Enhancing learning for new graduate registered nurses in an Australian day surgery unit

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Abstract

New graduate programmes for the newly registered nurse (RN) have become commonplace in Australia. These targeted programmes are designed to enable the new RN to be exposed to a number of areas in nursing, assist the new graduate (NG) nurse to build on existing knowledge and skills, and to enhance confidence and competence in their new role. The work environment in nursing is constantly changing and new RNs are learning and developing skills every day. This article will present an overview of how one Australian day surgery unit in Sydney, Australia, has positively enhanced the learning of NG nurses.

Context

The Day of Surgery Admission Centre (DOSAC) is linked to a large private hospital in the northern suburbs of Sydney and provides care for an average of 85 patients per day. Of these, 50 patients are day surgery admissions. Patients who are admitted through DOSAC are screened to ensure that risks are minimised and that the unit is effectively prepared for all patients who come into the unit. Some patients may also have attended a preadmission clinic. The DOSAC unit is a pre- and post-surgery unit and, unlike many larger public hospital units, does not include staff working in anaesthetics, theatre or the main recovery unit. The unit does, however, include an endoscopy unit with two theatres and a recovery area where some staff rotate. New graduate (NG) nurses are able to choose DOSAC in their NG rotation for a period of three to four months and it is becoming a more popular choice. Three NGs are employed in DOSAC and one in endoscopy. They may come to the unit for their second or subsequent rotations and, therefore, have differing needs and abilities yet all are encouraged and supported to complete the same competencies. In DOSAC, the NG rotates between preoperative patient admission (Stage 1) and the unit's recovery and discharge areas (Stages 2 and 3). During their rotation, NGs also visit the preadmission clinic, endoscopy and endoscopy recovery to better understand the patient's journey through the department. The learning programme assists the NG to recognise each area as separate yet linked to continuous total patient assessment towards an uneventful recovery and safe discharge.

Current nurse regulation in Australia

As a requirement for authorisation to practise, the Australian Health Professional Regulation Authority[1] indicates that all health professionals must maintain a portfolio of evidence of current practice. This process is to encourage and assist registered nurses (RN) to maintain knowledge and currency of practice in the workforce. As an NG, portfolio development would most likely have begun in the undergraduate educational programme and much of the first year of nursing practice post-registration is focused on learning and developing practice. This learning programme can be used as part of the professional portfolio.

Identifying opportunities

Prior to the development of this learning programme, no written direction was provided to the NG when they commenced in the unit, although there was an orientation manual and competency book. Historically, no direction was given to enable the NG to assess and diagnose, plan, implement and evaluate the learning experience in DOSAC. As an adult learner, the NG was expected to be able to understand and apply nursing knowledge across the department while identifying and evaluating non-existent learning outcomes. Many NGs expressed concern at the apparent lack of continuity of patient care experienced in DOSAC and also expressed difficulty in understanding how the department worked. Working in preop one day and postop the next, the NG struggled to determine how the department functioned and some perceived this to be a negative aspect of their rotation.

A learning needs analysis was conducted with DOSAC staff and NG nurses undertaking their rotation in the unit in 2009. From this, a programme was developed in line with identified learning needs and formed the basis of the learning programme for NG RNs, which was subsequently implemented in the DOSAC unit. Results identified there was no preceptor in place to support learning in the unit, there

was an inability to see what DOSAC had to offer in educational opportunities and there was no formal educator or educational planning specifically for NG nurses in the unit. It was also identified that it was difficult to settle in to the area and understand new routines, and the transition from ward to DOSAC was described as confronting, disjointed and, at times, confusing. Establishing a sense of belonging was important for morale, confidence and teamwork which is recognised as being essential to building competence[2].

Staff of the unit saw the unit as too busy to accommodate NG nurses and that they could not give the NG the time he/she needed for a valuable learning experience. This identified that staff were perhaps unaware of what NG nurses could be offered in speciality areas in their employment. Whilst the unit is relatively large when compared to free-standing day surgery units, its variety and pace provides NG nurses with a wide range of opportunities and in association with the size, provides an ideal context in which to learn critical skills for nursing. Among these are flexibility and prioritisation of tasks, teamwork, time management, critical thinking, problem-solving, documentation and, most importantly, effective interpersonal and interprofessional learning and communication skills. Providing the opportunity to learn about a wide range of surgical and endoscopy procedures in one department ensures that work is rarely dull and ensures learning opportunities are maximised.

New GNs can find it difficult to find employment in NG programmes after registration and this appears not to be isolated to Australia[3]. There has been a decrease in numbers of NG placements in Australia according to Graduate Careers Australia[4], initially due to the global financial crisis, but more recently the economic instability which has impacted on employers to focus on effective resourcing including staffing. From feedback gained from other day surgery units (DSUs), it is evident that many have been able to set high entry standards and restrict numbers for NG programmes to suit the availability of current staff placements. This has set the scene for a very competitive job market. Perceived restrictions the NG may face in some smaller DSUs was common across several and included lack of a formal mentor/preceptor programme, no formal nurse educator, no time to write and evaluate planned education for such a short time frame and the unit was too specialised for an NG to gain useful knowledge to fulfil requirements for the NG year.

Several facilities, however, describe programmes where NGs remain in one area for the year or rotate three-, four- or six-monthly to suit the facility's needs. Each described this flexibility as one of the drivers to successful recruitment and retention of staff and provide a programme to suit learning needs for the time in the rotation.

The learning programme for NG nurses

The aim of the learning programme in DOSAC was to provide a supported, competency-based learning programme with an RN preceptor. This approach was to enable the NG to increase knowledge and skills in patient care while relating skills to knowledge. An added advantage was to help the NG feel he/she belonged to a unit for the period of their rotation and provide opportunities for growth both personally and professionally. Belonging to a unit is described by Levett-Jones *et al.*[2] as being highly beneficial to optimal student learning. The learning programme also assists the NG to coordinate processes and patient care concepts, while relating skills to knowledge. The NG learning programme consists of:

Links: to the department orientation manual, hospital policies, protocols, best practice guidelines and learning packages to identify the relevance of knowledge in nursing practice to competence.

Skills spots: highlight the related competency.

Time-out stations: suggest time to reflect on practice, observed behaviour and emotions.

Look it up! Provides highlighted research points to encourage the NG to find related literature.

As with all new nursing staff, NGs aim to complete the facility's mandatory competencies within their first three months (first rotation) moving on to area-specific competencies in subsequent rotations. DOSAC-specific competencies were identified from four key areas of patient care and include the preoperative phone call, admission, care of a postoperative patient and discharge. While it is often difficult to find enough working hours to support requirements, competencies are assessed by trained clinical nurse specialists (CNS), preceptors and/or the clinical nurse educator (CNE). Over time, familiarity of requirements has ensured all nurses assist each other in ongoing education and learning and support the NGs to complete competencies in an accelerated time frame. In-service education and visits to various areas, including the preadmission clinic and endoscopy, with self-directed learning encourage motivation to learn and complete competencies in the given time frame.

Benefits of the NG learning programme

While the NG RNs commence their rotation looking forward to weekends off and less physical nursing, they are concerned that they will lose their high-level skills such as managing central lines, blood transfusions, medication administration and even end-of-life care. DOSAC provides them with an opportunity to fine-tune total patient assessment, organisational and prioritising skills. They leave with a better understanding of flow and function of each area (Stages 1–3) which enhances flexibility. The NGs feel supported and valued by preceptors and the DOSAC team and develop a broad knowledge of surgical and endoscopy procedures, preoperative preparations and postoperative care.

Feedback

The NGs are asked to complete a programme evaluation prior to leaving the department and have included the following comments:

- I loved the weekends off!
- This has really prepared me much more for working in the wards.
- I read some of it but didn't really use it: I like to learn as I go.
- I understand the importance of total patient assessment now.
- I wish I had started here. I am much better at prioritising and patient assessment now.

This feedback is also passed on to DOSAC staff. Ongoing evaluation provides the department with an opportunity to manage a quality programme by ongoing assessment, reviewing practice and evaluation. This includes ensuring educational opportunities are current and relevant and continuing to provide the NGs with the best possible nursing experience while in DOSAC. Unexpected benefits to DOSAC and endoscopy staff include employing new staff who want to return at the end of their NG year but, more importantly, it has shown staff that they are wise and valued educators. Hidden talents in educating and precepting have been a great bonus to staff who felt they had little to offer and felt tired or jaded from the perception of so much routine. By offering support, new educational opportunities for mentoring or precepting staff have provided a heightened sense of nurturing our future nurses and staff enjoy seeing the NGs change and grow while in the department.

Future expectations

The DOSAC NG learning programme must be kept relevant and interesting to retain its value as an educational tool and andragogical learning styles must be considered to meet the needs of today's new graduates[5]. An innovative approach to continuing education will ensure NGs continue to find their placement in DOSAC interesting, fun and stimulating. It is expected that in time the learning programme will also be offered online with interactive 'points' and e-learning modules. Possible changes to the 'LINKS', 'SKILL SPOTS', 'TIME OUT' markers and 'LOOK IT UP' points may enable the NG to become more involved in learning at their own pace. The preceptor and/or CNE may be able to identify missing links and knowledge more quickly while providing encouragement, feedback and ongoing assessment.

DOSAC staff will continue to be involved in the ongoing assessment and evaluation of the NG learning programme to ensure it remains relevant and familiar to them. Involvement and familiarity will ensure the team knows that their input and interest will maximise the valuable experience the NG gains during his/her rotation in DOSAC. Competent and confident NG RNs are essential to the future of nursing[2-3]. Welcoming NGs to DSUs and ensuring they are provided with the best possible learning experience through a carefully planned programme will go a long way to retaining these valuable nurses in our workforce.

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