

**Nurse Entry to
Practice
Programme
Handbook
2024**

Contact details

Clinical Education Team Lead	Ondrea Gooch	ondrea.gooch@tdh.org.nz	021 572 047
Clinical Educator NETP Coordinator PDRP Coordinator	Lauren Hindmarsh	Lauren.Hindmarsh@tdh.org.nz	021 122 0127
Mental Health Educator NESP Coordinator	Janine Brown	janine.brown2@tdh.org.nz	021 945 694
Resuscitation Coordinator	Sam Baxendale	sam.baxendale@tdh.org.nz	022 524 236
Clinical Educator	Arihia Mataira-Kapa	Arihia.Mataira-Kapa@tdh.org.nz	Ext 8134
Clinical Coaches	Romelle Fraider-Reedy Mihi Leigh Walters Kathleen Fisher Analise Franks	Romelle.Fraider-Reedy@tdh.org.nz Mihi.LeighWalters@tdh.org.nz Kathleen.Fisher@tdh.org.nz Analise.Franks@tdh.org.nz	Ward 7 -ICU/CCU Ward 9 – Surgical Ward 5 – Medical Ward 7 -ICU/CCU

All general education enquires: education@tdh.org.nz

Preceptor name: _____

Clinical Nurse Manager: _____

A message from the NEtP Program Coordinator:

A warm welcome to 2024 and your first year as a Registered Nurse working for Te Whatu Ora - Tairāwhiti. I am really looking forward to working alongside you all and helping you navigate your first year of your nursing journey. It can be both a challenging and exciting time so please remember I am here to offer both help and support to you all. There is a busy and rewarding year ahead as you progress and steer your way through your new role as a nurse, complete your PDRP portfolios and commence and achieve in the NURSING 770 post graduate paper through the University of Auckland. Remember to take time out and look after yourself.

You got this xxx



Nurse Educator – NETP/ PDRP Coordinator

Office of the Chief Nurse, Tairāwhiti

NZRN, BNurs, PGDipHsc, MN

waea pūkoro: +64 21 1220127 or 8690500 ext 8134

īmēra: Lauren.Hindmarsh@tdh.org.nz

421 Ormond Rad, Private Bag 7001 Gisborne 4040

Health New Zealand Tairāwhiti

TeWhatuOra.govt.nz

Study days and important dates for NETP 2024

Monday 22 nd January – Friday 27 th January	Study day 1: Orientation <ul style="list-style-type: none"> • Welcome/Introduction to NETP/NESP • Mandatory training
Tuesday 26 th March	Study Day 2: Tairāwhiti
Thursday 23 rd May	Study day 3: Tairāwhiti
Tuesday 18 th June	Study day 4: Tairāwhiti
Wednesday 17 th July	Study day 5: University of Auckland - for Nursing 770 Clinical Practice Development paper
Wednesday 14 th August	Study day 6: University of Auckland
Wednesday 11 th September	Study day 7: University of Auckland
Wednesday 9 th October	Study day 8: University of Auckland
Tuesday 22 nd October	Study day 9: Tairaiwhiti *****Portfolio due*****
Wednesday 6 th November	Study day 10: University of Auckland
Friday 29 th November	Study day 11: Tairaiwhit
To be confirmed	Study day 12: NETP graduation – programme completion date.

Please note:

- It is your responsibility to ensure you are rostered off for the correct study days
- While we endeavour to avoid it, some changes could be made to these dates. You will be given plenty of warning of any changes via email.
- It is a requirement of the NETP programme that 90% of the study days are attended.
- It is an expectation that you attend each study day for the full day. Charge Nurse Managers will be notified of missed attendance by the NETP team.
- All study days are held at the Hospital

Contents

Study days and important dates for NETP 2024	4
Introduction	7
Nurse Entry to Practice (NETP) Programme Goal	7
National Nursing Entry to Practice Specification	7
NETP Programme Objectives	7
Te Whatu Ora Tairāwhiti Programme Philosophy	8
Clinical Component	9
Preceptorship	9
Academic Component	11
University of Auckland (UoA) Course	11
Attendance	12
Further Education Requirements	12
Assessments	14
Post-graduate Paper	14
Performance Development and Recognition Programme (PDRP)	14
Portfolio for PDRP	14
Completion Criteria	15
Cultural Support	15
Remedial Assistance	16
Memorandum of Understanding (MOU) for Primary Health Care (PHC) and Aged Residential Care (ARC)	17
Employment Matters	17
Recruitment	17
Within PHC or ARC	18
Performance Management	19
Parental Leave	19
Exit from the Programme	19
Programme Evaluation Process	19
Programme Roles and Responsibilities	20
Nursing roster planning/scheduling and safe staffing	23
General expectations	23
Shift changes for Nurses	23
Roster requests	24
Common Roster Codes	24

Online Learning	25
How to Register to Ko Awatea LEARN	25
First time user	25
Appendix.....	26
Social Media and the Nursing Profession	27
A guide to online professionalism for nurses and nursing students	27
Delegation of care by a registered nurse to a healthcare assistant	28
Te Whatu Ora Tairāwhiti – Our Values and Behaviors	30

Introduction

Nurse Entry to Practice (NETP) Programme Goal

The goal of the NETP programme is that New Zealand nursing graduates will commence their careers in New Zealand well supported, safe, skilled and confident in their practice¹.

In addition, the programme at Te Whatu Ora Tairāwhiti will assist beginning nurses to develop the knowledge, skills and experience to enable them to work at optimum levels for the benefit of the people of Tairāwhiti.

This will be achieved by promoting the practice of nursing in a manner consistent with the Te Whatu Ora Tairāwhiti Waka Values, Nursing Council of New Zealand (NCNZ) Registered Nurse (RN) Competencies, NCNZ Code of Conduct, and the HDC Code of Health & Disability Services Consumers Rights.

National Nursing Entry to Practice Specification

The Nursing Entry to Practice Service Specification document (2018) identifies the key components of the NETP programme and will be implemented in alignment with the organisational policies of Te Whatu Ora Tairāwhiti.

The NETP programme integrates the principles of the Treaty of Waitangi/Te Tiriti o Waitangi into practice to promote equity of outcomes for Maori and facilitates practice in a culturally safe manner with all client groups².

NETP Programme Objectives

Te Whatu Ora Tairāwhiti NETP programme believes in the integration and drawing on pre-existing knowledge, the importance of reflection and critical thinking in learning and active involvement of the participants.

By the end of this programme the graduate nurse will:

- Be able to demonstrate they practice at the 'competent' registered nurses' level on the Professional Development Recognition Programme (PDRP).
- Practice safely and confidently within the RN scope of practice and deliver culturally safe care to the people of Tairāwhiti.
- Be able to discuss their limitations and seek assistance accordingly.
- Uphold the values of the profession in achieving quality nursing care, promoting client advocacy and cultural safety through Tikanga Best Practice, demonstrating the required level of technical competency, developing communication, and problem solving and conflict resolution strategies within the workplace.

¹ Service Specification Nursing Entry to Practice 2/46, p1

² Service Specification Nursing Entry to Practice 2/46, p2

- Be able to effectively assess, plan, implement, evaluate and document nursing care in conformity with current legal and ethical standards.
- Demonstrate self-directed learning skills and ongoing professional development.
- Complete the academic component of the programme.

Te Whatu Ora Tairāwhiti Programme Philosophy

The aim of the NETP programme is to provide a supportive environment in which the graduate nurse progresses from novice to competent practitioner, to enable them to provide a high standard of nursing care and to promote continuing professional development.

Principles of adult learning and experiential learning form the basis of the educational philosophy and strategies of the NETP programme. It builds on the knowledge and skills gained through the nurse's undergraduate programme, with the aim to consolidate, apply and extend this knowledge.

The clinical and academic components of the programme are integrated to focus on the development of practice based knowledge. Clinically based learning is central to the programme to provide experiential learning and develop the skill of problem solving, critical thinking and reflective practice.

The programme reflects the strategic plan of Te Whatu Ora Tairāwhiti and aims to support the transition of the “new graduate registered nurse” to the “competent registered nurse” under the national Professional Development and Recognition Programme (PDRP).

Kaupapa and Values

This is our kaupapa; what our organisation is working towards, the driving force behind all we do.

Te Whatu Ora Tairāwhiti Values

Whakarangatira/enrich - Enriching the health of our community by doing our very best

Awhi/support - Supporting our turoro/patients their whanau/families, our community partners and each other

Kotahitanga/togetherness - Together we can achieve more

Aroha/compassion - Empathy, we care for people and people want to be cared for by us.

Our values form the acronym **WAKA**. They reflect our past while guiding us on our journey to create a healthier Tairāwhiti by working together.

The waka is a symbol of the Tairāwhiti region. It reflects our voyaging heritage and is woven into our landscape through whakapapa, customs and practices. Our legends include Maui fishing up Te Ika a Maui (North Island) on the waka/canoe Nukutaimemeha followed by the arrival of Paoa on the Horouta canoe

and Tamatea Arikinui on the Takitimu canoe. Centuries later the scientific explorer James Cook arrived on the Endeavour.

Recognising our waka heritage reminds us of the tenacity and teamwork required to overcome challenges; it inspires us towards success.

Clinical Component

Graduate nurses complete either one 12 month placement or two six month rotations depending on the area of work. There is an emphasis placed on the clinical area to provide support for the graduate nurse to develop and consolidate their nursing skills and knowledge. The clinical area is responsible for providing the preceptorship and work collaboratively with the Manager/Educator in providing an orientation package relevant to the clinical area.

Wide choices of specialty placements are available within Te Whatu Ora Tairāwhiti. Graduate nurses will be provided with an opportunity to request clinical placements during the recruitment and interview process which supports the graduates in their choice of career preference. Every endeavour will be made to support the graduate nurse's area of choice; however the final decision on placement is dependent upon vacancies within the clinical areas.

Preceptorship

Clinical preceptorship is a highly valued and vital role in the support of the graduate nurse. This is an educational relationship which provides role modelling, clinical support, clinical teaching and socialisation into the work environment. Preceptors strengthen the application and use of knowledge in clinical situations³. The preceptor must be a registered nurse who has successfully undertaken the preceptor training programme at Te Whatu Ora Tairāwhiti or another NCNZ accredited programme⁴.

The graduate nurse will have a total of six weeks supernumerary (clinical load sharing) time with their clinical preceptor/s. This time will be divided accordingly, dependent upon the rotation and can include all shifts including weekends:

One Rotation:

The clinical preceptor and graduate nurse will share a clinical load for the first six weeks (supernumerary).

Two Rotations:

The clinical preceptor and graduate nurse will share a clinical load (supernumerary) for the first four weeks in the first rotation and the first two weeks of the second rotation.

³ Preceptoring for Excellence National Framework for Nursing Preceptorship Programmes, July 2014, New Zealand Nurse Educators Preceptorship Subgroup.

⁴ Service Specification Nursing Entry to Practice 2/46, p4

Note - as per National NETP specifications: *'there is flexibility to extend or reduce these timeframes in specific instances, subject to agreement with the graduate nurse/employer, so long as the NETP programme averages six weeks of clinical load sharing per graduate nurse overall'* (2/B46. 2018).

Night Shift – once the supernumerary period is complete, the graduate nurse may commence night shift after the first 10 weeks in their first rotation and after the first four weeks in their second rotation, however the first two nights will always be supernumerary.

Preceptorship can be provided by a team. The preceptorship team includes the Charge Nurse Manager/Team Leader/Nurse Manager/Nurse Educator or Clinical Coach and other staff in the work environment. The preceptorship team must have regular and consistent access to the graduate nurse during clinical practice, especially during the clinical load sharing period. The preceptorship relationship continues for the whole six or 12 month clinical rotation.

It is an expectation within the Service Specifications for NETP (2018) that:

"The clinical preceptor and graduate nurse must share a clinical case load for the first four weeks of the placement/rotation. The remaining two weeks of clinical load sharing may be taken at a date suitable to meet the learning needs of the graduate nurse".

Furthermore, the National Preceptorship Framework (2014) also states:

- 1. Clinical Nurse / Midwifery Managers are required to identify appropriate preceptors prior to the preceptees arrival in the department.*
- 2. During the orientation period, the preceptor and preceptee shall be rostered on the same shifts and be given an appropriate workload to enable effective outcomes.*

Preceptors will continue to support and guide the NETP graduate nurse's learning and development throughout the remainder of the clinical placement(s). Both the NETP graduate nurse and the preceptor(s) should be rostered together as often as possible to enable support and accurate assessment of practice and regular feedback on progress.

Aged Residential Care (ARC) facilities: In residential care where the population of residents is stable, the graduate nurse can work a shift without another RN on duty when they have:

1. Been employed for six months, and
2. Have successfully completed all components of the orientation, and
3. Have been reviewed by the facility Nurse Manager as competent to do so.

There must always be a senior RN on call and readily available to the graduate nurse for the next six months.

Academic Component

The NETP programme coordinates the academic component in collaboration with tertiary institutes such that the graduate nurse is working towards a post-graduate level qualification. The academic component comprises of 12 study days:

- Six days orientation and NETP education
- Six days covering university curriculum

The academic programme is specifically designed to meet the needs of the beginning practitioner and is designed to offer clinical support, through the application of practice based skills and assessments. Te Whatu Ora Tairāwhiti recognises there are different needs in the learning for different areas and support the post-graduate paper that provides the graduate nurse with the most appropriate knowledge requirements.

The graduate nurse needs to enrol into the university and must follow the guidelines and policies including the assessment processes, academic integrity, and confidentiality of clients.

University of Auckland (UoA) Course

All graduate nurses on the NETP programme will complete one 30 point post-graduate paper – Nursing 770 Clinical Practice Development. This education programme is run in partnership with the School of Nursing, University of Auckland. This paper contributes to the Post Graduate Certificate in Health Sciences (Advanced Nursing) at the University of Auckland and is fully funded by Te Whatu Ora Tairāwhiti.

Aims of the course

- To develop knowledge, practice and skills within the scope of a beginning practitioner that will enhance client assessment, planning and delivery of client-centred care within a specific healthcare context.
- To develop understanding and application of relevant concepts and skills appropriate to a beginning practitioner, that fosters critical inquiry into professional, socio-political, ethical, cultural and legal aspects of practice.

Learning Outcomes

On completion of this course students will be able to:

1. Identify and appraise the need for nurses to include holistic client assessment skills in their clinical environment. The post graduate student will effectively contribute to inter-professional practice through the use of evidence based reasoning at an advancing level and within their scope of practice.
2. Demonstrate an understanding of evidence based clinical decision-making through the application of a diagnostic framework to client assessment.
3. Demonstrate competence of a systematic approach in performing a focused and or comprehensive client assessment.

4. Interpret clinical findings in relation to underlying pathophysiological processes
5. Assess a client's health status and appraise appropriate laboratory and other diagnostic tests in order to support differential diagnoses.
6. Articulate the knowledge underlying client assessment and diagnostic test findings in order to formulate a list of differential diagnoses or formulate a diagnostic decision.

Course Coordinators

University Academic Coordinator: Bridget Venning, Wendy Sundgren, Rachel Lampkin

Course Delivery

Six study days are facilitated by the UoA and Te Whatu Ora Tairāwhiti.

Table 1: Assessment points (University of Auckland)

Assessment Points		
Written Assignment	35%	3,000 words
Multi Choice Question Exam	20%	40 MCQ's
Clinical Examination	45%	40 minutes
NB: To achieve an overall pass for the paper, the minimum grade of C- must be achieved in the clinical examination.		

Attendance

A minimum of 90% attendance of the structured education study days is required from graduate nurses. If a study day is missed, the learning outcomes may be demonstrated by other means as negotiated with the Nurse Educator, NETP.

Further Education Requirements

Orientation

The programme commences with an organisational orientation week, which includes a pōwhiri, cultural training, welcome to the DHB, meeting key staff, CPR training, introduction to relevant policies and completion of core skills.

The NETP study day at the end of the first week includes:

- An overview of the NETP programme including clinical and academic components.
- Introducing the graduate nurses to available supports.
- Outlining the expectations of RN's.
- Discussing the transition to the RN role and provide some guidance as to how to best manage this critical stage.

These days also enable graduate nurses to get to know one another, meet key staff, orientate to the programme and gain mandatory training.

Te Whatu Ora Tairāwhiti NETP graduate nurses

As part of orientation, all NETP graduate nurses must complete mandatory training requirements (see below), e-learning via the 'Ko Awatea LEARN' site.

Te Whatu Ora Tairāwhiti mandatory training includes:

- Hand Hygiene for Tairawhiti
- Infection prevention & control principles in practice
- Basic life support
- Speaking up for Safety
- Fire Safety for Te Whatu Ora Tairāwhiti
- Emergency Management for Te Whatu Ora Tairawhiti
- Health and Safety Te Whatu Ora Tairawhiti
- Moving & Handling

The NETP graduate nurse will also complete further modules as directed via Ko Awatea LEARN:

Individual work area orientation and learning packages may also need to be completed – these will contain competency based assessments from the Generic Education Framework that are specific to the clinical environment the graduate nurse is working.

Please discuss with your Line Manager/Nurse Educator and confirm education requirements within each NETP placement. The workplace Line Manager/Nurse Educator will guide the NETP graduate nurse and assess any learning packages that may require assessing.

Partnering Organisation (Primary Health Care [PHC] and Aged Residential Care [ARC]) NETP graduate nurses

The Team Leader/Nurse Educator of each partnering organisation will determine orientation and further education appropriate for their clinical area, and which need to be completed by the NETP graduate nurse. Some e-learning may also occur via the 'Ko Awatea LEARN' website: <https://koawatealearn.co.nz/>. The Nurse Coordinator NETP will arrange login details for graduate nurses working in Primary Health and Aged Residential Care following orientation week. This will enable graduate nurses to complete e-learning packages relevant to their individual work area. These graduate nurses will be advised to keep in mind that local policies/procedural guidelines may vary in individual workplaces.

Assessments

There is a range of assessments, which must be passed to meet the requirements of the programme. The assessments will also meet the requirements of the nationally recognised PDRP programme and will comprise of a portfolio that will meet the 'competent' level of the PDRP.

Should the graduate nurse be identified as not meeting assessment criteria, remedial assistance is available through a support/education plan in collaboration with the Charge Nurse Manager/Nurse Educator as well as the Nurse Coordinator, Nurse Educator and Clinical Coaches (refer to *Remedial Assistance*).

Post-graduate Paper

An overall pass in the post-graduate paper must be achieved as part of the NETP programme assessment criteria. The NETP graduate nurse must follow the guidelines and policies of the respective institute including the assessment processes, academic integrity, and confidentiality of clients.

Performance Development and Recognition Programme (PDRP)

The NETP graduate nurse will be required to submit a professional nursing portfolio for assessment. This will include a performance development review demonstrating self-awareness, evidence based practice and health assessment skills assessed against the Registered Nurse Scope of Practice Competencies (NCNZ, 2012); and reflections on their professional development.

The NETP graduate nurse will be assessed as having achieved 'Competent Level' on the PDRP in order to graduate from the NETP programme. The assessment of portfolios is subject to internal moderation processes as directed in the PDRP Programme.

Portfolio for PDRP

The NETP graduate nurse must be assessed as having achieved 'Competent Level' on the Professional Development Recognition Programme (PDRP) in order to successfully meet the completion criteria for the NETP programme and to be eligible to graduate from the programme.

Please read the PDRP Competent criteria and submit your evidence as per the checklist, which includes:

- Application form
- Declaration and Consent from
- Validation of Practice Hours
- Self-assessment against NCNZ RN Competencies;
- Peer/Preceptor nurse assessment against NCNZ RN Competencies;
- Professional Development Activities (including mandatory training as outlined on page 12); with reflection
- Link to Annual Practicing Certificate on Nursing Council of New Zealand online register.

Nurses have a responsibility with regard to privacy and confidentiality. The fundamental principles of these must be adhered to at all times.

E-portfolios

All nurses submit their portfolio electronically, via the Ko Awatea LEARN website <https://koawatealearn.co.nz>. Access to the PDRP programme and all supporting documents are available on the Te Whatu Ora Tairāwhiti website <https://www.hauoratairawhiti.org.nz/about-us/careers-and-professional-development/professional-development-recognition-programme/>. Graduates will be supported by the NETP coordinator, Nurse Educator, Nurse Manager and Preceptor in accessing and developing their e-portfolio.

Partnering Organisation NETP graduate nurses

Graduate nurses employed within a Primary Health or Aged Related Residential Care setting will also submit their Competent PDRP portfolio via Ko Awatea LEARN (as above). The assessment of the portfolio will be undertaken by the Te Whatu Ora Tairāwhiti PDRP assessors in order to ensure consistency with NETP programme requirements.

Completion Criteria

A certificate of completion will be issued at the end of the programme if the graduate nurse meets the following criteria:

- 90% attendance at study days for the NETP programme;
- Successful completion (overall pass grade) of post-graduate academic requirements;
- Achievement of Competent PDRP;
- Completed a minimum of ten months of clinical practice.

If any one of these criteria is not met by the graduate nurse, they will not obtain a completion certificate for the NETP programme.

Cultural Support

Te Whatu Ora Tairāwhiti is committed to ensuring culturally appropriate supervision is available.

“Cultural supervision is rapidly developing and is contributing positively in the field of supervision and best practice models. It is evident that the bicultural commitment to tangata whenua practitioners and clients (must be) upheld to meet the obligations under Te Tiriti o Waitangi. Cultural and bi-cultural supervision approaches must be included in the development of ‘best supervision practice’ for Aotearoa” (Eruera, 2005).

Graduate nurses who identify as Māori will be introduced to the concept of Cultural Support early in the NETP programme and invited to participate if they wish.

Remedial Assistance

We acknowledge issues sometimes arise for the NETP graduate nurse during the first year of practice which may impact on a graduate nurse's ability to perform as desired in the NETP programme.

The first step is for the NETP graduate nurse to have a conversation with a trusted colleague such as the preceptor, a line manager, a nurse educator, Nurse Educator NETP or Clinical Coach. All issues will be dealt with in a confidential manner. Escalation of key matters to do with competency or safety will occur if required.

If the graduate nurse or the Charge Nurse Manager/Team Leader or individual employer has a concern regarding clinical practice, then it needs to be managed by the CNM and People and Development team.

Areas of concern are to be addressed at an early stage:

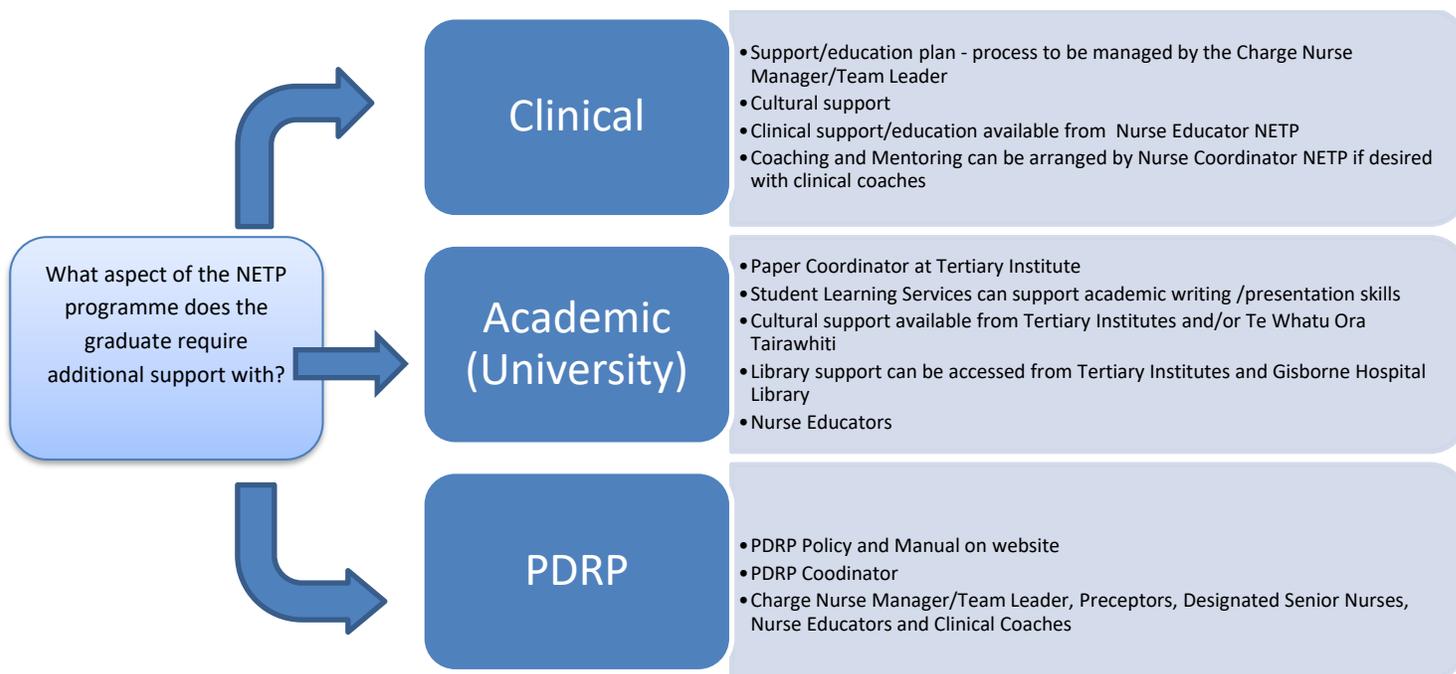
- In the first instance the Charge Nurse Manager/Team Leader needs to discuss the issue with the graduate nurse.
- If no resolution occurs, at the earliest possible time the Charge Nurse Manager/Team Leader needs to discuss the concern with the Nurse Coordinator NETP. A plan to address concerns shall be discussed with the Charge Nurse Manager/Team Leader, Nurse Coordinator NETP and the graduate nurse.
- The responsibility for formulating and managing the process of the plan throughout its duration lies with the line manager.

At all times the graduate nurse is entitled to representation and the presence of a support person. All performance concerns and education plans formulated will be in line with Nursing Council of New Zealand's competencies of practice.

There is a formal process to support the NETP graduate nurse if they fail to progress with the theoretical components as expected on the NETP programme. Extra assistance is arranged where necessary to support the NETP graduate nurse to meet expected requirements for the programme.

A remedial plan is individualised to the NETP graduate nurse utilising supports available as per Figure 1 below.

Figure 1: Supports available for remedial assistance



Memorandum of Understanding (MOU) for Primary Health Care (PHC) and Aged Residential Care (ARC)

A MOU is a document that expresses mutual agreement on an issue between Te Whatu Ora Tairāwhiti and the individual employer. MOU's are generally recognised as binding, even if no legal claim could be based on the rights and obligations laid down in them.

The MOU must:

1. Identify the contracting parties;
2. Spell out the subject matter of the agreement and its objectives, for both parties;
3. Summarise the essential terms of the agreement; and
4. Be signed by the contracting parties prior to commencement of the graduate nurse.

Employment Matters

Recruitment

All recruitment will be in alignment with the Advanced Choice of Employment (ACE) Business Rules as set out by Health Workforce New Zealand.

Employment within Te Whatu Ora Tairāwhiti

The Graduate Nurse's employment with Te Whatu Ora Tairāwhiti is on a permanent contract, to the organisation. This is inclusive of annual leave and sick leave entitlements as per District Health Boards/NZNO Nursing and Midwifery Multi-Employer Collective Agreement, 4 June 2018 – 31 July 2020.

The graduate nurse may apply for alternative positions prior to the conclusion of the NETP if completion criteria are achieved, however will endeavour not to commence until the completion of the programme.

NETP graduate nurses will be rostered to work across all shifts. It is essential they identify the person who does the rostering within their service. If they have concerns regarding their roster, please refer to the Multi-Employer Nursing/Midwifery Collective Agreement (MECA), and discuss the matter with a line manager in the first instance.

Annual Leave

It is highly recommended that one week annual leave is taken by the graduate nurse at the end of each clinical placement, or six months, following negotiation with, and at the discretion of the Charge Nurse/Team Leader.

Remuneration

Each graduate nurse will be remunerated in accordance with the District Health Boards/NZNO Nursing and Midwifery Multi-Employer Collective Agreement, 4 June 2018 – 31 July 2020.

The graduate nurse will commence as a Level 1 Registered Nurse.

Sick Leave

If there is sick leave that exceeds this agreement, the employee may be requested to take part in a sick leave review. This is at the discretion of the Line Manager/Charge Nurse Manager/Team Leader. It is encouraged that the graduate nurse be referred to the Occupational Health Services and/or the Employee Assistance Programme (EAP).

If extended periods of time off through sickness or injury occur, an extension to the period of NETP support may be required to enable the graduate nurse to meet the minimum ten months clinical practice requirement of the programme. The Nurse Coordinator NETP will discuss this with the line manager and graduate nurse to assist a successful outcome.

Within PHC or ARC

Employment

Each graduate nurse that is placed with an individual employer will have a MOU in place between Te Whatu Ora Tairāwhiti and the individual employer. This agreement will provide the basis for the relationship between the DHB and individual employer and conditions of the NETP programme as outlined in the Learning Framework. As per contract with the individual employer this is inclusive of annual leave and sick leave entitlements.

Annual Leave

It is highly recommended that annual leave is taken by the graduate nurses at the end of six months, following negotiation with, and at the discretion of the employer.

Sick Leave

Access to Occupational Health Services can be negotiated with the Nurse Coordinator NETP.

Performance Management

Please refer to remedial assistance. If any clinical performance issues are unresolved following initial support/education plans, a performance improvement plan may be implemented. The People and Development team will support this process.

N.B. Te Whatu Ora Tairāwhiti is legally obliged under the HPCA Act to report any nurses who do not demonstrate they are able to meet the NCNZ competencies to Nursing Council New Zealand.

Parental Leave

Parental leave provisions are acknowledged as contained in the *Parental Leave and Employment Act 1987*. Please refer to the People and Development team for further information and consult with the line manager. The graduate nurse must write a letter with the anticipated leave period and a return date, and include a medical certificate stating their expected due date. This is to be provided to the line manager and also to the Nurse Coordinator for the NETP programme.

Exit from the Programme

Requests from graduate nurses to exit the programme early will be considered by the Nurse Coordinator NETP, and will be granted in extenuating circumstances only. Graduate nurses are encouraged to approach the Nurse Coordinator NETP as early as possible if any concerns arise.

Should the graduate nurse exit the programme, the Nurse Coordinator NETP is required to provide HWNZ with notification on the generic progress report.

N.B. Where there is a competence issue not addressed prior to leaving the programme the Director of Nursing is obliged to notify Nursing Council of New Zealand under the HPCA Act interpretation.

Programme Evaluation Process

The NETP Programme will undergo regular review, which will involve Ongoing Process Evaluation and Outcome Evaluation.

Ongoing Programme Evaluation

This will be incorporated into the day to day operational improvements made to the programme as part of the continuous quality improvement process.

- Reflection sessions with graduate nurses at study days;
- Qualitative feedback from graduate nurses at end of each study day;
- Qualitative surveys of graduate nurses at 12 months;
- Graduate nurse evaluation of university courses will be undertaken using university forms. The results will be shared and discussed with the NETP team;
- Surveys of key stakeholders including preceptors, Charge Nurse Managers/Team Leaders.

The Education Advisory Group will approve any changes to the programme. This process will occur annually at the end of each programme.

Programme Roles and Responsibilities

There are a number of key roles within the programme that aim to support the learning of the graduate nurse.

<u>Role</u>	<u>Responsibility</u>
Nurse Educator, NETP Coordinator	<p>The Nurse Coordinator NETP leads the programme and works in conjunction with senior nurses within Te Whatu Ora Tairāwhiti and partner organisations. This person ensures the following occur:</p> <ul style="list-style-type: none"> • Recruitment and selection of graduate nurses and preceptors. • Making cultural support resources available to trainees. • Monitoring and liaising with clinical areas where graduate nurses are employed. • Liaise with CNM/Team Leaders with performance issues. • Enveloping and administering evaluation tools including surveying of graduate nurses regarding their expectations and experience of the NETP programme. • Providing the information necessary for reporting to HWNZ. • Coordinating a NETP programme advisory group with key stakeholder representation. • Collaborating with NETP programme coordinator colleagues in other DHBs and nationally. • Provide expertise in planning and facilitating of professional development activities for graduate nurses. • Developing and administering evaluation tools including surveying of graduate nurses regarding their expectations and experience of the NETP programme. • Engage with those who develop graduate nurse support plans ensuring the transfer of learning is appropriate. • Provide direct/indirect support, leadership development (coaching and mentoring) for staff.
Clinical Coach	<ul style="list-style-type: none"> • Works clinically with graduate nurses across Te Whatu Ora Tairāwhiti

	<ul style="list-style-type: none"> • Is an available role model professionally and clinically. • Provides clinical support • Mentors graduate nurses and preceptors. • Advocates for graduate nurses when necessary. • Maintains their own professional development. • Assists with the study days as required.
Clinical Leadership	<p>Charge Nurse Manager / Clinical Nurse Coordinator / Nurse Manager:</p> <ul style="list-style-type: none"> • Appoints an appropriate Preceptor for the Graduate Nurse. • Ensures the Graduate Nurse and their Preceptor share a workload for six weeks. • Promotes an environment to facilitate learning and development. • Ensures the roster allows the Graduate Nurse to attend study days and workshops appropriate to their learning needs. • Co-signs the third party evidence in October. • Provides support for the Graduate Nurse and the Preceptor. • Please be advised, you will report to the Office of the Chief Nurse and operationally delegated to your area of employment (This means - you will fall under the Chief Nurse and Associate Chief Nurse.
Nurse Educator (or equivalent) and senior nurses	<p>Nurse Educators and senior nurses from Te Whatu Ora Tairāwhiti and partner organisations, are available to assist the graduate nurse to develop specific knowledge and skills related to their clinical placement(s) and work alongside the graduate nurse to consolidate learning throughout the year.</p>
Preceptors	<p>Preceptors must have:</p> <ul style="list-style-type: none"> • A current practicing certificate in the Registered Nurse scope of practice. • Registration with the NCNZ 'in good standing' with no restrictions that would negatively impact on their ability to perform as a clinical preceptor. • Successfully completed a preceptor training programme and are current in their knowledge.

	<ul style="list-style-type: none"> • Knowledge of the NETP programme and PDRP requirements. • Appropriate experience within the clinical service area where they are providing preceptorship. • Provides introduction to work area and their colleagues. • Identifies learning opportunities. • Utilises the clinical orientation booklet of the unit or area. • Provides timely informal feedback and written feedback. • Shares patient/client load for a predetermined length of time. • Shares policies, protocols and standards. • Assists setting of objectives and facilitates meeting these. • Following the initial six weeks of orientation, meets preceptee at least monthly to review objectives, achievements and set new objectives. • Assists with consolidation of knowledge and skills. • Seeks regular feedback from the Graduate Nurse on progress and development.
<p>Advisory Group</p>	<p>The Nursing and Midwifery Education and Professional Development Advisory Group meets three monthly to provide ongoing planning and review of the NETP programme. This group ensures that Te Whatu Ora Tairāwhiti meets requirements of the National NETP Programme Learning Framework and Nursing Council of New Zealand NETP Programme standards.</p>

Nursing roster planning/scheduling and safe staffing

Good rostering standards are an important part of good human resource management, safe staffing and compliance with collective agreements.

We highly recommend you are familiar with these standards for rostering and with your entitlements in accordance with the Multi-Employer Collective Agreement (MECA).

General expectations

- There is adequate skill mix to allow for supervision of less skilled staff to provide safe service delivery.
- Staffs have adequate rest and recovery between shifts.
- When rotating staff to night duty this follows an early too late to night shift pattern rather than the reverse.
- Rosters must comply with the contractual requirements specified in the relevant collective agreement.
- Staff must raise issues with their manager in the first instance. If the issue cannot be resolved, then the issue should be escalated to the service manager or Clinical Nurse Director/ Deputy Chief Midwife.

Shift changes for Nurses

All shift changes between nurses must:

- Be approved, or not, by the Charge Nurse Manager, Line Manager's or their delegated authority and be documented on the roster at least 24 hours before the shift commences. In addition they must:
- Be between nurses/midwives with the same level of practice and to ensure that there is an adequate balance of skill on the shift.
- Any change of duty requires 48 hours' notice and agreement with the CNM/CNM/LM of any change of duty being requested.

The standard is met in the CMDHB/NZNO Multi Employer Collective Agreements when:

A) The standard is met for rostered 8 hour shifts when:

1.	A nurse employed full-time works no more than 80 hours in each two week period.
2.	Part-time employees by mutual agreement between the employer and the employee may work shifts of no less than 4 hours.
3.	Nurses work no more than 7 consecutive days not exceeding 8 hours in any one duty.
4.	Preferred Roster Pattern Divisors: The following rosters will apply: - 5 days on duty followed by 2 days off duty - 4 days on duty followed by 4 days off duty Refer to NZNO MECA
5.	All duties must commence between 0600 and 2315 hours.
6.	Duty hours must be consecutive except for unpaid meal breaks.
7.	The shift is counted on the day that the majority of hours are worked.
8.	Shifts are of equal length in any block of duties between days off.
9.	Time off at the end of night duty is 12 hours on top of the entitled off duty period.
10.	Except on case of emergencies, the minimum off duty period between consecutive duties shall not be less than 9 hours. Wherever possible an employee changing duties on consecutive days shall be rostered off for a minimum of 12 consecutive hours.
11.	Every nurse has at least 4 periods of at least 24 hours off duty in each 2 week period. These will not be taken as 4 single days.
12.	Single days off will occur no more than once every 4 weeks and only by negotiation.
13.	Employees will not be required to change between day and night duties more than once in any 80 hour fortnight.

Roster requests

Roster requests maybe made by staff per roster, with requests as outlined equivalent to:

- 5 requests for 1.0 FTE
- 4 requests for 0.8 FTE
- 3 requests for 0.6 FTE
- 2 requests for 0.4 FTE
- By negotiation if 0.2 FTE or less

All requests are dependent on service requirements to cover the roster appropriately and within the MECA requirements.

Staff have a responsibility to make requests on planned events as early as possible.

You are encouraged to take leave at around the six-month mark – Please start to plan this now as leave is often booked well in advance.

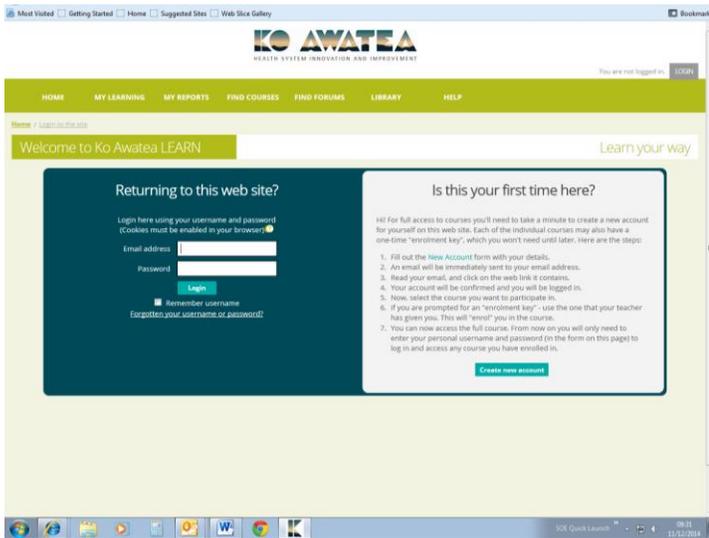
Common Roster Codes

- D 0700 – 1530
- E 1430 – 2300
- N 2245 – 0715

****Please note in speciality areas there will be other roster codes specific to their area.**

Online Learning

How to Register to Ko Awatea LEARN



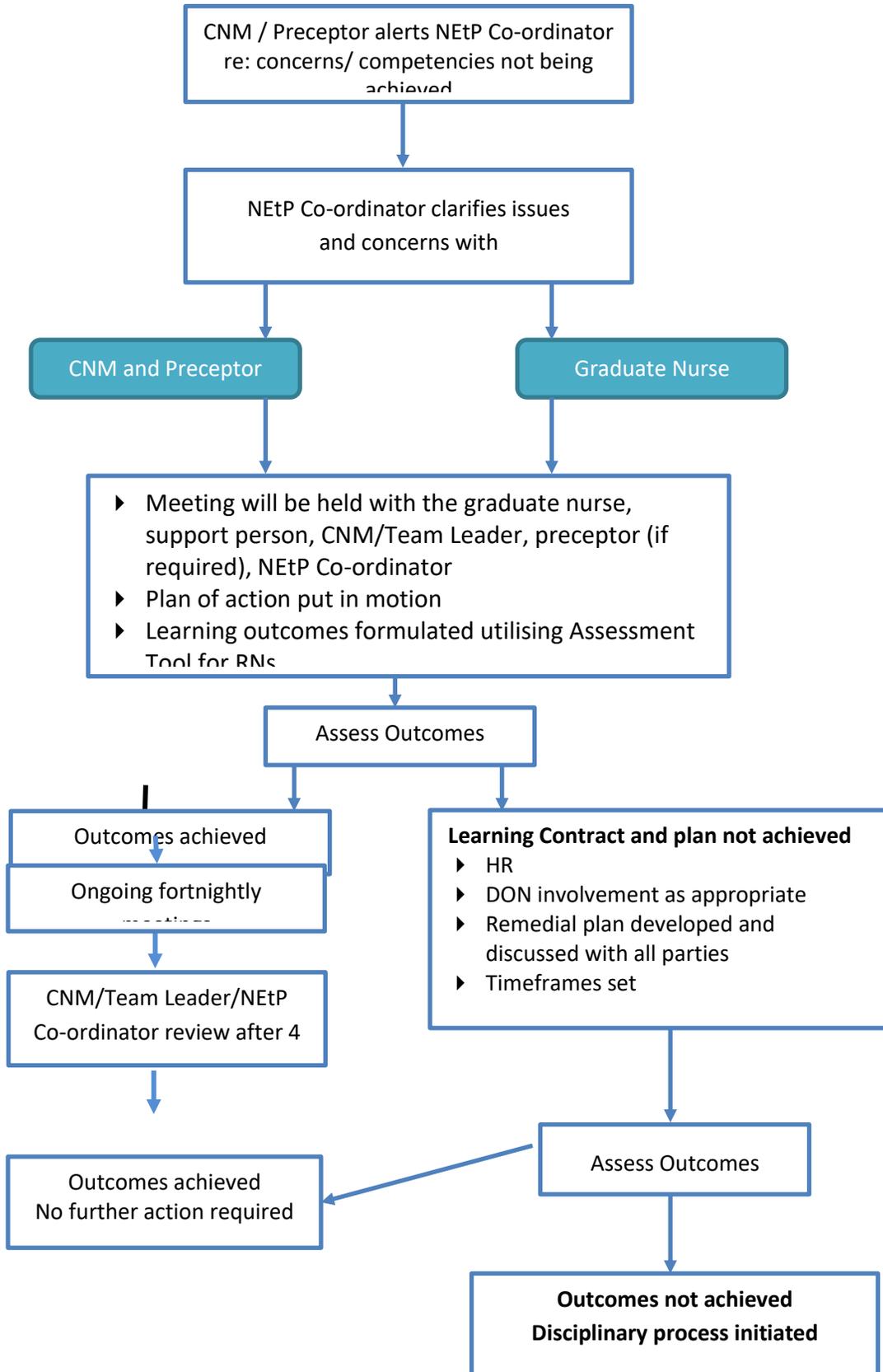
First time user

Please follow prompts to create a new account. You will need to create your account while at work so you can access the web link that will be sent to your work email account.

Once the account has been created, you will then be able to access your Ko Awatea LEARN account from outside the organisation.

Appendix

Guidelines for Supporting the Graduate Nurse who is not achieving the Requirements of the Programme



Social Media and the Nursing Profession

A guide to online professionalism for nurses and nursing students

General principles

As a rule, the following guiding principles adapted from the American National Council of State Boards of Nursing¹ should help keep you safe as you use social media:

- You have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Never transmit by way of electronic media any patient-related image or any information that may either actually, or potentially violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient, or information gained in the nurse-patient relationship, with anyone unless there is a patient care related need to disclose the information, or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Never refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer, university, polytechnic or wananga policies for taking photographs or video of patients for treatment or other legitimate purposes using employer, university, polytechnic or wananga-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients and/or their family/whānau members – it may be prudent to avoid such contact.
- Consult employer, university, polytechnic or wananga policies, or an appropriate leader within the organisation, for guidance regarding work or student related postings.
- Promptly report any breach of confidentiality or privacy.
- Be aware of and comply with employer, university, polytechnic or wananga policies regarding use of organisation-owned computers, cameras and other electronic devices, and use of personal devices in the workplace or school.
- Do not make disparaging comments about employers, co-workers, teachers or fellow students. Never make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

¹ National Council of State Boards of Nursing. (2011). *White paper: a nurse's guide to the use of social media*. Chicago: National Council of state Boards of Nursing.

- Do not post content or otherwise speak on behalf of the employer, university, polytechnic or wananga, unless authorised to do so, and follow all applicable policies.

Delegation of care by a registered nurse to a healthcare assistant

The Five Rights of Delegation

The Five Rights of Delegation, identified in Delegation: Concepts and Decision-making Process (National Council of State Boards, 1995), can be used as a mental checklist to assist registered nurses to clarify the critical elements of the delegation decision-making process.

1. Right Activity

An activity that, in the professional judgement of the registered nurse, is appropriate for a specific health consumer.

2. Right Circumstances

Appropriate health consumer group, available resources and other relevant factors considered.

3. Right Person

Right person is delegating the right activity to the person with the right skills and knowledge to assist the right health consumer.

4. Right Communication

Clear, concise description of the activity to be undertaken, including the objective, and expected outcomes.

5. Right Direction

Appropriate monitoring, evaluation, intervention, as needed, and feedback.

(Adapted from National Council of State Boards (1995) Delegation: Concepts and Decision-making Process.)

Decision-making process for delegation by a registered nurse



Te Whatu Ora Tairāwhiti – Our Values and Behaviors

<p>WHAKARANGATIRA</p>	<p>WHAT THIS MEANS</p> <p>ENRICH <i>Enriching the health of our community by doing our very best</i></p>	<p>THE RESULT</p> <ul style="list-style-type: none"> We take responsibility for our results We excel in all we do We are proud to be part of Hauora Tairāwhiti We keep people safe We treat people fairly <p>Better outcomes for all, especially those who do not do so well now</p>	<p>WE WILL</p> <ul style="list-style-type: none"> Take pride in our work Work to the highest standard Treat everyone with respect Speak up when we see quality and safety compromised Celebrate success in ourselves and others Admit mistakes and learn from them Look for opportunities to improve 	<p>OF COURSE WE WON'T</p> <ul style="list-style-type: none"> Work to a substandard level Not admit or hide mistakes Have a negative attitude Demean people
<p>AWHI</p>	<p>WHAT THIS MEANS</p> <p>SUPPORT <i>Supporting our tūroro/patients, their whānau/families, our community partners and each other.</i></p>	<p>THE RESULT</p> <ul style="list-style-type: none"> We listen to tūroro/patients and whānau/families We involve tūroro/patients and whānau/families in decision making <p>People recover faster and feel better</p>	<p>WE WILL</p> <ul style="list-style-type: none"> Put tūroro/patients and whānau/families at the centre when we make decisions Make open and clear decisions Encourage personal and professional development 	<p>OF COURSE WE WON'T</p> <ul style="list-style-type: none"> Not greet people Not be respectful of peoples' time Not communicate effectively Ignore patients requested needs
<p>KOTAHITANGA</p>	<p>WHAT THIS MEANS</p> <p>TOGETHERNESS <i>Together we can achieve more.</i></p>	<p>THE RESULT</p> <ul style="list-style-type: none"> We work as a team Together we perform and achieve at higher levels We take responsibility together Together we are resilient Through collective thought we are more innovative 	<p>WE WILL</p> <ul style="list-style-type: none"> Respect others' opinions Communicate effectively Be willing to engage Actively participate and speak up Stick by a decision that is made Recognise we are different and be considerate of others Support colleagues and have their back 	<p>OF COURSE WE WON'T</p> <ul style="list-style-type: none"> Put people down and demean others Sabotage and be manipulative Respond negatively Not attend and use this to stop the process Attack people personally Avoid work
<p>AROHA</p>	<p>WHAT THIS MEANS</p> <p>COMPASSION <i>Empathy.</i></p>	<p>THE RESULT</p> <ul style="list-style-type: none"> We care for people People want to be cared for by us <p>We enjoy working for Hauora Tairāwhiti and are passionate about what we do</p>	<p>WE WILL</p> <ul style="list-style-type: none"> Enjoy our work Go the extra mile Keep learning Have a can do attitude 	<p>OF COURSE WE WON'T</p> <ul style="list-style-type: none"> Bully or harass Abuse tūroro/patients or whānau/families Be consistently negative to other staff

