Transition to Nursing Practice: from student to registered nurse

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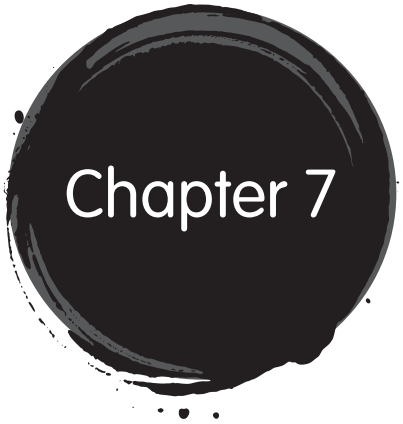

Transition support

Melanie Stephens and Susan Walker

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

1.1 understand and act in accordance with the Code: *Professional standards of practice and behaviour for nurses, midwives and nursing associates*, and fulfil all registration requirements

1.2 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes

1.7 demonstrate an understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice

1.8 demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations

1.9 understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions

1.10 demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgments and decisions in routine, complex and challenging situations

1.19 act as an ambassador, upholding the reputation of their profession and promoting public confidence in nursing, health and care services.

Platform 5: Leading and managing nursing care and working in teams

5.5 safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care

5.9 demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team and support them to identify and agree individual learning needs.

Platform 6: Improving safety and quality of care

6.7 understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement

6.11 acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop resilience in self and others.

Chapter aims

After reading this chapter you will be able to:

- describe the roles and responsibilities of preceptors and preceptees and identify similarities and differences between mentoring, practice supervision, practice assessment, coaching, preceptorship and clinical supervision;
- appreciate the importance of seeking out and being receptive to constructive feedback as a newly registered nurse;
- identify other networks and resources that can assist with transition support;
- understand why it is your duty to always work within the limits of your knowledge and clinical competence.

Introduction

The purpose of this chapter is to recognise and understand the importance of support to develop into an autonomous practitioner during your transition from student nurse to newly registered nurse. This chapter will help you to identify what support systems are currently available and how this can affect your job performance. The chapter will also help you to identify when and how you should commence clinical decision making in order to develop your autonomy. The chapter will begin by introducing you to imposter syndrome and the impact this can have on your transition. It then moves on to explore transition support and how this will change from practice supervisor/assessor to preceptorship or another form. You will then have an opportunity to explore what supernumerary status means as a newly registered nurse and how feedback should be provided. Finally, the chapter will identify what other forms of support are available and how this will help you to develop your autonomy and clinical decision-making skills.

Scenario: Marek

Marek is a newly registered nurse who obtained a first staff nurse post in a local care organisation. Marek was appointed to a preceptor, Gayle, on the first week of employment.

Although Marek felt competent and knowledgeable as a third-year student, the position of a registered nurse with the increased responsibility and accountability led to feelings of self-doubt and low confidence.

On commencing employment Marek found that Gayle and the other members of staff appeared too busy to help answer any questions raised. As time passed Marek became increasingly anxious and did not fully understand the role of the staff nurse and what was expected. This led to feelings of being an imposter. This job did not match expectations and Marek began to have sleepless nights, phoned in sick and started to consider whether this was the right profession.

Finally, Marek decided to approach Gayle, an experienced registered nurse, to express these concerns. Gayle was surprised and had thought that Marek was coping. Once this misunderstanding was addressed, although Gayle was often busy with workload responsibilities, Marek's questions were always answered and time was made to discuss caseload and offer guidance. Gayle would often work alongside Marek and offer feedback, encouragement and support on any progress; this helped to improve Marek's confidence.

Marek discovered that the organisation also offered occasional study days for newly registered nurses. When attending study days Marek developed existing skills as well as skills required of a registered nurse. Marek met with other newly registered nurses, shared stories, experiences and gained valuable support.

This scenario is intended to highlight the potential for newly registered nurses to leave the profession due to their expectations not matching experiences in practice and thinking they lack personal resilience and coping strategies; this is demonstrated in figures collated by the NMC where during 2016–17 more than 29,000 registered nurses allowed their registration to lapse.

This chapter aims to help you to identify and utilise the support and resources that will be available to you when you make the transition from student to newly registered nurse, and to recognise some of the potential problems that you may face. It is anticipated that once you are familiar with the concept of preceptorship/transition support, the role of your preceptor/support person and your own responsibilities as a preceptee/newly registered nurse you will be able to build your own network of support, advice and feedback in your chosen clinical area.

Imposter syndrome and transition

It may seem surprising that many high achieving individuals feel like a fraud when they first register as a professional and take up their first post. They think they haven't the skills and knowledge others believe they have. Feeling like this is more common than you think and most people at some point in their life will feel like a phoney. However, when feeling like a fraud gets out of control it can develop into something called imposter syndrome (Kearns, 2016) and this can affect how you think and behave.

Imagine what it will be like on your first day as a newly registered nurse in your first post, wearing the uniform of a newly registered nurse. You are charged with the responsibilities that come with the role and no doubt you will have had both positive and negative feelings; being a newly registered nurse can be both exciting and unnerving.

Don't worry you are not alone!

As you have read in Chapter 1, the transition that student nurses go through to becoming newly registered nurses can be both exciting and stressful. Kramer (1974) described how newly registered nurses experienced 'reality shock'. This reality shock occurs with the transition from education to the clinical setting where there are different priorities and pressures. Seminal research by Duchscher (2009) referred to the 'transition shock' that nurses experience as they realise that they are professionally accountable for their actions and need to rapidly become acquainted with increased autonomy and local responsibilities.

Indeed, the transitional experiences of newly registered nurses are also consistent with those experienced by other health professionals; you may even feel as though you are an imposter like Marek in the scenario (Mandy and Tinley, 2004; Morley, 2009; Kearns, 2016).

The adjustment from education to full-time practice and the nurse's ability to integrate themselves in their new environment will hasten the transition and lessen the shock. From the moment nurses are registered, they are autonomous, accountable practitioners (NMC, 2018b). It is clear then that those feelings of stress and fear felt during this time are often linked to high expectations of yourself and how you will meet your own and others' expectations. There is then a need for a newly registered nurse to form functional relationships with colleagues, to be integrated into the ward team and subsequently to develop into the role.

The following case study from an interview of a GP by Hugh Kearns demonstrates the impact of transition.

Case study: Hugh Kearns

Entering general practice training as a junior registrar was a completely different story. With just you, the patient and a supervising specialist GP watching your progress, you are completely exposed. And this, coupled with the fact that junior registrars are going to make mistakes, made for a very humbling experience. I couldn't count the number of times I reached the conclusion that being a doctor was just not for me. I regularly thought about my 'fall back' options, going back to research, perhaps teaching, or maybe stacking shelves at the supermarket.

Activity 7.1 Reflection

On a piece of paper write down how you are feeling now about your transition, reflecting on the case study above. Now go to your SWOT/SNOB analysis formulated from Chapter 2 and reflect on what you have found.

As this activity is based upon your own reflection, there is no outline answer at the end of the chapter.

By getting you to reflect on the GP's story and your SWOT/SNOB analysis above we wanted you to be able to distinguish whether you were a real imposter. We hope you have gathered that you are not, as a real imposter is a person who pretends to be someone else in order to deceive others, especially for fraudulent gain. Once you see your SWOT/SNOB it will help you to realise how competent you are. What you may be sensing are imposter feelings – that is, feelings that you are a fraud; when you explore the facts you are not. If you continue to feel like an imposter a lot of the time despite evidence to the contrary (like Marek in the scenario) and this affects how you think and behave, you may have developed imposter syndrome. In this instance, you need to seek help. Table 7.1 lists imposter-breaking strategies by Thinkwell that you may wish to consider.

You will note that reservations and worries can hold us back, so the best strategy when you are beginning to feel like an imposter is to act. For example, if we refer to Marek in the scenario, Marek should have understood that feeling like an imposter was normal. Using reflection to help, Marek could have identified that feeling anxious prior to each shift because of fear of not knowing how to respond to the demands of patients and members of the interprofessional team were 'imposter moments'. By using personal development planning with support from a preceptor, Marek could identify long- and short-term goals in relation to fear of not knowing how to respond to the demands of others and used objective feedback to measure success.

1	Realise that imposter feelings are normal
	Most people have imposter feelings from time to time. It's normal to question yourself, to ask how you're going. Then you need to look at the evidence.
2	Know your imposter moments
	There will be times when you are more likely to experience imposter feelings. If you know your imposter moments, then you can prepare yourself.
3	Objective standards of success
	Before you start on a project or task, write down what you would consider a success. This will stop you changing the goalposts later.
4	Setting realistic standards
	Set goals and standards that you can achieve. If you set outrageous standards, it makes failure more likely and you might avoid starting at all.
5	Prepare for mistakes
	Mistakes can stir up imposter feelings. Since mistakes are inevitable, it is a good idea to prepare yourself. Expect to feel annoyed but then decide what you will do.
6	Mind your language
	Stick to the facts. Was it just good luck or did you work hard? Did others do all the work or did you contribute too?
7	Get external evidence
	Rather than just relying on your opinions, seek out evidence, ask others, get facts.
8	Do some behavioural experiments
	Try things out to see whether your assumptions are true – for example, when in practice ask for feedback on the care you give or clinical decisions you make.
9	Create a fact file
	Write down the facts in a fact file. Use this when an imposter moment strikes.
10	Create a brag file
	This will help you keep a record of your achievements and positive feedback.
11	Remember that you are in charge
	Even though they may be compelling, remember feelings are not facts.

Table 7.1 Imposter-breaking strategies

Setting realistic goals, with actions and resources that address who to ask and how to ask for feedback that reflects both personal progression and what to do when things go wrong, Marek could assess professional development and ability to cope. This would be from factual information, rather than a personal, one-sided emotional response. The benefits of a PDP also allow Marek to create a 'brag and fact' file that visibly demonstrates achievements during the period of preceptorship. Please refer back to Chapter 3 for further information.

The physical presence of a supporting individual (moving from practice supervision and practice assessment to preceptorship/ transition support)

Concept summary

What is a preceptorship/transitional support programme? How is it different to practice supervision and practice assessment?

To support the transition from student nurse to newly registered nurse many healthcare settings have adopted a Staff Nurse Preceptorship Programme. The NMC (2006) defines preceptorship *as a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further.*

Preceptorship is not a new concept; the need for support was formally recognised in the UK in 1986 and professional bodies at this time recommended a period of learning after registration followed by a lifelong programme of continuing education. The drivers to implement supportive structures for newly registered nurses were based on two main features: to alleviate the transitional challenges of new practitioners to reduce the number of newly registered nurses leaving nursing as soon as they qualify, and a concern about the fitness to practise of newly registered practitioners.

Since 1986 there have been key documents that have ensured preceptorship has remained a recommendation for sound professional practice. Table 7.2 provides three key external drivers that promote the need for preceptorship. However, as all guidance on preceptorship is optional and not mandatory, some employers may offer a preceptorship programme, whereas others offer other forms of transition support.

In 2010 the Department of Health launched a *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals* to set clear standards for preceptorship.

Preceptorship is therefore a system put in place to support the transition phase for newly registered nurses as they continue their professional development, building confidence and further developing competence to practise and provide structure and direction. Preceptorship continues to feature as a priority as the *Shape of Caring* review (Willis Commission, 2012) has recommended one-year preceptorship with an employer following registration. Preceptorship is an integral part of enabling a newly registered nurse to practise safely unsupervised. As such, it is an especially important part of the development and transition route to independent practice; the programme may feature completion of mandatory workbooks, reflections and study days (to name some activities). Failure to advance at the two progression points within the

first six to twelve months of a preceptorship programme could compromise a nurse's career or registration.

At the interim and end of the preceptorship period reviews should be held. The discussion at the reviews should not come as a surprise to the preceptee as feedback should be consistent throughout the programme, with regular feedback on progress. If the preceptee has not provided sufficient evidence that they have met the required standards, the line manager as well as the preceptor will record which of the standards or performance criteria have not yet been achieved and provide detailed feedback to the preceptee. This will be recorded both in the preceptorship and appraisal documents. At this point it is the line manager who will decide locally whether human resources advice and support should be sought. At this time consideration will be given to either extend the preceptorship period or follow the trust/organisation's competency policy; this may include contacting the Nursing and Midwifery Council under Fitness to Practice if the incidents or ill health issues are serious and compromise patient safety.

Organisation	**Driver**
Care Quality Commission	Competent
Staff – Platform 5	Registration requirements state that as registered nurses we must contribute to supervision and team reflection activities to promote improvements in practice and services
Department of Health	Developing the Healthcare Workforce; DoH *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals* (March 2010)
Nursing and Midwifery Council	Recommendation 21 of the NMC's 'Fitness to Practise' (2019)

Table 7.2 Key external drivers

When you are considering which staff nurse post to apply for or attending job interviews it is wise to discover whether your prospective employers have a preceptorship/transition programme in place. Ask how long it lasts and what it will include; consider whether this programme will be of benefit to you, will it address your development needs? Cross-reference the programme against your SWOT/SNOB analysis formulated in Chapter 2. For further information on applying for a staff nurse job see Chapter 8.

It is important that the programme you select is suitable for your needs as preceptorship programmes can be varied. Robinson and Griffiths (2008) and Chapman (2013) called for preceptorship programmes that fit the needs of the individual, suggesting they should be a way to build confidence and further develop competence – not a way to meet any shortfall in pre-registration education (DoH, 2010).

The need for a preceptorship/support programme is acknowledged in policy, though details of what is needed are sometimes unclear. Literature demonstrates a variance in length and content of both preceptorship and support programmes and authors have

found difficulties in identifying individual learning needs of newly registered nurses (Evans *et al.*, 2008; Darvill, 2013; Strauss *et al.*, 2015).

You may find that support programmes on offer vary in length, content and structure; it is a good idea to discuss the details of any support programme during your interview – that way you may find your 'right fit'. Some nurses may prefer a more structured programme such as their experience during nurse education, which focusses on attaining specific clinical competencies; however, some nurses may prefer the programme to focus on other important aspects of preceptorship such as peer support/networking and socialisation. A recommendation made by the National Nursing Research Unit (Robinson and Griffiths, 2008) concludes that any formal structured nurse preceptorship programme should be speciality specific and tailored towards the individual nurse's needs.

The support programme you choose should provide a supportive function; if it becomes a task it could add more pressure to an already stressful time and serve to have the opposite effect to the supportive, developmental programme it set out to be. Some degree of formal outcomes such as developing your competencies may, however, be beneficial in developing the skills pertinent to your new role. Therefore, the programme you choose should be a balanced period of support and needs to be specific, individualised and not overly onerous. The Department of Health is specific when it states that *the programme should be seen as a way to build confidence and further develop competence and not as a way to meet any shortfall in pre-registration education* (DoH, 2010, p10). It is now time for you to think: what do I want from my support programme? You may wish to read the systematic review that is included in the 'Further reading' section of this chapter.

Now that you have surveyed and reflected on your needs during your transition it is important to explore self-confidence. According to the literature, self-confidence could be your perception of your ability to interact with patients, families and colleagues and safely carry out your new role in the clinical setting. Competence, however, predicates the application of your knowledge and skills in responding appropriately to the dynamic patient-care environment (Roach, 2002). You could say that when you develop and safely demonstrate your competence you will then increase your confidence. The preceptor or support individual is charged with the role of guiding newly registered nurses and helping them to apply theory in practice; when you work with your preceptor/support person and demonstrate to them your competence, then this will help you to develop your confidence.

Activity 7.2 Reflection

Now that you have read more about preceptorship/transition support what do you think you would want/need to be included in your preceptorship/support?

Review your personal development portfolio, practice assessment document, or a Band 5 job description and specification. Undertake a SWOT/SNOB analysis (as demonstrated

in Chapter 2) which will help you to identify actual/potential areas for development that should be included in your transition support programme.

While writing your list you may have used the word 'competent' and the word 'confidence'. What do you understand by these terms? Write down your answer.

Consider how the preceptorship/transition support programme can develop your self-confidence and your clinical competence.

You will find an outline answer at the end of the chapter.

Supernumerary period

Supernumerary status means that you are additional to the clinical workforce and will spend time as such. A preceptorship/transition programme may allow a newly registered nurse to have time in the clinical area as a supernumerary member of staff. This will enable you to spend periods working with your preceptor/support person to learn from them and not as a member of staff with an allocated workload. This status would allow you to attend study days where you will learn and develop alongside a group of your peers away from the clinical area; you may also be expected to complete specific outcomes and competencies that your employer has identified to help you to develop basic knowledge, skills and attitudes to perform your new role. This will enable you to build on the knowledge, skills and competences acquired as students in your chosen area of practice, laying a solid foundation for lifelong learning. The length of time your supernumerary status lasts can be anything from 15 days to a month. However, this is dependent on many variables such as appraisal of your current knowledge and skills and how quickly you adapt to the new clinical role.

Role of the preceptor/support person

A preceptor/support person has been defined as a registered practitioner who has been given formal responsibility to support a newly registered practitioner through preceptorship (DoH, 2010, p6).

As a student nurse, you would have worked closely with a practice assessor/supervisor during each clinical placement. Working with a preceptor/support person should allow you to receive both support and education. There are, however, some small differences in the two roles. A practice assessor is required to undergo training and holds a qualification to perform the role. Currently there is no specific preparation for the role of preceptor/support person. If you are familiar with the differences this may help you to get the best from your preceptor.

Although your practice assessor would have been responsible for verifying your competence as a student, the preceptor/support person will be there to help you consolidate your learning and support you through the transitional process to become an autonomous practitioner. Working alongside your preceptor/support person you will observe how they demonstrate their professional attributes, such as communication skills, problem solving, prioritising and decision making; you could look upon your preceptor/support person as a role model.

You may have noted that the ability to give constructive feedback is the first attribute a preceptor/support person should possess. It is therefore important to explore what feedback, the types of feedback, how to receive it and what to do with it.

Scenario: Marek and Gayle

If we look once again at how Marek and Gayle developed their preceptor/preceptee relationship we can appreciate that each preceptee will have individual development needs and will require varying levels of support to help consolidate their learning through the transitional process towards becoming an autonomous practitioner. By working alongside Gayle, Marek was able to observe how Gayle demonstrates professional attributes such as communication skills, problem solving, prioritising and decision making; you could look upon the preceptor/support person as a role model. Gayle also provided support by simply taking time to talk with Marek, answer questions and offer guidance and feedback; this resulted in Marek feeling confident in the new role to seek out further development opportunities independently.

Activity 7.3 Reflection

Imagine your ideal preceptor/support person. Perhaps you have someone in mind that supported you as a student nurse! What personal and professional attributes would/should they have and how and why would this benefit you?

You will find an outline answer at the end of the chapter.

Feedback: why is this important?

Let's go back to the initial scenario of Marek: in order for Marek to advance in knowledge and skill development Marek required constructive feedback from Gayle. As a student, Marek would be aware of the concept of assessment and feedback in relation to meeting the requirements in both theory and practice across the duration of their pre-registration nursing programme. Marek would then find it difficult if feedback was not forthcoming in the new role as a registered nurse.

A dictionary definition of feedback is information about reactions to a person's performance of a task, which is used as a basis for improvement. However, as a newly registered nurse feedback is considered detailed information about the assessment between a trainee's observed performance and a standard, given with the goal to advance the trainee's performance (Van de Ridder *et al.*, 2008). In Marek's case, feedback was important in order to assess Marek's competence against the job roles and responsibilities of a registered nurse on a general medical ward.

Constructive feedback is the method of offering feedback about knowledge, skills and attitudes that are below the required level of competence and ability with the aim to improve it. It can involve informing the newly registered nurse of the standard required and/or providing them with suggestions about how to meet them.

Unconstructive feedback, however, is the process of providing feedback to a newly registered nurse deprived of any intention of improving their knowledge, skills or attitudes. This type of feedback is negative, often destructive and should be avoided.

Constructive feedback should be:

- based on observed skills and behaviour;
- given on a regular basis;
- both verbal and written;
- full of probing questions about the newly registered nurse's own assessment of their knowledge, skills and values;
- related to current skill and knowledge level and desired goals;
- clear and focussed;
- positive and promote a change in performance and meeting of learning objectives/skills;
- given in sizeable chunks so any changes can be addressed in a systematic way – too much information and the newly registered nurse may feel overwhelmed;
- socialising the newly registered nurse to the profession;
- specific with information about desired improvements or corrective changes alongside a supporting rationale;
- based around further actions for the newly registered nurse to work towards as part of either an action plan or appraisal process – for example, being provided with opportunities to develop your knowledge, skills and experiences; being allocated workload based on previous experience and capability level; being given the autonomy to work independently to gain confidence through experience;
- encouraging reflective questioning in order to develop the newly registered nurse's critical thinking and decision-making skills that can help them to analyse current knowledge, skills, attitudes;
- given in private whenever possible;
- a two-way process so the newly registered nurse can share their views on the feedback they have just received.

(Duffy, 2013)

As you may have noticed, feedback is a complex process; therefore, any information provided needs to be meaningful and clearly linked to competencies set out in the transition/preceptorship programme.

The *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals* (DoH, 2010) suggests that all newly registered staff joining an organisation should have at least two development reviews within the first 12 months of employment. The purpose of these assessments is to establish the progress a preceptee is making towards criteria and competencies defined by the line manager and linked to indicators such as those in the KSF (DoH, 2004). This allows for the objective measurement and feedback of the preceptee's knowledge, skills and attitudes by the preceptor – for example, using an assessment of a preceptee against KSF Core Dimension 1: Communication. In this instance the appraisal by the preceptor would be based upon the nature and extent of the communicating in the preceptee's everyday job, exploring manner, tone and words used when communicating. Preceptors may use the acronym DOVE: documents, observations, verbal and electronic (NHS Scotland, 2010) to provide them with evidence to measure how the newly registered nurse has met the indicator or competence as found in Table 7.3.

While positive, negative and constructive feedback can enhance learning, unconstructive feedback may have a detrimental effect on both personal and professional development. Providing no feedback can result in a false level of security for the newly registered nurse. They may think they are doing well and have an enhanced sense of confidence if their knowledge, skills and attitudes are not observed and reflected upon. This can subsequently affect patient care as unsupported newly registered nurses often hesitate to ask questions or seek advice as they feel they are not coping or not able. This can end in errors and incidents where the quality of patient care is affected. Unconstructive feedback, however, usually lacks detail, offers no recommendations for how knowledge, skills and attitudes can be improved, and uses rude words or ones with negative connotations. It is often intended to offend and can include undeserved personal attacks, leaving the newly registered nurse defensive.

Core dimension/ clinical competence	**Examples of how the dimension or competence will be met**	**Date met**
KSF core dimension 1: Communication	*Documents:* forms and documents – for example, risk assessments, care plans, treatment records, completed order records, letters and thank you notes from patients, reflective accounts *Observations:* carrying out tasks, talking with colleagues, patients and others, reporting incidents *Verbal:* question and answer sessions on current policies and procedures, discussions on scenarios *Electronic:* e-learning achievements and presentations	

Table 7.3 Examples of evidence used for a development review

Receiving feedback

It is important to consider the skills needed to receive feedback whether that be good or not so good, including listening carefully, being open to what is being said and making sure you have fully understood this before deciding on how you will respond. To ensure you have fully understood the feedback ask specific questions to avoid any misunderstanding and to clarify the points being made. Try to frame questions to get as much information as possible to ensure improvement in the future – for example, when I did this I should have … is this correct? Not all feedback will be positive, therefore the newly registered nurse needs to be aware of the emotional effect that feedback may generate, particularly if this is not as positive as expected. There needs to be some self-awareness and self-control if feedback causes an emotional response, therefore some understanding of emotional intelligence is essential. You can respond to feedback in four main ways.

Defensive: where you see the feedback as a personal attack aimed at your personal identity, and your emotions respond as though it was a threat to your existence. Being defensive means the feedback is often ignored, denied and creates anger and retaliation. By reacting this way, you will not learn anything and severely affect the preceptor–preceptee relationship.

Dispirited: where you take on board every piece of feedback without checking to see whether this is factually correct and supported. Responding to feedback in this way creates a strong emotional response, viewed as a personal attack and demoralising. This then leads to a refusal to learn or to change one's behaviour.

Dismissive: when feedback is not taken seriously, an assumption is made that the feedback given is wrong, or the person giving feedback is not to be trusted. It does not create an emotional response, but there is no engagement with the opportunity to learn from the feedback given.

Open: reacting to feedback in an open way allows you to reflect on your recollection of the behaviour or actions, check on the facts and take the criticism or praise on board.

Remember that your first response to feedback may change when you have had the opportunity to examine it in a more detached way later. By being open to feedback you can assess whether the facts are correct and make allowances for the skills of the person who delivered it. In the next activity we would like you to reflect on some feedback you have received as a student and how with time you may have changed your response to it.

Activity 7.4 Reflection

Think back to when you received constructive feedback in the past – for example, from a lecturer on a piece of theoretical assessment you had submitted, or feedback from your

(Continued)

(Continued)

practice assessor/practice supervisor/personal tutor about your knowledge and skills. Which of the four main ways did you initially respond to receiving that feedback? Now that time has passed, review the facts and the skills of the person who delivered it. Has your response changed?

As this activity is based on individual experiences there is no outline answer at the end of the chapter.

The 'feedback sandwich'

Feedback is more likely to be accepted and acted upon if it is seen to be 'balanced' in that it is neither overly critical nor positive but provides a clear indication of the good and not so good. The 'sandwich' presents any negative aspects of feedback between two positives that offer a more balanced approach to the feedback process (Dohrenwend, 2002). For example, your written plans of care have improved and are more specific and focussed than when you started … your numeracy skills still need some work, specifically around intravenous fluid rates as you continue to have problems with this. I can really tell that you care about developing yourself as a nurse.

Practice supervision and coaching

As a newly registered nurse you will be expected to act as a practice supervisor once you are competent in an area of practice, as is set out in the NMC (2018a) *Code* and *Future Nurse* standards (2018b). As a practice supervisor you will supervise and support a nursing student for your clinical area. This will include the provision of feedback to the practice assessor, on the students' progress towards, and achievement of, proficiencies and skills. The NMC (2019) states that as a practice supervisor you may require some preparation before supervising students, but this does not automatically mean attendance at a recognised formal training event or course. The level of preparation needed will be different for different people; however, you should discuss your preparation with your preceptor/transition supervisor in order to explore what knowledge, skills and attitudes are required within your organisation to undertake this role and what additional training you may need.

Within your training you will want to develop coaching skills. The reason for this is that the new *Future Nurse* standards have moved away from a traditional one-to-one mentorship approach to practice supervision and assessment, using a coaching style. This allows the student to actively participate in their own learning, empowering students to take responsibility for their learning in a non-traditional environment. By using a coaching method, you will allow the learner to identify solutions to practice-based problems in a safe environment. You might also find that you are using a coaching

method for a larger group of students who will work together delivering total patient care under your supervision. A benefit is to reduce anxieties from patients that staffing levels are affecting the quality and safety of care delivered. For example, within each clinical area, three to four students, of differing experience, would be allocated to care for a bay, or number of patients (no more than eight). This care would be supervised by a registered nurse (practice assessor or practice supervisor). All care for the patients will be assessed, planned, prioritised, delegated and delivered by the students with the 'coach' (registered nurse) supporting and guiding the process. The method of coaching used will depend upon the organisation for whom you work; this could be the GROW model (Gallwey, 1975), OSCAR (Gilbert and Whittleworth, 2009), the 3-D Technique Model (Hudson, 1999), or the Practice Spiral Model model (Narayanasamy and Penney, 2014). Whichever method used, Table 7.4 highlights the differences between mentorship and coaching (Ashworth, 2018).

Mentorship	**Coaching**
Answers questions	Ask questions
Steps in and provides care	Steps out and allows the student to learn by providing care
Is observed by the student	Observes the student
Instructs the students learning	The student displays what they have learned to the coach
Shows the student how	Is shown how by the student
Allocates work to the student	Is allocated work by the student
Does the same work as before but with a student	Works differently while coaching the student
Identifies individual learning opportunities in the clinical or care environment	Uses the whole clinical/care environment for learning

Table 7.4 Differences between mentorship and coaching

Networks and resources

In Chapter 4 you explored accessing support to maintain your personal health and wellbeing from the family and friends' activities feature (Activity 4.4) as a support mechanism to help ensure you keep physically and mentally well. In the workplace, however, there are other networks and resources that as a newly registered nurse you can call upon to support you during your transition.

Other members of the nursing team (registered and support workers) in the workplace can be a valuable resource to assist in easing your transition. Develop what is called your 'social capital' (Melling, 2011) by taking opportunities to build good social relationships. Watch other staff members closely, pay attention to how they work and complete tasks.

Some will be excellent role models of how you should conduct yourself while at work and the skills required to provide a quality service. Ask for their advice and help when you are unsure and remember to thank them when they have helped, to show your appreciation.

Other members of the interprofessional team are another helpful resource. Often when newly registered nurses qualify, members of other professions are new registrants also. Take time to get to know who the members of the interprofessional team are, seek their help when you know your limitations, ask them to show you or teach you aspects of their role that may be of benefit to your own knowledge, skills and attitudes. Again, always remember to thank others for their help and support.

Clinical nurse educators can assist your transition by helping to provide practical and skills-oriented training under the supervision of a skilled practitioner.

Study days are encouraged and often a requirement as part of your transitional period. This is for you to develop the skills and knowledge necessary to competently carry out your role, demonstrate that you remain fit to practise and have the necessary skills to provide patients with the highest level of care. Study days, conferences and seminars serve to inform your professional knowledge, by sharing research and best practice – crucial to learning and building up an evidence base from which to draw upon. During your attendance at study days you will also meet other newly registered nurses and staff who can increase your circle of support networks.

Peer support groups are often organised as part of preceptorship/transition support programmes. Support from these groups includes emotional support, new insights and rewards. Peer groups also give encouragement and optimism when you become stressed by the emotional labour of nursing and some of the clinical decisions you have made.

Autonomous decisions about clinical judgements, choices and actions

According to the Royal College of Nursing (2014, p3):

> *Nursing is the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.*

To carry this out a nurse must develop and demonstrate autonomy and control over their nursing practice. This in turn has been linked with increased job satisfaction and improved patient outcomes. As a newly registered nurse, a programme of support is needed so that you may develop these skills required to become an autonomous practitioner and make clinical judgements about patient care safely and with support from your preceptor and other registered nurses within the clinical area.

Autonomy and accountability are two major issues that newly registered nurses worry about. However, in order to make effective clinical decisions, which in nursing occur several times a day, newly registered nurses should use information they have gathered using tools of assessment, theoretical knowledge, general awareness and experience to inform the process. Good clinical decision making requires an amalgamation of skills that include: pattern recognition from learning experiences, critical thinking, communication skills using active listening, evidence-based practices, team work, sharing and discussion of your decisions with others and reflection.

Concept summary

According to Weston (2010), autonomy represents the ability to act according to one's knowledge and judgement, delivering care within one's scope of practice as outlined in current professional, regulatory and organisational rules. The Nursing and Midwifery Council (2018c), as part of the *Standards for Pre-registration Nursing Education*, state that a competency required prior to entry on the professional register is that nurses *must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights.*

Strategies that will help you to become autonomous/independent will include: your preceptor describing expected behaviours and providing opportunity to practise behaviours; senior staff recognising and rewarding your positive behaviours; you role modelling behaviours of autonomy and independence observed; and your support person/preceptor providing constructive feedback when you do not demonstrate positive behaviours.

NHS Scotland (2010) recognised four issues that can have an impact on clinical decision making; these include: knowing the evidence in order to be able to deal with the current patient or situation; knowing yourself and how your and others' attitudes, values, beliefs and behaviour can impact the care delivered; knowing the patient and their experience, knowledge and current situation in regard to their illness; knowing the environment in order for you to take a considered approach to the decision-making process which may mean bearing in mind team dynamics, ward culture and personalities. For example, you have been asked to carry out a dressing change on a patient with a surgical wound. Using the four issues approach, your ability to care for the patient and their wound would depend upon:

- your knowledge of anatomy and physiology of the skin and the process of wound healing;
- your knowledge and skills of completing wound assessments, wound cleansing techniques and choosing the right dressing;
- your reaction to the wound appearance, odour and/or leakage;
- where you will undertake the dressing change on the ward and whether you need assistance;
- who can help and the time at which you will change the dressing.

A prescriptive method that nurses use to help with clinical decision making is a four-stage process of assessment, planning, implementation and evaluation (Yura and Walsh, 1973). To complete these stages effectively you must consider all assessments and their results using look, listen and feel, then make judgements on the data collected, what is happening, decide what to do, include colleagues in your discussions and evaluate the outcome of the decision. It is important during your preceptorship that you consider activities that will help you to achieve these skills. If you wish to read more about the topic of clinical decision making there are other books in the Transforming Nursing Practice series addressing this topic in some depth such as Standing (2020). A useful way to start to address your competence in clinical decision making is to write a list such as the skills and activities that aid decision making. For example, following a patient assessment you could: identify areas for development in your communication; identify different types of data collated and reflect on what you know about the different types of data and how it led to your nursing diagnosis; identify and reflect on the actions taken and the the patient outcome.

Critical thinking

Critical thinking is a key element of the decision-making process. Critical thinking is defined as a consistent, scientific, purposeful and rational thought process. When thinking critically you will use facts, principles, theories and intuition in order to address an identified goal or reach a required outcome with/for your patient. Ultimately, this should lead to the best possible outcome. Critical thinking allows for clinical reasoning, which is the application of that thinking to a clinical situation. Tanner (2006) identified that having an understanding of critical thinking and reasoning enables sound decision making and indicates 'thinking like a nurse'.

Utilising critical thinking skills in the decision-making process means you will take time to weigh up evidence, facts and subjective/objective information, to promote careful, considered thinking of what is required and the best action to take. Hurley (2015) indicates that critical thinking skills, along with processes of pattern recognition, problem-solving skills and reflective abilities, lead to sound decision-making skills for nurses. Critical thinking allows for clinical reasoning and sound rationales to be offered in support of the clinical decisions you will make as a nurse, whether they be as an autonomous individual, or part of an interdisciplinary team. These processes remove bias and emotion that can often cloud thought and lead to poor outcomes for patients. An example of bias could be that you consider a patient to be manipulative; you may judge them unfairly and ignore their need. It is important that sound clinical judgements are reached. At all times you must ensure that you adhere to and uphold the NMC *Code* (2018a), which underpins professional nursing practice.

A useful model to support you in the development of your clinical decision making, is the 'five rights of clinical reasoning' (Levett-Jones *et al.*, 2010).

Right cues: through appropriate history taking and continuous assessment you will notice both physiological and psychosocial changes in the patient. Your review of the assessment data both objective and subjective including review of charts, investigation results, consideration of the context of care and the application of nursing knowledge – for example, related anatomy and physiology, pathophysiology and pharmacology – will help you pick up on subtle cues and changes in the patient's condition. **Ask yourself**: What could be happening? What evidence do you have to support your conclusion of what is happening? Do you need assistance and more information?

Right patient: the indication here is that the patient remains central to the decision-making process and all decisions are made in the best interest of the patient. Here you may draw on your knowledge of law and ethics. Knowing the patient's history, background and working to develop a therapeutic relationship are key. **Ask yourself**: Is this in the patient's best interest? Have the patient's views, opinions and choices been considered?

Right time: timely intervention is key to prevent deterioration in an unwell patient, but also to ensure the patient's referral to members of the interdisciplinary team and progress through services is effective in promoting best outcomes. **Ask yourself**: What is the priority? Do I need to act/refer urgently? Is escalation required?

Right action: this refers to the implementation of the intervention/action identified from the clinical decision-making process. **Ask yourself**: Who is the best person to perform the intervention/action (it may not always be you, the nurse)? Is this intervention/action evidence based?

Right reason: the 'right' solution is reached following the 'right' process based on sound clinical judgement. **Ask yourself**: Did the decision achieve the right outcome for the patient? Do you need to consider further actions? What have you learned from this process?

Utilising this model directs you to collect cues, process information, make sense of the patient situation through your assessment, plan and implementation of evidence-based actions. It encourages thoughtful evaluation of the actions from both your perspective as the nurse and from the patient perspective. A process of reflection will then aid learning and development.

Activity 7.5 Decision making

Considering your new job as a newly registered nurse what activities could you ask to be involved in to develop your autonomy and enhance your decision-making skills?

You will find an outline answer at the end of the chapter.

Time management and prioritisation of nursing care

As a student nurse transitioning to newly registered nurse you will have probably realised that time management and prioritisation of nursing care skills are important but are viewed as some of the most difficult skills to acquire. Learning how to effectively manage your time allows you to deliver better quality care, complete more nursing tasks and feel less stressed in the process. During an average nursing shift there will be competing and constant demands on your time and attention, creating difficulty when trying to identify exactly what your priorities are and when they need to be completed. Patient priorities can change quickly and become an added source of stress as you constantly are required to reassess and respond appropriately. Fundamentally, you need to develop skills in order to determine prioritisation of nursing care and to question what the consequence will be if this task/job/activity is not completed immediately, or within the next hour, by the end of the shift. As a newly registered nurse, Woogara (2012) suggests there are ten steps to managing your time and prioritisation of nursing care:

1. Arrive for work early as this provides you with opportunity to read through your nursing reports and handover sheets. It also helps you to stay calm and organise your tasks before the shift starts.
2. Make notes; many clinical areas have handover sheets – by writing down your activities for the day you will be able to see what jobs you need to accomplish. Make sure you destroy this list before you leave for home.
3. Estimate how long each job will take and then review as you achieve each task.
4. Prioritise your list of tasks and jobs into what needs to be done first, which is most urgent, which one requires help of others and the consequences if you don't carry out the tasks immediately. You could even rate the urgency and importance of each task using a scoring system.
5. Avoid tasks that are not on your list, delegation of tasks and jobs is part of being a staff nurse. Learn to receive regular updates on jobs you have delegated.
6. Learn to say 'No' or that some jobs will have to wait. Never tell a patient you will only be a minute. Tell them how long you will be and whether there are other tasks you need to complete before theirs.
7. Listen to your patient and share their and your priorities, so that they are aware of other tasks you need to complete if theirs is not a priority. This will help you achieve and work out a compromise.
8. Take a breather and a break. Remember Covey's circles of control and influence in Chapter 4? When you are in control you will complete more tasks and jobs. The stress of the clinical or care environment may make you feel you can't take a break, but often you will feel refreshed, be able to collect your thoughts and make better decisions when you do.

9. Be flexible. As a newly registered nurse the environment can change rapidly, so you need to develop skills and strategies to be able to revise your list of jobs and priorities as new situations arise.
10. Don't be too hard on yourself. Your time management and prioritisation of nursing care skills will get better with practice, experience and time. Reflect on what went well and what could be improved; this allows you opportunities to explore other ways of working.

Clinical supervision

Once the period of preceptorship/transition support has ended, you may feel as though there is no further support for your development. However, many organisations offer clinical supervision. This is defined by the Royal College of Nursing (2002, p1) as:

> *an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. It is a time for you, as a nurse or midwife, to think about your knowledge and skills and how they may be developed to improve care.*

Chapter summary

By reading this chapter we hope that you will be able to comprehend what transition support now means. By completing the reading and activities you should now be able to recognise what to expect in relation to transition support when you commence employment in your new role as a registered nurse. You should also now be able to identify the need for supernumerary status at the start of your job and describe the different types of feedback and recognise the impact this has on job performance. Finally, you should be able to identify other networks and resources that can assist with transition support and recognising when you are ready to start to make autonomous decisions about clinical judgements, choices and actions in a timed and prioritised way.

Activities: brief outline answers

Activity 7.2 Reflection (page 144)

Competence: the delivery of safe care to a required standard.

Confidence: confidence is an internal feeling of self-assurance and comfort. Confidence as a nurse comes from experience and exposure to as many different patient scenarios and clinical situations as possible.

Activity 7.3 Reflection (page 146)

Here is a list of attributes of a preceptor developed by the Department of Health. Which of these attributes did you consider?

- The ability to give constructive feedback;
- setting goals and assessing competency;
- facilitating problem solving;
- active listening skills;
- understanding, demonstrating and evidencing reflective-practice ability in the working environment;
- demonstrating good time management and leadership skills;
- prioritising care;
- demonstrating appropriate clinical decision making and evidence-based practice;
- recognising their own limitations and those of others;
- knowing what resources are available and how to refer to a preceptee appropriately, if the preceptee needs additional support;
- being an effective role model and demonstrating professional values, attitude and behaviours;
- demonstrating a clear understanding of the regulatory impact of the care that they deliver and the ability to pass on this knowledge.

Activity 7.5 Decision making (page 155)

Activities that can enable your development of autonomy and clinical decision making include: observing and then participating in ward rounds; observing senior nurses and role models; coaching from your preceptor; attending and participating in staff meetings, case conferences and best interests meetings, etc. Then, as you become integrated into the ward team, being put forward for modules of study, study days, becoming a link nurse, etc.

Further reading

Standing, M (2020) *Clinical Judgement and Decision Making in Nursing* (4th edn). London: Learning Matters.

Clinical decision making is now recognised as an indispensable facet of professional nursing care. It is essential that students develop sound decision-making skills in order to deal with the challenges they will encounter as registered nurses. This book enables pre-registration nursing students to understand, develop and apply these skills in order to practise safely and effectively.

Tomlinson, J.S and Mackintosh-Franklin, C (2020) *How to be a Great Nurse: The Heart of Nursing*. Keswick: MK.

How to be a Great Nurse focuses on fundamental issues that are relevant to all nurses, across all countries, fields and areas of practice. It is essential reading for student nurses, qualified nurses, supervisors, assessors, managers and nurse academics, who all want the nursing profession to invest in the highest-quality care, firmly rooted in the real heart of nursing practice.

Whitehead, B, Owen, P, Holmes, D, Beddingham, E, Simmons, M, Henshaw, L, Barton, M and Walker, C (2013) Supporting newly qualified nurses in the UK: A systematic literature review. *Nurse Education Today*, 33(4): 370–7.

This is a systematic review of the literature that enables you to know what a good preceptorship programme should look like.

Useful websites

www.ithinkwell.com.au/index.php

Thinkwell – a website produced by researchers and practitioners in cognitive behavioural therapy who use the latest psychological and educational research to assist high achievers to achieve maximum productivity.

Useful apps

Medscape – a leading educational resource app for healthcare professionals

Medscape offers access to an online global community of medical professionals sharing clinical information, medical opinions and experiences. A great feature of the app is a drug referencing tool which allows you to cross-check medications with the latest dosage prescription information.

NICE Guidance (National Institute for Health and Clinical Excellence)

This is the first ever app to contain public health guidance, including topics such as smoking cessation, promoting physical activity, behaviour change and preventing diabetes. It contains all of NICE's clinical guidelines, including those on COPD, hypertension, stroke, chronic heart failure, atrial fibrillation, head injury, depression, ovarian cancer, UTI in children, anxiety and autism. It also contains all NICE's technology appraisals, interventional procedures guidance, medical technology and diagnostics guidance.

Nursing and Health Survival Guide – Pearson (Taylor & Francis Group)

Simple and intuitive, the Nursing and Health Survival Guide contains the essential information a modern health student or professional needs to provide excellent care. It covers subjects from drugs in use and maths and medications to child protection and clinical skills.

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