

# Graduate nurse program guidelines

2003



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Published by Nurse Policy Branch

Victorian Government Department of Human Services  
Melbourne Victoria

November 2003

Also published on [www.nursing.vic.gov.au/edinit.htm](http://www.nursing.vic.gov.au/edinit.htm)

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Authorised by the State Government of Victoria, 555 Collins Street, Melbourne.

Printed by Impact Printing, 69–79 Fallon Street, Brunswick

ISBN 0 7311 6186 6

(0351003)

## Foreword

Providing transitional programs for newly registered graduates of nursing is recognised by the Department of Human Services as an important factor in nurse retention and recruitment. In light of this the department has, for some time, provided funding through the Training and Development Grant to enable health services to conduct graduate nurse programs. In order for hospitals to be eligible for funding the department developed a set of guidelines outlining the criteria to be met. Since these guidelines were written, they have become a recognised tool for providers across a range of health care settings in both public and private sectors.

In response to a number of recommendations from the Nurse Recruitment and Retention Report 2001, the department established a Graduate Nurse Program Review Group in 2003, to revise the guidelines to ensure they are contemporary, usable and a reflection of industry best practice.

These revised guidelines draw on collective industry experience as well as findings reported in the literature, government reports and research. They do not provide a prescriptive formula; they summarise the key conditions and criteria that influence the capacity of new graduate nurses to function safely and efficiently and to continue to develop professionally, while making the transition from student to practitioner. They are to be used as a starting point, as each organisation develops and further enhances its Division 1 and Division 2 programs, to address identified organisational and participant goals and needs.

## Acknowledgements

As members of the Department of Human Services Graduate Nurse Program Guidelines Review Group, the following people are recognised for their contribution to these guidelines. The organisations they represent are also acknowledged for supporting each member's participation.

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## Introduction

Graduate nurse programs (GNPs) to assist beginner practitioners to make the transition to employment are well established across most public and private Victorian health services. The Department of Human Services financially supports programs conducted in the public sector through the Training and Development Grant, which is administered by the Nurse Policy Branch of the department.

In 1997, the department produced a set of guidelines for GNPs in Victoria to assist health services in meeting the department's eligibility criteria for funding. These guidelines have become a recognised tool for providers of these programs.

The final report of the Nurse Recruitment and Retention Committee (Department of Human Service, 2001) highlighted that issues related to the preparation and transition of new graduates are a significant influence on recruitment and retention of nurses. The report recommended that the *Graduate nurse program guidelines* be reviewed (rec. 41). This was further supported by the National Review of Nursing Education, Our duty of care report (Commonwealth of Australia, 2002b), which identified the value of programs for graduate nurses and also recommended that there be consistency and quality in their development (rec. 14).

In light of these recommendations, the Nurse Policy Branch established a Graduate Nurse Program Review Group to revise the GNP guidelines to ensure they are contemporary, usable and a reflection of industry best practice. The group comprised representatives from the department, public and private health care facilities in rural and metropolitan areas, education providers from the University and technical and further education (TAFE) sectors, division 1 and division 2 registered nurses, new graduates and the registering authority in Victoria.

## Foundation principles

Underpinning the structure and content of GNPs is the premise that higher education prepares graduates to work at the level of a beginning registered nurse. To make the transition to employment and to further develop professionally, new graduates require appropriate induction and orientation, access to more experienced nurses for supervision and instruction, peer support and mentoring, as appropriate, and introduction to specific clinical and workplace requirements ((Johnstone & Kanitsaki, 2003; Queensland Nursing Council, 2001).

Although division 2 nurses are not funded under the Training and Development Grant, the Review Group considers that these nurses, their employers and patients similarly benefit from a structured, supported transition program. In addition to the anxieties experienced by all new graduate nurses, division 2 registered nurses face ongoing pressures surrounding their scope of practice, role development and industry attitudes about their capability and value. Therefore, these guidelines have been developed for application across the range of settings where new division 1 and division 2 graduates are employed.

These guidelines draw on collective industry experience as well as findings reported in the literature, government reports and research. In particular, the review commissioned by the Queensland Nursing Council, *An Integrative Systematic Review of Nursing Curricula Undergraduate Clinical Education and Transition Support for New Graduates*, examined the research up to 2001 on transition support for new graduates. The review examined the best available evidence related to the support of new graduates during the transition from student to registered nurse, with emphasis on the interventions that assisted graduates to adapt to clinical practice, identification of outcome indicators and methods for assessing outcomes.

The first interim report from the Building Graduate Nurse Competence in Risk Management and Harm Minimisation Project (Johnstone & Kanitsaki, 2003) also provides a contemporary source of data about graduate nurses that is specific to Victoria. This project was funded by a Department of Human Services (Victoria) Public Health Research Project 2002–2003 in Communicable Disease, Environmental Health and Nursing Practice Research Grant. The project examines aspects of the transition of new graduates into the practice context and the development of graduate competence in clinical risk management and harm minimisation in clinical practice domains.

These guidelines do not provide a prescriptive formula for GNPs; they summarise the key conditions and criteria that influence the capacity of the new graduate nurse to function safely and efficiently and continue to develop professionally. They are to be used as a starting point, as each organisation further enhances its GNP to address identified organisational and participant goals and needs.

## The role of the Department of Human Services

The Department of Human Services maintains a commitment to the recruitment and retention of nurses in the public sector, in part through the funding of GNPs to foster the development of new graduates and enhance their experience of employment.

GNPs are funded through the Training and Development Grant established by the Victorian Government. The department's Nurse Policy Branch administers the component of the grant allocated to nursing.

Each year, Victorian public health services are requested to provide projected figures for the number of graduate nurses they anticipate employing in the GNP to be conducted in the following year. Payment is made to the health service based on the projected number of effective full time (EFT) participants. The amount per EFT is reviewed each year and published in the department's *Policy and funding guidelines* on the Victorian Government website. Where the program incorporates clinical placements in collaborating agencies, the expectation is that a portion of the grant, equal to the length of the rotation, is directed to the host agency.

Participating health services and organisations are required to report retrospectively to the Department of Human Services on the actual number of graduate places filled. Discrepancies between projected and actual figures are noted by Nurse Policy Branch and adjustments made to the subsequent account.

To qualify for funding, division 1 GNPs must meet the following criteria:

- health services must participate in the Nursing Computer Match Service
- no fees are to be charged to nurses applying for, undertaking or exiting from graduate nurse positions
- positions offered must be full time; under exceptional circumstances, alternative arrangements may be made following consultation with the department
- programs should conform to the department's GNP guidelines
- clinical educators are to be dedicated to the program.

These criteria promote equity of access and a minimum standard of delivery for graduates participating in these programs.

GNPs can be conducted across the range of health care services including aged care, community, rehabilitation and specialty services. There is no stipulation on the length or structure of the course. However, historically most health services either commence a group of new graduates at the beginning of the year or stagger intakes over the first half of the year.

GNPs have arisen from a perceived need to support new graduates, a need that has been confirmed by the Nurse Recruitment and Retention Study (Department of Human Service, 2001). However, there is no requirement for new graduates to undertake these programs in order to gain registration or employment. There is also no restriction on health services employing graduate nurses who have not completed a GNP. Despite this, there is a perception amongst graduates that completion of a GNP leads to further opportunities for professional advancement and employment.

Both public and private hospitals conduct GNPs. The Nurse Computer Match Service reports that across both sectors there are more than 1,700 EFT program places offered, although this figure varies from year to year and is contingent upon demand, resource availability and local workforce planning.

## **Nurse Computer Match Service**

New graduates apply for places through the Nurse Computer Match Service, which is conducted by the Postgraduate Medical Council of Victoria (PMCV). Further information about the service is contained in the *Graduate Nurse Computer Matching Service handbook*, published and distributed annually and available on the PMCV website. The booklet also outlines eligibility criteria and the regulations governing the process.

The matching process begins with candidates formulating a priority preference list of participating health services. Data from the Computer Matching Service indicates that more graduates consistently apply for GNP places than there are places available. However, graduates are discerning. They view the nature of these programs as a key feature attracting them to an organisation. Anecdotal evidence from participating health services suggests that extended programs (18 months), programs articulating with

further education and those including a variety of clinical rotations are particularly attractive, as are programs that offer a reasonable guarantee of ongoing employment upon completion.

In the context of the current nursing workforce shortage, the GNP should be viewed by the organisation not just as a means of recruitment but a mechanism for promoting retention and developing the workforce profile and capacity.

## Organisational culture and commitment

The issues of transition from student to clinical practitioner and the development of graduate nurse competence are of considerable importance in the provision and management of nursing services (Johnstone & Kanitsaki, 2003). GNPs do not operate in isolation, but within the organisation in its entirety and complexity. They are informed and influenced by the organisation's structure, mission and culture.

Organisational culture refers to the sets of values, attitudes, practices and beliefs within an organisation that form the context of practice and service delivery. The effect of organisational culture on learning and professional growth should not be underestimated (Johnstone & Kanitsaki, 2003). The nature of organisational culture required for new graduates to flourish, particularly in a changing health care environment, is one that challenges old ideas, promotes lateral visionary thinking and embraces learning through reflective practice, growth and development as a priority and an integral part of the organisation's core business. Within this environment, new graduates are viewed as a valuable resource, with the potential to become the future providers and leaders of best practice nursing.

The organisational markers of a culture conducive to the support of new graduates include:

- recognition of the value of nurses as a vital part of the organisation, manifested through consultation and involvement of nurses in organisational governance and the promotion of opportunities for professional advancement
- organisational policies and procedures that support learning and professional development at all levels of the organisation
- organisational commitment to quality, evident in a formalised quality framework, and support for change where necessary to improve clinical practice and service delivery
- A sound structure of clinical governance that includes development of clinical policies and procedures that comply with legislative requirements and reflect industry best practice standards, and a formalised system for clinical risk management.

(Commonwealth of Australia, 2002a; De Bellis, Longson, Glover, & A., 2001; Hart & Rotem, 1990; Tradewell, 1996).

There is general agreement in the literature that the first three to six months post graduation is the most ‘critical time for professional adjustment and creating a commitment to a career in nursing’ (Clare, White, Edwards, & van Loon, 2002, p. 195; Johnstone & Kanitsaki, 2003). Therefore, for graduates to flourish, there is a requirement for organisations to nurture, support and protect new graduate nurses (De Bellis et al., 2001; Queensland Nursing Council, 2001).

While there is scant definitive evidence on how best to support new graduates during their graduate year, there is consensus in the industry that a structured program is the most effective way of meeting graduate and organisational needs (Johnstone & Kanitsaki, 2003; Queensland Nursing Council, 2001).

At the operational level, organisations should ensure that GNPs are appropriately resourced. This includes providing for:

- time to undertake the program (supernumery)
- orientation
- training and support of educators and preceptors
- access to suitable mentors
- appointment of a dedicated program coordinator
- clinical support by qualified and experienced clinical educators and support personnel
- maintaining manageable workloads.

Planning to ensure suitable opportunities for graduates to develop further knowledge and skills must take into account the organisation’s direction, strategic plan and key challenges.

At the individual level, there is no doubt that new graduates need to consolidate the knowledge and skills that have direct application to clinical practice, and to further develop their ability to problem solve and make clinical decisions with confidence (Queensland Nursing Council, 2001). However, they also need to develop an identity and feel part of the organisation. They need ongoing encouragement to feel good about their work and to reflect on their practice. They need regular constructive feedback on their progress and assistance to identify and attain personal learning and performance goals.

Importantly, the organisation can support new graduates by ensuring realistic clinical workloads and providing clinical supervision, instruction or guidance as required. As graduates develop their capacity to practise with increasing autonomy, they can assume responsibility for a more complex and diverse clinical workload.

Each new graduate progresses at a different rate and in response to different learning experiences, and brings unique qualities and experiences to bear upon their work. Consequently, at times, organisations need to be flexible to accommodate individual learning needs to assist the graduate to make the transition to practice. For example, the Nurses Board of Victoria may impose restrictions upon registration that result in professional limitations to practice. The graduate may have a disability or their cultural or religious beliefs may result in personal limitations to practice. Organisations are encouraged to develop policies that uphold the principles of equity and cultural safety to promote cultural competence of the workforce and to protect against discrimination on the basis of culture, religion or minority groups (Commonwealth of Australia, 2002b).

## The graduate nurse program

The principle aim of the GNP is to support the new graduate during the period of adjustment in which the graduate develops the skills, knowledge and values (additional to those learnt during undergraduate study) required to become an effective member of the nursing workforce (Queensland Nursing Council, 2001; Reid, 1994). The ultimate goal is for the graduate nurse to become competent, confident, accountable and professional.

In addition, the GNP forms part of the organisation's business and is, therefore, accountable for meeting organisational goals and targets, particularly in relation to workforce planning, clinical outcomes, quality and organisational performance.

### Structure

For new graduates, the transition from student to graduate status can be demanding, challenging and daunting. New graduates find they are practitioners with new roles, responsibilities and accountability for their practice, yet they are still learning and developing the repertoire of knowledge and skills required to perform nursing work competently and autonomously. This phase of professional development can be a stressful time, provoking anxiety and uncertainty (Clare et al., 2002; Johnstone & Kanitsaki, 2003).

The GNP should assist transition by providing both structured and unstructured learning opportunities and support. The Department of Human Services does not stipulate a particular model of program delivery, as there is little evidence to support one model over another (Queensland Nursing Council, 2001). While there are various models of delivery in the literature, composite programs that draw on multiple interventions and strategies over an extended period of time provide a flexible framework for program development. The expectation is that programs will evolve in response to evaluation and organisational need.

Typically, GNPs are delivered over one year and include rotations through a variety of clinical areas, interspersed with non-clinical learning forums. There is no restriction or recommendation about the suitability of clinical rotations or exposure, except that the complexity of the work should be matched to the capability of the new graduate and should provide the graduate with appropriate incrementally staged learning opportunities.

Queensland Nursing Council research suggests that new graduates select programs on the basis of the variety of clinical rotations that are offered. Two or three rotations are perceived as valuable, with most graduates suggesting that multiple rotations provide variety and increased experience. Clinical exposure does not need to be confined to general hospital experience, but can include rotations through a variety of hospital and community-based practice settings.

## **Supernumerary days**

There is general agreement that a best practice model includes some element of supernumerary time. Commonly the graduate is considered supernumerary during organisational orientation, on commencing in each new clinical area and during scheduled study days or non-clinical program time. The expectation is that graduates are not required to attend non-clinical program days on their rostered days off. Both the graduate and the organisation share responsibility for ensuring that rostering enables them to fully participate in all aspects of the program.

Traditionally, partial or whole study days are planned to coincide with the beginning of each clinical rotation. However, different delivery models might schedule more frequent shorter periods of non-clinical time. The non-clinical component of the program is used to explore theoretical and professional concepts. However, there is no requirement for formal lectures. The time can be dedicated to a range of activities such as seminars, group discussion, observation, reflective practice techniques, journaling, research and investigation, peer support and personal supervision or mentoring.

## **Orientation**

Upon entering an organisation, it is customary for new employees to undergo a period of induction or orientation. The duration depends on the nature, size and complexity of the organisation. The principles of orientation of any new employee apply to the GNP, such as introduction to the organisation structure and function, philosophy, values, aims and mission, and human resource management processes.

The graduate is introduced to the organisation's expectations and standards for performance and behaviour. Orientation also provides the opportunity to perform pre-program surveys or tests that will be used to evaluate program outcomes and progress. Ideally, a **needs assessment** is undertaken with each participant, and used in developing individual goals, objectives and an individual transition support plan (Queensland Nursing Council, 2003).

The initial orientation should focus on providing the new graduate with the tools to function in the clinical and the corporate environment.

New graduates require supported orientation to the clinical environment, to their role and responsibilities and to the clinical workload. In many organisations, orientation is used to refresh fundamental clinical skills and introduce assessment of competencies that are compulsory to ensure safe practice and quality outcomes. This includes credentialing of practice in key areas such as basic life support, medication management, intravenous therapy, approved manual handling techniques or the use of equipment commonly found in clinical areas (Johnstone & Kanitsaki, 2003). The process of clinical orientation is usually facilitated by an 'orientor', 'preceptor' or 'buddy' whose responsibility it is to act as resource and to assist the new graduate to complete the orientation objectives (Queensland Nursing Council, 2001).

Even at entry level, new graduates need to supplement their clinical knowledge with a layer of corporate knowledge. Orientation should provide them with an understanding of essential corporate processes, such as how to access laboratory results electronically, how to report an incident, how to access the patient liaison or complaints officer, or how to page the medical officer. More importantly, the graduate needs to know how and where to find this type of information and where to locate organisational policies and procedures. By addressing some of these fundamental operational questions, the uncertainties associated with entering the clinical area are reduced (Johnstone & Kanitsaki, 2003).

This orientation can be provided through orientation objectives, location checklists, information folders, maps and local policies. It is essential graduates be given time to familiarise themselves with relevant protocols, procedures and policies (Johnstone & Kanitsaki, 2003). Many new graduates are also new to employment in the health care industry. Consideration should be given to avoid overwhelming the new graduate with information that is non-essential (Johnstone & Kanitsaki, 2003).

## Content

Despite consensus in the literature about the needs of new graduates and the overall aims of the graduate program, the needs of graduates do not always coincide with the business or corporate needs of the organisation (Johnstone & Kanitsaki, 2003; Queensland Nursing Council, 2001). This makes determining the essential or core theoretical and clinical content of the full program more challenging.

A pragmatic approach focuses on matching clinical skills and knowledge to clinical areas, so that graduates develop skills and expertise in specialised areas. An alternative approach is to supplement the core content necessary for competent practice with content based on pre-program needs analysis, feedback from previous students and evaluation of course outcomes.

Preliminary findings from the first interim report, *Building graduate nurse competence in risk management and harm minimisation* (Johnstone & Kanitsaki, 2003), suggest that clinical performance and patient outcomes are enhanced by assisting new graduates to develop a sound grasp of clinical risk management and harm minimisation. For rounded professional development, the graduate should also be introduced to a range of management skills, professional competencies, the concept of cultural safety and the ethical dimensions of practice.

## Clinical support

Different models of support for graduates can be implemented in the workplace (Queensland Nursing Council, 2001). It is recommended that organisations provide a dedicated program coordinator to oversee program planning, structure, content and evaluation. The coordinator provides the link between students, support personnel, the organisation's administration and collaborating agencies. This position ensures that the program meets the expectations of participating graduates while also taking into account the organisation's goals and strategic direction.

Other support personnel may include clinical educators, preceptors, mentors, facilitators and experienced clinical nurses. Overall, clinical support is implemented to assist graduates to orientate to the demands of the work environment and to consolidate knowledge and skills.

## Preceptorship

The preceptor model of clinical support is well established in nursing as a mechanism for spanning the gap between learner and accountable practitioner (Öhrling, 2000).

Preceptorship encompasses far more than instruction and is different to the clinical educator role. It is a mutually beneficial relationship where experienced practitioners act as role models and provide clinical supervision for less experienced practitioners in the clinical area. Support in this sense includes a range of activities, such as demonstration, instruction, guidance, advice and supervision, which may be direct or indirect.

Preceptorship aims to increase the new graduate's clinical skills and improve time management, prioritisation and critical thinking in practice. Through preceptor support, new graduate nurses are empowered to learn in the clinical setting (Öhrling, 2000; Öhrling & Hallberg, 2001). At the same time, preceptors grow professionally as they develop their skills in supervision, facilitation, communication and teaching. In many organisations this role is viewed as a stepping-stone in professional development and career advancement.

It is recommended that preceptor involvement with new graduates begins prior to commencement in the clinical area and continues through the entire program. The success of the preceptor model is contingent on the graduate having regular meetings

and access to the preceptor. This can be possible by rostering preceptors and graduates to similar shift patterns and encouraging the use of shift overlap times for preceptor meetings. In this way, rapport is readily established and maintained, and there is opportunity for constructive feedback so that learning goals can be achieved.

At first the level of preceptor supervision may be intensive. Later, as graduates develop increasing competence, confidence and autonomy, the nature of the relationship will evolve. However, regular interviews or preceptor meetings are encouraged during each of the clinical rotations. This allows for early identification of issues and ensures that adequate support is provided, not only to the graduate but also to the preceptor. As the graduate progresses professionally, there is opportunity to transform the preceptor relationship to one of mentoring so that professional support extends beyond the boundaries of the program.

## **Preceptor preparation and support**

Selecting, preparing and supporting preceptors is a significant issue (Queensland Nursing Council, 2001).

Ideally, preceptors are experienced, established and competent nurses who assist students and inexperienced nurses to learn within the practice environment. Anecdotal evidence suggests that the preceptor role appeals to all levels of staff, particularly those who are not too senior, not too junior (but are just right!). Importantly, preceptors must be sensitive to the vulnerability of new graduates and their need for support while learning (Öhring, 2000).

The essential attributes of a preceptor have been identified as:

- competent practitioner
- willing to act as a preceptor
- effective interpersonal and communication skills
- supportive attitude to the graduate nurses and the GNP
- ability to share and convey knowledge

- skilled in teaching and nurtures learning
- approachable
- offers constructive and realistic feedback
- ability to identify and create learning opportunities for the graduate to assume new responsibilities confidently (modified from Clare et al., 2002).

Preceptors are an essential part of the process that assists the new graduate to make the smooth transition from beginning practitioner to confident and independent team member. Given the importance of the role, preceptors should be viewed as a valuable resource within the organisation and their development wholeheartedly supported and nurtured.

To fulfil their role, preceptors require preparation and ongoing support through a formalised training and development program (Clare et al., 2002). The goal of preparation is to equip preceptors with the resources and skills to fulfil their role. Models of preceptor development differ between organisations; for example, the preceptor preparation program may include a full day workshop or a series of short workshops over a couple of weeks, followed by ongoing supports such as monthly forums, newsletters and readings for the duration of the program. Preceptors also value the opportunity to share their experiences and knowledge with their peers. Therefore, the program should provide ongoing support so they feel sustained in their role.

It should be remembered that as the preceptor role is voluntary, it is essential that preceptors feel recognised and rewarded for their contribution (Usher, Nolan, Reser, Owen & Tollefson, 1999). It is recommended that organisations explore the benefits of various models of reward and recognition so that preceptors continue to be motivated to undertake this challenging responsibility (Jackson, 2001).

## Evaluating graduate nurse programs

Together the Department of Human Services and health care organisations invest considerable resources in transition programs for graduate nurses. In return, there is an expectation that discernable benefits derive from these programs for graduates, their patients, employers and the community as a whole. There is, however, a lack of reliable evidence demonstrating the educational benefits, cost-effectiveness or outcomes of GNPs as they are currently conducted (Queensland Nursing Council, 2001).

To date, the performance and outcomes of funded GNPs have not been uniformly measured nor reported to the department, although this is currently under consideration. Course outcomes are most commonly evaluated at the local or organisational level. Clearly, further research is required to justify ongoing financial commitment to graduate transition and to ensure programs are dynamic and responsive to the evolving nature of health care delivery and the changing demands placed on health professionals.

The following discussion poses recommendations for evaluation of GNPs with the intention that program providers move towards a systematic, formalised approach to evaluation. The advantage of applying uniform measures consistently across programs is that they provide:

- a platform for benchmarking the success and outcomes of individual programs
- data to underpin quality improvements and innovations
- a mechanism for evaluating models of delivery
- data on core theory and practice components.

Formal evaluation of each GNP is recommended. Four broad outcome categories, which take account of organisational and personal outcomes are recommended in the literature: Recruitment and retention, anxiety reduction and social integration, clinical competence and growth and development of the professional.

However, the outcomes or indicators of successful GNPs have not been agreed within the industry. To assess efficacy, course outcomes should be evaluated against the stated aims of the program and identified key performance indicators. Program evaluation should be both qualitative and quantitative, taking into account feedback from the clinical areas, education staff, preceptors, the participants themselves, nursing managers, the facility executive and, importantly, patients.

Some programs measure graduate progress and outcomes using the competencies developed by the Australian Nursing Council (2002a, 2002b, 2003). These competencies describe the standard of clinical practice expected of a beginner level nurse but are not designed to evaluate the performance of the more advanced nurse. Competency-based evaluation is not a requirement and programs can develop their own indicators of progress, performance and course outcome based on organisational factors. Alternatively, individual performance can be assessed against the goals identified through individual needs assessment.

Assessment of the program should also include organisational outcomes such as recruitment and retention of new graduates to the program and recruitment to permanent employment following completion of the program (Queensland Nursing Council, 2001). Evaluation should consider the impact and cost-effectiveness of the various strategies used within the program. The success of the program will also be reflected in other measures, such as patient satisfaction, staff satisfaction and incident reports.

## Appendix 1: Demonstrating outcomes

The following are examples of markers of graduate performance and indicators of program effectiveness, and the measures or features that can be used to monitor these program outcomes:

Performance indicators	Outcome measures
<b>Professional growth</b>	<ul style="list-style-type: none"> <li>• Ongoing reflective practice and use of journal</li> </ul>
<b>Proficient in context-related competencies particular to the clinical area</b>	<ul style="list-style-type: none"> <li>• Number of core competencies to be achieved by graduates</li> <li>• Average number of competencies achieved per graduate nurse</li> </ul>
<b>Graduate identifies individual strengths and weaknesses with a view to developing strategies for further development</b>	<ul style="list-style-type: none"> <li>• Regular feedback through performance reviews</li> <li>• Number of hours attendance at education sessions</li> </ul>
<b>Transfers existing theoretical and clinical knowledge into quality client care outcomes</b>	<ul style="list-style-type: none"> <li>• Orientation to hospital and clinical hours (expressed as hours)</li> <li>• Number of hours supernumerary per rotation/program</li> <li>• Teaching hours provided/desired</li> <li>• Number of rotations in GNP</li> </ul>
<b>Explores and develops strategies in unfamiliar clinical situations, to broaden the range of clinical skills.</b>	<ul style="list-style-type: none"> <li>• Number of contact hours with preceptors</li> <li>• Established selection criteria for preceptors</li> <li>• Number of hours of education and support program for preceptors</li> <li>• Documented role and responsibility of preceptors</li> </ul>

Performance indicators	Outcome measures
<b>The program meets individual and organisational needs and requirements</b>	<ul style="list-style-type: none"><li>• Yearly formal evaluation of Graduate Nurse Program is undertaken</li><li>• Data collated and forwarded to Department of Human Services</li><li>• Satisfaction surveys for graduates, preceptors and clinical nurses/managers</li><li>• Exit interviews</li><li>• Use of feedback to modify program</li></ul>

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