Study of Victorian Early Graduate Programs for Nurses and Midwives

Final Research Report

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Wellbeing, Integrated Care and Ageing

Department of Health

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List Of Acronyms And Abbreviations

ACT	Australian Capital Territory
AMHS	Area Mental Health Service
ANMC	Australian Nursing and Midwifery Council
APAC	Australian Psychology Accreditation Council
APS	Australian Psychological Society
AusIMM	The Australasian Institute of Mining and Metallurgy
BPCLE	Best Practice Clinical Learning Environment
CCNE	Commission on Collegiate Nursing Education (USA)
CEO	Chief Executive Officer
CoPP	Community of Professional Practice
CPD	Continuing Professional Development
CTA	The Ministry's Clinical Training Agency (NZ)
DH 'the department'	The Victoria Department of Health
DHB	District Health Board (NZ)
DHHS	The Tasmanian Department of Health and Human Services
Div 1	Division 1 Registered Nurse
Div 2	Division 2 Enrolled Nurse
DoHA	The Australian Government Department of Health and Ageing
DON	Director of Nursing
DTERP	Dental Training Expanded Rural Placements
EGP	Early Graduate Program

EN	Enrolled Nurse
EOD	Alfred Health Education and Organisational Development
FTE	Full-Time Equivalent
GV Health	Goulburn Valley Health
HFO	Health Force Ontario
IPGP	Inter-Professional Graduate Program
KPI	Key Performance Indicators
LACC	Law Admissions Consultative Committee
The Ministry	New Zealand Ministry of Health
NCSBN	National Council of State Boards of Nursing (USA)
NETP	Nurse Entry to Practice (NZ)
NEVIL	North East Victoria Innovative Learning, Training and Professional Development Cluster
NGG	Nursing Graduate Guarantee (Canada)
NGN	New Graduate Nurse
NHW	Northeast Health Wangaratta
NMBA	Nursing and Midwifery Board of Australia
NMP	Nursing and Midwifery Policy
NT	Northern Territory
NUM	Nurse Unit Manager
PD	Professional Development
PLT	Practical Legal Training
PMCV	Postgraduate Medical Council of Victoria
The Project	Central Hume Graduate Nurse Project

QNU	Queensland Nurses Union
RM	Registered Midwife
RN	Registered Nurse
ROI	Return on investment
SA	South Australia
SWT	Supervised Workplace Training
T&D	Training & Development
TPPP	Transition to Professional Practice Program
VDGYP	Voluntary Dental Graduate Year Program
WA	Western Australia

Executive Summary

It is generally accepted that early graduate programs (EGPs) for nurses and midwives support new graduates during their transition from academic learning to professional practice in their first year of employment. As such, EGPs are intended to focus on the integration and implementation of clinical skills, ethical judgment and legal requirements within a professional nursing environment.[1] Funding of EGPs for nurses and midwives is part of a range of initiatives of Nursing and Midwifery Policy within the Victorian Department of Health ('the department'), which aim to support, train, develop and assist nurses and midwives throughout their careers.[2]

In February 2012, the department commissioned TNS Social Research to undertake the 'Study of Victorian Early Graduate Programs for Nurses and Midwives'. This report is the final report of the study.

The purpose of this project was to study EGPs for nurses and midwives to clarify the nature and structure of current EGPs on offer in Victoria, drivers of the approach to EGPs, factors underpinning best practice in EGPs in supporting a smooth transition to practice, and the approach to evaluation of EGPs.

The research design included the following key stages:

- A desk research stage, comprised of a literature review and environmental scan
- A professional consultation stage with representatives from across the sector
- A site visit stage to inform the development of best practice case studies
- A quantitative research stage which involved an online survey of providers in receipt of Nursing and Midwifery Training and Development (T&D) funds delivering EGPs in Victoria.

[1] Training and Development Grant (Nursing and Midwifery) Guidelines 2011-12 (expire 29 February 2012) Viewed 14 December 2011

<http://www.health.vic.gov.au/__data/assets/pdf_file/0006/506580/Training-and-development-grant-nursing-and-midwifery-2011-12-guidelines.pdf>
[2] Nursing & Midwifery Policy, Department of Health Viewed 12 December 2011
<http://www.health.vic.gov.au/nursing/principa>l

Further detail on the methods utilised in the conduct of this study can be found in the 'Introduction' section of the main report. The full outline of the research method is provided in Appendix A.

Key Findings

The following section contains a summary of the key findings from the study. A more detailed discussion of these findings is contained in the 'Key Findings' chapter of the main report.

Comparison with Other Professional Groups

The Victorian approach to nursing and midwifery EGPs is considerably different to approaches undertaken to transitional learning by a number of other professions including engineering, dentistry, mining/geology, psychology and law. Alternative approaches are predominantly user pays programs, involving a more highly prescribed approach which is often delivered externally. Detailed information on the approaches used in other professions is provided in the 'Environmental Scan' provided in Appendix D.

Comparison with the Approach in Other Jurisdictions

Comparison between the approaches to early graduate nursing and midwifery programs in other Australian jurisdictions revealed that the approach to graduate transition programs in Victoria is consistent with the approach in other jurisdictions. However, the Victorian government provides the highest level of funding for nursing and midwifery graduates participating in such programs.

Approaches to international transition programs varied in the jurisdictions examined including New Zealand, the United States and Canada. Internationally, programs tended to be centrally regulated and more prescriptive than in Victoria with requirements on the nature and structure of programs to promote consistency and quality standards. Detailed information on the approaches adopted by other Australian and international jurisdictions is provided in the 'Environmental Scan' provided in Appendix D.

Consultations with the jurisdictional representatives within Australia highlighted a number of concerns related to EGPs including:

- Concern about the work readiness of graduates and the appropriate role of the EGP in preparing graduates for independent practice.
- The approach to rotations and the role of rotations in preparing graduates.
- The language used to describe graduates and graduate programs
- Expectations related to the level and nature of support required by graduates.

Further information from the stakeholders' consultations is provided in the main report.

Awareness of the Purpose and Aims of EGPs in Victoria

The study revealed a lack of clarity and awareness of the aims and purpose of the EGPs, with many health services lacking clear measureable aims and objectives. Conflicting views on the purpose of the EGP were noted within many health services. This contributed to difficulties in evaluation of EGP outcomes. Further information related to the aims and objectives of EGPs is provided throughout the main report.

Current EGP Components

The stakeholder consultations and the Providers' Survey revealed a generally consistent range of components being provided through EGPs for nurses and midwives in Victoria including:

- Orientation days
- Designated EGP staff (i.e. coordinators, clinical educators and support staff)
- An average of 6 to 10 study days
- Two to three rotations
- Supernumerary days at the start of the EGP (typically the first week) and at the start of each new rotation (typically one or two days)
- A Graduates' Handbook or similar
- Reviews of graduates' progress and performance appraisals (usually held quarterly)
- Evaluation of program related activities
- A staged approach to introduce graduates to shift work
- A main intake of graduates in February.

Further information on the components involved in Victorian EGPs is provided in the 'Key Findings' chapter and throughout the main report.

Alignment with Best Practice

The current approaches to Victorian EGPs generally aligns to best practice as outlined in the Department of Health EGP Guidelines and Principles (the Guidelines) (2009).

Further information on the alignment of EGPs to best practice is provided in the 'Key Findings' chapter in the main report.

Influencers and Drivers

Common drivers of the approaches adopted by health services were related to the size of the cohort, the need to ensure that clinical practice and support needs of graduates could be met, as well as difficulties in accessing rotations in rural areas. This has lead to increased collaborative regional approaches being supported by departmental funding. Further information on the drivers and influencers of approaches to EGPs is provided in the main report.

Evaluation of EGPs

Generally, there was a lack of program level evaluation of EGPs. While most health services undertook evaluation activities these tended to take the form of satisfaction surveys with graduates and others involved in the program. The lack of broader evaluation of the EGP has resulted in limited assessment of return on investment and the performance individual EGPs over time. Further information on evaluation is provided in the main report.

Issues Raised in the Australian and International Literature Review

A concise review of the literature was undertaken to support the evidence base for the current study (see Appendix B). The literature review found that:

- ***Graduate nurses and midwives face a range of multifaceted challenges*** and stressors which are consistent internationally. These can be broadly classified into three key categories; professional, organisational and personal.
- ***Systematic EGP evaluation has been limited***, both in Australia and internationally due to a lack of agreement regarding program objectives and how they should be evaluated.

- ***12 months is the optimal length*** for an EGP for nursing and midwifery graduates.
- ***Organisational commitment is essential*** for resourcing graduate program activities and the development of a positive learning culture.
- ***Access to clinical and professional support*** for new graduate nurses/midwives is a key element of EGPs.
- ***The costs associated with EGPs are frequently mitigated*** by the improved stability of the graduate cohort, lowered attrition and reduced expenditure on recruitment and employment of casual staff.

1. Introduction

Early Graduate Programs (EGPs) for nurses and midwives support new graduates during their transition from academic learning to professional practice in their first year of employment. Funding of EGPs for nurses and midwives is part of a range of Nursing and Midwifery Policy initiatives which aim to support, train, develop and assist nurses and midwives throughout their careers[3].

The department supports EGPs by funding Victorian public health services through the Training and Development Grant (T&D Grant) Nursing and Midwifery. EGPs are designed to support new graduate nurses in the transition from academia to professional practice. As such, EGPs are intended to focus on the integration and implementation of clinical skills, ethical judgment and legal requirements within a professional nursing environment[4].

The department has made a significant investment into these programs with demand for places high and projected to increase overtime. In February 2012, the department commissioned TNS Social Research to undertake the 'Study of Victorian Early Graduate Programs for Nurses and Midwives'. This is the final report of this research.

1.1 Project Purpose

The key purpose of this project was to study EGPs for nurses and midwives and clarify:

- What EGPs for nurses and midwives are currently offering
- What drives the structure and content of EGPs for nurses and midwives

[3] Source: Nursing & Midwifery Policy, Department of Health Viewed 12 December 2011 http://www.health.vic.gov.au/nursing/furthering/graduate

[4] Source: Training and Development Grant (Nursing and Midwifery) Guidelines 2011-12 (expire 29 February 2012) Viewed: 14 December 2011 <http://www.health.vic.gov.au/__data/assets/pdf_file/0006/506580/Training-and-development-grant-nursing-and-midwifery-2011-12-guidelines.pdf>

- Whether there is a match between the current EGP offering and the objectives of a supported transition to professional practice
- The factors underpinning best practice in graduate nursing and midwifery EGPs
- The extent to which EGPs are being evaluated, if at all.

1.2 The Approach to the Study

A full description of the research method and associated procedures used to conduct this study can be found in Appendix A. In summary, the research design utilised a multi-methods approach which included the following key stages:

A desk research stage including:

- A concise review of the academic and professional literature related to EGPs in nursing and midwifery; and
- An environmental scan reviewing publically available secondary data on alternative models and approaches to EGPs in nursing and midwifery from various national and international jurisdictions. The scan also presents alternative models from other Australian professions.

A professional consultation stage including consultations with:

- Representatives of health services providing EGPs for nursing/midwifery
- Representatives of tertiary institutes
- Representatives of employer and industry groups
- Providers of graduate programs in other professions
- Representatives from other Australian jurisdictions providing graduate transition programs for nursing and midwifery.

A site visit stage:

Site visits were undertaken to inform the development of best practice case studies. This involved consultations with multiple stakeholders at a number of public and private Victorian health services including[5]:

- Chief Executive Officers (CEOs), Directors of Clinical Services and Directors of Nursing

[5] The range of participants consulted varied at each location.

- EGP Coordinators from each of the three streams:
  - General (for Bachelor of Nursing Graduates)
  - Midwifery or Midwifery/General combined (for Bachelor of Midwifery or Bachelor of Nursing/Bachelor of Midwifery graduates)
  - Mental Health or Mental Health/General (Bachelor of Nursing Graduates)
- Clinical educators, clinical facilitators and preceptors
- Past and present participants of EGPs.

An online survey:

An online survey was undertaken with providers in receipt of Nursing and Midwifery T&D funds delivering EGPs in Victoria. The survey invited feedback from 70 health services. A total of n=41 respondents completed the survey, giving a response rate of 59%. Based upon the extensive previous workforce research undertaken by TNS with health sector stakeholders, this is a robust response rate which probably reflects the high level of engagement of stakeholders in EGPs. All respondents met a number of key criteria prior to being admitted to the survey including:

- Current active involvement in the delivery/administration of the EGP for nursing/midwives at the health service where the respondent is employed
- Located in Victoria (either metro or regional/rural)
- Hold a role relevant to the survey and EGPs for nurses/midwives.

A full report of the survey results can be found in Appendix C.

1.3 About this Document

This document is the final report of the study commissioned by Nursing and Midwifery Policy. It contains:

- **An executive summary** presenting a summary version of the report.
- **An introductory chapter** providing information on the study
- **A key findings summary** chapter with a concise summary of findings for easy reference
- **A background chapter** containing contextual information related to the study, including information on Victorian nursing and midwifery EGPs.

- **An approaches to EGPs chapter** integrating the qualitative and quantitative data collected throughout the research activities to address aims of the study. It includes case studies to provide examples of current practice.
- **An opportunities chapter** summarising the key findings across all stages of the research. It provides a review of the results against the best practice principles identified by the department for EGPs for nursing/midwifery. This allows identification and discussion of possible future opportunities.
- **Appendices** include additional information to support the report including:
    - Appendix A - Research Methodology
    - Appendix B - Literature Review
    - Appendix C - Online Providers' Survey Report
    - Appendix D - Environmental Scan
    - Appendix E - Contributors List.

2. Key Findings

The following chapter contains a summary of the key findings from the research.

Comparison with Other Professional Groups

The Victorian approach to nursing and midwifery EGPs is considerably different to approaches undertaken to transitional learning by a number of other professions which are predominantly user pays and involve a more highly prescribed approach which is often delivered externally.

In an examination which considered the approaches in engineering, dentistry, professionals such as geologists involved in the mining industry, psychology and law it was found that programs are usually funded by the employer or the graduate and are often delivered by an agent external to the employer such as a private training or education provider or professional association. This approach may contribute to the presence of stronger approaches to frameworks and consistency which provide opportunity for a higher level of accountability than is currently apparent in similar nursing and midwifery programs.

Approaches in the professions examined were generally supported by a framework which specified learning objectives and topics expected to be covered. They included a strong focus on non-practice professional skills which are required of all graduates in the various professions. The content and structure of the graduate transition program in most professions was regulated by a central body. In a number of professions this was a recent feature, introduced to improve consistency and ensure quality. In other professions the graduate transition program had been moved away from delivery by the employer to delivery by external agencies. There were usually frameworks of outcomes to guide the assessment of the graduate and the program. This was again to improve quality and consistency. In some cases such as law and psychology the completion of the graduate year program was a requirement for registration and while graduates are not seen as students, they cannot act as independent professionals until completion.

Comparison with the Approach in Other Jurisdictions

Comparison between the approaches to early graduate nursing and midwifery programs in other Australian jurisdictions revealed that the Victorian government provides the highest level of funding for graduates participating in such programs.

The approach to nursing and midwifery graduate transition programs in Victoria is similar to the approach in other Australian jurisdictions. It was noted that a number of the other jurisdictions have used the Victorian EGP guidelines. The programs generally contain the same program elements (such as provision of rotations, access to preceptors and increased clinical support and a study day program). They share a focus on consolidation of clinical skills and development of professional skills. They are underpinned by the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for registered nurses and midwives. The program is delivered by staff at the graduate's place of employment.

Approaches to international transition programs varied in the jurisdictions examined including New Zealand, the United States and Canada. These programs are generally aimed at building the capacity of the nursing workforce and contributing to retention. Internationally, programs tended to be centrally regulated and more prescriptive than in Victoria with requirements on the nature and structure of programs to promote consistency and quality standards. The length of the program varied from between three to 12 months.

Consultations with the jurisdictional representatives within Australia highlighted a number of issues which reflect issues and challenges currently raised within Victoria throughout the study. These included:

- Concern about the work readiness of graduates and the appropriate role of the EGP. Reflecting this, in one state graduates are not counted within the EFT for registered nurses and midwives but are considered separate.
- The need for rotations and whether the continued inclusion of multiple rotations was based on the notion that the graduate year aimed to expand graduates' experiences and that graduates benefited from having a wide range of exposure during their graduate year. Conversely, some felt there was a lack of evidence to support the value of rotations and that these often came at the expense of both the graduate and health service. According to those holding this view, rotations reinforced the notion that graduates were students needing clinical placements rather than professionals. Furthermore, there is

evidence to indicate that graduates have increased benefits from remaining in a consistent setting.

- The language used to describe graduates and graduate programs reinforces the view that graduates are not fully qualified to work. Terms such as 'early graduate', 'preparation to practice' and 'junior staff' were examples provided, implying that graduates are not yet fully qualified to practice. It was also argued that the term 'Early Graduate Program' tended to ignore the broader context in which nurses and midwives transition across settings throughout their careers, with a number of specific programs designed to support such transitions.
- Concern that the increased focus on EGPs reinforced in the minds of graduates and co-workers that graduates are in need of high levels of support and 'hand-holding', limiting the contribution they can make to the health service.
- Concern around graduates requiring specialised education and clinical support from designated personnel associated with the program when this should be provided by all nurses and midwives, not just specialists.

Awareness of the Purpose and Aims of EGPs in Victoria

The study revealed a lack of clarity and awareness of the aims and purpose of the EGPs with many health services lacking clear measureable aims and objectives. Conflicting views on the purpose of the EGP were noted within many health services. This contributed to difficulties in evaluation of EGP outcomes.

A range of views exist about the aims and purpose of the EGPs currently in Victoria. Stakeholder consultations and the Providers' Survey revealed the importance of the EGP in supporting the graduates' transition from academia to practice, consolidating skills and knowledge and facilitating development of confidence.

The Providers' Survey revealed that translating theory to practice[6] was more commonly an aim or goal of rural than metropolitan health services. Metropolitan health services most commonly reported consolidation of skills and knowledge and facilitating transition to practice as an aim or goal of the EGP.

The role of the EGP in supporting recruitment and retention activities received a reasonably high focus in the stakeholder consultations, particularly among rural

[6] Translating theory to practice is generally thought of as the application of undergraduate learning into practice. Facilitating transition to practice is generally described as a broader construct concerned with the process involved in bringing broader clinical and professional skills ***and*** theory into one's professional practice.

health service stakeholders. While it received less emphasis in the Providers' Survey it was still noted as an aim or goal for many metropolitan and rural health services.

Current EGP Components

The stakeholder consultations and the Providers' Survey revealed a generally consistent range of components being provided through EGPs for nurses and midwives in Victoria.

These included:

- Provision of a number of orientation days including: an initial generic orientation offered to all new employees, a nursing specific orientation to the health service and orientation to each new rotation setting
- Designated EGP staff (usually comprised of a co-ordinator and EGP specific clinical educator/s)
- Support provided by preceptors, clinical educators, clinical facilitators and in some cases mentors
- An average of 6 to 10 study days – these were used for face-to-face professional development activities (on top of the usual health service professional development provided). The majority of the topics included in the study days related to clinical practice and theory. A smaller proportion of time was spent on development of professional skills (such as communication, problem-solving, time management, and decision-making), ethics and legal requirements and work/life balance. The program is delivered by EGP clinical educators and coordinators. Online technologies were generally only used to deliver competency packages and assessments or to teach legal requirements and ethics. Video-conferencing was used at some rural health services
- Generally, two to three rotations were offered with most recognising that a smaller number of rotations helps graduates to develop a sense of belonging and promotes confidence and competency
- Supernumerary days at the start of the EGP (typically the first week) and at the start of each new rotation (typically one or two days)
- A Graduates' Handbook or similar, with information and resources including requirements and expectations. These frequently contained a journal or reflection section which graduates complete and share with EGP coordinators or clinical support staff at specified periods (typically at three monthly reviews)
- Reviews of graduates' progress and performance appraisals (usually held quarterly)

- Evaluation of program related activities such as feedback forms after study days to measure the satisfaction of graduates. There were however, limited instances of overall program evaluation reported within health services
- A staged approach to shifts with most graduates starting with a few weeks working day shift, Monday to Friday prior to commencing weekend and night shifts (this is usually done to ensure the accessibility of support staff)
- Intakes of new graduates are generally undertaken in February. Some health services with a large cohort will have a further intake several weeks later. A number also have a mid-year intake to accommodate changes in the services' workforce needs and to ensure that they can address the support needs of graduates.

Alignment with Best Practice

The current approaches to Victorian EGPs generally align to best practice as outlined in the Department of Health EGP Guidelines and Principles (the Guidelines).

Most public and private sector stakeholders reported using the guidelines to structure the program. The 2003 version of the guidelines were also used by many, who felt that this earlier version provided a greater degree of detail than the 2009 version of the guidelines. Generally the two versions were used together. The 2003 version of the guidelines included a considerable amount of the literature related to organisational culture and various program features (i.e. study days, supernumerary time, preceptors and other clinical supports). It also included sections on evaluation and outcome assessment. The 2009 version of the guidelines has a more concise approach to the literature and is structured around best practice principles.

The table provided at the end of this section summarises the degree to which Victorian EGPs are currently aligned to best practice principles as outlined in the Guidelines. The ratings provided are a qualitative assessment based upon stakeholder consultations, site visits and the results from the Providers' Survey.

The ratings were applied collectively to provide a summary across all health services and hospitals participating in this research. It is noted that individual organisations may have different levels of achievement from those presented in the summary.

The ratings are based upon the following:

- A rating of **low** indicates either very limited or no evidence of achievement
- A rating of **medium** indicates some evidence of achievement
- A rating of **high** indicates widespread evidence of achievement.

The purpose of this activity was to highlight areas of widespread achievement and areas of opportunity.

Areas of high achievement, where there was frequent evidence of the principle in practice, included:

- **PRINCIPLE 1: Learning and development is valued** - There was a consistent pattern of EGP content and structure reflecting a planned and considered approach designed to respond to both workforce needs and the needs of graduates. Those involved in delivering EGPs had a strong commitment to, and investment in promoting individual learning and staff development.
- **PRINCIPLE 2: Nurses and midwives and their contribution are valued** - There was consistent evidence of organisational investment into EGPs, to foster the development of the nursing and midwifery workforce and to provide graduates with meaningful roles which demonstrate their value to the organisation.
- **PRINCIPLE 5: Experienced professionals supervise, direct and instruct graduates** - EGP's routinely include a variety of qualified personnel to support and supervise graduates.

Opportunities to improve alignment to best practice principles were noted in relation to a number of areas where there was a lack of evidence of widespread achievement. These areas of opportunity are outlined below:

- **PRINCIPLE 3: A safe and supportive working environment is provided** - This principle states that EGPs are based on the understanding that early graduates are prepared through their tertiary qualifications for beginning level practice. While on the surface, graduates were provided with a safe and supported working environment there were also widespread reports that graduates were not well prepared for clinical work through their undergraduate training. Opportunities exist for EGPs to more consistently focus on building and extending graduates skills and knowledge.

- **PRINCIPLE 4: Planned experiences that address both graduate and workplace needs are undertaken** - Planned learning experiences are often not based on research and include for example, large numbers of rotations and a predominant focus on re teaching clinical skills without consideration to building upon existing skills and development of broader professional competencies. Opportunities exist to better align the graduates' experiences to best practice and ensure that a clear rationale for all components of the EGP is evident.
- **PRINCIPLE 6: A holistic program is provided, incorporating professional, social and broader life issues -** Few programs devoted more than a nominal amount of the EGP to development of non-clinical skills and competencies. Opportunities exist for a more holistic program to identify and address graduates' needs.
- **PRINCIPLE 7: The EGP is aligned with quality, safety and risk management policy -** There was limited tangible evidence of EGP alignment to the broader organisational frameworks and safety and quality strategies within many organisations. In many cases the EGP was not mentioned in publically available, strategic documents at all. Very often the EGP appeared to be isolated from the broader organisation. While links to safety, quality and risk frameworks are often verbally articulated, there is an opportunity to undertake work to clearly link the EGP with broader organisational frameworks to improve accountability and allow for performance monitoring of the contribution of the EGP to these areas.

Table 1: Level of Achievement of Best Practice Principles

Level of Achievement of Best Practice EGP Principles					
Summary of Principle	**Rationale from DH Guidelines**	**Rating Level of Achievement**			**Explanation of Rating**
		Low	Med	High	
PRINCIPLE 1: Learning and development is valued	Best practice EGPs are planned learning and professional development experiences that address both early graduate and workplace needs.			✓	While there were reports of tension between meeting the workforce needs of the health service and the development needs of the graduate, generally, EGP content and structure reflected a planned and considered approach designed to respond to both.
PRINCIPLE 2: Nurses and their contribution are valued	Best practice EGPs thrive in an organisational culture that values nurses, their contribution to client care, service delivery and the role of the graduate in the health team.			✓	The support of health services providing EGPs and the additional level of resources reportedly channelled to the program reflect the high value placed on the contribution from graduate nurses and midwives. The need for a robust nursing and midwifery workforce to provide clinical leadership and high quality care was consistently reported and reflected in EGPs.
PRINCIPLE 3: A safe and supportive working environment is provided	Best practice EGPs are based on the understanding that early graduates are prepared through their tertiary qualifications for beginning level practice.		✓		Graduates were provided with a safe, supported environment however, this at times restricted opportunities to learn. Broad opinion that graduates were unprepared for clinical practice limited opportunities to work in challenging roles which would better prepare them for independent practice.
PRINCIPLE 4: Planned experiences that address both graduate and workplace needs are undertaken	Best practice EGPs are delivered in organisations that value learning, professional development, evidence based practice and research.		✓		While health services value learning, education is often based upon tradition and misses the opportunity to build upon graduates' pre employment skills. Focus on a clinical education model has contributed to a loss of opportunity to integrate development of generic professional skills and personal development.
PRINCIPLE 5: Experienced professionals supervise, direct and instruct graduates.	Best practice EGPs are provided in a safe and supportive work environment that complies with the principles of the Occupational Health and Safety Act, 2004.			✓	Delivery is undertaken by qualified health professionals and graduates receive a high level of support and supervision.
PRINCIPLE 6: A holistic program is provided, incorporating professional, social and broader life issues	Best practice EGPs adopt a holistic approach that considers professional, social and whole of life issues.		✓		With a strong focus on clinical skills and theory, limited time is spent on the more holistic development of graduates. The tendency for EGPs to be the sole responsibility of clinical educators and EGP coordinators in many cases has limited access to a wider range of approaches and resources that could support improved holistic development of graduates.
PRINCIPLE 7: The EGP is aligned with quality, safety and risk management policy	Best practice EGPs are integrally linked to the organisation's quality, safety and risk management frameworks.		✓		Few health services clearly provide evidence of the linkages between the EGP and the broader quality, safety and risk management frameworks. Most are able to articulate the linkages. However, as these are not a fundamental part of their approach to accountability for the EGP, it is difficult for performance in this area to be properly assessed.

Influencers and Drivers

Common drivers of the approaches adopted by health services were related to the size of the cohort, the need to ensure that clinical practice and support needs of graduates could be met, as well as difficulties in accessing rotations in rural areas. This has lead to increased collaborative regional approaches being supported by departmental funding.

Locations where innovations in the model were occurring, such as development of an inter-professional model and a graduate program for pool nurses, were driven by highly engaged nursing and midwifery leaders involved at an executive level with the organisation.

In some health services the EGP was seen as a purely nursing activity and isolated from the broader professional development and educational activities being undertaken at the health service. This tended to result in a more static approach to the EGP, limiting access to broader organisational resources and new and innovative ideas.

Conversely, there were examples of EGPs which demonstrated benefits from the placement of the EGP within a staff development context (such as at the Royal Women's Hospital and Colac Area Health). This approach resulted in an increased use of organisational resources and increased awareness of current research related to delivery of staff development programs. Graduates had increased involvement in cross-disciplinary education and interaction with co-workers and educators outside of the area in which they worked. The approach to the EGP and graduate nursing and midwifery education was also influenced by broader educational approaches and pedagogies. The approaches of the Royal Women's and Colac Area Health demonstrated that although organisations may differ (i.e. in terms of the organisations size, number of graduates in the EGP cohort, service type and location), inculcating the EGP within the broader organisation can result in multiple positive impacts.

Many EGPs had a strong emphasis on teaching and testing of clinical skills. A number of factors appear to have driven this focus including:

- The strong interest of students, keen to develop confidence in clinical areas, selecting EGPs based on clinical elements (i.e. clinical skills focus and the number of rotations offered) influences the approach of health services keen to attract graduates

- Educational delivery predominantly by clinical educators within a clinical education framework
- Lack of engagement in the program by other professionals and resources at the health service (i.e. HR and organisational development departments)
- Lack of an educational framework and clearly articulated expected outcomes for the EGP
- The need for further guidance about contemporary approaches to transitional learning and holistic preparation of professionals including areas such as generic professional skills, managing role change, stress and work life balance.

Evaluation of EGPs

Generally, there was a lack of program level evaluation of EGPs. While most health services undertook evaluation activities these tended to take the form of satisfaction surveys with graduates and others involved in the program (such as preceptors). The lack of broader evaluation of the EGP has resulted in limited assessment of return on investment and a lack of insight into the value and performance of such programs for organisations and the community over time.

It was common for feedback forms to be collected following educational activities and rotations. A number of factors have impacted on the ability of health services to conduct rigorous evaluations of the EGP at their health service. These include:

- A lack of measurable, performance based, outcome focussed aims and objectives
- Confusion between the concept of program evaluation, a satisfaction survey and participant feedback
- Limited understanding regarding the purpose of the program for the individual graduate, the health service and the community
- Entrenchment of the traditional model
- Limited data collection activities
- Minimal requirements to report to the department or the health service executive about the performance of the program beyond providing data on graduate numbers and completions
- A lack of awareness of program logic models and approaches to performance measurement
- Limited access to evaluation templates and professional development activities related to evaluation.

The lack of overall program evaluation has resulted in limited opportunity for the return on investment to be measured and monitored by health services.

Issues Raised in the Australian and International Literature Review

A concise review of the literature was undertaken to support the evidence base for the current study. The literature review found that graduate nurses and midwives face a range of common challenges which are consistent internationally and can have negative outcomes for the graduate and employer organisations. Comprehensive understanding of the full impact of these issues and effectiveness of the approaches to overcome the issues has been hampered by a lack of program evaluation.

The following is a summary of the key issues extracted from the review. The full literature review is available in Appendix B.

The challenges faced by new nursing and midwifery graduates are numerous and multifaceted. They can be broadly classified into three key categories; professional, organisational and personal. Although there is a lack of systematically collected data, there are repeated documented links in the literature between the nature and extent of new graduate challenges and rates of development stress and attrition.

Systematic evaluation of EGPs has been limited, both in Australia and internationally due to a lack of agreement regarding program objectives and how they should be evaluated. Many studies rely on graduate satisfaction survey data, which fail to address the impact of the program on the organisation and the broader health system. Available literature suggests that multiple related factors work to facilitate the transition of new nursing and midwifery graduates into professional practice. Key amongst these factors are increased confidence and competency, improved patient care, improved job satisfaction and a reduction in attrition rates.

Research supports a graduate EGP duration of 12 months. This allows nursing/midwifery graduates sufficient time to move through the necessary stages of development, including adjustment, improvement, consolidation, progression and finally program graduation.

Organisational commitment is essential for resourcing graduate program activities and facilitating the development of a positive learning culture necessary when supporting new graduate learning.

The Best Practice Clinical Learning Environments (BPCLE) project determined how to enhance the capacity and quality of clinical education for health students across Victoria. It determined that several key elements

were important for successful clinical placements, including having an organisational culture that values learning, adheres to best practice standards and provides a positive learning environment. Effective communication processes, appropriate resources and facilities and a supportive health service-training provider relationship were also noted as important to ensuring successful clinical placements. While the focus of the BPCLE was on clinical education for health students, these same key elements are important in supporting new graduate learning.

Support for new graduate nurses/midwives has frequently been identified as a key element of EGPs. Research suggests that this support is best provided by informal teachers and graduate colleagues during the first four weeks of the program and then at the beginning of each ward rotation. Importantly, support must be appropriate to the stage of the nurses'/midwives' transition, with a focus in the first six months on communication and learning and then shifting in the last six months to enhancing independence.

In addition to the more general and informal support described above, preceptors are central to graduate nurse/midwife development. They 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. However, if properly resourced and trained, preceptors are generally viewed as an integral part of graduate nurse/midwife development.

Early graduate nurse/midwife EGPs require considerable resources and commitment from the participating health service and the funding bodies. These costs are however, mitigated by the improved stability of the graduate cohort, lowered attrition and reduced expenses associated with recruitment.

A number of other concerns were raised in relation to graduate nursing and midwifery programs. The most commonly reported issues related to:

- Program content, with particular concern about a focus on clinical skills and a lack of emphasis on broader professional skills (i.e. communication, time management, decision-making)

- The artificial distinction between graduates and other nursing and midwifery staff resulting in isolation of graduates and lack of access to support from colleagues
- Ineffective relationships between academic organisations and the health service workplace which commonly resulted in the reteaching of clinical skills as a focus of transitional education by employers.

3. Background

Nurses perform a critical role in ensuring the functionality and high standards of the Australian healthcare system. It is estimated that there are approximately 320,982 nurses in Australia, comprised of 260,121 registered nurses and 60,861 enrolled nurses.[7] The Nursing and Midwifery Board of Australia provides guidance to the professions and sets the standard for nursing and midwifery practice throughout Australia by approving a series of nationally consistent Codes of Ethics, Codes of Professional Conduct and Competency Standards relevant to each discipline.

3.1 Nursing and Midwifery in Victoria

Within Victoria, Nursing and Midwifery Policy (NMP) ensures that the government is provided with timely, accurate and appropriate nursing and midwifery policy advice. The government aims to ensure that the Victorian health care system is supported by an educated, experienced and skilled nursing and midwifery workforce of adequate size and distribution to meet the needs of the Victorian community. Within Victoria there are a variety of pathways for those seeking a career in nursing and midwifery. This is reflected in Figure 1 below.

[7] AIHW 2011. Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW. Viewed 14 December 2011 <http://www.aihw.gov.au/publication-detail/?id=10737419682>.

Figure 1: Pathways to nursing and midwifery careers in Victoria

3.2 Early Graduate Nursing and Midwifery Programs in Victoria

Although graduate nurses and midwives are fully qualified in their first year of practice, the transition to employment can be challenging. NMP provides funding for EGPs for nursing and midwifery to support new graduate nurses through their transition into professional practice. EGPs are formalised education and support programs offered by employers for those in their first year of practice. They are workplace-based programs designed to consolidate knowledge, skills and competence and to help graduates make the transition to practice as safe, confident and accountable professionals whilst being employed. EGPs go beyond normal orientation and induction; they offer graduates formal education, learning time (including study days), supernumerary time and clinical support including preceptorships.[8]

In Victoria, a formal EGP is not mandatory, but is recommended. Each year the Victorian Government supports over 1300 EGP places in public health services. Public health services, some private /not for profit health services and aged care services offer approximately 550 extra places each year.[9]

EGPs represent a significant investment by the government amounting to over $23 million per annum. There are over 80 public health services in Victoria, of which approximately 85% regularly receive T&D (Nursing and Midwifery) funds.

Within Victoria, health services are funded through the outcome based case mix funding model. T&D grant funding is provided on top of the case mix funding. Under this approach, the department does not mandate the number of nursing/midwifery graduates a public health service employs, nor does it directly fund the position. Health services have the responsibility to determine the number of graduate nurses and midwives (and other staff) required to meet service

[8] Department of Health (2012) Training and Development Grant (Nursing and Midwifery) Guidelines 2011-12 (updated effective of March 2012). Available online at http://www.health.vic.gov.au/nursing/furthering/training.

[9] Source: Department of Health website Early Graduate Nursing and Midwifery Program. Updated June 2012. Available at http://www.health.vic.gov.au/nursing/furthering/graduate.

demand. As part of the T&D grants (over and above the case mix), EGP funding is provided for support and transition activities and to contribute to the costs incurred by the health service over and above the salary. This may include costs such as supernumerary time, study days and similar educational initiatives.

The number of EGP positions at each health service depends on factors such as the optimal skill mix needed to safely and efficiently deliver services, the current labour market and vacancy rates and the capacity of the health service to provide support to graduates. As such the size of the graduate cohort at health services varies with some having small cohorts of less than 10 graduates while others may have over 100 positions. The number of these positions funded by the department in 2012 was over 1,350 positions. It is expected that demand for these positions will continue to grow over time.

EGPs in Victoria are generally offered in three streams:

- General (for Bachelor of Nursing Graduates);
- Midwifery or Midwifery/General combined (for Bachelor of Midwifery or Bachelor of Nursing/Bachelor of Midwifery graduates); and
- Mental Health or Mental Health/General (for Bachelor of Nursing Graduates).

The focus of this research project was on the EGPs funded under the Early Graduate Nurse & Midwifery Programs stream. The department also funds other EGPs to support graduates in a number of specific settings. These include:

- **EGPs for graduates in mental health settings:** Funding is offered by the department for graduates participating in a specialist mental health EGP provided at an area mental health service (AMHS) or specialist state-wide mental health service. This funding is provided to assist the employment of specialist nurse graduates as part of a recruitment and retention strategy. This strategy is designed to improve the attractiveness of a career in the public mental health service system and to provide new starters with a structured package of peer supports and professional development opportunities. The Department allocates $30,000 per specialist graduate nurse position. Payment is made to mental health services based on the number of effective full time (EFT) positions allocated by the department[10] (see Appendix D).

[10] Source: Department of Health Victoria Specialist mental health graduate nurse program: Program management circular. 2007. Available at http://health.vic.gov.au/mentalhealth/pmc/grad-nurse.pdf.

- **Collaborative EGP places:** These places are part of the Collaborative EGP (Rural & Regional) 2011-12, Collaborative EGP (Midwifery/Combined Nursing & Midwifery, Rural & Regional) and the Collaborative EGP in Expanded Settings.

3.3 EGP Structure and Content in Victoria

EGPs for nurses and midwives are intended to integrate clinical skills, ethical judgment and legal requirements within a professional nursing environment. To facilitate the development of appropriate EGPs in terms of both structure and content, guidelines based around seven key principles have been developed to promote best practice. These principles[11] are based on an examination of literature reviewed in greater detail on the EGP website.[12] Compliance with these principles is a component of the EGP Guidelines specified by the department. Table 2 provides an overview of these.

[11] Early Graduate Nurse program Guidelines 2009. Department of Health. Viewed 14 December 2011 http://www.health.vic.gov.au/__data/assets/pdf_file/0019/406036/EGP-all-principlesV2.pdf.

[12] Early Graduate Nurse program Guidelines 2009 IBID.

Table 2: Best Practice Principles

Overview of Best Practice EGP Principles	
Principle	**Summary**
PRINCIPLE 1: Learning and development is valued	Best practice EGPs are planned learning and professional development experiences that address both early graduate and workplace needs.
PRINCIPLE 2: Nurses and their contribution are valued	Best practice EGPs thrive in an organisational culture that values nurses, their contribution to client care, service delivery and the role of the graduate in the health team.
PRINCIPLE 3: A safe and supportive working environment is provided	Best practice EGPs are based on the understanding that early graduates are prepared through their tertiary qualifications for beginning level practice.
PRINCIPLE 4: Planned experiences that address both graduate and workplace needs are undertaken	Best practice EGPs are delivered in organisations that value learning, professional development, evidence based practice and research.
PRINCIPLE 5: Experienced professionals supervise, direct and instruct graduates	Best practice EGPs are provided in a safe and supportive work environment that complies with the principles of the Occupational Health and Safety Act, 2004.
PRINCIPLE 6: A holistic program is provided, incorporating professional, social and broader life issues	Best practice EGPs adopt a holistic approach that considers professional, social and whole of life issues.
PRINCIPLE 7: The EGP is aligned with quality, safety and risk management policy	Best practice EGPs are integrally linked to the organisation's quality, safety and risk management frameworks.

To be eligible for T&D funding for EGPs in the nursing and midwifery streams, health services must comply with the following requirements adapted from the T&D grant guidelines (2012)[13]:

- Deliver EGPs that are consistent with the department's Graduate Nurse/Midwife Program Principles[14]
- Participate in accordance with the eligibility criteria and the business rules of the Postgraduate Medical Council of Victoria (PMCV) Nursing and Midwifery Computer Match for all graduate positions
- Offer all matched candidates a position in the EGP
- Not charge fees to nurses/midwives applying for, undertaking, or exiting from the EGP
- Ensure access to clinical educator(s) and/or clinical support staff for the EGP.

Eligible graduates must:

- Be employed as a registered nurse (RN) or registered midwife (RM) by an eligible health service
- Have never participated in a graduate nurse OR graduate midwife program
- Have either not worked as a RN or RM since registration or worked less than 24 hours per week in the first year since registration.[15]

3.4 Aims of Graduate Programs in Victoria

Each year the PMCV administers a Computer Matching Service to Victorian hospitals on behalf of the department. To be eligible for T&D funding of EGPs, graduates must apply for a position in a Victorian public health service using the computer match process. The Computer Matching is purely a mathematical process which matches the preferences of both hospitals and candidates. The algorithm was designed to be impartial to both hospitals/health services and candidates.

[13] Source: Department of Health Victoria, Training & Development Grant (Nursing and Midwifery) Addendum. Guidelines 2012 (Commencing March 2012). Available at http://www.health.vic.gov.au/nursing/furthering/training.

[14] Source: Department of Health Victoria, Training and Development Update. Updated April 2012. Available at http://www.health.vic.gov.au/nursing/furthering/training.

[15] Source: Department of Health Victoria 2012 IBID.

Hospitals/health services only have candidates removed from their preference lists when a permanent match has been made to a higher priority of that candidate. A candidate will be appointed to the highest available hospital/health service on their priority list that includes them within the quota boundary of the hospital preference list at any time during the matching procedure.[16]

To assist nursing and midwifery graduates in selecting their preferences, PMCV publishes three health service directories for each of the three graduate nurse program streams. These are the:

- Hospital Directory for Nursing
- Hospital Directory for Nursing and Midwifery
- Hospital Directory for Combined/Nursing and Midwifery.[17]

Each public health service in Victoria offering a graduate nursing or midwifery EGP provides a profile of their program to assist graduates participating in the computer match process. These are updated annually.

A content analysis was undertaken of all public health services' EGP profiles for the year 2012/2013 (see Table 3). In total n=152 program profiles were included in the analysis. The majority were nursing programs (n=125) with some midwifery (n=14) and combined nursing-midwifery programs (n=13). The aims of the programs were subjected to a thematic then quantitative analysis using SPSS statistical analysis software.[18]

Overall, the profiles most frequently focused on program elements that enabled graduates to be socialised into the nursing profession or the organisation (mentioned in 86% of all program profiles). The employment conditions and detailed program descriptions were also regularly highlighted (79% of profiles).

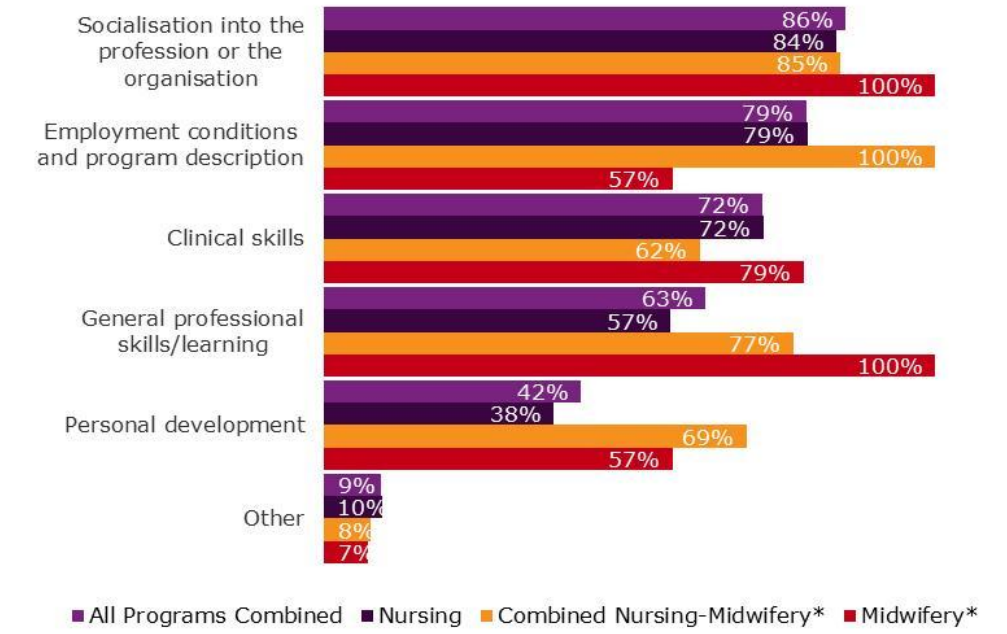
[16] Further information about the Computer Matching process is available from the PMCV website available at http://computermatching.pmcv.com.au/public/about/matchingprocess.cfm.

[17] The three directories are available online at the PMCV website http://computermatching.pmcv.com.au/public/hospitaldirectory/index.cfm.

[18] SPSS Inc., Chicago, IL. Statistical Package for the Social Sciences. Version 17.0 Release 17.0.0 (Aug 23, 2008).

Almost three-quarters of profiles (72%) referred to the clinical skills that would benefit nurses who undertake the program. While the majority (63%) address the general professional skills that will be garnered from program completion, less than half (42%) discussed the personal development skills (confidence, leadership etc.) that would be acquired (Figure 2).

Figure 2: Topic areas raised in PMCV EGP for nurses/midwives profiles



*Caution low base size (n<30). Interpret with caution.
Base: (Early Graduate Transition Programs): All combined, n=152; Nursing, n=125; Combined Nursing-Midwifery, n=13; Midwifery, n=14

Table 3: Proportion of PMCV EGP profiles addressing each factor

		All Programs Combined	Nursing	Combined Nursing-Midwifery	Midwifery
Socialisation into the profession or the organisation	Supportive environment	69%	65%	85%	93%
	Facilitate transition	50%	50%	46%	57%
	Orientation to the organisation	14%	14%	-	14%
	Sense of belonging	2%	2%	15%	-
	Teamwork	2%	2%	-	-
	Other socialisation mentions	9%	10%	-	-
Employment conditions and program description	Rotations	49%	51%	54%	29%
	Study days	41%	38%	54%	50%
	Clinical educators	40%	41%	38%	36%
	Preceptors	38%	36%	46%	43%
	Educational opportunities	25%	27%	15%	14%
	Supernumerary time	7%	7%	8%	-
	Other conditions or program description	44%	43%	77%	21%
Clinical skills	Consolidate clinical skills	33%	30%	62%	29%
	Develop clinical skills	33%	30%	46%	50%
	Clinical competence	26%	25%	23%	3%
	Apply theoretical learning to clinical practice	23%	23%	38%	7%
	Clinical judgement	2%	2%	-	7%
	Person focussed holistic care	1%	2%	-	-
	Specific mention of clinical skills	1%	1%	-	-
	Other clinical mentions	19%	21%	8%	14%
General professional skills/learning	Continuing professional development	29%	25%	54%	43%
	Decision making	11%	12%	8%	7%
	Gain experience	8%	6%	23%	14%
	Time management	7%	6%	15%	7%
	Resourcefulness	2%	2%	-	7%
	Research skills	1%	2%	-	-
	Other general professional skills/learning	34%	36%	8%	43%
Personal development	Confidence	19%	15%	23%	50%
	Career path at the organisation	13%	12%	23%	7%
	Leadership	7%	8%	8%	-
	Communication	2%	2%	8%	-
	Other personal development mentions	10%	10%	15%	-
Other	Expected outcomes from the program are mentioned	7%	8%	-	7%
	High quality nursing staff	2%	2%	8%	-
	Staff retention	0%	0%	-	-

Base: (Early Graduate Transition Programs): All combined, n=152; Nursing, n=125; Combined Nursing-Midwifery, n=13; Midwifery, n=14

Looking in greater depth at the program profiles (Table 2), the principal aspects of organisational/professional socialisation highlighted were the supportive environment in which the program takes place (69%) and how it enables the transition from education to practice (50%).

Rotations (49%), study days (41%), clinical educators (40%) and preceptors (38%) were other topics often discussed as part of program descriptions.

Consolidating and developing clinical skills (both 33%) were frequently cited as program benefits. Increasing clinical competence (26%) and applying theory to clinical practice (23%) were the remaining key aspects of clinical skills promoted.

In terms of professional skills gained, emphasis was most often placed on the continuing professional development of graduates (29%). Decision making (11%) and experience building (7%) were discussed less often, however, a wide variety of other general professional skills were mentioned (34%).

Building confidence (13%), the career path at the organisation (13%) and leadership skills (7%) were some of the main personal development opportunities discussed.

The outcomes expected from program completion (7%) and the high quality of the staff (2%) were some of the other points highlighted in program profiles.

These results are not surprising given that EGPs are targeted to beginner level practitioners.

4. Approaches to EGPs in Victoria

Approaches to EGPs in Victoria are generally comprised of the same components, which reflect the department's EGP guidelines. However, in order to address local needs and issues, a number of variations and innovations are apparent between the models implemented.

This chapter focuses on exploring what is currently being offered in Victorian EGPs for nurses and midwives. Case studies are used to highlight examples of approaches. The qualitative data contained in this chapter has been primarily drawn from consultations undertaken with health service stakeholders. Where relevant, the views of other professional stakeholders consulted throughout this project, including representatives from universities and other nursing and midwifery stakeholder associations are included.

Data from the online Victorian EGP Providers Survey[19] (undertaken as a component of this study) has also been included and integrated throughout this section. The full report of findings from the Providers' Survey is contained in the appendices to this report.

4.1 Aims and Purpose of Nursing and Midwifery EGPs

EGPs for nurses and midwives were considered to have a variety of aims and purposes. Both the consultations undertaken with health services and the Providers' Survey revealed a strong focus on clinical skills, including ensuring that theoretical learning is translated into practice and consolidating skills and knowledge. Supporting graduates to make a smooth transition was also a key aim of programs, as was the development of professional skills.

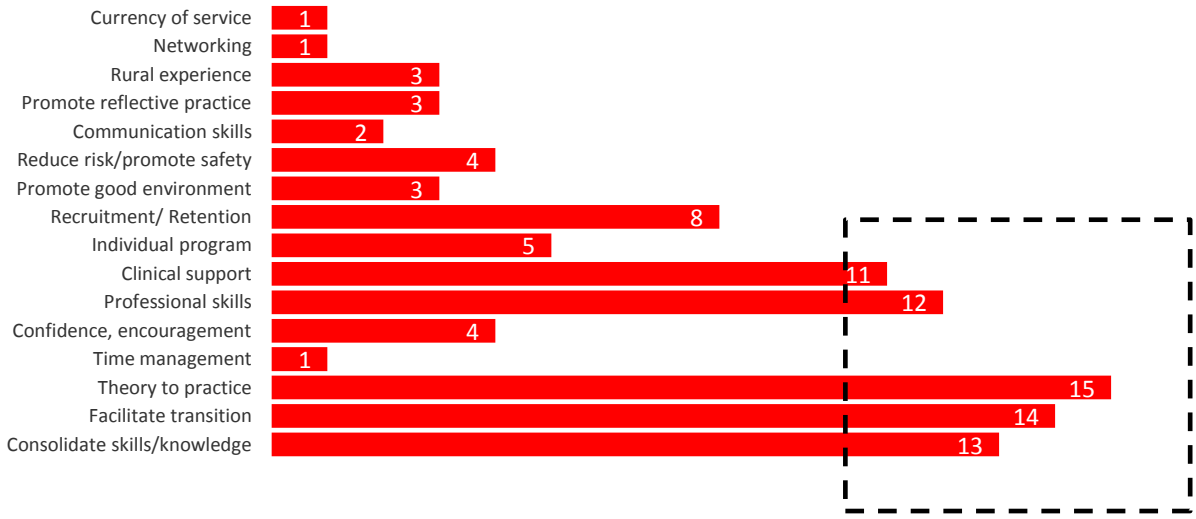
[19] A full copy of the results from the Victorian EGP Providers Survey is contained in Appendix D.

The stakeholder consultations undertaken at health services revealed a range of views regarding the aims and purpose of EGPs. This generally depended upon the workforce needs of the health service. Most commonly, nursing and midwifery EGPs were seen as important in:

- Assisting graduates in their transition to practice by supporting development and/or consolidation of their clinical and professional skills, competencies and confidence;
- Providing graduates with a range of clinical and professional experiences;
- Acting as an incentive for recruitment of high quality graduates to the health service; and
- Supporting retention at the health service and within the profession.

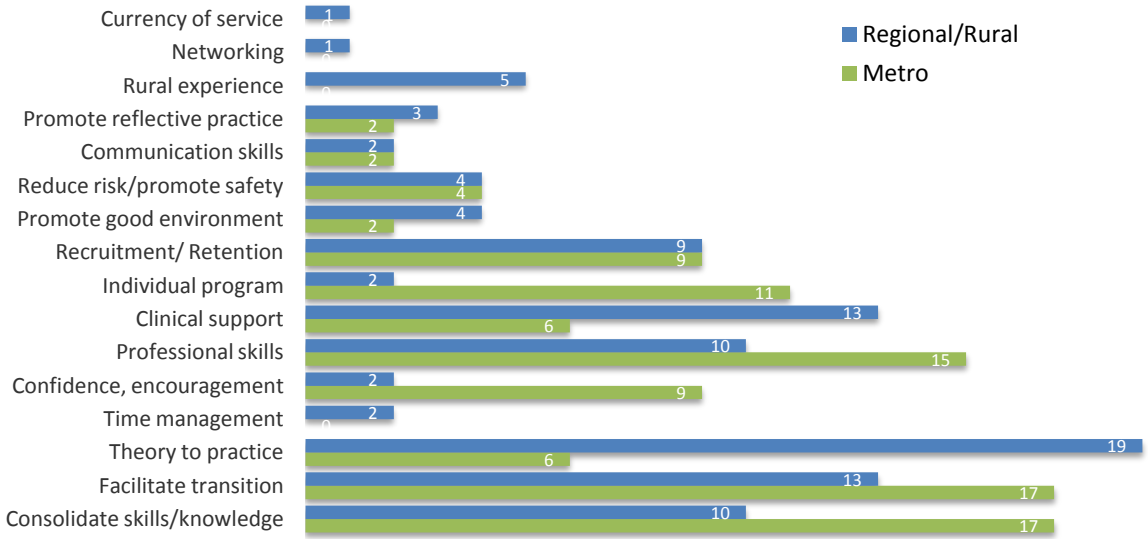
This was generally consistent with the findings from the EGP Providers' Survey which revealed the importance of support in the transition of theory to practice, consolidating skills and knowledge and facilitating a transition from student to registered nurse/midwife. The role of the EGP in supporting recruitment and retention activities received less emphasis in the survey than in the consultations with health services and was reported equally by both metropolitan and rural health services in the EGP Providers' Survey (Figure 3).

Figure 3: Key aims/goals of EGPs overall



The survey revealed that translating theory to practice was more commonly an aim or goal of rural than metropolitan health services. This was the most commonly reported aim or goal of the EGPs for rural health services. Metropolitan health services most commonly reported consolidation of skills and knowledge and facilitating transition to practice as an aim or goal of the EGP.

Figure 4: Key aims/goals of EGPs by health service location



Case Study: Epworth HealthCare Attracting Graduates

The Epworth HealthCare Rehabilitation EGP demonstrates that the investment of high quality resources into the EGP can attract nurses and midwives to highly sought roles, and can also be used to promote interest and raise the profile of settings that may struggle with recruitment and retention.

A key purpose of the Epworth HealthCare Rehabilitation EGP is to ensure access to a high quality nursing workforce while preparing graduate nurses for areas that are typically affected by recruitment issues.

Epworth HealthCare is one of Australia's largest not-for-profit private hospital providers. Within Victoria, the graduate nurse and midwifery EGP in 2012 was provided to 86 graduate nurses and midwives across four health services (Epworth Eastern (15), Epworth Freemasons (midwifery stream) (13) Epworth Richmond (40) and three Epworth Rehabilitation services (18). Rehabilitation Services typically

struggle to attract graduate Registered Nurses. To address this and produce other positive outcomes for both the graduates and the health services, Epworth funds a 12 month program. This includes three rotations, supernumerary days, paid study days and support from preceptors, clinical facilitators and one of four graduate coordinators who are responsible for the program at each location.

The program is seen as providing graduate nurses with the opportunity to make a successful transition from student to independent, confident Registered Nurse or Midwife. The program is based upon Adult Learning Principles and supports graduates to identify their own learning needs. It has a strong focus on consolidation of clinical skills, which assists graduates to develop as independent practitioners.

The program is considered to have a number of positive outcomes for Epworth HealthCare including:

- Positive experiences in the program assist in recruiting staff into areas which are hard to staff, such as rehabilitation.
- Graduates are an important component of the workforce for both the organisation and the broader health system and Epworth HealthCare recognises a responsibility to support the development of these nurses and midwives.
- Epworth HealthCare has a commitment to being a teaching health service and the presence of the EGP promotes a culture of learning and the need to support learners throughout the organisation.
- The EGP supports recruitment and retention activities. While not all graduates will be employed at the end of the program, a number are successful in applying for ongoing positions.

4.1.1 Discussion

The health service stakeholder consultations revealed that commonly, there was a lack of clarity about the aims and purpose of the EGPs. In many cases those consulted were unable to immediately identify the aims and objectives of the program at their health service and either had to look them up or in a few cases, provide them at a later date. In some instances stakeholders were not sure that the aims and purpose of the EGP existed in written form.

Different views were also evident regarding the aims and purpose of the EGP between stakeholders within the same organisation. There was also some confusion between the aims and purpose for the individual graduate and from a health service

perspective. Typical of this were the following comments made by stakeholders involved in the EGP from one metropolitan health service:

> *"It's really about giving the grads experiences to learn and as much exposure to new situations as we can...this is why we want to offer a second year...to fit in more rotations."* (EPG coordinator)
>
> *"It's about building a strong workforce and ensuring the quality of care we offer."* (Clinical educator)

While these views are not necessarily conflicting, this lack of clear purpose could contribute to a lack of focus for the program and the inability to effectively evaluate outcomes for both individuals and the health service.

The lack of clear aims and purpose also made it difficult for many health services to clearly articulate the program logic, that is, ***how*** the aims would be achieved and measured. In a number of cases the lack of clear aims and purpose meant that the program did not appear to be addressing current needs and issues. For instance, in several cases the stated aim and purpose of the program was to improve recruitment and retention. However, applications for graduate positions exceeded places available and following the completion of the EGP, there were insufficient positions available to employ all of the graduates in the preceding EGP.

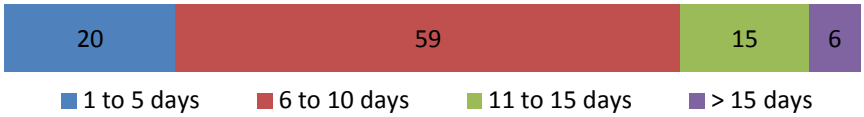
Stakeholders also frequently expressed the view that while they had aims and goals for the EGP, none of these were measureable.

4.2 Education Content

Throughout Victoria nursing and midwifery EGPs consistently emphasised the importance of providing education and training for graduate nurses and midwives as a component of the EGP. This most commonly related to clinical skills and practice.

The EGP Providers' Survey indicated a wide range in the number of structured study days given to graduates from one to 15 days (Figure 5). Most commonly, graduates had between six to 10 study days for structured education. These study days were in addition to other professional development opportunities provided by the health service to the staff.

Figure 5: Number of days allocated to formal education overall (%)



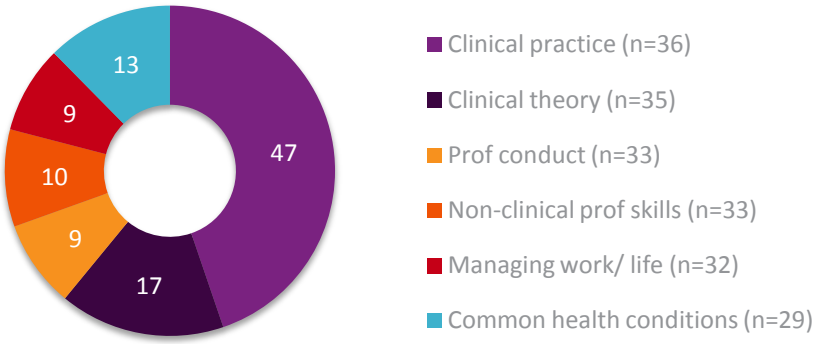
Both the consultations with health services and other professional stakeholders and the EGP Providers' Survey revealed a strong focus on the use of study days to teach clinical practice and theory. Consistent with reports from the consultations, the EGP Providers' Survey found that 64% of topics included in the study days related to clinical practice and theory.

In addition to the teaching of clinical theory and practice, the EGP Providers' Survey indicated that study days covered a range of other topics including common health conditions (13% of the study days), non-clinical professional skills (10% of study days), managing work life balance (9% of study days), and professional conduct (9% of study days) (Figure 6).

The health service stakeholder consultations indicated that topics on specific health issues often reflected needs in local areas or related to specialisations at the health service (for example, women's health, cardiac care, cancer, diabetes, substance abuse, Indigenous health etc.). Topics on specific health issues were also selected on the availability of experts and guest speakers. It was also common for study days to include opportunities to review issues and debrief on matters affecting the graduates.

In a few cases, program study days were designed to accommodate the developmental needs of graduates. For example, providing initial study days to assist graduates to achieve required competencies or demonstrating techniques. Study days later in the program were then used to address issues associated with work life balance and dealing with stress.

Figure 6: Topics included in the formal education component of EGPs overall



4.2.1 Discussion

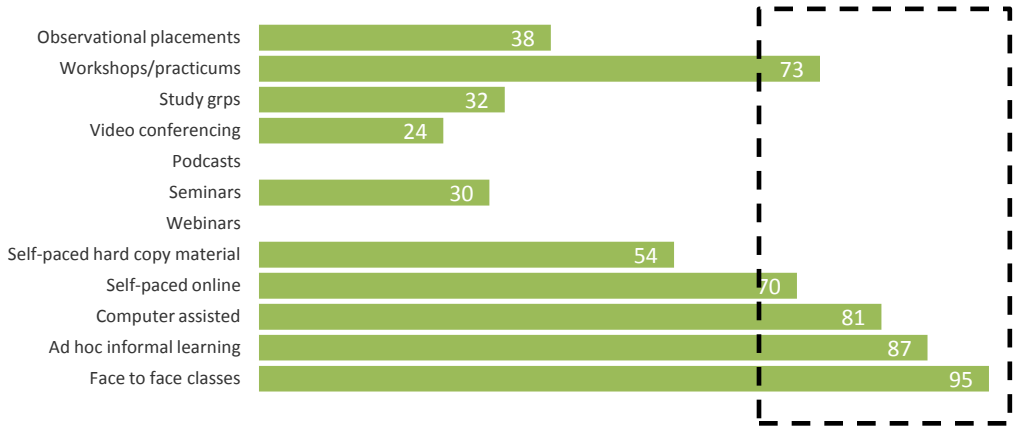
The health service stakeholder consultations revealed that the approach to the educational composition of EGP study days was frequently ad hoc and not underpinned by any broader educational frameworks. While topic lists were often provided to graduates, there was limited evidence of linkages to expected outcomes or to educational, safety and quality frameworks. Only a few health services had demonstrated links to nursing or midwifery professional standards. Similarly, only a small number of health services mentioned links to ethical standards, legislative requirements or learning frameworks.

4.3 Education Delivery

Graduates typically undertook professional development activities on training days via face-to-face delivery. Consultations with health service stakeholders suggested that in many cases, rural health services participated in combined study days, with graduates from smaller rural locations attending larger regional health services to participate in face to face study days. This was seen as being advantageous as it provided an opportunity to bring graduates together to share learning and support. It was also considered particularly important to bring together graduates participating in cross-health service rotations. In a number of cases, graduates also participated in study days and professional development activities via video

conferencing. This reduced the amount of time spent travelling between locations and overcame problems associated with a lack of facilities to host all of the graduates from a given region (Figure 7). As the survey question allowed for multiple responses, proportions in Figure 7 below, do not total to 100%.

Figure 7: Methods of delivery used by EGPs overall (%)



Across all health services, educational activities were generally delivered by internal clinical educators and members of the EGP team. Most programs included guest speakers to present on specific health topics. While there was considerable discussion about the use of pod casts and online technologies to deliver the professional development activities, no examples were provided.

Indicating a preference for face-to-face learning in groups, online technologies were generally only used to deliver competency packages and assessments or to teach legal requirements and ethics. These were seen as being more appropriate for online delivery because it afforded the opportunity for flexible self-paced learning. The online approach was also seen as useful for enforcing compliance, allowing for the graduates' achievement to be easily monitored. This was considered important given that many health services reported problems getting graduates to complete learning packages and competencies. In some instance health services had resorted to imposing sanctions, such as prohibiting participation in study days until an assessment had been completed. In some cases graduates were expected to

complete all learning packages prior to commencing employment and this was also facilitated by online delivery.

> *"We try to get them to do as much as they can during their summer break, because they will be hit with so much once they start it becomes difficult to get things completed and then it affects their rotations."* (Health service stakeholder from a rural health service)

It was usual for some of the study days to be delivered to nursing and midwifery graduate cohorts together. However, this was also accompanied by separate study days for each stream. In a number of health services, a mental health graduate nurse program was also offered. It was rare however, for the mental health cohort to participate in study days with the nursing and midwifery stream cohort. Conversely, there were a few instances of allied health professionals also attending a small number of study days provided for nursing, midwifery and mental health graduate program cohorts.

4.4 Developing a Learning Culture

In many health services, there remains a strong focus on explicit teaching of clinical skills and competencies by education staff rather than the development of a learning culture within the organisation. This was noted by a number of the professional stakeholders consulted, who drew the conclusion based upon the following:

- Much of the approach is around traditional ways of learning and based upon how the educators had been taught
- There is a strong focus on teaching clinical skills and practice led by EGP specific clinical facilitators and coordinators
- While graduates may participate in the broader CPD programs at health services, the EGP education component was generally stream based with limited sharing of the program
- Few EGP programs have involvement from broader health service education stakeholders (i.e. human resources departments and organisational development staff)
- Limited training and support for preceptors and clinical facilitators
- Difficulties recruiting preceptors

- There are frequent reports of graduates only receiving support on wards from preceptors and clinical educators and resentment from other staff about having to support graduates
- Reports of nurse unit managers not understanding or accommodating the needs of graduates and having limited awareness of the EGP
- Limited evaluation of the EGP and its impact on the broader organisation
- Limited awareness of the program throughout the organisation and health service leadership.

Conversely, in cases where a strong organisational learning culture was apparent, it was characterised by:

- An expanded educational program which includes opportunities to develop professional skills beyond clinical skills including communication skills, problem solving, research skills, decision-making and reflection skills
- Strong engagement in the program across the organisation with input from internal stakeholders from departments like human resources, staff from other professions and organisational development
- Engagement and support from unit nurse managers
- Support from nurse unit managers for graduates to attend broader training opportunities offered throughout the organisation
- Cross-discipline educational activities involving allied health and medical practitioners
- Recognition of the role of all co-workers as role models
- Support provided to graduates by all co-workers
- Eagerness of co-workers to participate in the preceptorship program
- Organisational commitment and support for preceptors demonstrated through the provision of regular preceptor training and support.

Case Study: Workforce Development at Melbourne Private Hospital

The Nurse Graduate Program at Melbourne Private Hospital demonstrates that a rich learning culture at a small health service can be an invaluable tool in supporting recruitment and retention of high quality nursing staff.

Melbourne Private Hospital is a 124 bed medical care private hospital co-located with Royal Melbourne Hospital in Parkville. Melbourne Private Hospital's clinical

specialities include cardiac services, advanced general surgery, neurosciences and neurosurgery, specialist medical services, day procedures and day oncology.

The Graduate Nurse Program has been offered since 1998 with capacity each year for around 15 graduate nurses. The current 2012 cohort is 12.

The program is based on best practice as outlined in the DH EGP Guidelines and is comprised of components including:

- Orientation and introduction to the program and organisation;
- Preceptorship support from trained preceptors;
- Paid study days; and
- In depth clinical experience with two speciality rotations of four weeks each.

The Graduate Nurse Program Coordinator is an active participant in broader graduate nurse program networks from a number of private and publically funded health services around the state. This ongoing engagement ensures that the Melbourne Private approach is consistent with best practice and current research. It also demonstrates that a small health service can offer vision and leadership related to workforce issues and challenges.

A key challenge for this small private health service has been to ensure continued recruitment and retention of high quality graduate nurses within a competitive context. To achieve this, Melbourne Private has developed a focus on providing quality personalised support to new graduates through:

- Flexible hours and promotion of a family-friendly workplace;
- Supported post-graduate education in specialty areas and other professional development to consolidate and extend graduate knowledge;
- Career advancement opportunities for motivated candidates to make their mark in the organisation through progression into management and specialised roles;
- Multiple points of performance review and opportunities for reflection to ensure that graduates are making progress and that any issues are identified and proactively addressed; and
- Fostering a learning culture throughout the organisation which values learners and ensures that all staff play an active role in supporting new graduates.

This approach has yielded numerous positive outcomes for graduates and the health service. Graduates are provided with individualised learning programs and

support to become lifelong learners with opportunities to pursue an advanced career path within the organisation. From the perspective of the health service, the program has contributed to recruitment and retention of staff enabling the hospital to compete with the larger public health services. Importantly, the high retention rate of graduates at this service (ranging from 70 to 90% in recent years), means graduates are retained and in turn provide support to new graduates as they gain experience, further promoting a learning culture throughout the organisation. Within this learning culture, best practice care is valued, producing optimal outcomes for patients. This reinforces a positive environment which in turn promotes retention of staff.

4.5 Current components in EGPs

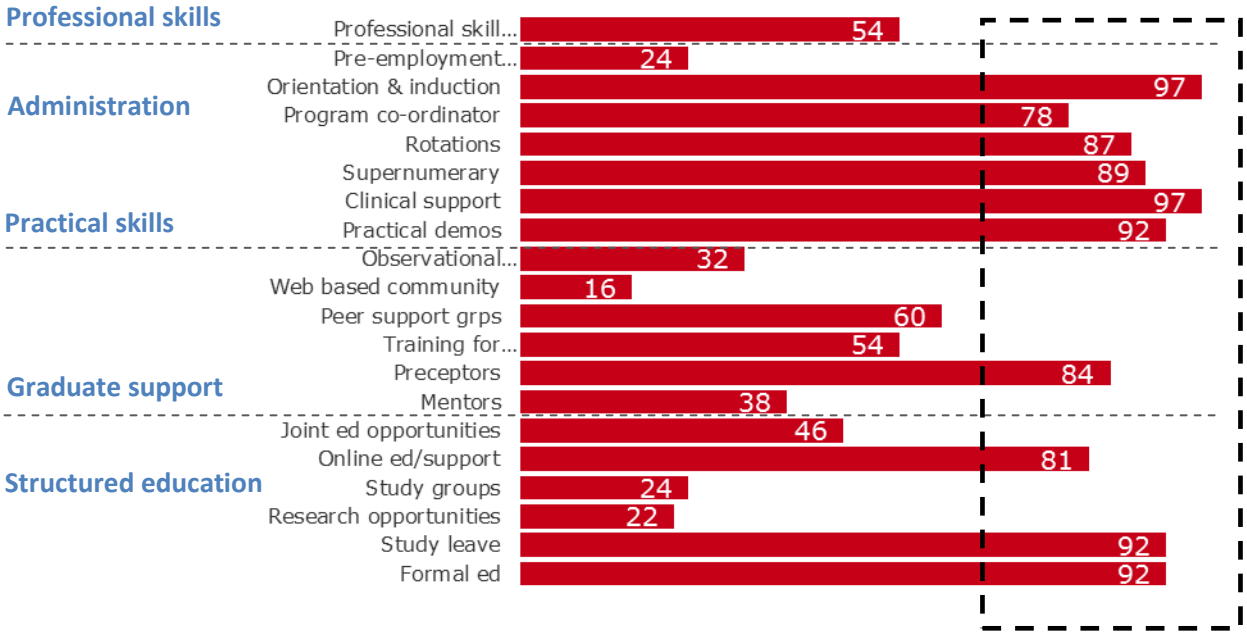
Generally, the components of EGPs were similar and were based on the DH EGP guidelines (Figure 8). In summary most EGPs have:

- ***A number of orientation*** days including: an initial generic orientation offered to all new employees, a nursing specific orientation to the health service and orientation to each new rotation setting (some include structured learning materials to assist in completing competencies for the area, but most are provided by staff on duty at the time the rotation starts);
- ***Designated EGP staff*** (usually a co-ordinator and EGP specific clinical educator/s);
- ***Preceptors***, clinical educators and clinical facilitators;
- ***Study days*** used for professional development activities;
- ***Rotations*** to different settings. Generally, two to three rotations are offered with most recognising that multiple changes in setting is not best practice. A smaller number of rotations helps graduates to develop a sense of belonging, confidence and competency;
- ***Supernumerary days*** at the start of each rotation (typically one or two days);
- ***A graduates' handbook*** with information and resources including requirements and expectations. These frequently contain a journal or reflection section which graduates complete and share with EGP coordinators or clinical support staff at specified periods (typically at three monthly reviews);
- ***Reviews*** of graduates' progress and performance appraisals (usually held quarterly);

- ***Evaluation*** of program related activities such as feedback forms after study days to measure the satisfaction of graduates. There were however, limited instances of systematic program evaluation reported;
- ***A staged approach to shifts*** with most graduates starting working day shift, Monday to Friday prior to commencing weekend and night shifts (this ensured the accessibility of support staff); and
- ***Intakes*** of new graduates are generally undertaken in February. Some health services with a large cohort will have a further intake several weeks later. A number also have a mid-year intake to accommodate changes in the services' workforce needs.

As the survey question allowed for multiple responses, proportions in Figure 8 below, do not total to 100%.

Figure 8: Program elements offered by EGPs overall



4.6 Drivers of the EGP Model

Health service stakeholders reported a number of factors had influenced their approach to the EGP model used at their health service.

4.6.1 DH EGP Guidelines and Principles

Most stakeholders referred to the DH EGP Guidelines and Principles as critical in driving the approach to the EGP.

The 2003 DH EGP Guidelines were frequently referred to as it was perceived that they had more detail and information than the current 2009 version. The department guidelines were used by both private and public EGP providers included in the consultations. Most stakeholders appreciated that the department guidelines were not prescriptive but added that they would like more guidance on best practice, legal matters, registration requirements (for example, concern about supervision of graduates in some contexts by enrolled nurses) and advice around evaluation.

4.6.2 Undergraduate and University Related Issues

The focus on clinical skills in EGPs was largely driven by concerns that undergraduate programs had not provided graduates with entry level clinical skills. This was also a key concern for stakeholders involved in specialised EGP streams such as midwifery and mental health. The strong focus on clinical skills at the commencement of the year was also partially attributed to the structure of university undergraduate placements. It was reported that many graduates complete their final placement at the end of semester 2 in October or November and then have several months with no clinical exposure.

Several stakeholders mentioned that the structure of the university year resulted in most health services being required to manage a large intake at the start of each year. In some cases, a large mid-year intake was used to ensure the health service had the capacity to accommodate the needs of graduates. It was also believed that a mid-year intake provided graduates with a longer break following completion of the university course, providing an opportunity to travel. It was argued that this reduced the number subsequently wanting to leave after their graduate year to travel.

4.6.3 Access to Facilities and Staff Resources

At smaller regional health services, resources were important in determining the size of the graduate cohort and the EGP approach adopted. In some cases a lack of training facilities meant that graduates from surrounding health services could not be accommodated on site for study days, necessitating the use of video conferencing. In order to have access to EGP co-ordinators and clinical educators, small regional health services formed partnerships to enable staff to be shared across sites. Similarly, in rural locations it was not uncommon for graduates to participate in cross-service rotations in order to gain a range of experiences and support.

In some cases, resourcing issues has led to the development of models that were integrated with other educational and staff development activities in the health service. At several health services, nursing education was treated as a specialist activity and training rooms were either in portables or temporary annexes outside of the main facility. However, a more integrated approach at another regional health service had led to nurses having access to high quality resources and facilities that were shared with medical practitioners and allied health personnel. At this health service, funding had been received from the Commonwealth government to upgrade training facilities for medical practitioners, including provision of a well-stocked clinical simulation lab, a state of the art computer lab, a biomedical library and lecture room with fully integrated technology. At this small regional health service, the EGP staff provide integrated education and professional development support across all professional groups and have been able to ensure that the EGP participants use the same high quality facilities as other staff. A bi-product of this has been increased opportunities for nurses to undertake joint multi-disciplinary educational activities and training with other professionals employed within the health service.

Case Study: Gippsland Health Services Consortium Promoting Regional: Development

Gippsland Health Services Consortium is an educationally focussed network designed to provide nurses and midwives working within health services in the region with information related to best practice and to access training and education opportunities. While health services participating in the Consortium have independent EGPs the Consortium has increased the opportunities available to graduates to network within a broader regional cohort and access training and education opportunities offered across the region. This is particularly important given that many of the health services in the Gippsland region have less than five graduate nurses and have a continuing focus on improving recruitment and retention of nurses and midwives in the region. In recent years this has resulted in increased applications for graduate positions in the region.

The Consortium has also supported increased consistency in the individual health services approach to EGPs and promoted best practice approaches to aspects of EGPs (such as preceptorship training).

A key to the success of this model is the employment of a Gippsland Region Nurse Education Coordinator to promote opportunities across the Consortium, share learning's and promote workforce development opportunities throughout the region. Part of this role involves development and dissemination of the Gippsland Health Service Consortium Education News which acts as a portal for accessing information about nursing and midwifery education in Gippsland. The Gippsland Health Service Consortium Education News was first released in March 2009 and distributed to all health services in the Gippsland region. It contains information about upcoming education events, self directed learning packages available and the many e-learning opportunities on offer for graduates and other staff.

4.6.4 Evaluation Activities

Only a few health services participating in consultations reported they had changed their approach to the EGP based on evaluation activities or feedback from graduates. While most had undertaken a range of feedback and evaluation activities with graduates, generally stakeholders cited past experience and tradition as key drivers of their current approach.

"I did a graduate program over ten years ago and it was pretty much the same as this...it's really an approach that works so we stick with it." (Health service stakeholder at a large metropolitan health service)

Approaches tended to be based upon tradition and past experience. However in some instances, the feedback from graduates and other factors had resulted in changes to the approach.

Case Study: Responding to Review at Eastern Health

Eastern Health is comprised of over 50 facilities. The main sites offering EGPs include Box Hill Health Service, Angliss Hospital, Yarra Ranges Health and Maroondah Hospital.

Throughout 2011-2012, the approach to the EGP underwent review. Feedback was provided by graduates and staff involved in the EGPs. As a result, the decision was made to alter the approach to EGPs in order to provide graduates with greater opportunities to work across the whole scope of practice. Previously, streams tended to be site-based, with graduates generally remaining at the one service location for the course of the program. Under the new approach, to start with the 2013 intake, streams will be offered that cross locations, to ensure that graduates are exposed to settings which better align to their individual career goals. The new structure is comprised of:

Pure Streams:

- Mental Health nursing (12 months) provided at Box Hill Hospital;
- Acute nursing (six months in an acute ward and six months in a specialty area) provided at Angliss Hospital, Box Hill Hospital and Maroondah Hospital; and
- The Graduate Midwifery Program conducted at Box Hill and Angliss Hospitals.

Blended Streams

- Acute and sub-acute nursing (six months in each area) delivered at Angliss Hospital, Box Hill Hospital, Maroondah Hospital, Peter James Centre and Wantirna Hospital;
- Acute and Primary Care/ Community nursing (6 months in each area) delivered at Angliss Hospital, Box Hill Hospital, Maroondah Hospital and various community settings; and
- Acute and Mental Health nursing (six months in each area) delivered at Box Hill Hospital and Maroondah Hospital.

This approach also facilitates increased flexibility and greater opportunity to address workforce needs. This approach will be supported by the Eastern Health clinical education program. While a program for study days is provided, there is a strong focus on providing ward based educational opportunities which increase the opportunity to respond to the learning needs of individual graduates. The educational component of the graduate programs emphasises the important role of graduates in contributing to research and innovation. The approach is underpinned by Adult Learning Principles which include the following key notions:

- Adults have a need to know why they should learn something before investing time. Educators must therefore ensure that the learners know the purpose for training as early as possible;
- Adults enter any learning situation with an image of themselves as self-directing, responsible grown-ups. Educators must help adults identify their needs and direct their own learning experience;
- Adults have a wealth of experience and strengths. Educators need to identify and build on this; and
- Adults have a strong interest in learning things that help them cope with daily challenges effectively, perform a task or solve problems. Education that relates directly to situations faced by the learner is therefore particularly powerful.

To ensure that this approach meets the needs of individual graduates and the health service, an evaluation framework is currently being developed.

4.7 Approaches to Individualisation

Generally, consultations with health service stakeholders indicated there was limited individualisation of the core components and approach to EGPs to tailor to the needs of graduates. This was usually attributed to factors including:

- The large size of the EGP cohort resulting in concerns about resources and logistics associated with individualisation;
- A desire to get everyone to the same standard; and
- Limited early assessment of graduates' individual needs and abilities.

In some cases, the focus on standardisation had resulted in structural changes to the program. For instance, at one rural health service, where the graduate intake occurred in February, it was noted that in previous years graduates had high instances of leave during April of the same year. This was seen as a response to the challenges associated with the commencement of their new roles. The health

service had responded to this by making all graduate nurse and midwives use a week of annual leave in April. At another health service, it was reported that all graduates were required to undertake a rotation in a particular setting. This meant that several members of the cohort who had previously worked as Enrolled Nurses were compelled to undertake placements back on the same ward where they had been employed for a number of years.

> *"I asked if I could go somewhere else to get some more experience and see other aspects of the hospital, but I was told that I had to go into [NAME OF UNIT WITHELD] because that is what everyone does."* (Graduate nurse at a metropolitan health service).

Other professional stakeholders consulted also expressed concern about graduates' limited access to an individualised program and particularly to opportunities to specialise at an early stage in their careers. One expressed concern about the sometimes rigid approach to rotations, commenting that they often did not take into account the career aspirations of graduates, resulting in an unstimulating and de-skilling experience for the graduate.

> *"They have set ideas about what a grad year is about and it's hard to change...But why for example, would they insist that a grad who has a double degree in nursing and paramedicine do rotations outside of emergency?...Or if they are registered midwives, why would they need to do a rotation in an orthopaedics ward?...It happens all the time and is very uninspiring for the grads."* (Nurse academic)

Professional stakeholders also questioned why EGPs tended to lack opportunities for high achievers to undertake more challenging roles and rotations and opportunities for expanded learning.

> *"Even in their student years some have a clear drive and leadership potential...What is the incentive to do well in a grad program if you are going to be offered the same thing by not doing well?"* (Professional stakeholder)

Another professional stakeholder expressed concern regarding the lack of individualisation of EGPs stemming from a limited individual assessment of graduates needs.

> *"Many assume that graduates come out of uni with no clinical or professional skills. This is why they start out dishing up the same thing to everyone."* (Professional stakeholder)

Other health service stakeholders had a different view, asserting that all graduates need exposure to basic, general nursing practice provided through a consistent program. However, a number of health services had demonstrated approaches which responded to the individual needs of the graduates including:

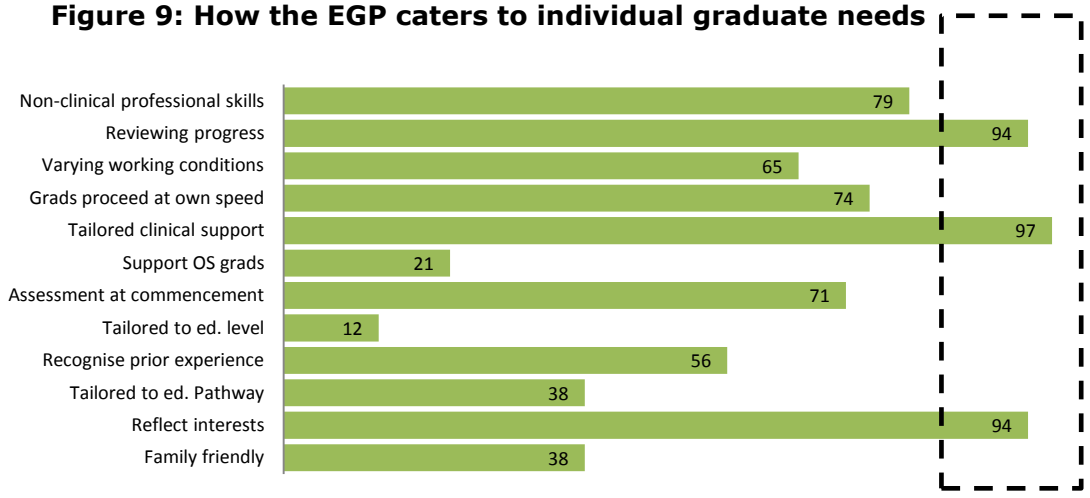
- Providing graduates with the opportunity to select rotations based on the learning objectives set by graduates. For example, a number of health services reported seeking access to rotations outside of their health service (including in an Indigenous health setting, paediatrics and oncology) to provide individual graduates with opportunities to pursue their interests;
- Allowing graduates to drop hours and work part time to accommodate health or personal needs; and
- Providing additional individual support to graduates facing challenges.

The EGP Providers' Survey further explored how EGPs cater for the individual needs of graduates. Data indicates three key areas of focus (Figure 9):

1. Tailored clinical support
2. Reviewing progress throughout the program
3. A program reflecting the interests of graduates.

As the survey question allowed for multiple responses, proportions in Figure 9 below, do not total to 100%.

Figure 9: How the EGP caters to individual graduate needs



Case Study: Ballarat Health Fostering Professional and Personal Growth

The Ballarat Health Services Graduate Transition Year aims to facilitate graduates' personal and professional growth. The program provides support and guidance to the beginning practitioner and develops confidence, clinical competence and the skills required to manage the professional role of the graduate registered nurse. It also aims to provide realistic learning experiences with regard to professional issues and self development. The course is based on four major areas:

- The components that form the professional role of the graduate nurse
- Clinical skills
- Clinical area/ward management
- Professional skills.

The program has an intake of 30 participants annually who undertake three rotations to assist in the consolidation of clinical skills in acute, sub acute and/or psychiatric patient care areas. Twelve education days including new staff induction and nursing orientation is provided throughout the program.

Ballarat Health has a strong emphasis on providing support to graduate nurses through education, flexibility in workload, small cohorts and multiple channels for both formal and informal support. This comprehensive approach is evident in a number of key areas:

- It is recognised that nurses frequently need a period of adjustment to the workplace and sufficient time to make that transition. As such, graduate nurses are employed four days per week and then, in consultation with program staff, can move to full-time work when ready.
- The program has two annual intakes of between 15 to 20 graduates. This ensures that cohorts are small; promoting a learning environment that can meet the individual needs of each graduate. It also ensures that the high levels of clinical support required, particularly at the start of the program, can be effectively provided to each individual with progress closely monitored. The two intakes per year also support the development of a learning culture at the health service, with co-workers routinely exposed to new graduates and engaged in providing support as a part of their day-to-day role.
- Participants are supported by the co-ordinator, dedicated clinical support nurses, preceptors, mentors and all nursing staff. Ballarat Health has a highly attuned clinical education staff, who work together to meet the ongoing nurse

graduate needs. This is achieved through attention to the individual, their strengths, areas for development and interests. There is a focus on providing nurse graduates with appropriate support to "debrief" as required and highly values frequent, informal contact with graduates. Ballarat Health staff use such times to develop professional coping mechanisms, reflect on practice, discuss ethical standards and promote best practice processes. This is frequently informal, confidential (as appropriate) and with a focus on both personal and professional development.

4.8 Preceptorships

Preceptorships are an important element of EGPs for nursing/midwifery in Victoria and are offered almost universally. They are important in providing clinical support to graduates, role modelling appropriate professional conduct and providing opportunities for discussion and reflection. Many preceptors support several graduates and are provided with supernumerary time to work with graduates in the early stages of the EGP.

Case Study: Approach to Preceptorship at the Alfred

The Alfred have adopted an approach to preceptorship which reflects the need to provide graduates with well supported, trained preceptors who have the capacity to provide graded levels of support for graduates as they progress through the EGP.

The Preceptorship Program at the Alfred is targeted at experienced nurses with over four years' experience as a practicing Registered Nurse. It includes a training program for new preceptors, a refresher course, preceptor specific training days, access to supernumerary time, specific study days, a coordinator and a cohort of preceptors to provide support, share experiences and learning.

An outcome of this organisational focus on providing high quality well-resourced preceptors, is that preceptorships are perceived as a valued role and there is strong interest in participating. At the start of each new EGP intake, preceptors commence with supernumerary time. This decreases over time, as does the level and nature of support provided to graduates. Through the training program, preceptors are provided with a clear view of their role and are encouraged to support graduates, but not to be on call to do the graduates' work for them.

A number of health service stakeholders noted issues associated with preceptors. In many cases, it was difficult to access experienced nurses and midwives to volunteer for a preceptorship role. In many health services, graduates from the previous year were working as preceptors with new graduates. There were also reports of co-workers who were not preceptors being reluctant to support graduates because it was seen as the role of the preceptors only. At some health services preceptors were offered limited training (in one case, it was reported that preceptors were only required to do training once every five years) and no access to additional support or resources. Graduates often had several preceptors and due to the part time nature of the nursing and midwifery workforce in some areas, might rarely get the opportunity to work with their preceptors. It was well recognised that graduates commonly experience difficulties accessing preceptor support on night shifts and weekends.

In recognition of the important role played by preceptors, a small number of health services have invested in the development of a preceptorship training program at their health service. A comprehensive approach has been provided at the Alfred as indicated in the case study above.

4.8.1 Discussion

The current approach to preceptors raises questions about the quality of preceptorships provided to graduates. Preceptorships should provide graduates with a graduated approach to support which encourages and facilitates independent practice, development of decision-making skills and clinical judgement. However, to undertake this complex task, preceptors need a high degree of experience, training and support. Given the number of inexperienced nurses and midwives acting as preceptors, questions about the efficacy of the preceptorship model could be raised.

The topic of preceptorship also indicated the importance of ensuring that managers and others responsible for rostering, ensure that graduates have access to preceptors, particularly when working night shift and on weekends. Reports of preceptors often increasingly working part-time can necessitate the engagement of other supportive staff to play an active role in supporting graduates working on some shifts. This also highlights the need to ensure that responsibility to support and foster learning should not just be in the hands of a few designated preceptors.

4.9 Approaches to Rotations

Approaches to rotations vary, as do views on the purpose of rotations between health services. Both professional stakeholders[20] and health service stakeholders involved in nursing/midwifery EGPs were consulted about a number of issues related to rotations.

Case Study: St Vincent's Hospital Demonstrating The Value of Long Rotations

St Vincent's Hospital is a large tertiary public healthcare service in metropolitan Melbourne, with around 110 graduate nurses annually. Rotations are offered in 24 clinical units. While a wide range of settings are available for rotations, graduate nurses are required to choose just two areas where they will undertake two rotations. Each rotation is of six months duration. The length of the rotations was designed to maximise consolidation of graduates' confidence and competence with knowledge and clinical skills, and to facilitate their growth as a valued member of the nursing team. It is asserted that the two rotations is sufficient to provide a wide range of contrasting experiences, while still providing graduates with a sense of stability and the opportunity to work more independently as they develop throughout the rotation.

The EGP Providers' Survey indicated there was some variation in the number of rotations each graduate typically experienced, although the majority had between two and four rotations (Figure 10). The number of rotations was clearly influenced by the location of the health service, with the majority (90%) of metro graduates having two to three rotations, while most regionally/rurally based graduates (81%) had three to four rotations (Figure 11).

[20] These included representatives from universities, industry organisations and professional associations.

Figure 10: Number of rotations each graduate experiences overall (%)

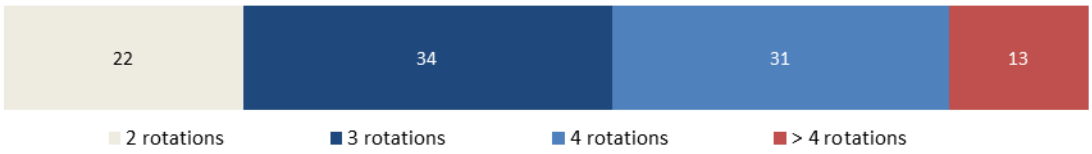
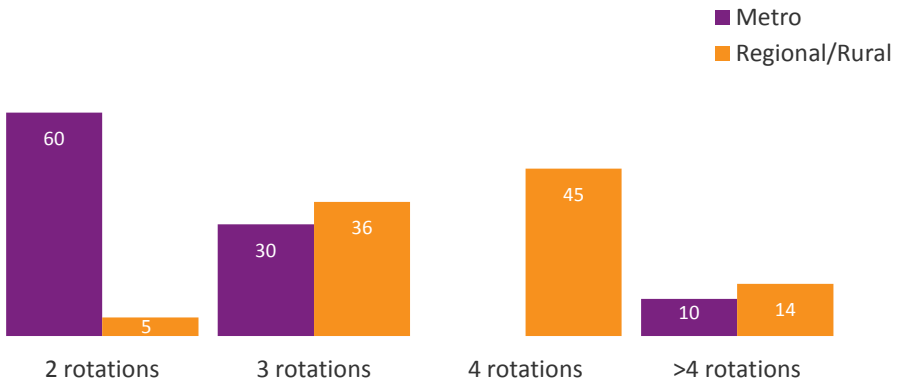


Figure 11: Number of rotations by health service location (%)



In most cases, a rotation commenced with one to two supernumerary days, completion of competencies and an induction to the setting. Most commonly this involved a medical, surgical and a specialist rotation. Graduates were generally given an opportunity to select a specialist placement which met their interests.

Views varied on the locations where graduates should be undertaking placements. In the main, it was asserted that graduates should have compulsory placements in order to build up basic generalist nursing skills through completion of rotations in areas such as medical and surgical wards. In contrast, others contended that those who had undertaken a specialist course of study, or who had a clear area of interest should be able to pursue those interests. For example, graduates who had undertaken a paramedicine nursing degree and subsequently chose to only undertake rotations within the emergency environment should be able to do so.

Several health services were also investigating opportunities for graduates to undertake rotations at other health services in order to access a broader range of experiences to accommodate areas of interest. For example, the Royal Women's Hospital was exploring opportunities for graduates to undertake oncology rotations at Peter MacCallum Hospital and paediatric rotations at the Royal Children's Hospital. Northeast Health Wangaratta was exploring opportunities for graduates to undertake rotations at an aged care facility and a private General Practice clinic. Barriers to these opportunities were generally related to employment conditions and issues with employees of one health service working at a remote location.

Case Study: A Regional Approach: The Central Hume Graduate Nurse Project

Northeast Health Wangaratta (NHW) is the principal health service for Wangaratta and the referral hospital for the Hume Central sub-region. NHW has been providing an early graduate transition program since the 1990s. In recent years, this has expanded with a collaboration referred to as the Central Hume Graduate Nurse Project (the Project). The Project is based upon partnerships with a group of six smaller regional health services. These are Benalla Health, Yarrawonga Health, Mansfield District Hospital, and Alpine Health. The sixth partner is a private not-for-profit aged care facility, Coolinda Village. A Memorandum of Understanding supports the relationship between the health services. In 2012 there were 30 graduates participating in the Project across all of the sites. NHW currently has 19 graduates enrolled in its early graduate transition program.

The purpose of the collaboration is to facilitate intra health service rotations. Coolinda Village is included to provide access to aged care rotations. The health services work in a collaborative manner in the recruitment, development and implementation of their individual EGPs including a shared professional development program. The programs are considered to be unique to each health service, with each having their own arrangements in place for program coordination, staffing, funding and the like. The Project provides benefits to the NWH EGP by facilitating a broader range of rotations and learning experiences for graduates.

Additional benefits for the smaller health services include access to a broader pool of staff, opportunities for engagement with a regional network, support with recruitment, access to a broad range of PD and learning opportunities, access to educational facilities and infrastructure and increased sources of support for graduates and support staff. A shared approached to recruitment and group interviewing processes enables the health services to collectively attract increased numbers and higher quality graduates. This is particularly important given that historically, most graduates have come from outside of the region. This approach also increased the size of the overall cohort, ensuring that if graduates undertake placements, they will do so with other graduates, therefore providing peer support. Graduates undertake two six monthly rotations to promote stability in the workforce and to provide them with an opportunity to develop confidence and a sense of belonging. Given that many come from outside of the region, this is seen as particularly important in longer term retention within the region.

4.9.1 Drivers of the Number of Rotations

For some health service stakeholders, rotations are an opportunity to provide graduates with comprehensive experience through exposure to a wide range of settings. This approach is often driven by attempts to attract graduates. Many stakeholders report that graduates often select the EGP provider based upon the number and range of rotations. However, once employed, they are often reluctant at the end of a rotation, to move to a new area, expressing concerns about feeling a loss of confidence, support network, sense of belonging and a lack of opportunity to use more advanced practice skills.

At other health services, the need to provide graduates with a range of experience is tempered by the workforce requirements of the health service. Most agree that graduates benefit from extended employment in each new setting. This ensures that they have sufficient time to develop a sense of belonging, consolidate skills, practice competencies and develop confidence. Most stakeholders consulted believed that two to three rotations was optimal. For double degree graduates (nursing and midwifery) many felt that they required at least two rotations in each of nursing and midwifery respectively (four rotations in total).

> *"There is pressure to provide lots of rotations in order to recruit the best grads. However, we know that once they get started, they will get stressed*

out about moving to the next rotation and complain about being moved and having to start all over again. The people on the wards don't like it because by the time the grad leaves, they have just gotten up to speed and are able to make a real contribution...so the ward staff have to start all over again with someone new too." (EGP Coordinator at a metropolitan health service).

Case Study: Approach to EGPs at Alfred Hospital

Alfred Health is the main provider of acute care health services to people living in the inner southeast suburbs of Melbourne and is a major provider of specialist state-wide services to the people of Victoria. The Alfred EGP for nurses, offers graduates an ongoing position in one of a variety of wards. Based on research and review of the past performance, stakeholders reported that rotations are not a current component of the nursing EGP. This approach has yielded a number of benefits for the health service, including access to a high quality nursing workforce with consolidated skills and knowledge.

While many graduates initially approach the graduate year keen to undertake rotations, after a period of exposure to the development opportunities offered on one ward and through the EGP, high levels of satisfaction with the approach are reported. This approach provides graduates with the opportunities to:

- Develop confidence and belonging to the ward/unit and health service
- Increase clinical competency and knowledge in a clinical speciality area
- See themselves as ready to practice and commencing their career path
- Contribute to a team and to inter-professional care delivery
- Consolidate skills/knowledge while working across a range of presentations
- Manage their own patients, many with a high level of acuity
- Contribution to a multi-disciplinary team
- Work as independent practitioners within a challenging environment.

Participants in the EGP are provided with a graduated level of support throughout the program. This reflects the DH EGP guidelines and provides a supportive transition from graduate to competent practitioner with a structured learning and professional development program.

4.9.2 Second Year EGP Rotations

At some health services, graduates are offered the opportunity to undertake a second year of rotations. This is also offered in a number of jurisdictions around Australia. The main aim of these rotations is to provide graduates with expanded learning opportunities and address local issues with retention. Many reported that when second year rotations are offered, graduates are less inclined to leave the health service to travel or gain nursing experience elsewhere.

4.10 Innovations

In order to address the changing needs of graduates and health services, a number of innovations have been introduced into Victorian EGPs. Technology is increasingly used to provide more accessible approaches to delivery, including improving the access of graduates in rural locations to learning opportunities. Several innovations have been noted in relation to the EGP model, designed to ensure programs address the needs of the health service, graduates and community.

4.10.1 Use of Technology

Increasingly technology is has been used to explore more accessible approaches to the delivery of EGPs. While increased use of technology is occurring throughout Victoria, it has been most commonly embraced by rural health services to address issues of access and to ensure that graduate nurses and midwives are not educationally disadvantaged while working in rural locations.

The use of technology has been effective in supporting inter-health service partnerships by enabling a broader cohort of graduates to participate simultaneously in training and professional development activities. It also produces producing efficiencies for the health service by ensuring that staff minimise the need to travel to attend training.

Examples of technology use mentioned in stakeholder consultations with health service staff included:

- Use of online technologies (such as the use of web cams and webcasts) for networking and debriefing;

- Use of social media as a tool for debriefing and building the cohesion of the graduate cohort;
- Use of video conferencing to support inclusion of graduates at remote campuses on study days;
- Online delivery of learning modules to provide an opportunity for flexible self-paced learning. In some cases this linked to online management of graduates' progress and achievement;
- Provision of computer labs so that graduates can undertake learning opportunities away from the ward; and
- Access to professional development and postgraduate educational opportunities via video conferencing or webcam.

4.10.2 Other Innovations Related to Delivery

A number of new approaches to the delivery of EGPs were reported by health service stakeholders. These included:

- Development of intra-health service collaborations and partnerships to ensure:
  - Cross-health service programs to increase access to rotations and support;
  - Development of opportunities for rotations in private settings (such as rural aged care facilities and rural GP clinics); and
  - Graduates have access to specialist rotations which may only be possible at another health service or organisation (such as a health promotions rotation, oncology rotation, aged care services, and an indigenous health rotation interstate).
- Development of inter-professional training opportunities particularly with allied health practitioners;
- Simulation labs to provide additional opportunities to learn clinical skills;
- Development of a graduate program for Indigenous graduate nurses; and
- Development of culture training materials to accommodate graduates from diverse backgrounds.

4.10.3 Innovations in the EGP Model

The EGP model has generally remained consistent, with few changes in recent years reported by health service stakeholders. However, several health services have explored model innovations to respond to the needs of the health service and the community, while also providing graduates with expanded opportunities.

As explored in the case study below, Northern Health has developed an Inter-professional Graduate Program to address the needs of the health service, the community and graduates. These were based upon examination of research evidence, a high level of engagement from nursing and midwifery leadership who were prepared to champion and drive change and collaboration with a partnering organisation.

Case Study: The Inter-Professional Graduate Program (IPGP) at Northern Health

Building on the Graduate Nurse Transition to Practice Program, Northern Health has entered a partnership with Ambulance Victoria allowing graduates who have completed a double degree in nursing and paramedicine to work in these areas over an 18 month period as nurses and paramedics. The program has been developed to make the most of the similarities between working as a nurse and paramedic while being careful to maintain the special features of each profession. The IPGP commenced in January 2011 with 10 participants and is the first of its kind in Australia.

Traditional EGPs have not provided graduates with an opportunity to work across disciplines in the first 12 months as postgraduates. If they elected to undertake a graduate program in another discipline previously, they were undertaken as two separate post graduate programs and could not be completed concurrently. This meant that graduates were not using their skills in either nursing or paramedicine for 12 months while completing the program in the alternate discipline.

Graduates undertake three monthly rotations at Northern Health in the Emergency Department and with Ambulance Victoria. Positive outcomes reported from the IPGP include:

- Enabling graduates to gain experience in both fields concurrently so they can make the most of the skills that overlap and consolidate those that are different
- Reduced delays in the completion of transition programs for graduates
- A greater understanding of patient management across the health continuum, from pre-hospital to Emergency Department and beyond
- Improved patient outcomes resulting from increased collaboration and cooperation between disciplines.

A second innovative approach implemented at Northern Health involves the provision of an EGP to recent graduates who applied for a graduate year at the health service but were unsuccessful and were subsequently employed as a member of the Northern Health Registered Nurse pool.

The issue of providing a transitional experience for all graduate nurses and midwives was also raised by jurisdictional stakeholders, industry associations and academics consulted throughout this project. This issue is of national concern and arises when not all nursing and midwifery graduates are employed in settings offering an EGP. Concerns on several levels were raised throughout the consultations:

- High performing graduates often have increased access to EGPs compared to those who could most benefit from an EGP experience. Those who are unmatched or employed part-time may end up working in a private hospital, for an agency or in a pool thus missing the opportunity for an EGP. In the longer term they may enter the full-time workforce without having undertaken a EGP. Alternatively, as a result of the lack of an EGP, they may leave the nursing and midwifery workforce.
- While EGPs are not compulsory, they are increasingly sought after by graduates. Similarly, anecdotal reports suggest that employers are increasingly eager to ensure that employ graduates who have undertaken an EGP. Lack of participation in an EGP (due to lack of access) could have negative impacts on an individual's career opportunities for many years.
- Private health service stakeholders report having recruited many excellent graduates who applied for, but were not employed by large public health services via computer matching. Once provided with an EGP through the private system they demonstrate a high level of competency and are valuable employees in health. Private health services often have capacity to place graduates within an EGP and foster their development, but lack sufficient seed funding to extend this beyond current numbers.

The case study below reveals the approach adopted by Northern Health to increasing access to EGPs.

Case Study: The Graduate Nurse Pool EGP at Northern Health

The EGP for the graduate nurse pool at Northern Health affords educationally prepared and motivated graduate nurses the opportunity to participate in a graduate program while employed as a part of the nursing pool.

Stakeholders at Northern Health acknowledged that while internationally, there have been a number of graduate programs which have given graduates the opportunity to work in pool situations, nurse managers and nurse educators alike have historically discouraged hiring new graduate RNs into a pool, preferring to have experienced nurses. Under the Northern Health approach, graduates in the pool are provided with opportunities to access support, gain experience, develop professional and clinical skills and make a smooth transition to ongoing employment at the health service should vacancies arise.

Graduates working as a part of the pool are provided with the opportunity to engage with the broader graduate cohort, participate in professional development activities and access the same support structures as others participating in the mainstream Graduate Nurse Transition to Practice Program. While graduates who work as a part of the pool do not participate in rotations, they are supported in their clinical practice. Graduate pool nurses are able to apply for employment and participate in the mainstream Graduate Nurse Transition to Practice Program should a vacancy arise throughout the course of their graduate year. This program enables graduate nurses who would not have access to a graduate program, to access a clinical support and training while also developing a strong connection to the health service.

4.11 Development of Guidelines

A number of health services have developed guidelines to ensuring that the approach to the implementation of the EGP reflects best practice. This approach recognises that multiple health service stakeholders are involved in the delivery of the EGP and have an impact on the experiences of graduates. However, stakeholders frequently reported that other broader considerations can impact on the implementation of the EGP. Typically this issue relates to rosters. It has been asserted that managers are frequently responsible for rostering but due to a range of pressures, lack of EGP engagement and accountability, do not always provide rosters which address the support needs of graduates. As indicated below, St. Vincent's Hospital has successfully developed graduate nurse rostering guidelines to address this issue.

Case Study: Graduate Rostering Guidelines at St. Vincent's

The Graduate Rostering Guidelines were implemented to facilitate the transition of newly graduated nurses into the role of practicing registered nurses. It is recognised that for most graduates this will be the first time they have worked full time with rotating shifts. The guidelines aim to reduce the potential for stress and associated sick leave, and ensure that graduates along with their nursing colleagues receive fair and equitable rosters. There are 17 recommended guidelines, which cover issues such as minimum number of shifts to work with preceptor, maximum number of days to work in a row and maximum number of week's night duty per rotation. The guidelines also seek to ensure that preceptors are rostered onto night shifts with the graduate to maximize the opportunities for learning opportunities. The guidelines also support evaluation of the effectiveness of the approach to rostering by providing targets against which performance can be measured.

4.12 Evaluation of EGPs

While evaluation activities were commonly reported by health service stakeholders, there was limited evidence of systematic program evaluation. Most health services reported undertaking satisfaction surveys with graduates on aspects of the program and in some cases, surveys of ward staff and preceptors were also completed.

A number of inhibiters related to the conduct of evaluations were noted throughout the consultations including:

- Lack of clarity about the aims and objectives of the program
- Lack of measureable, performance based aims and objectives
- Conflicting views on the purpose of the EGP, including whether it aimed at providing graduates with further experience, producing outcomes for the health service and community or combinations of these
- Lack of clear articulation of expected outcomes for the individual, health service and community
- Lack of data collected related to program outcomes
- Lack KPI's related to the program and in the case where they were in existence, had not been reported against in several years.

Respondents to the Providers' survey were asked to provide a rating on a number

of statements using a scale from 0 – 10, where 0 is disagree strongly and 10 is agree strongly.[21]

Results of the EGP Providers' Survey (Figure 12) indicated a contrasting view regarding EGP evaluation.

Overall, reported areas of strength were:

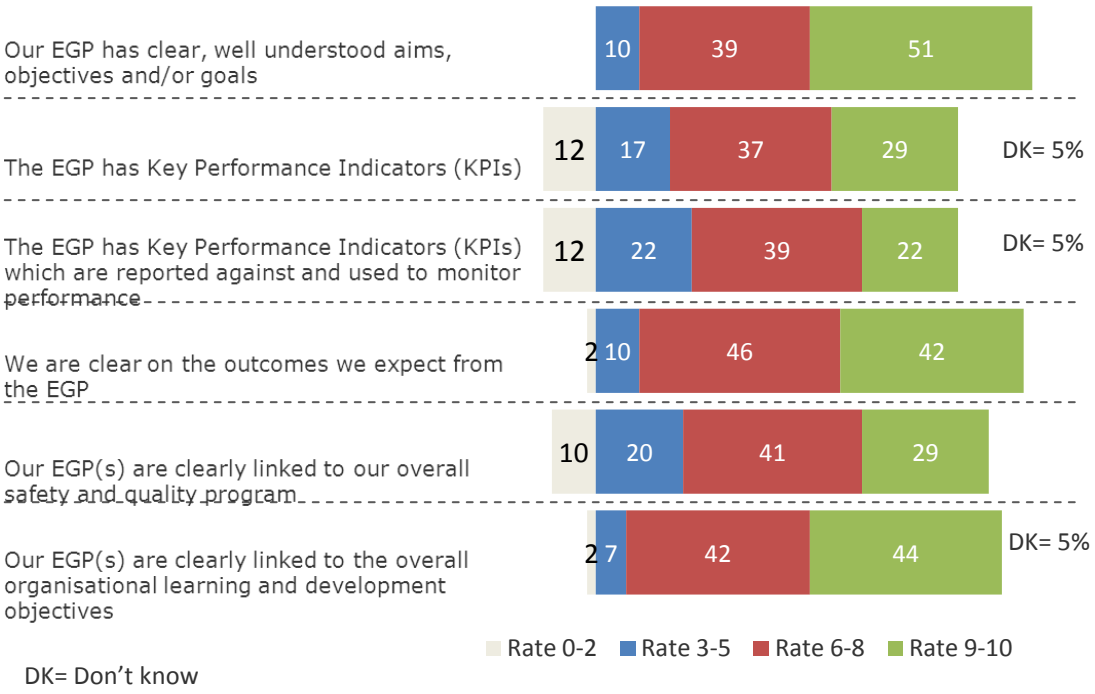
- Clear, well understood aims, objectives and/or goals
- Clear understanding of the outcomes expected from the EGP
- Linking the EGP to the overall organisational learning and development objectives.

Areas where ratings were comparatively lower were:

- The EGP has Key Performance Indicators (KPIs)
- The EGP has Key Performance Indicators (KPIs) which were reported against and used to monitor performance
- The EGP is clearly linked to the overall safety and quality program.

[21] With this type of 10 point scale the incremental values between 1-9 are not specified.

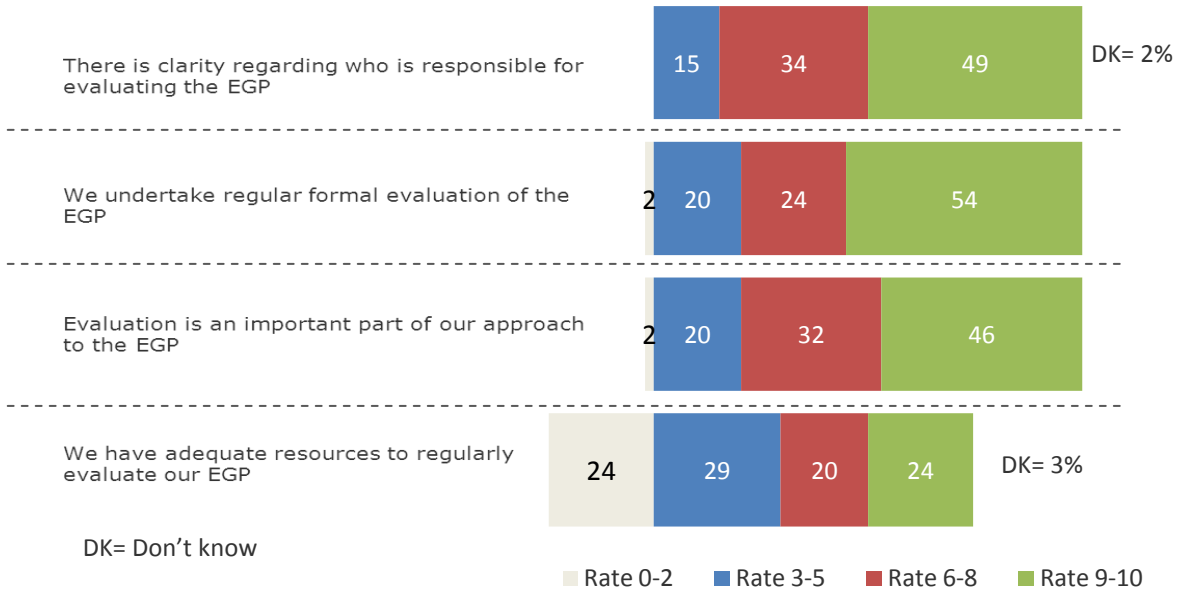
Figure 12: EGP evaluation in terms of aims, goals and expected outcomes



In terms of the EGP evaluation process, the majority of respondents (78%) agreed that they regularly undertook formal evaluation of the EGP. A similar pattern of results was evident when determining whether it was clear who was responsible for EGP evaluation and whether evaluation was considered an important part of their EGP approach (Figure 13).

Respondents were divided in their perceptions of having adequate resourcing to undertake regular EGP evaluations. More than half of respondents indicated that they did not believe they had adequate resources (Figure 13).

Figure 13: EGP evaluation process



In this self-reported survey, overall, EGP outcomes were reported as very positive (Figure 14). Particular areas of outcome strength were:

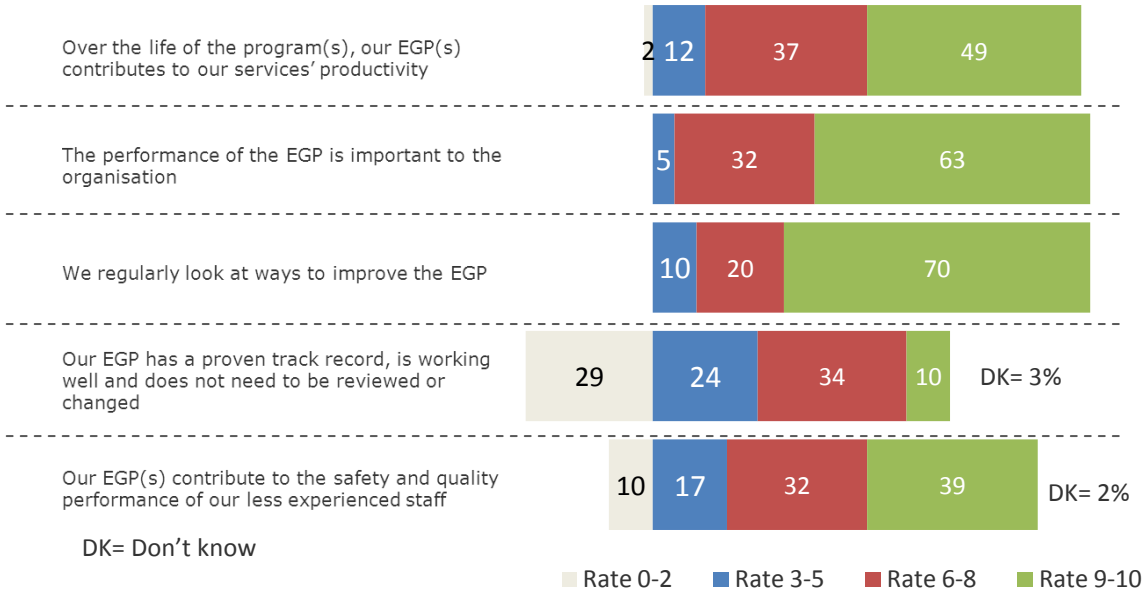
- The performance of the EGP is important to the organisation;
- Regularly look at ways to improve the EGP; and
- EGP contributes to services' productivity.

Although ratings were generally very high, an area where ratings were comparatively lower was:

- The EGP contributes to safety and quality performance of less experienced staff.

While ratings were somewhat reduced for the statement 'Our EGP has a proven track record, is working well and does not need to be reviewed or changed' (Figure 14) this finding could be reflective of respondents wishing to constantly strive for improvements and refinements.

Figure 14: EGP outcomes



Case Study: EGP Evaluation at Ramsay Health

Ramsay Health Care is a private hospital group with 117 hospitals and day surgery units across Australia, Europe and Asia. It is Australia's largest private hospital operator. Services provided range from day procedures to complex surgery and include psychiatric and rehabilitation services. Ramsay Health has developed an EGP for nurses and midwives referred to as 'GradPlus'.

Program evaluation is a cornerstone element of GradPlus. Feedback is sought from all involved in the program twice a year, including graduates, educators, preceptors and managers. Surveys include a:

- Graduate survey exploring issues, challenges, achievements and feedback on the support and training received
- Nurse manager survey reviewing how well the graduates matched Ramsay Health values and whether levels of competence match expectations
- Program educator survey to obtain feedback on graduate progress, barriers, strengths and opportunities.

Hospital, state and national level KPIs are explicitly documented and measured. These include measures related to:

- Retention
- Satisfaction scores
- Risk measures
- Workplace environment and culture
- Translation to employment after completion of the graduate year.

The systematic evaluation and measurement of the program has allowed for clear documentation of the success of the program, identification of areas for improvement and ability to capitalise on opportunities. Achievements include:

- **Retention:** High retention rates with very low agency use across the service compared to six years ago (when the program commenced). This is considered to be a direct result of the GradPlus Program. Since the inception of the GradPlus program, retention has risen significantly, as measured by graduate nurses who started at Ramsay Health at one to three years ago.
- **Service Quality:** The Ramsay Health graduate group have the lowest rate of incidents across the service. This is attributed to the close supervision graduates receive and the strong emphasis on asking questions and checking behaviour.
- **Culture:** An independent consulting firm is employed every second year to measure Ramsay Health on factors related to staff culture and satisfaction in addition to patient satisfaction. The results demonstrated that nurse graduates were the most engaged group across the organisation.

4.13 Supporting Work/ Life Balance

Health service stakeholders recognise the importance of supporting graduates to establish a sustainable work life balance. A key component of many health services' EGP includes the provision of study days and activities to assist graduates. Generally these sessions are delivered by nursing and midwifery clinical educators or EGP coordinators. Health service stakeholders consistently reported providing graduates with opportunities to debrief and reflect with preceptors and/or other clinical support staff. These opportunities were often linked to the generic staff support services offered to all staff experiencing stress following a critical incident.

Case Study: The Alfred Health Role Change and Stress Program

Alfred Health Education and Organisational Development (EOD) has developed a program to address the issue of role change and stress with graduate Registered Nurses. The program, which is underpinned by a psychological framework, was developed at Alfred Health and is delivered by a team of psychologists to directly address the issues of stress and role transition.

Timed to coincide with graduates' needs, the program is delivered during a study day which occurs between three and four months into the graduates' employment. The Alfred team observed that during the first couple of months, graduates are still in the 'honeymoon' phase of their employment. However by three to four months, they are more entrenched in their new roles and can experience high levels of stress associated with adjusting to a new lifestyle and level of responsibility. Other stressors can include social isolation from friends and family support networks, professional and personal self-doubt, concerns about performance, adjusting to shift work and decreased engagement in protective activities (such as socialising, engaging in sport, participating in hobbies, relaxing and reflecting etc.).

The Alfred EOD Role Change and Stress Program is based upon the Acceptance and Commitment Therapy (ACT) model which teaches graduates to:

- Identify negative self-talk and unhelpful thoughts, beliefs and feelings
- Defuse and deflect painful thoughts and feelings using strategies so they have less impact and influence
- Clarify what is important and meaningful in the present and encouraging engagement to experience the 'here and now'
- The use of knowledge and skills to guide, inspire and motivate.

Conducted in a half-day workshop, the program involves the following components:

- Graduates are informed that the program is delivered by EOD, which is a non-nursing team, independent from the EGP to assure privacy and confidentiality
- Graduates are taught the nature of roles and role change and to identify associated stressors as they move from student to professional. They explore types of stress/ors and the impact of these both physically and psychologically
- Graduates are taught to notice when they engage in negative thinking, stop and challenge faulty thoughts, redirect thinking using positive-self talk and reflect on their accomplishments and strengths

- Graduates share their feelings in small groups, reinforcing the relationships within the cohort and allowing them to recognise that they are not alone.

The groups share strategies to address concerns including:

- Work/life balance: Including making time to socialise, continuing with personal interests even when doing night shifts etc.
- Dealing with stress: Using relaxation techniques, developing coping strategies and mechanisms to minimise stress
- Dealing with concerns on the job: Knowing when and how to debrief and seek support, using resources provided at the Alfred including talking with peers, unit mangers, preceptors and facilitators and how to access staff counselling and support services through the Employees Assistance Program.

Key aspects of this program which highlight better practice include the use of an independent team which includes qualified psychologists for delivery, the proactive nature of the program which aims to develop skills in dealing with stress before an incident occurs, the psychological basis of the program design, the timing of delivery to coincide with graduates needs and the explicit teaching of strategies to increase the graduates' repertoire of coping skills.

4.14 Length of the Program

Most health services provided EGPs that were 12 months in length. Drivers of this were varied and included the following:

- Graduates generally need 12 months to consolidate learning
- Twelve months is necessary to ensure that graduates have access to sufficient rotations
- Twelve months is the traditional length and has a proven track record
- No incentive to reduce the program as it is funded on a 12 month cycle and graduates cannot move to Grade 2 until the end of 12 months in any case
- It is easier to treat everyone the same rather than risk putting a graduate through that is not ready
- Those who are working at a higher level are not impeded by participating in the program.

Variations to program length occurred with a number of EGPs with a joint nursing

and midwifery stream. In some of these cases, graduates were offered a 19 month program to enable the completion of both nursing and midwifery rotations.

4.15 Establishing a Cohort

Professional stakeholders[22] and health service staff consistently highlighted the importance of a cohort in supporting positive outcomes for graduates. Identifying with a cohort was considered vital in providing new graduates with friendship, understanding, social support, opportunities to debrief and share negative and positive experiences without judgement, opportunities to share resources and ask questions and a mechanism for reflection and review of their own performance and that of peers. Identification with peers was seen as strengthening the resilience of graduates. This was seen as assisting in overcoming isolation and a sense of inadequacy, while also increasing a sense of identification and belonging with the health service and improving the graduates' ability to access resources and support. This then led to improved opportunity and motivation to work as an independent practitioner, improving both competency and confidence (Figure 15).

Figure 15: Benefits of a cohort

The long-term importance of a cohort was also noted. Many of the stakeholders involved in the consultations, who had been, or still were nurses, indicated that they continued to enjoy strong relationships with the cohort they studied with or commenced work with as a graduate. There was a strong view that nursing is a unique profession which presents numerous challenges to graduates[23] and the establishment of a connection to a cohort acts as a protective factor against the

[22] These included representatives from universities, industry organisations and professional associations.

[23] The challenges facing new graduates have been well identified in the literature and are documented in the literature review chapter of this report.

risks of social and professional isolation. The sense of social cohesion which results is seen as having outcomes including increased confidence, improved skills and commitment to the nursing profession.

4.15.1 Promoting a Cohort in Rural or Small Health Services

It was noted that in some instances, particularly in smaller health services where fewer graduates were employed, graduates were not always provided with access to a cohort. In cases where graduates do not have the opportunity to be rostered together, the need for opportunities for face-to-face meetings was seen as very important. In order to overcome this issue, a number of health services have searched for alternatives. Some are investigating or have developed password protected social media pages to facilitate graduate connections, while others hold informal coffee mornings. It was common for health services to require at least two graduates on a rotation to ensure that they had another graduate within the setting to connect with, even if they were not always rostered on together.

In rural areas, graduates were often involved in programs which crossed facilities and had the opportunity to come together for professional development days. The opportunity to connect with peers was seen as providing the foundation for entry into the profession. It was noted by a professional stakeholder linked to a university that during undergraduate studies, students are immersed in a culture of connectedness with peers. It was therefore considered important for this to continue to assist in countering the phenomenon of 'reality shock', which has been well documented in the nursing and midwifery literature.

5. Opportunities for Victorian EGPs

Overwhelmingly, support has been expressed for the contribution made by EGPs for nurses and midwives in Victoria. Within this overall positive context, several issues and challenges have been identified. This chapter explores a number of these, as they may provide an opportunity for further strengthening of the Victorian approach to EGPs.

5.1 Improving Evaluation of EGPs

A number of factors have impacted on the ability of health services to conduct rigorous evaluations of the EGP at their health service. These include:

- A lack of measurable, performance based, outcome focussed aims and objectives
- Confusion between the concept of program evaluation, a satisfaction survey and participant feedback
- Limited understanding regarding the purpose of the program for the individual graduate, the health service and the community
- Entrenchment of the traditional model
- Limited data collection activities
- Minimal requirements to report to the Department or the health service executive about the performance of the program beyond providing data on graduate numbers and completions
- A lack of awareness of program logic models and approaches to performance measurement
- Limited access to evaluation templates and professional development activities related to evaluation
- Lack of understanding about how to evaluate aspects of the EGP including collaborations and meaningful partnerships.

This lack of evaluation has deprived EGP stakeholders of the opportunity to review their programs and consider innovations to improve outcomes. This not only hinders the capacity to evaluate the program, but also means there are unclear messages about the program's core purpose. For example, many EGPs have

continued to have aims and objectives which referenced improved recruitment and retention, yet some of these health services would be unable to employ current graduates following their graduate year due to low vacancy rates and/or employment of the next cohort of new graduates.

Opportunity exists for the development of resources to support the improved evaluation of EGPs. This may include information sheets, workshops, examples of evaluation frameworks and the development of templates. A critical element of this will be advice to support the development of clear aims and objectives for EGPs which assist health services in achieving their individual goals.

5.2 Readiness for Employment

Generally, health service stakeholders held the view that graduates were not work ready at the start of their EGP. There were some exceptions to this, most notably in rural locations where regional workforce shortages appeared to influence the expectations of graduates and the range of challenges health services were prepared to offer graduates.

Case Study: A Regional Approach to Ensuring Graduates Contribute Addressing Workforce Needs

Goulburn Valley Health (GV Health) is a 280 bed acute and extended care facility which provides surgical, medical, paediatric, neonatal, obstetrics, gynaecology, intensive care, haemodialysis, oncology and psychiatric services as well as extended care, regional services and community services.

Offering EGPs for nurses and midwives, the GV Health program is recognised as an adult learning program that encourages self-directed learning. As a regional health care leader, the program is also regarded as an opportunity to strengthen the nursing and midwifery workforce throughout the region. The program has a high profile throughout the organisation, with participation from the health service CEO, executive team and human resources unit. Guidance for the program is provided by a steering committee.

GV Health has a strong commitment to ensuring that the region maintains a robust nursing and midwifery workforce and recognises the contribution which graduates make to the nursing and midwifery needs of the community upon their employment

at the health service. While the needs of individual graduates are a high priority to ensure retention within the region, this rural health service challenges new graduates with expectations that they can contribute as fully registered nurses and midwives from the earliest stages of their employment.

Working in a rural health service provides new graduate nurses and midwives with opportunities to work in stimulating and challenging roles. The program has strong links to the ANMC Competency Standards, which are seen as important in ensuring the standard of practice and reinforcing to new graduates that they are no longer students, but are rather professional registered nurses and midwives. There is an extensive range of opportunities for accessing support, structured reflection, ongoing reviews of performance and debriefing. Graduates are encouraged to develop clinical judgement and to see themselves as leaders from an early stage of their careers.

The model provides graduates with opportunities to work independently, to participate in multi-disciplinary teams and to supervise other staff early in their careers. This approach has a strong focus on development of professional skills including communication skills, decision-making, problem solving, time management, professional socialisation, and cultural competency in addition to consolidation of clinical skills. Graduates are also encouraged to set individual career goals and undertake postgraduate studies early in their careers.

The approach adopted by GV Health has resulted in a high level of retention within the region (>85%) following the graduate year and feedback from graduates reporting high levels of satisfaction with the program. At the same time, the health service is provided with a competent, fulfilled and confident nursing and midwifery workforce.

Many health service stakeholders reported a gulf between universities and employers. It was contended that there was limited communication between the two sectors, resulting in a lack of understanding about the needs of employers and the skills required for graduates to be work ready.

Standards between universities were also cited as matter for concern. Some larger employers noted differences between graduates' level of preparedness to work dependent on where they obtained their degrees.

Universities were seen as doing little to prepare graduates for work life. Clinical placements were perceived as too soft and there was a view that undergraduate placements should include shift work and working on weekends. Universities were considered to lack consistency in the way they prepare graduates for employment, with graduates from some universities better prepared than others. Generally, these concerns related to graduates' clinical skills. However, some health service stakeholders also felt that graduates had unrealistic expectations of nursing and midwifery, particularly in relation to working night shifts and weekends.

> *"They just don't have the clinical skills that we had when we started. They have so few clinical placements and the uni's don't know how we expect things to be done. Our focus in the first few months is on getting them up to our standard."* (Clinical educator at a metropolitan health service)

Several HR stakeholders consulted expressed concern that graduates tended to lack insight into to their responsibilities as employees and often had to be given a high level of support to complete employee administrative requirements.

> *"We have to really chase them just to get their contracts and bank details...We had worse problems last year when the stuff with registration being delayed...most had no idea how to sort this out themselves..."* (HR representative from a metropolitan health service)

> *"Last year there was an issue with the graduates' rates of pay, which we eventually realised and sorted out...even though it went on for a few months, none of the grads picked up on the fact that they were being over paid...we realised that they didn't know what they were supposed to be paid or how to check a payslip...It's a maturity thing... If that happened to any other professional group at the hospital they would be straight on to us...They are usually the youngest new starter group we have...."* (HR representative from a metropolitan health service)

Consultations with university stakeholders indicated there is limited communication and planning between universities and health services. Transition planning tends to be seen as the role of the employer, with the undergraduate program focussing more upon achievement of registration requirements. Debriefing of students following clinical placements often did not occur until well after a placement had been completed and tended to focus on nursing or midwifery skills with limited attention on given to the general expectations of an employee.

Where health services have established relationships with universities, opportunities exist for increased communication. This dialogue could ensure a clear understanding of stakeholder roles in preparing graduates for beginning level practice and employment within the health sector workforce.

There is also an opportunity for improved orientation to be provided by health services which better supports graduates to adjust to what is for many, their first experience with paid full-time employment.

Health services should also be encouraged to ensure that EGPs reflect the ANMC Competency Standards and incorporate the range of professional skills which nurses and midwives are expected to demonstrate. This would serve a number of purposes, including reinforcing to all stakeholders that participants in the EGP are fully registered to practice as nurses and midwives.

5.3 EGPs and Organisational Learning Culture

Some health services have included the EGP for nursing/midwives within the broader educational culture of the health service. This was reflected by:

- Integration of the EGP within the broader learning culture of the organisation, demonstrated through the provision of program elements by other health service professionals (such as HR or other staff development trainers), links to organisational quality, safety and education frameworks and attendance of other professional groups (including medical practitioners, allied health and mental health stream graduate nurses) on EGP study days
- Encouraging graduates and other registered nurses and midwives to participate in ongoing CPD, with many referring to the Codes of Professional Conduct[24]
- Supporting graduates to plan for post graduate study following their graduate year
- Encouraging all co-workers to support graduate nurses and midwives
- Providing training programs and supports for preceptors, clinical educators and others involved with the EGP

[24] Under the Codes of Professional Conduct, nurses practise in a safe and competent manner, and are personally accountable for the provision of safe and competent nursing care. It is the responsibility of each nurse to maintain the competence necessary for current practice this includes participation in ongoing PD to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting. Available at http://www.nrgpn.org.au/index.php?element=ANMC+Code+of+Professional+Conduct.

- Encouraging graduates to participate in research activities.

However, in many cases, the EGP lacked connection to the broader organisation, isolating graduates from the opportunity to participate in and contribute to a broader learning culture. This was typified by the following factors:

- Lack of engagement with nurse unit managers at the health services, resulting in difficulties with rostering of education activities (for preceptors and graduates), and limited support for graduates. Managers play a critical role in facilitating opportunities for organisational learning for those involved in EGPs (including rostering, workload, non-clinical time with preceptors, access to education). However, much of these activities are left to the discretion of the managers who generally do not have clear KPIs related to their role in the success of the EGP. This makes it difficult for EGP coordinators to follow-up on issues with managers and promotes the view that the EGP is isolated from the main business of the ward. This leads to EGP streams being treated as separate programs with little or no shared learning opportunities and a lack of involvement from other professional groups in study days
- Multiple EGPs at different sites across the health service, each undertaking individual programs with limited communication between coordinators and a lack of shared learning opportunities between graduates at different sites
- Provision of the EGP by a purely nursing or midwifery team without input from other education or staff development specialists at the health service
- Limited awareness about the EGP throughout all levels of the organisation, resulting in a lack of input from the health service leadership, and limited support for graduates from co-workers as they perform their day to day roles
- Ad hoc development of the EGP educational components with little or no connection to broader education, safety and quality frameworks at the health service
- A lack of support for graduates from co-workers who see this as the sole responsibility of designated EGP preceptors and clinical support staff.

Case Study: Colac Area Health Staff Development Model

Colac Area Health provides graduate nurses and midwives with a 12 month EGP. In order to ensure that a quality individualised program is provided at this small rural teaching hospital, 8 graduate positions are offered annually. With coordination of the EGP located within the Staff Development Department, the program demonstrates that EGPs can be integrally linked to the overall organisation and provide expanded opportunities to graduates. The Staff Development Educators (SDEs) are responsible for co-ordinating the EGP and providing advice, assistance and support to graduates and other staff. Drawing from the expertise of the SDEs, the EGP has a strong focus on the development of generic professional skills and nursing leadership. This is reflected in the program aims which are, to enable the graduates to:

- Work independently and interdependently assuming accountability and responsibility for their own actions
- Provide evidence-based nursing care to people of all ages and cultural groups
- Assess, plan, implement and evaluate nursing care in collaboration with individuals and the multidisciplinary health care team so as to achieve goals and health outcomes
- Take a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes
- Contribute to quality health care through lifelong learning and professional development of oneself and others.

In addition to clinical support provided by clinical educators and preceptors, SDEs provide weekly face-to-face group reflection and discussion sessions. These are compulsory for all graduates and are seen as important in building clinical judgement and professional skills. SDEs are also available for graduate support sessions for one hour each afternoon. The performance of graduates is monitored by the SDEs, through an online learning and education system provided by the Staff Development Department. This learning management system allows graduates to view all professional development activities online and participate in self-paced learning activities, knowledge assessments and see reports from skill assessments online.

Opportunities to provide health services with a mechanism to share learning and experiences related to the development of EGPs could be leveraged. Many EGP teams work in isolation from other providers in Victoria and were keen to explore opportunities to enhance the approach to learning and EGPs at their health service. Exploring the development of a learning culture at other health services is likely to be facilitated by increased networking and interaction between providers.

5.4 Approaches to Linking Practice with Theory

Professional [25] and health service stakeholders described a perceived gap between the theoretical knowledge of new graduates and their ability to apply theory to practice. This is usually described as a 'theory-practice' gap. The implementation of the EGP was seen as an opportunity to bridge this gap. How this was achieved tended to vary between health services.

Many health services related the 'theory-practice' gap to the notion that graduates begin work with theoretical preparation, but are deficient in basic clinical skills and the knowledge of how and when to apply learning. According to this view, graduates need to be 'bought up to speed' and made 'work-ready' through the EGP. This is reflected in the rostering practices of some health services, including carefully selecting less demanding shifts and patients for graduates, balancing the number of graduates with more experienced co-workers who are supportive of learners and in some cases, only using graduates in supernumerary roles for extended periods.

This perception of new graduates as lacking in skills is reinforced by the language used to refer to graduates. For example, graduates and students are often collectively referred to as 'junior' versus 'senior' team members. Concern around language was also raised by jurisdictional stakeholders who felt that use of terms such as 'early graduate' and 'preparation to practice' to describe transition programs reinforced the view of graduates as not yet ready to practice.

[25] These included representatives from universities, industry organisations and professional associations.

> *"Senior staff start complaining if they have to take care of too many juniors...so we are careful with rostering on grads after they have had students because they need a break."* (Stakeholder from a large metropolitan public health service)

Associated with the view that graduate clinical skills are lacking is the notion that the real practice of nursing is learned in the workplace and only theory is taught in the university arena.

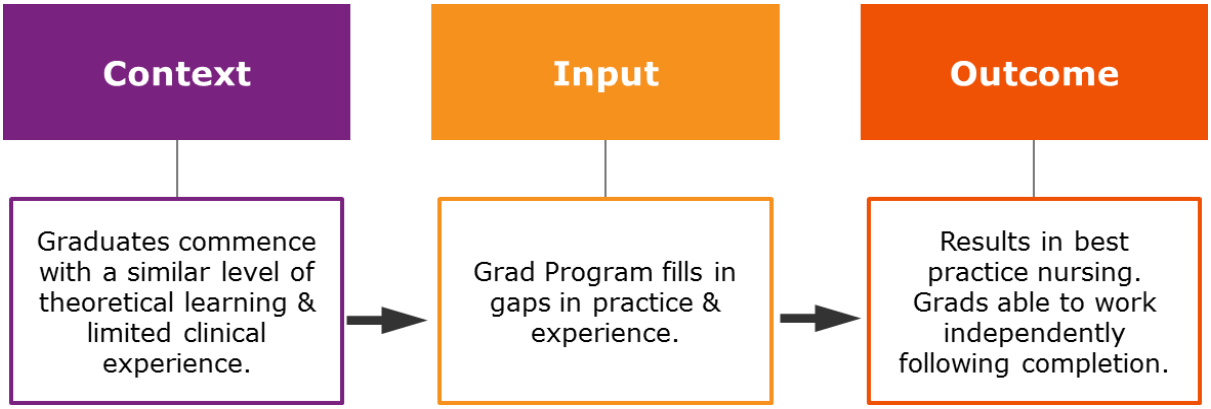
> *"They almost start out as empty vessels which need to be filled."* (Clinical educator at a metropolitan health service)
>
> *"We assume they know nothing and start from there."* (EGP coordinator at a rural health service)

Proponents of this 'empty vessel' approach tend to focus the graduate program on teaching generic clinical skills to all graduates in the cohort. Often the size of the cohort was a driver of this approach; with some health service representatives commenting that with a large group, it is more efficient to assume all graduates require the same learning experiences and are at the same knowledge and skill level (refer Figure 16).

Typically, this approach resulted in graduates being perceived as unready to practice and confined to a prolonged role as a student. To address this, it was suggested that the graduate year be extended to two years, with an increased number of rotations to expand the learning opportunities for graduates. Furthermore, it was considered that universities should play a greater role with graduates throughout the transition period.

> *"They don't come to us ready to practice so the unis should be more involved in continuing their education rather than expecting [us] to prepare them."* (EGP Clinical Educator)

Figure 16: Common approach to the 'theory-practice' gap



However, other health service representatives adopted a more constructional[26,27] view of the capabilities of graduates, which was subsequently reflected in their approach to the EGP. Rather than focussing on the perceived gaps in practical knowledge, they assume that as the registered nurses, assessed as ready to practise, graduates commence work with a wide range of skills and knowledge which can be consolidated and fostered through the EGP. They focus on determining the knowledge and skills of each graduate and building upon these to develop their repertoire of skills and competencies.

> *"They are ready to work but this year is about giving them the support and opportunities to develop as independent nurses...we don't have the resources to hold their hands so we just try to identify what each individual needs."* (EGP coordinator at a rural health service)

> *"Teaching clinical skills is only a very small part of it. It's about giving them confidence and resources to drawn upon."* (EGP coordinator at a metropolitan health service)

[26] The term 'Constructional' is borrowed from the work of Israel Goldiamond (1974) who described constructional approaches as those which focus on "the production of desirables through means which directly increase available options or extend social repertoires". According to this view, rather than starting with a focus on deficits, learning of new skills and behaviours should begin with identifying competencies and building upon these areas of strength.

[27] Goldiamond, I. (1974) Towards a Constructional Approach to Social Problems. *Behaviorism* Vol. 2, No. 1 (Spring, 1974), pp. 1-84.

> *"The more chances they have for reflection and review the more you see their clinical judgement and decision-making bloom."* (EGP coordinator at a metropolitan health service)

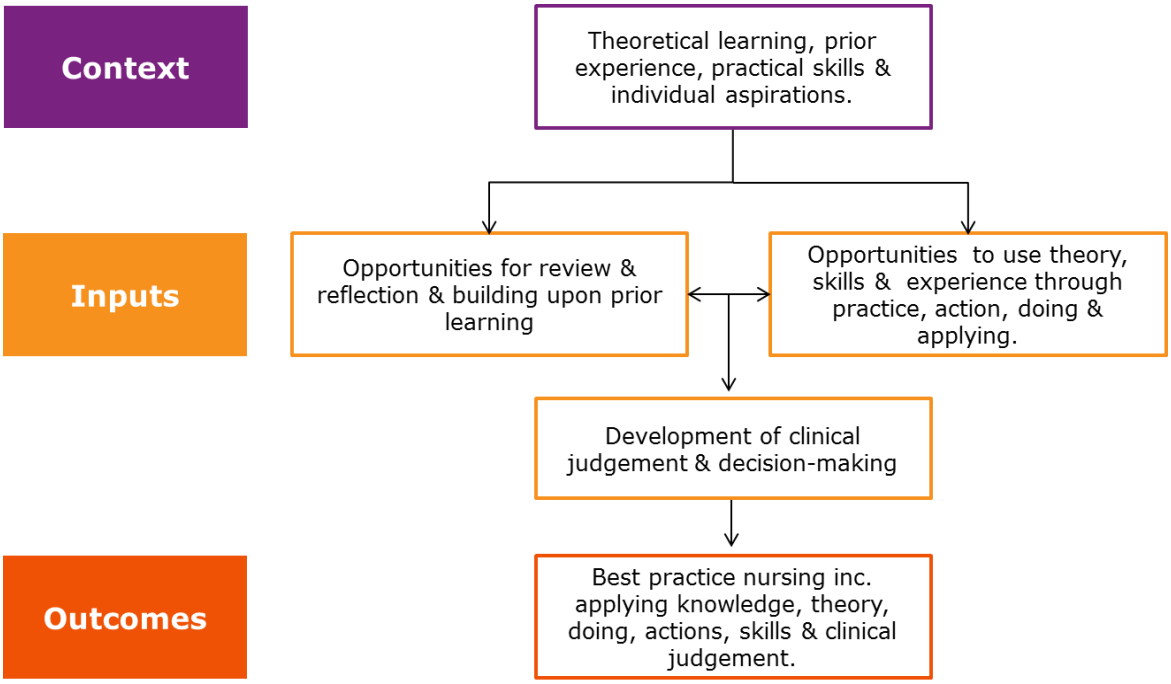
According to this 'constructional' approach, graduates should be provided with a challenging work environment which will give them the opportunity to build and consolidate their skills and knowledge.

Individualised learning plans are a common feature of the approach, with objectives that reflect the graduates' needs and interests. They typically incorporate opportunities for reflection and review, which allow graduates to make judgements about how and when to apply particular theoretical learning to practical situations. It is argued that such reflective experiences, which build upon graduates' knowledge base, promote the development of clinical judgement (refer Figure 22).

Key characteristics of these constructional approaches are noted to include:

- Individualised learning plans and objectives
- Regular opportunities for debriefing, reflection and discussion moderated by an experienced practitioner or educator
- Access to clinical educators (or facilitators) to provide support on an as-needed basis in the clinical context
- Provision of support by an experienced practitioner
- Provision of a curriculum which focuses on professional development beyond clinical skills
- Provision of a challenging work environment
- Support provided by all experienced co-workers, not just the designated preceptor
- Regular training for preceptors
- Articulation of expected outcomes, learning objectives and clear links to best practice clinical education.

Figure 17: Constructional approach



Opportunities could be explored to provide a platform for EGP coordinators and other stakeholders to share and discuss alternative approaches to EGPs and opportunities to overcome inhibitors, such as the theory-practice gap. While there are a number of high performers in this area, there is little opportunity to showcase the implementation of approaches that address these issues and facilitate improved performance.

5.5 Impact of Education Pathways

A number of pathways exist for registered nurses and midwives in Victoria. Upon successful completion of the Bachelor of Nursing, Bachelor of Midwifery or double degree, the graduate will have reached the competency levels set by the Australian Nursing and Midwifery Council (ANMC). The graduate will then be eligible to apply to the Nursing and Midwifery Board Australia (NMBA) for entry onto the Register.

5.5.1 Master Level Entry

Students of a Master of Nursing Practice (graduate entry) have an undergraduate degree (for example a Bachelor of Sciences or a Bachelor of Arts). The Masters Level Entry is an 18 month entry to practice course. None of the consulted stakeholders had experience with graduates following this entry pathway. Some did however have experience with graduates who held a nursing degree who completed midwifery (entry to practice) at a masters level. These were seen as highly competent, ambitious and motivated graduates, who required limited support because of their previous professional role as a nurse. They were often seen as having leadership potential because of their qualifications in both nursing and midwifery.

5.5.2 Double Degree Nurses and Midwives

Generally, health service stakeholders considered graduates with a double degree in nursing and midwifery as the most advanced cohort at the point of their graduate year. They were seen as the most ambitious, motivated and mature graduates, requiring less support to work as beginning practitioners. Double degree graduates were commonly described as the 'cream of the crop'. Harnessing these qualities, the Royal Women's Hospital has a program (with endorsement from the ANF) for some of the double major graduates to start work as enrolled nurses prior to graduation. They were generally able to work independently at between six to nine months of their graduate program.

However, because these graduates often undertook a joint nursing and midwifery EGP stream, they were frequently in longer EGPs (>12 months) in order to provide access to rotations in both nursing and midwifery settings.

5.5.3 Direct Entry Midwives

While nurses and midwives have unique registration requirements and possess different skill sets, there was a misconception among some health service stakeholders that direct entry midwives lacked general nursing skills and required additional support throughout their EGP. In many cases, stakeholders expressed the view that this perception was the result of discrimination regarding direct entry courses rather than any actual deficits in these graduates' performance. This also

lead to a strong view that graduates' entry via these pathways should be compelled to undertake a broad range of rotations outside of midwifery in order to obtain basic general nursing skills. Conversely, some stakeholders with a midwifery focus (such as midwifery clinical educators), contended that the specialist nature of the direct entry cohort was not acknowledged in the structure of some graduate programs, which required graduates to undertake rotations in settings unrelated to midwifery. In one case, it was noted that a graduate midwife felt pressured into undertaking a rotation in a specialist geriatric orthopaedic ward.

5.5.4 Enrolled Nurse to Registered Nurse

Enrolled nurse to registered nurse pathway graduates were generally seen by health service stakeholders as well prepared, mature and work ready. They were seen as having strong clinical skills and excellent communication skills. The key concern with this group was the need for the EGP to provide a 'step-up' component to assist these graduates to recognise that as Division 1 nurses, they are working at a higher level. While some made the transition to their new role with relative ease, others needed encouragement in the areas of clinical decision-making, communicating with multi-disciplinary team members and communicating with doctors and senior members of staff.

While most Enrolled Nurses made the transition with few issues, for some the requirement to step up proved challenging. Those in their mid to late 40s sometimes struggled to fit into the graduate cohort (which is generally younger). Others had difficulty in accepting the change in their level of responsibility. For some of those who had been part of the health service for a long time, rather than bringing in new best practice approaches, preferred to hold on to old ways of doing things.

5.5.5 Discussion

Examination of the feedback from stakeholders suggested that their views of the graduate's level of competency are more influenced by the level of general nursing and midwifery experience rather than the level of entry or pathway.

The main differences in delivery related to the nature and amount of support offered to graduates entering via different pathways.

For instance some felt that those entering via an EN pathway required more support to 'step-up' to the role as RN and focussed on leadership and communication skills. In a few cases it was contended that direct entry graduate midwives benefit from increase exposure to general nursing settings so rotations in these areas were included in their program. Generally however, the study days, level of support and program length remained the same for all.

Case Study: Undergraduate Pathways at the Royal Women's Hospital

The Royal Women's Hospital has developed the opportunity for double degree students to commence work as Division 2 (Enrolled Nurses), ahead of their graduate year. This opportunity is provided to students undertaking studies in both nursing and midwifery. At the end of their third year of study, the selected students are registered as Division 2 nurses and employed to work part time in the post natal unit of the hospital during their final year.

Staff observed that a number of high calibre, motivated students were employed part time outside of the health sector (typically in hospitality) to support their studies. Providing students with the opportunity to undertake paid professional work as Division 2 nurses was seen as a way for students to gain experience that would assist them during their graduate year, facilitate the development of leadership skills, confidence, and professional and clinical skills. In recognition of the demands of the final year, students are carefully selected to ensure they have the capacity to benefit from this opportunity.

This approach has produced positive outcomes for the Royal Women's Hospital by ensuring that highly motivated students are given opportunity to expand their skills and are recruited into the EGP at the hospital. Once in the EGP, these graduates are reported to transition quickly into their new roles, demonstrate an aptitude for leadership, are committed to their career path at the hospital and commence their EGP as work ready registered nurses and midwives.

Health services which adopt a strong focus on providing graduates with a tailored program which responds to individual learning needs using adult learning principles are adept at managing graduates from diverse pathways. This issue could be addressed through increased opportunities to share learning and increased communication with universities.

5.6 Risk and Protective Factors

Based upon the current study, a complex range of issues which impact on achieving positive outcomes for recent graduate nurses and midwives were identified through the literature review, in stakeholder consultations and site visits.

Examining outcomes for nurses and midwives from the perspective of risk and protective factors can provide opportunity to design EGPs which mitigate risks (undesirable outcomes) and increase protective factors (assets which assist in avoiding undesirable outcomes). According to this approach, the greater the number of risk factors the less likely are positive outcomes. Similarly, the more protective factors present, the more positive outcomes are likely.

This approach is commonly used in the development and evaluation of programs and interventions designed to increase a wide range of positive outcomes in the health, community and education sectors.

Risk and protective factors may be defined in a number of ways depending upon the context. For the purpose of the present discussion these may be thought of as including:

- ***Personal factors*** which are unique to the individual such as personal experiences, level of physical and mental well-being, personal beliefs and attitudes, behaviours and level of personal resilience
- ***Professional factors*** which include knowledge, repertoire of skills and competencies, professional identity and transferrable professional skills
- ***Organisational factors*** are external factors that may include both social and physical factors including access to resources, training and education, access to support, services, organisational structures, culture, policies and expectations.

Based upon the current study it is possible to make a number of assumptions about some of the possible positive outcomes from EGPs including those for:

- **Health services,** such as access to a cost effective, sustainable, robust, well prepared, reliable nursing and midwifery workforce, reduced need to pay for casual staff and reduced costs associated with turnover of staff
- **Nurses and midwives,** such as opportunity for timely consolidation of skills and knowledge, ability to practice independently as a beginning practitioner, professional socialization and development of a sense of belonging to the organisation and profession
- **The community,** such as access to an affordable high quality nursing and midwifery workforce contributing to accessible, safe, high quality care and improved health outcomes for patients.

Conversely, potential negative outcomes from lack of an effective EGP may include those for:

- **Health services,** such as issues with workforce quality, attraction and retention; patient safety and increased resources being allocated to staffing, and attraction and retention activities
- **Nurses and midwives,** such as lack of support to consolidate skills and knowledge, delayed ability to practice independently, lack of development of professional skills and confidence, compromised personal well-being (physical and psychological), reduced commitment to the organisation and the profession potentially leading to withdrawal from the organisation and profession
- **The community,** such as reduced access to an affordable high quality nursing and midwifery workforce which could contributing to reduced health outcomes for patients.

Based upon the current study a number of key risk factors and protective factors related to outcomes for graduate nurses and midwives can be postulated. These are summarised in the table below. It is interesting to note that often personal, professional and organisational risk factors do not always correspond to precise protective factors. For example a number of personal risk factors could be addressed by protective factors which have an organisational or professional focus. Risk and protective factors will vary according to different organisational contexts. The aim of the Table 4 below is to provide an example of how individual EGP providers might begin to approach analysis of the effectiveness of their own EGPs given what the research has suggested about risk and protective factors for beginner level nurses and midwives.

Table 4: Risk and Protective Factors

Key Risk and Protective Factors Related to Graduate Nurses and Midwives		
	Risk Factors	**Protective Factors**
Personal factors	Inability to manage stress associated with professional role Difficulties in adjusting to role change from student to professional Managing work/life balance Lack of confidence Sense of isolation Feelings of not fitting in or belonging Lack of ability to meet personal needs and ability to access support Lack of trusted advisors/friends/peers to provide insight and reflection	Access to timely, support from trusted personnel to debrief and reflect on issues and performance Explicit training on managing stress, work/life balance and role change Access to in situ clinical and professional support from well prepared co-workers, preceptors, clinical educators and managers Opportunity to work with peers, to participate in regular (weekly) group reflection Organisational recognition of the phases involved in transition to practice. Opportunities to belong to a particular unit/ward or cohort without frequent changes
Professional factors	Lack of discretionary judgment Stress associated with making independent clinical decisions Translating theoretical learning into patient care Gaps in skills and knowledge Stress associated with rotations and inability to practice competencies when moved to a new setting Inability to contribute to multi-disciplinary team	Opportunities for in situ clinical support and education as needed Opportunities for gradual development of professional skills leading to independent practice Exposure to a range of settings balanced with stability to ensure sense of belonging and consolidation of learning and skills Access to trusted personnel and support from co-workers Opportunities for explicit teaching and practice of generic professional skills such as communication skills, decision-making, self-advocacy, time-management and the like.

Key Risk and Protective Factors Related to Graduate Nurses and Midwives		
	Risk Factors	**Protective Factors**
Organisational factors	Lack of understanding of work within a large bureaucracy Transitional support is not designed to accommodate individual needs Issues with rostering such as graduates not being rostered at times when support is available (night shift and weekends) Employment at the organisation falls short of graduates' needs and expectations and they seek work elsewhere usually after the EGP The aims and purpose of the EGP are unclear resulting in lack of clarity about its value to the organisation The EGP is not evaluated to ensure it addresses current needs and issues for each of the stakeholder groups involved.	Ensuring graduates understand organisational processes and key organisational resources Engagement of mangers in the outcomes for graduates Effective orientation to the organisation and provision of take away resources All staff recognise their role in education and actively support graduates The aims and purpose of the EGP are clear and its value to all stakeholder groups is apparent Evaluation is undertaken regularly and the program is reviewed to ensure it addresses current needs and issues.

At present many health services provide EGPs based upon traditional approaches and past needs. There is limited evidence that EGPs are based on considered reflective approaches to sound program design. As little is understood about the program design at a health service level, opportunities for program evaluation have been restricted. As an initial step in promoting the evaluation and design of responsive robust programs, increased communication with EGP co-ordinators could be undertaken to support them in identifying the unique risk factors for graduates at their health service and seeking to increase protective factors. Increased activity identifying and monitoring positive and negative outcomes could also support increased evaluation of programs.