Monitoring and Evaluation Framework for Victorian Graduate Programs for Nurses and Midwives

Final Monitoring and Evaluation Framework

Prepared For:
Nursing and Midwifery Workforce
Wellbeing, Integrated Care and Ageing
Department of Health

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Table of Contents

1  Introduction............................................................3
   1.1  Background.........................................................4

2  Graduate Program Aims and Objectives........................................6
   2.1  The broad aim of the program ..................................6
   2.2  The professional objective ......................................6
   2.3  The organisational objective ....................................7
   2.4  The personal objective ..........................................8
   2.5  The clinical objective ..........................................8

3  The Program Logic Model ....................................................9
   3.1  About the program logic model ..................................9
   3.2  Program Logic Model Overview ..................................10

4  Data Sources ...................................................................13

Appendix A: References..........................................................15

Appendix B: The Consultation Process ........................................19

Appendix C: Contributors to the Consultation ................................20

Appendix D: Graduate Survey..................................................21
1 Introduction

Graduate programs for nurses and midwives support graduates during the early stages of practice as registered professionals, providing a supportive environment where graduates can consolidate and build upon their knowledge, skills and confidence. Graduate programs can provide the platform for developing safe, confident and accountable professionals. The Victorian Government makes a significant investment to graduate programs by providing over $23 million per annum for the funding of formal programs for new graduates employed in the public health sector. This document contains the monitoring and evaluation framework (‘the framework’) for graduate programs for nurses and midwives in Victoria. Developed by Nursing and Midwifery Workforce, Department of Health, Victoria (‘the Department’) and TNS Social Research (TNS), the framework is primarily designed to assist health services to evaluate their own graduate programs for nurses and midwives. It is also expected that the framework will assist in the Department’s monitoring and evaluation activities.

This framework identifies key tools to be used by health services to conduct evaluations of their graduate programs. The purpose of each of these key tools is summarised in Table 1.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Statement of the program aim and objectives</td>
<td>To promote a shared understanding of the program vision and intent, clearly specifying what is to be achieved by the program. The aim and objectives are designed to be measurable and to provide a basis for the monitoring of the program's achievements.</td>
</tr>
<tr>
<td>Program logic model</td>
<td>To ensure that the program theory is clearly articulated so that the assumptions which underpin the program model can be scrutinized and demonstrate how investments are linked to outcomes.</td>
</tr>
<tr>
<td>List of data sources</td>
<td>To identify a range of data sources which could be used as evidence to inform the evaluation and support monitoring of program achievements over time.</td>
</tr>
<tr>
<td>Graduate survey</td>
<td>To provide health services with a tool to monitor the experiences and perceptions of graduates as they complete the graduate program. Used over time the tool will enable health services and the Department to monitor the achievements of graduate programs from the graduates' perspective.</td>
</tr>
</tbody>
</table>
1.1 Background

The following sections contain background information related to the framework and its development.

1.1.1 The need for evaluation

The need for a framework was identified in the Study of Victorian Early Graduate Programs for Nurses and Midwives (2012) commissioned by the Department and conducted by TNS Social Research (TNS) (the '2012 Study'). The 2012 Study found that graduate nurses and midwives face a range of multifaceted challenges and stressors which are consistent nationally and internationally. These include challenges related to professional (general and clinical), organisational and personal areas.

The 2012 Study found that the lack of systematic evaluation could contribute to a lost opportunity to promote the positive outcomes associated with graduate programs including:

- Improved stability of the graduate cohort
- Lowered attrition and higher job satisfaction
- Reduced expenditure on recruitment and employment of casual staff
- Improved patient care
- Higher nurse competency, reducing risk.

The 2012 Study also found that in Victoria the aims and objectives of graduate programs were variable. In some cases the aims and objectives were outdated; reflecting health service and workforce needs which had already been addressed. In other cases the aims and objectives were not measureable, or set goals which could not be realistically achieved by a graduate program. In some cases the evaluation and monitoring of graduate programs were inconsistent and unsystematic. The lack of consistent, meaningful and measureable aims and objectives undermined health services' monitoring and evaluation attempts. In order to establish a shared vision for graduate programs and to support a robust approach to monitoring and evaluation, there was a fundamental need to identify and develop a cohesive set of aims and objectives to underpin graduate nurse and midwife programs in Victoria.

1.1.2 The development process

Building upon the 2012 Study, the development of the framework has involved consultation with a wide variety of nursing and midwifery stakeholders including representatives from public and private health services, rural, regional and metropolitan health services, personnel involved in nursing and midwifery policy, program delivery and health service management, and graduates. A full list of the organisations represented by these stakeholders is provided in Appendix C.

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1 The Final Report and all of the appendices are available online at http://www.health.vic.gov.au/__data/assets/pdf_file/0003/751260/EGP-Final-appendices.pdf
The consultation process included a number of key stages:

- The conduct of an initial workshop in September 2013 to inform the development of the graduate program aim and objectives. Workshop participants included directors of nursing, education managers and graduate program coordinators. The output from this stage was an agreed draft aim, and four objectives for the graduate program. The aim provided the broad vision for the programs while the four objectives each related to professional, organisational, personal and clinical themes respectively. These themes were initially identified in the literature review undertaken as a component of the 2012 Study. Prior to the workshop they were reviewed by the Department and several independent stakeholders based in health services. The workshop provided an opportunity for these themes to be further reviewed and developed by a broader range of stakeholders.

- Broader consultation was then undertaken through the chairs of clinical education and graduate program networks, as well as public health service directors of nursing, to review and refine the draft aim and objectives. The consultation included representatives from private and public health services and from regional, rural and metropolitan health services. The output from this stage was confirmation of the agreed aim and objectives.

- A targeted consultation with nursing and midwifery leaders to inform the development of the Program Logic Model.

- Consultation with graduates at a rural, regional and metropolitan health service to inform development of the graduate survey.

The consultation process is described in greater detail in Appendix B.

1.1.3 Understanding evaluation

Evaluation is a systematic approach to collecting, analyzing and interpreting data to inform assessment and monitoring of policies, programs, services and other initiatives. It is common for program evaluation to be confused with research. Evaluation frequently uses the methods, techniques and data collection tools common in research. However, evaluation has a different purpose to research. The purpose of program evaluation is to determine the merit, worth, or value of a program. Program evaluation requires evaluative judgments. Fundamentally, evaluation aims to determine the quality of a program to improve its operations. Research on the other hand, aims to measure facts or contribute to theory, leaving the attribution of quality to others.

The differences between evaluation and research are generally recognised and reflected in Human Research Ethic Committee (HREC) guidelines. The National Health and Medical Research Council (NHMRC) has developed a National Statement on Human Ethics Research that guides research in Australia and also provides guidelines on quality improvement practice. According to this, quality improvement activities such as evaluation usually do not require ethics approval. However, it is important that those conducting evaluations do check with their HREC.

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2 Graduate Program Aims and Objectives

Clear and measurable aims and objectives form the foundation of this framework. The program aim and objectives identified in the following section were based upon the literature review conducted as a component of the 2012 Study and extensive consultation with nursing and midwifery stakeholders (see Appendix B). The rationales are based upon evidence provided in the 2012 Study and consultation data provided from stakeholders.

In addition to feedback collected through consultation with Victorian nursing and midwifery stakeholders, a significant body of literature contributed to the evidence base underpinning the broad aim and the objectives of the graduate program. References are provided in Appendix A.

2.1 The broad aim of the program

2.1.1 Aim

The fundamental aim of graduate programs for registered nurses and midwives is to provide a flexible range of supports to assist graduates in adjusting to their professional roles as part of a high quality and sustainable workforce.

2.1.2 Rationale

Nursing and midwifery graduates have full registration and can be employed in their first year of practice in any health, community or aged care setting across the private or public sectors. Participating in a formal graduate program, while desirable, is not mandatory to enter the workforce as a registered nurse or midwife.

Graduate programs for nurses and midwives support graduates during the early stages of practice as registered professionals. Graduate programs provide a safe and secure environment where graduates can consolidate and build upon their knowledge - further developing their skills and confidence as they transition into their roles. Graduate programs can provide the platform for developing safe, confident and accountable professionals. The Victorian Government provides significant funding to support graduate places in public health services as well the investment that is provided by health services themselves both public and private. It is important to ensure that this funding contributes to positive outcomes for patients, graduates, health services and the broader community by supporting the development of a sustainable Victorian nursing and midwifery workforce capable of providing high quality accessible care into the future. Graduate programs are not funded to support the achievement of competencies which should be held by all nurses and midwives (not just those in a graduate program).

2.2 The professional objective

2.2.1 Aim

To foster long-term commitment to the profession by facilitating socialisation into the profession and providing opportunities for beginning practitioners to improve the skills and knowledge required to practise effectively and safely as a nurse or midwife.
2.2.2 Rationale

The professional theme contains a number of dimensions. It includes the need for programs to assist graduates with socialisation to the profession. This refers to instilling graduates with the values, attitudes and behaviors which identify them as a professional nurse or midwife. It includes development of their professional persona and sense of belonging to the nursing or midwifery profession. Socialisation is seen as important in the development of graduates' intentions to commit long-term to a career in nursing or midwifery.

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

2.3 The organisational objective

2.3.1 Aim

To provide information and experiences to assist nursing and midwifery graduates to operate effectively within the organisation and perform as engaged and valued members of the organisation’s workforce. The program should promote its own place as an integral part of the organisational culture, whilst also ensuring that graduate nurses and midwives find a valued place and sense of belonging within the organisation.

2.3.2 Rationale

The organisational objective is concerned with the graduate’s 'fit' within the health service organisation. The literature indicates that it is important for graduates to develop a sense of belonging to the organisation where they are employed. This includes feeling safe and secure and familiar with the organisation’s operations which affects graduates as employees. Being perceived as valued and important may even influence graduates' future career intentions. It is important for graduates to understand their responsibilities to the organisation and how the organisation functions. This includes understanding of rostering, timetables, occupational health and safety, organisational policies, resources and procedures. Understanding of the 'mechanics' of the organisation, the ability to orient themselves and the ability to access resources is part of what assists graduates to develop a sense of belonging and security.

Underpinning this theme is the notion that graduates do best within organisational cultures which embrace graduates and value the graduate program. In such organisations the graduate program is embedded in the vision and values of the facility, promoted internally and recognised and supported by staff.
2.4 The personal objective

2.4.1 Aim

To promote a life-long approach to well-being by providing graduate nurses and midwives with appropriate information, knowledge, skills and experiences to address their needs as beginning practitioners and to build personal resilience to assist them into the future.

2.4.2 Rationale

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

2.5 The clinical objective

2.5.1 Clinical objective

To consolidate and expand graduates’ clinical abilities, judgement and confidence by supporting them and fostering environments which provide opportunities for increasing engagement in clinical roles.

2.5.2 Rationale

The clinical theme is concerned with engaging graduates with challenges to address their individual needs and abilities as they progress through the early stages of their career, consolidating and building upon their clinical skills and knowledge. As beginning practitioners in the early stages of developing professional judgement and critical decision making skills, graduates require opportunities for reflection and support.

The research suggests that the type of clinical support required by graduates is best facilitated within the clinical environment. As such graduate programs have an important role to play in developing appropriate clinical environments in which all senior personnel, not just preceptors and educators, embrace their roles in supporting graduates.

Part of the clinical theme is the provision of rotations to provide graduates with exposure to a range of experiences. The literature suggests that rotations are most effective for the graduate and health service, when the graduate has sufficient time to build skills and confidence in a particular setting and make a real contribution. Rotations should not be confused with clinical placements that would be appropriate for a student. Graduates generally achieve more positive outcomes with fewer rotations, as they spend less time adjusting to the new setting and being seen by other staff as a ‘newbie’. This gives them greater opportunity to practice at a higher level, experience challenges, develop clinical reflection skills and make clinical judgements.
3 The Program Logic Model

The program logic model is provided to articulate the program theory upon which Victorian nursing and midwifery graduate programs are based. While graduate program providers will be largely concerned with the health services program logic model, in order to present a holistic overview, the framework contains a program logic model for:

- Health services
- The Department.

3.1 About the program logic model

The program logic model (‘the model’) provides a diagrammatic illustration of the theory which underpins the graduate programs. It makes clear the assumptions upon which programs are based and specifies the inputs and activities which are expected to produce certain short and longer term outcomes. The model clarifies thinking about program objectives and benefits.

In this model the resources brought to the graduate programs are aligned to the different roles of the two key stakeholder groups involved in the programs. These resources are:

- from the government:
  - policy directions
  - funding for graduate places
  - funding of research
  - funding development of resources (i.e. website, documents etc.)
  - departmental staff time to manage the computer match process, support programs, monitor achievement.
- from the health services:
  - graduate recruitment and selection process
  - funding for local graduate places
  - other infrastructure, resources and materials.

The model provides the basis for the development of program measures of success. The measures will relate to the intermediate outcomes identified in the model as these can be readily measured by health services. Longer-term impacts are provided in the model to establish direction and vision for the program. While these are measurable and in theory, are likely to occur if the intermediate outcomes are achieved, the focus of health services will be on measuring achievement of the intermediate goals. Intermediate goals sit with the health services providing graduate programs. As such, these are the focus of the measures of success which can be populated by the data sources identified in Section 4.
### 3.2 Program logic model overview

<table>
<thead>
<tr>
<th><strong>Activities</strong></th>
<th><strong>Outputs or products (During the program)</strong></th>
<th><strong>Immediate outcomes (End of the program)</strong></th>
<th><strong>Longer term impacts (Beyond the program)</strong></th>
</tr>
</thead>
</table>
| • Policy development  
• Develop and provide resources for organisations providing graduate programs  
• Manage, allocate and reconcile funding of graduate positions  
• Support and fund collaborations which expand the current graduate program models  
• Provide the mechanism for recruitment of graduates through the PMCV computer matching service  
• Support development and implementation of performance monitoring arrangements  
• Participate in regular meetings and networks where graduate programs are discussed and monitored  
• Monitor the state-wide performance of graduate programs and reporting to Government  
• Maintain the Nursing and Midwifery Graduates web pages  
• Support innovative graduate programs that promote greater capacity for graduates across Victoria. | **Nursing and Midwifery Workforce:**  
• Program Guidelines 2009 (to be reviewed)  
• Best Practice Principles  
• Graduate Handbook  
• Website  
• Best Practice Clinical Learning Environment Framework | **The graduate programs meet their objectives and achieve positive outcomes. This in turn produces positive outcomes for public health services and the Victorian community.** | **The graduate program contributes towards a sustainable Victorian nursing and midwifery workforce capable of providing high quality, accessible care into the future.** |
<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs or products (During the program)</th>
<th>Immediate outcomes (End of the program)</th>
<th>Longer term impacts (Beyond the program)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Services</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Professional objective</strong></td>
<td>• Graduates have access to study days for ongoing learning and reflection</td>
<td>• Graduates consolidate and build upon their knowledge, skills and confidence</td>
<td>• Graduates are confident of their professional skills</td>
</tr>
<tr>
<td></td>
<td>• Graduates have access to opportunities for socialisation into the nursing and midwifery professions</td>
<td>• Graduates have improved professional skills (such as time management, decision-making, communication)</td>
<td>• Graduates see their career path in nursing or midwifery</td>
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<tr>
<td></td>
<td>• Graduates are given regular formal reviews of their progress</td>
<td>• Graduates demonstrate an understanding of the legal obligations of the profession</td>
<td>• Graduates feel a sense of belonging to the profession</td>
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<td></td>
<td>• Graduates have access to experienced staff who provide preceptorship or mentoring, and formal and</td>
<td>• Graduates gain exposure to leadership roles</td>
<td>• Graduates participate in leadership roles</td>
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<tr>
<td></td>
<td>informal support as needed</td>
<td>• Graduates demonstrate an interest in life-long learning and professional development</td>
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<tr>
<td></td>
<td></td>
<td>• Graduates consolidate and build upon their knowledge, skills and confidence</td>
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<tr>
<td></td>
<td></td>
<td>• Graduates have improved professional skills (such as time management, decision-making, communication)</td>
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<tr>
<td><strong>Organisational objective</strong></td>
<td>• Organisations market their program to potential graduates</td>
<td>• Organisations have ongoing access to a pool of qualified and suitable graduates</td>
<td>• Organisations retain graduates within their workforce</td>
</tr>
<tr>
<td></td>
<td>• Organisations shortlist and interview appropriate applicants for graduate positions</td>
<td>• Graduates feel their contribution was valued by the organisation</td>
<td>• Organisations feel a sense of belonging to the organisation</td>
</tr>
<tr>
<td></td>
<td>• Graduates receive a generic ‘New-Starter’ orientation to the service</td>
<td>• The organisation recognises and supports the program</td>
<td>• Organisations participate in a range of roles contributing to the organisation in different ways</td>
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<tr>
<td></td>
<td>• Nursing/midwifery/mental health specific orientation day/s provided at each new rotation</td>
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<td></td>
<td>• Graduates have access to a handbook with information and resources including requirements and</td>
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<tr>
<td></td>
<td>expectations</td>
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<td></td>
<td>• Organisations promote the program internally to clinical and administrative leadership teams. The</td>
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<td></td>
<td>program is reflected in the organisation’s vision and is reported in annual reports and the like</td>
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<tr>
<td></td>
<td>• Organisations are able to fill graduate positions with suitable candidates</td>
<td>• Organisations have ongoing access to a pool of qualified and suitable graduates</td>
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</tr>
<tr>
<td></td>
<td>• Graduates have realistic expectations of the opportunities available within the organisation</td>
<td>• Graduates feel their contribution was valued by the organisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Graduates understand how the organisation operates</td>
<td>• The organisation recognises and supports the program</td>
<td></td>
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<tr>
<td></td>
<td>• Graduates understand the role of the nurse or midwife within the organisation</td>
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<tr>
<td></td>
<td>• Other staff understand the program and support graduates</td>
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<tr>
<td></td>
<td>• Graduates are distinguished from students</td>
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</tbody>
</table>
### Monitoring and Evaluation Framework

#### Victorian Graduate Programs for Nurses and Midwives

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs or products (During the program)</th>
<th>Immediate outcomes (End of the program)</th>
<th>Longer term impacts (Beyond the program)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal objective</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The graduate program uses materials and resources based on current evidence to support graduates’ well-being</td>
<td>• Graduates know where to access support</td>
<td>• Graduates build formal and informal resources to promote their life-long well-being</td>
<td>• Graduates are able to manage their work-life balance</td>
</tr>
<tr>
<td>• Graduates have access to peer support</td>
<td>• Graduates have realistic expectations of their skills</td>
<td>• Graduates are able to manage stress, work-life balance, understand resilience. They are aware of stressors and triggers and have health coping strategies in place</td>
<td>• Graduates have resilience</td>
</tr>
<tr>
<td>• Graduates have access to personal support</td>
<td>• Graduates are able to identify early signs of not coping</td>
<td></td>
<td>• Graduates demonstrate ability to manage life-long well-being</td>
</tr>
<tr>
<td>• Study days include training on well-being, stress management, resilience and work-life balance</td>
<td></td>
<td></td>
<td>• Graduates have sustainable approaches to managing workplace pressures and are retained in the profession</td>
</tr>
</tbody>
</table>

| **Clinical objective** | | | |
| • Graduates receive a discipline specific orientation to the service. | • Graduates enhance and consolidate their clinical skills and knowledge | • Graduates have a better understanding of reflective practice | • Graduates demonstrate reflective practice |
| • Graduates have access to appropriate rotations which address their career goals | • Graduates have clinical experiences relevant to their interests and needs | • Graduates are more skilled and confident in their clinical judgements and decision making | • Graduates demonstrate appropriate clinical judgement and decision making |
| • Graduates are orientated to each new rotation by staff in the setting | • Graduates experience clinical environments in which they are supported by all staff | | • Graduates have a career path in their preferred area of specialisation |
| • Graduates are supernumerary as determined by organisational need | • Graduates understand their role | | |
| • Graduates receive a staged introduction to shift work | | | |
| • Graduates have access to clinical supervision | | | |
| • Graduates have access to timely clinical support and education including reflecting on clinical practice | | | |
| • Graduates are treated as individuals, given challenges and opportunities appropriate to their skills and development needs | | | |

January, 2014
Data Sources

This section outlines the potential data sources which could be used to measure the success and achievements of the graduate program. A mix of data sources is recommended to provide different types of measures including:

- Structural measures - this refers to physical and organisational inputs such as facilities, equipment, staffing, and other resources or inputs into a program
- Process measures - which focus on the activities, interactions and behaviors
- Outcome measures - these are based on the end result.

Structural and process measures are often used in assessments of appropriateness and quality of care or service provision delivery, while outcome measures are often used as an overall measure of success and assessment of program or service effectiveness.

Data to inform evaluation and monitoring activities can come from a number of sources. These include:

- Health service data which is collected as a part of the health service’s usual practice and may include:
  - Selection data, such as the number of graduates applying for a program, the number of places available, the funding available, the proportion of applicants selecting the health service as their first preference
  - Human resources data, such as sick leave, program completion rates, retention rates, complaints, incidents, formal feedback to graduates
  - Graduate training data, such as graduate’s needs assessment, curriculum development, participation in formal and informal training programs, graduate feedback on training and presentations
  - Program data, such as the quality of the materials used, curriculum materials, monitoring of graduate progress
  - Support for graduates, such as numbers of preceptors, mentors and educators, training and supervision of preceptors, mentors and educators, availability of supernumerary days

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- Infrastructure, such as study rooms, office equipment, support for networking, training facilities (e.g., simulation)
- Other sources of evidence, such as staff surveys, patient satisfaction data, feedback from other staff
  - Graduate survey data, which includes graduates’ experiences and perceptions as related to professional, organisational, personal and clinical areas
  - Qualitative consultations with graduates, nurse unit managers, directors of nursing, human resource managers and other organisational personnel.

### Table 2: Data sources and objectives

<table>
<thead>
<tr>
<th>Data sources</th>
<th>Aim</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection data</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Human Resources data</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Graduate training data</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Program data</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Evidence of support for graduates</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Infrastructure audit</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other sources of evidence, such as staff surveys, patient satisfaction data, feedback from other staff</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Graduate survey data - professional areas</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Graduate survey data - organisational areas</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Graduate survey data - personal areas</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Graduate survey data - clinical areas</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Qualitative consultations</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Appendix A: References

The following references have been taken from the *Study of Victorian Early Graduate Programs for Nurses and Midwives (2012)*\(^5\). Refer to the 2012 Study for a more comprehensive reference list.

**References related to the broad aim of the program**


\(^5\) The Final Report of the 2012 Study and all of the appendices are available online at
References related to the professional objective


References related to the organisational objective


Fox. R, Henderson A, Malko-Nyhan K. (2005) 'They survive despite the organizational culture, not because of it’: a longitudinal study of new staff perceptions of what constitutes support during the transition to an acute tertiary facility. *International Journal of Nursing Practice* Royal Brisbane and Women's Hospital Health Service District, QLD: Australia.


### References related to the personal objective


### References related to the clinical objective


Appendix B: The Consultation Process

The development of the monitoring and evaluation framework involved consultation with a wide variety of nursing and midwifery stakeholders including representatives from public and private health services, rural, regional and metropolitan health services. It has included personnel involved in nursing and midwifery policy making, program delivery, health service management and graduates. A full list of participating organisations is provided in Appendix C. The consultation process included a number of key stages:

- An initial workshop was conducted by TNS Social Research on behalf of the Victorian Department of Health to inform the development of the graduate program aim and objectives. These were based upon key themes (professional, organisational, personal and clinical) that were initially identified in the Study of Victorian Early Graduate Programs for Nurses and Midwives conducted by TNS Social Research in 2012. The workshop was attended by directors of nursing, education managers and graduate program coordinators.

- Following the workshop, a paper was developed by TNS Social Research to provide a summary of the proceedings of the workshop and the data collected during the workshop. This paper was then disseminated to participants (and invitees who were unable to attend the workshop). Along with the paper, participants were provided with a feedback form and were invited to provide additional comment related to the development of the graduate program aim and objectives. The result of the initial targeted consultation was broad agreement of the aim of the graduate program, and confirmation of four key themes to provide a basis for the development of graduate program objectives.

- Broader consultation was then undertaken with members of clinical education and graduate program networks (through the chairs of the networks). In addition, other relevant staff were consulted through their directors of nursing. The consultation included representatives from private and public health services and from regional, rural and metropolitan health services. The output from this phase was an agreed aim and objectives for the graduate program. These relate to professional, organisational, personal and clinical themes.

- A targeted consultation with nursing and midwifery leaders to inform the development of the Program Logic Model.

- Consultation with graduates at a rural, regional and metropolitan health service to test and further develop the graduate survey.
Appendix C: Contributors to the Consultation

The department wishes to thank staff from the following organisations for participating in the various stages of consultation undertaken throughout this project.

Alfred Health
Austin Health
Ballarat Health
Barwon Health
Bendigo Health
Central Gippsland Health Service
Eastern Health
Echuca Regional Health
Epworth HealthCare
Kyabram & District Health Services
Latrobe Regional Hospital
Melbourne Health
Melbourne Private Hospital
Mercy Public Hospital Inc
Monash Health
Northeast Health Wangaratta
Peninsula Health
Ramsay Health Care
Rochester and Elmore District Health Service
Royal Women’s Hospital
South Gippsland Hospital
South West Healthcare
St John of God Health Care
St Vincent’s Health
The Royal Children’s Hospital
West Gippsland Healthcare Group
West Wimmera Health Service
Western Health
Yarrawonga Health
Appendix D: Graduate Survey

Purpose of the survey

The fundamental aim of the graduate survey is to support quality improvement activities related to graduate nurse and midwife programs. It is not intended to be used for research purposes. It is one of a number of tools and activities which health services can use to monitor and evaluate the success of their graduate program (other data sources which can contribute to program evaluation are outlined in Section 4 of this framework).

Best practice approaches to monitoring and evaluation utilise a variety of forms of data to support assessments of program quality and to identify opportunities for improvement. Within this context the graduate survey is intentionally subjective. Its purpose is to provide measures of the graduates’ perceptions of their experience with the graduate program. Objective measures to inform monitoring and evaluation activities can be drawn from other sources (see Section 4).

Supporting quality improvement

The survey results are most useful when they are used within a quality improvement cycle. Survey data can be used to initiate a cycle which includes:

- Identifying areas of concern or emerging issues
- Supporting dialogue with stakeholders about opportunities to strengthen the program
- Providing insights to inform program review, development and refinement
- Conducting the graduate survey and comparing results to those of the previous year to provide measures of program improvement.

Survey structure

To ensure that the survey is capable of informing program improvement activities, it has been specifically structured to reflect the broad aim of the program and the individual objectives related to professional, organisational, personal and clinical aspects of the graduates’ experiences (see Section 2 for more detail on each of these). Items contained in the survey have been informed by a review of the literature and extensive stakeholder consultation.

Administration instructions

To ensure the reliability of responses it is important to adhere to a consistent approach to survey administration. The following points will assist in promoting a consistent, reliable approach to administration of the survey.

- The survey is designed to be administered annually. It is important when considering the survey administration that it is scheduled near the end of the graduate’s final
rotation for the program, so they can provide an assessment of their views of the whole program. The survey should be scheduled to allow time for the results to feed into planning activities for the program in the year ahead.

- It is most important that the survey be administered at the same time each year to ensure the comparability of the results. This will also ensure consistency both within health services over time and across health services.
- This questionnaire is designed to be administered as a pen and paper questionnaire.
- Survey data can be processed using a number of data processing packages including Microsoft Access, Microsoft Excel or SPSS.
- At the start of the survey process remind graduates that their responses are anonymous and that you want them to answer every question. State that the survey is being conducted to assist in monitoring and evaluation of the program with a view to supporting continued program improvement. Explain that it will not be used for any other purposes including for graduate performance appraisals etc.
- Completion of the questionnaire will take up to 15 minutes depending upon how people respond.
- The questionnaire should be completed on site at the health service without group discussion.
- The graduate program co-ordinator (or similar) if supervising the group should remain at the front of the room throughout administration to ensure that graduates feel that they are completing the survey in private.
- Individual results should not be discussed. As the survey is part of monitoring and evaluation, the focus should be on aggregated results.
- Every care should be taken to protect the anonymity and confidentiality of graduates’ responses to the questionnaire. Graduates should be given a blank envelope in which to place their completed questionnaire so that their individual responses are anonymous.
Graduate Program Experience Survey

This survey is about your experiences and perceptions of the graduate program (including rotation/s, support, resources and other opportunities which form part of the program). By completing this survey you will help improve our understanding of the program and contribute towards its continued improvement.

Getting started

Your responses to this questionnaire are **anonymous**. Your views are very important to us, so we would like you to provide an answer to each question. The survey includes spaces for you to describe your experiences. If you have any questions please contact your graduate program coordinator.

1. Were you offered a position through the computer match process? (Select one response)
   - Yes
   - No
   - Not sure

2. Thinking back to when you applied for a graduate program, did you get your first choice of health service (whether through computer match or not)? (Select one response)
   - Yes
   - No
   - Not sure

3. How satisfied or dissatisfied were you to be offered a graduate program at this health service? (Select one response)
   - Very dissatisfied
   - Dissatisfied
   - Satisfied
   - Very satisfied
   - Extremely satisfied
   - Don’t know

4. Please explain the factors that influenced your level of satisfaction with being offered a graduate program at this health service.

5. When you started the graduate program, did you have a special area of interest within nursing or midwifery? (Select one response)
   - Yes → What was your area of interest? (Please write in) __________
   - No → Please go to Q?

6. Did the graduate program enable you to pursue your areas of professional interest? (Select one response)
   - Yes
   - No

How would you rate the quality of the orientation you received in the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
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<td>7. How the health service operates</td>
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<td>8. Your role in the health service</td>
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<td>9. Service policies and procedures</td>
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<td>10. Where to go to get support</td>
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<td>11. Rotations</td>
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<td>12. AM/PM/Night shift changes</td>
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<td>13. Overall quality of orientation</td>
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</table>
### Monitoring and Evaluation Framework

**Victorian Graduate Programs for Nurses and Midwives**

**January, 2014**

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#### How would you rate the contribution the graduate program has made to your clinical nursing/midwifery abilities in the following areas?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t know</th>
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<tr>
<td>14. Patient interaction</td>
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<td>15. Patient assessment</td>
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<td>16. Administering medications</td>
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<td>17. Providing treatments</td>
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<td>18. General patient care with ADLs</td>
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<td>19. Completing appropriate documentation</td>
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<td>20. Communicating with family members</td>
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<td>21. Communicating with other members of your team</td>
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<td>22. Accessing additional clinical support as required</td>
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<tr>
<td>23. Clinical care of patients with varying levels of acuity</td>
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<tr>
<td>24. Clinical decision-making</td>
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<td>25. Overall contribution to the consolidation of your practical nursing/midwifery skills</td>
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</table>

#### How would you rate the contribution the graduate program has made to your professional skills in the following areas?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t know</th>
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<tr>
<td>26. Developing your professional identity</td>
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<td>27. Dealing with accountability and responsibility</td>
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<td>28. Shifting from student to independent professional</td>
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<td>29. Applying academic learning and ideas to the workplace</td>
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<td>30. Working to the expectations of your employer</td>
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<td>31. Managing shift work</td>
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<td>32. Working effectively as part of a team/ward/unit</td>
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<td>33. Managing work load</td>
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<tr>
<td>34. Sense of belonging to the profession</td>
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<tr>
<td>35. Overall contribution to your professional abilities</td>
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</tbody>
</table>

#### How would you rate the contribution the graduate program has made to your personal skills and development in the following areas?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t know</th>
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<tbody>
<tr>
<td>36. Stress management</td>
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<td>37. Sense of belonging and fit within the graduate program</td>
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<td>38. Confidence to perform duties</td>
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<td>39. Ability to manage work/life balance</td>
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<td>40. Resilience to bounce back after something goes wrong</td>
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<td>41. Overall feeling of being supported</td>
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Graduate program survey | Page 2
### Monitoring and Evaluation Framework

**Victorian Graduate Programs for Nurses and Midwives**

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#### How would you rate the value of the following attributes of the program in which you participated?

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
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<tr>
<td>42. Regular formal classes/PD days etc.</td>
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<td>43. Research opportunities</td>
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<td>44. Support from preceptors, educators and/or mentors</td>
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<td>45. Accessibility of preceptors, educators and/or mentors</td>
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<td>46. Study leave</td>
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<td>47. Supernumerary time</td>
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<td>48. Opportunities to network with other nursing and midwifery graduates</td>
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<td>49. Opportunities for review of your progress</td>
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<td>50. Access to regular opportunities to debrief</td>
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<td>51. At environment where you feel comfortable to debrief openly</td>
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<td>52. Specialised areas of practice (i.e. aged care, mental health, paediatrics etc.)</td>
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<td>53. Flexibility of working conditions and rostering to accommodate your needs</td>
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<td>54. Rotations</td>
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<td>55. Overall value of the program to you</td>
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</table>

#### How would you rate the opportunities you had to engage with the organisation through the graduate program?

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t know</th>
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<tr>
<td>56. Participate in organisation wide activities such as staff meetings, training, PD</td>
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<td>57. Exposure to the philosophy, values and mission of the organisation</td>
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<td>58. Sense of belonging to the organisation and the organisational culture</td>
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<td>59. Knowledge of organisational processes, policies and procedures</td>
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<td>60. Awareness of governance and leadership structures and committees</td>
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<td>61. Access to a consistent standard of support throughout the organisation and in different rotations</td>
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<td>62. Overall contribution to your commitment to the organisation</td>
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**Graduate program survey**

Page 3

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January, 2014
73. Please provide examples of how you think the graduate program could be improved. (Write your answer in the space below)

76. Please provide examples of how you think the graduate program worked well for you. (Write your answer in the space below)

Demographics
Please tick one box for each question

77. What is your gender? (Select one response)
   ○ 1 Male ○ 2 Female ○ 3 Other

78. What is your age? (Select one response)
   ○ 1 25 years and under ○ 2 26 to 35 years ○ 3 36 to 45 years
   ○ 4 Over 45 years

79. What is your area of specialisation? (Select one response)
   ○ 1 Nursing ○ 2 Midwifery ○ 3 Other (Please write in) __________________________

80. How long is the graduate program you are involved with? (Select one response)
   ○ 1 6 months ○ 2 12 months ○ 3 18 months ○ 4 Other (please write in) _________

81. Have you completed the graduate program? (Select one response)
   ○ 1 Yes, completed ○ 2 Almost completed ○ 3 About half way through the program
   ○ 4 Less than half way through the program

82. Which category best describes your qualification? (Select all that apply)
   ○ 1 Bachelor of Nursing ○ 2 Bachelor of Midwifery
   ○ 3 Other (Please write in) __________________________

Thank you for completing this survey