new professional. WRITE ON BUTCHERS PAPER OR BOARD. PROBE FOR LIST

Are there any patterns in the characteristics such as professional, personal etc. Are there any other groups of characteristics that are important?

Prioritise these characteristics and identify the top three. ON BUTCHERS PAPER OR BOARD.

Do you think the transition activities you have experienced would have helped achieve this ideal?

What areas might be achieved?

Where might things fall short?

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### Individuals' needs associated with transition to practice

Thinking about when you were first employed after you completed your studies what challenges do you think recent graduate [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE] experience?

What personal needs did you experience? What professional needs did you experience?

PROBE FOR:

- Examples of needs
- Stressors
- Concerns
- Awareness of difficulties being experienced by others.

What helped you to deal with this?

Did the transition activity assist you? How?

Thinking of [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE] generally, do you think there are needs which are not currently being met?

For those who are past participants in transition activities, how helpful do you think the approach to transition was for you? What did you get out of it that you feel you might have missed out on?

What about for current participants?

ASK BOTH PAST AND PRESENT PARTICIPANTS: So, thinking generally what are the strengths of the current approach? What do you think could be improved?

Are you aware of any other needs that are not met through the
transition activity?
Are these needs the same for all nursing and midwifery cohorts in your experience? How do they differ?

What factors do you think might affect the needs of [INSERT ENROLLED NURSES AND / OR POST GRADUATE MIDWIVES AS APPROPRIATE]?

PROBE AS APPROPRIATE TO EACH COHORT FOR:

- Entry pathway
- Personal characteristics like age
- Previous work experience
- Previous healthcare experience
- Location where employed (such as rural /metro)
- Where they are employed within the health service (i.e. acute or subacute, aged care etc.)
- Employment model or clinical supervision model
- Are these needs different to the needs you associate with registered nurses?

<table>
<thead>
<tr>
<th>Best practice</th>
<th>Thinking about your involvement in transition to practice activities, what was most helpful to you?</th>
<th>2 mins</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What do you think should be included as best practice in transition practice activities? Why?</td>
<td></td>
</tr>
<tr>
<td>Conclusion</td>
<td>Thanks for participation</td>
<td>1 min</td>
</tr>
</tbody>
</table>