How to Thrive as a Newly Qualified Nurse provides a structured programme of support for nursing students and newly qualified nurses during their first year qualified. Packed with practical examples, tips and advice, and featuring vignettes from recently qualified nurses, this book will help you to:

• Choose your first nursing post and secure the job you really want
• Structure your learning and development in the early stages of your career
• Work in a team, prioritise your care-giving and delegate to others
• Understand safe staffing, patient acuity and dependency tools, care planning, and risk assessment tools
• Learn how to escalate concerns and report incidents
• Understand mental capacity assessment to guide your decisions in practice
• Understand how to access research opportunities and funding for education

Here’s what some of our student and NQN reviewers said:

“The writing style and tone of voice is just right, it reads as though I’m having a conversation with a knowledgeable, trusted friend.”

“I noticed that it answered many of the questions I was always embarrassed to ask as I thought I should have already known those things.”

“I have wanted a book that covers the information provided in this book and have been unable to find one. I think this book will be an incredibly useful resource.”

Drawing on her 30 years’ experience as a Registered Nurse and University Lecturer Practitioner, Carol Forde-Johnston has written an accessible and practical book that aims to respond to the questions and concerns that her students and NQNs frequently raise – and to help you thrive as a newly qualified nurse.
HOW TO THRIVE AS A NEWLY QUALIFIED NURSE
This book is dedicated to every newly qualified nurse choosing to represent our noble profession, and its contents have been informed by their experiences and feedback.

You are the backbone of the NHS and deserve respect, care and structured support throughout your journey ahead.
HOW TO THRIVE AS A NEWLY QUALIFIED NURSE

CAROL FORDE-JOHNSTON

RGN, BSc Hons, PGDip, RNT, MSc

Lecturer Practitioner, Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust
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ABOUT THE AUTHOR

Carol Forde-Johnston (RGN, BSc Hons, PGDip, RNT and MSc) is a lecturer practitioner, a joint appointment between Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust. She qualified as a registered nurse in 1989 at Coventry School of Nursing and went on to specialise in neurosciences, working her way up to G grade nursing sister. Carol has worked for 20 years in her ideal job as a lecturer practitioner, enabling her to integrate research, education and clinical practice into her role. She has published numerous articles relating to education and practice development in UK and European nursing and medical journals.

Carol leads a third year nursing module at Oxford Brookes University and supports newly qualified nurses and apprentices as part of her hospital trust role. In 2015, as part of a hospital trust steering group, she created and evaluated a three-tiered curriculum Foundation Preceptorship programme for all newly qualified nurses within the Oxford University Hospitals NHS Foundation Trust. The programme integrated skills development, theoretical study days and clinical supervision using action learning sets.

Carol has also been involved in several patient improvement initiatives and collaborated with Oxford University on a staff-led quality improvement project to prevent inpatient hospital falls. She is currently in her third year at the University of Southampton studying for a PhD in health sciences and plans to conduct an observational study examining nurse–patient interactions at the bedside in hospital wards that use a scripted approach during intentional rounding. Carol is passionate about developing and supporting newly qualified nurses and student nurses to improve their confidence when they qualify.
This book has grown from 20 years of supporting pre-registration nursing students and newly qualified nurses in my role as a lecturer practitioner, and 30 years working in clinical practice. It provides a survival manual full of tips to help you thrive during your training and when you qualify. You may refer to its contents frequently when writing assignments or come back to it when experiencing challenging issues in practice, as key topics are based on the reality experienced by newly qualified nurses.

**This book aims to help:**

- pre-registration student nurses, as a simple guide to direct their skill development during their training and their first year qualified
- university lecturers and clinical educators teaching nurses, who can use the boxes, tables and practical advice to educate students or newly qualified nurses
- nursing associate nurses planning to develop their skills further to become a registered nurse
- nurses returning to practice after a career break needing to increase their knowledge of current practices
- non-UK trained nurses planning to work in the UK, to increase their knowledge of UK nursing practice and standards.

Student nurses must navigate complex modular degree programmes whilst completing clinical competencies to develop their practical skills, amid challenging health care environments. There is a need for closer partnership between UK health care institutions that support clinical placements and sign-off of competencies, and universities that provide theory to underpin clinical practice and the assessment of student skills during laboratory simulations. The vocational, theoretical and professional aspects of nursing are interdependent,
and require direct collaboration between these independent institutions, such as joint appointments to clinical education posts.

Newly qualified nurses deserve structured support on qualification from expert clinical role models, and this support should be assured and not dependent on where they choose to work in the UK. New starter nurses and students are bombarded with standards and policies that they must adhere to. Sometimes they just need a gentle hand guiding them through this complexity, and this book sets out to provide practical guidance as an antidote to these challenges.

Each chapter begins with a case example from newly qualified nurses, identifying areas where they required additional support, to place chapters in context. Important areas are covered, such as how to choose your first post, how to structure your learning during your first year qualified, what you need to know about safe staffing, how to prioritise and delegate care, how to assess mental capacity, what to do if an individual declines care, and how to escalate or report an incident. Not every aspect of specialist care can be covered, but the practical guidance offered will help to structure your learning and give you insights into the support you can access.

Since the 1980s I have heard so many buzzwords and NHS jargon, reflecting what is in vogue at the time, usually influenced by the latest management guru. We cannot, however, provide ‘innovative’, ‘evidence-based health care’ and ‘assure positive patient clinical outcomes’, or ‘maintain quality standards’ without highly trained nurses who are supported to thrive when they qualify by expert role models and post-registration development.

Our future nursing workforce relies on investment in newly qualified nurses’ education and the development of nursing career pathways to retain staff. It is not just about developing ‘resilience’ and the ability of individuals to cope with incessant pressure, whilst not maintaining staffing levels conducive to quality care. Yes, nurses need to take responsibility for their learning and development following qualification, but governments should be accountable for sustaining safe nurse staffing levels throughout the NHS by providing enough nurse training places. Health care employers should provide structured clinical education on qualification, to give every new starter the chance to thrive and reach their full potential.

The final chapter in this book focuses on the importance of nursing research in the future. I hope more nurses are inspired to conduct research examining what nurses do, the influence of staffing ratios on nurse–patient...
interactions, how long it takes to do what we do properly, and how that aligns with patient dependency and staffing levels. Such research can only empower our profession and influence positive change rather than being simply reactive.

You will notice within the field of health care that for the many and varied roles, hierarchies and organisational tools and structures, capital letters are often used at the start of all words; examples of this might include Charge Nurse and Performance Improvement Plan. For greater ease of readability, however, capitals have not been used in this way in this book. Note: the views within this book are mine, and do not represent the institutions in which I work. Staff reflections were sought from newly qualified nurses across the UK and their anonymity has been maintained.

Carol Forde-Johnston
September 2018
ACKNOWLEDGEMENTS

I would like to thank many people who have supported me over the years, but particularly my parents Clare and Jim Kirrane who instilled my work ethic and made me start a nursing course when I refused to stay on at school!

Thanks are also due to my husband James Forde-Johnston, sister Sharon Whitelaw and my mother- and father-in-law Kath and Alan Ridgway for their continual encouragement and support whilst working on this book.

Special thanks go to Anne Scott, Fiona Bond, Andrew Carter, Florian Stoermer, Dr Helen Walthall and Juliet Bostwick, who supported my development and allowed me the opportunity to work in a role developing others.

Finally, I need to thank my 8-year-old daughter Clodagh for putting up with my incessant typing over the last year and for just being you. I hope this book inspires you to reach for the stars and pursue a job you love, like Mummy.

The publishers would like to thank the following students and newly qualified nurses who contributed to the development of this book by reviewing draft contents and sample material. We have listed the universities they were attending during this process, although some will have graduated and registered as nurses since then.

Adam Cole – newly qualified nurse
Claire Douglas – Oxford Brookes University
Milena Krupinska – Oxford Brookes University
Niamh Lyons – Oxford Brookes University
Gerard Mawhinney – Oxford Brookes University
Louise Scott – University of Wolverhampton
ABBREVIATIONS

AD  advanced decisions  MDT  multidisciplinary team
AP  assistant practitioner  NA  nursing assistant
AVPU  alert, voice, pain,  NEWS  National Early Warning
      unresponsive  Score
CCG  clinical commissioning  NHS  National Health Service
group  NICE  National Institute
CHPPD  care hours per patient  for Health and Care
        day  Excellence
CN  charge nurse  NMC  Nursing and Midwifery
CPD  continuous practice  Council
      development  NPOB  nurse per occupied bed
CQC  Care Quality  NSI  nurse sensitive indicator
      Commission  OH  occupational health
CSW  clinical support worker  OT  occupational therapist
DNR  Do Not Resuscitate  PALS  Patient Advice and
DoLS  Deprivation of Liberty  Liaison Service
       Safeguards  PIP  performance
EWS  early warning scores  improvement plan
GCS  Glasgow Coma Scale  RCN  Royal College of
HCA  health care assistant  Nursing
ICU  intensive care unit  RM  registered midwife
IMCA  independent mental  RN  registered nurse
capacity advocate  SNI  safe nursing indicator
KSF  Knowledge and Skills  SW  support worker
      Framework  WTE  whole time equivalent
LP  lecturer practitioner
LPA  lasting power of attorney
Chapter 2

STRUCTURING YOUR LEARNING DURING YOUR FIRST THREE MONTHS QUALIFIED

“I wish I had known that I needed to be more assertive when I started my ward orientation and not be afraid to ask questions. I was given an orientation pack but I did not know what to prioritise. I should have asked for specific advice on which study days were essential and which could have been left until my second year. I focused too much on trying to learn everything, instead of focusing on essential statutory training and e-learning in those first two weeks.”

2 years post-qualified ward nurse

“Constructive feedback is essential during your first few months as this is where you develop your competence and key skills, and it helps set the foundation for your future development. It is very important to establish who will give you clinically sound and honest advice within your team. I was allocated a fantastic band 6 deputy charge nurse to look after me that made such a difference.”

1 year post-qualified mental health nurse

When making the transition from third year student to newly qualified nurse you may feel a mix of emotions. I remember my parents being incredibly proud that their rebellious daughter, who refused to do her A levels, was now a State Registered Nurse moving to Cambridge. I felt excited at the prospect of moving away from my childhood home in Coventry to a ‘posher place full of bikes and academics’, but also scared of having to ‘go it alone in the real world’. In the 1980s we were paid a wage during our nurse training and as a first year I received £128 in my first month’s pay packet. I was always counted in the staffing numbers during
my placements, as we were classed as paid workers from the local ‘School of Nursing’. During my final year, I had to be signed off as competent when taking charge of a 28-bedded ward, which gave me a taster of what to expect when qualified.

Paying student nurses as part of the NHS workforce contrasts with the supernumerary status student nurses have today. You will always have worked under direct supervision and never been solely accountable for the care of your patients. Many newly qualified nurses contact me to discuss their immense sense of achievement at having gained a professional qualification, whilst voicing concerns about their fear of the unknown.

In my experience, newly qualified nurses’ concerns usually relate to two key questions: “What do I need to learn first, as there is so much to learn?” and “How do I structure my learning in the first few months?” This chapter attempts to answer these important questions, offering guidance as to what you can expect, what to focus on during your orientation period, and how to structure your learning.

2.1 WHAT TO EXPECT WHEN YOU START

Initial nerves and anxieties

You are probably feeling nervous about what lies ahead and these are normal anxieties that many new nurses experience. Try not to place pressure on yourself to perform to the highest standards or worry about your lack of knowledge. You have worked extremely hard for three years and should commend yourself for balancing your degree course work with professional competencies, which is not an easy feat. If you have already been awarded a nursing degree, or are near to qualifying, then you must have the potential skills to become a competent qualified nurse and no one expects you to know it all!

Knowing what to expect during your first few months qualified, and approaching learning in a methodical way, will help decrease your anxieties. Identifying your specific learning needs, formulating individual objectives or goals, questioning and reflecting on your own practice, and working on feedback from your preceptor should become an inherent part of your first year qualified. You may seek additional support through a
variety of ways if you struggle at any time through your career. Chapter 9 details how to deal with a lack of progression, and identifies strategies to prevent and manage stress as you take on more responsibilities.

**Your induction and essential training**

Before you start in practice, your employer should always offer you an induction. Your induction should include, as a minimum, *statutory training that is required for you to practise, as defined by current national health and safety regulations*. Currently, the minimum statutory training required for trained nurses includes the following areas:

- Fire safety
- Equality and diversity
- Health and safety awareness
- Information governance
- Manual handling.

Your manager will ask you to attend statutory training study days, which may be delivered in a classroom, lecture theatre or simulation laboratory. You may be asked to complete workbooks, quizzes or online e-learning packages, to ensure that you comply and pass the required level when assessed. It is important that you *complete all statutory training* prior to working in the practice setting, as you may not be fully covered by insurers to practise without adequate training.

In contrast to statutory training, *mandatory training is compulsory and determined by your employer*. Mandatory training is based on your nursing responsibilities and job description, as opposed to health and safety regulations. Often health care providers use the terms ‘compulsory’ or ‘essential’ training interchangeably to cover both statutory and mandatory training, which they expect you to complete within a certain time frame. Training aims to reduce the risk of mistakes and poor practice within an organisation by complying with national and government guidelines.

Always check with your line manager which mandatory training is required as part of your specific role. Mandatory training may include areas such as:

- adult/children hospital life support
- blood glucose monitoring
- blood safety and safe blood transfusion
Child protection and safeguarding children
- Clinical record-keeping
- Complaints handling
- Conflict resolution
- Consent and mental capacity
- Electronic patient records
- Safe administration of insulin
- Infection prevention and control
- Safeguarding adults
- Medical devices
- Venous thromboembolism.

Your first training priority will be to identify what statutory and mandatory training you need to complete and when it must be completed. If your employer uses an e-learning system you will automatically receive email alerts if you have not completed your training on time. If you are unsure which training is mandatory or statutory, you should contact your manager or practice educator who should advise you.

To help prioritise your statutory and mandatory training when you qualify, you may use a simple checklist (see example checklist in Table 2.1).

**Supernumerary time and your orientation**

There are no nationally recognised clinical training outcomes for newly qualified nurses. You should, however, always have a **specified period of induction** and an **orientation to your practice setting**, which should include **supernumerary time**. Supernumerary time, where your presence at work is not counted in the rota numbers, allows you time to complete essential training and to familiarise yourself with the clinical setting.

In my experience, I have never known a clinical setting not to give their newly qualified nurses a set number of supernumerary days as part of their orientation to acclimatise to their new role. There is, however, a great variety in the amount of supernumerary time awarded across clinical settings, which can range from a few days to several weeks, or months in some intensive care areas. Your employer is not obliged to give you supernumerary time to complete your statutory and mandatory training. Many managers do, however, allocate a number of induction study days to
### Table 2.1: Example paperwork to guide your statutory and mandatory training

<table>
<thead>
<tr>
<th>Type of training</th>
<th>Mandatory (M) or statutory (S)</th>
<th>How often</th>
<th>Expiry date</th>
<th>E-learning or workbook</th>
<th>Assessment or online quiz</th>
<th>Classroom or skills session</th>
<th>Date all completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire safety</td>
<td>S</td>
<td>Yearly</td>
<td>31.03.19</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td>✓ 31.03.18</td>
<td>1.04.18</td>
<td></td>
</tr>
<tr>
<td>Manual handling theory</td>
<td>S</td>
<td>3-yearly</td>
<td>31.03.21</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
<td></td>
</tr>
<tr>
<td>Manual handling practical</td>
<td>S</td>
<td>3-yearly</td>
<td>31.03.21</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information governance</td>
<td>S</td>
<td>Yearly</td>
<td>31.03.19</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
<td></td>
</tr>
<tr>
<td>Equality and diversity</td>
<td>S</td>
<td>3-yearly</td>
<td>31.03.21</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
<td></td>
</tr>
<tr>
<td>Health and safety</td>
<td>S</td>
<td>3-yearly</td>
<td>31.03.21</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
<td></td>
</tr>
<tr>
<td>Safeguarding / protection of vulnerable adults</td>
<td>M</td>
<td>3-yearly</td>
<td>31.03.21</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
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</tr>
<tr>
<td>Safeguarding children level 1</td>
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<td>3-yearly</td>
<td>31.03.21</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
<td></td>
</tr>
<tr>
<td>Infection control</td>
<td>M</td>
<td>2-yearly</td>
<td>31.03.20</td>
<td>✓ 1.02.18</td>
<td>✓ 31.03.18</td>
<td></td>
<td>1.04.18</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The information in this table is to be used ONLY as an example and you may require additional training. Always check up-to-date training requirements with your line manager.
enable their staff to complete essential training and familiarise themselves with the role. It is always wise to find out how much supernumerary time will be offered to you before you decide on your first post.

Similarly, there is a lack of standardisation relating to the structure and content of orientation programmes for newly qualified nurses across the UK. They may range from a few pages of local information to an in-depth competency-based orientation as part of a year-long preceptorship programme. It is important that you determine what is expected of you during your orientation period, along with time frames for completion.

An example of a comprehensive orientation checklist, identifying key information required before you start your first post, is presented in Table 2.2. This checklist may guide your orientation, although it is not exhaustive, and you may wish to personalise it to meet your individual needs.

2.2 HOW TO STRUCTURE YOUR LEARNING IN YOUR FIRST FEW MONTHS QUALIFIED

Preceptorship

The Department of Health (DH, 2010) and the NMC (2008) advise that newly qualified nurses should have a period of structured preceptorship, to help their transition from student to qualified nurse or midwife. The aim of preceptorship is to support the newly qualified nurse to consolidate their skills gained as a student, to enable them to become confident and competent future practitioners. During the preceptorship period, the newly qualified nurse (the preceptee) will be supported by one trained nurse (their preceptor) within their clinical setting. In reality, it is not always feasible for a newly qualified nurse to be able to work every shift with their preceptor, over the full preceptorship period. If preceptors are not available, shift ‘buddies’ may be allocated, to provide assurance that there is a trained nurse available for support.

You will require regular support and guidance from an experienced nurse, who should act as a positive role model, to enable you to develop your professional skills. During your supernumerary time, you should familiarise yourself with key routines in your clinical setting, and observe experienced nurses at work, until you are confident enough to take your own caseload. Prior to taking a caseload, you should be allocated a ‘buddy’ on every shift who acts as a support during your supernumerary time. You
Table 2.2: Orientation checklist

<table>
<thead>
<tr>
<th>Key areas</th>
<th>Specific information</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory and mandatory training</td>
<td>List of statutory and mandatory training (required first few weeks to 3 months post-qualification)</td>
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</tr>
<tr>
<td></td>
<td>Training booking system and how to navigate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Online learning system to access workbooks/e-learning</td>
<td></td>
</tr>
<tr>
<td>Roles and responsibilities</td>
<td>List of roles within the nursing team (trained and untrained) and responsibilities (Chapter 3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>List of roles within the allied health professions and responsibilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organisational structures within the institution, trust or community setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>System for patient allocation and delegation of caseloads (Chapters 3 and 4)</td>
<td></td>
</tr>
<tr>
<td>Policies</td>
<td>Location of national and local policies/standards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policy to book rota requests, study days, annual/compassionate leave</td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>Documentation required for patient pathways (admission to discharge)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation charts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-op checklists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consent forms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acuity and dependency tools (Chapter 4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paperwork less frequently used, e.g. self-discharge, Deprivation of Liberty, registering death, storing valuables, assessing mental capacity and Do Not Resuscitate (DNR) forms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systems to document care, e.g. electronic patient records</td>
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</tr>
<tr>
<td></td>
<td>Standardised care plans (Chapter 7)</td>
<td></td>
</tr>
<tr>
<td>Risk assessments</td>
<td>National and local risk assessment documentation (Chapter 6)</td>
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</tr>
<tr>
<td>Human resources (HR)</td>
<td>HR team and their location</td>
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</tr>
<tr>
<td></td>
<td>Uniform policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key employer policies, e.g. performance and conduct, bullying and harassment</td>
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</tr>
<tr>
<td>Orientating to the service</td>
<td>Layout of the setting (or region if community nurse)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Position of setting relative to other health care providers</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2.2: (Continued)

<table>
<thead>
<tr>
<th>Key areas</th>
<th>Specific information</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type of handovers, e.g. patient bedside handover, written, taped recorded, MDT (multidisciplinary team)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Location of handover, emergency equipment and fire exits</td>
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</tr>
<tr>
<td></td>
<td>Security in the clinical / community setting, e.g. security codes, safety bleeps / personal alarm</td>
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</tr>
<tr>
<td></td>
<td>Storage of patient notes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type of nursing organisational system used, e.g. team nursing (Chapter 3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key telephone numbers / contacts, e.g. specialist nurses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral system to doctors and allied health professionals</td>
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<tr>
<td></td>
<td>Patient call bell system</td>
<td></td>
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<tr>
<td></td>
<td>Shift patterns and breaks</td>
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<tr>
<td></td>
<td>System for reporting sickness</td>
<td></td>
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<tr>
<td>Bleeping and escalation</td>
<td>National Early Warning scoring system and escalation policy (Chapter 8)</td>
<td></td>
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<tr>
<td></td>
<td>Escalation system relating to poor care</td>
<td></td>
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<tr>
<td>Incident reporting</td>
<td>System to report incidents and escalate concerns (Chapter 8)</td>
<td></td>
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<tr>
<td></td>
<td>Procedure for preventing and reporting injury, e.g. a needlestick injury</td>
<td></td>
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<tr>
<td>Medication and pharmacy</td>
<td>Common medications used in the setting, their actions / side-effects</td>
<td></td>
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<tr>
<td></td>
<td>Location of pharmacy / pharmacist</td>
<td></td>
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<tr>
<td></td>
<td>System to contact pharmacist (normal hours / out of hours)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Controlled drug and medication storage</td>
<td></td>
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<tr>
<td></td>
<td>Medication ordering and prescribing</td>
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<tr>
<td></td>
<td>Drug administration policy and procedure for reporting drug error</td>
<td></td>
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<tr>
<td></td>
<td>Patient self-administration medication policy (if appropriate)</td>
<td></td>
</tr>
<tr>
<td>Equipment training</td>
<td>List of equipment used and where stored / cleaned / maintained</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to use equipment and training required (check whether additional training required to use equipment or you need observation / sign-off as competent)</td>
<td></td>
</tr>
<tr>
<td>Patient information</td>
<td>Types of patients and common conditions</td>
<td></td>
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<tr>
<td></td>
<td>Usual patient pathways (referral to discharge)</td>
<td></td>
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<tr>
<td></td>
<td>Patient information packs (leaflets and standardised care plans)</td>
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</tbody>
</table>
Structuring your learning during your first three months qualified

**Table 2.2: (Continued)**

<table>
<thead>
<tr>
<th>Key areas</th>
<th>Specific information</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies and training</td>
<td>Induction and orientation programme</td>
<td></td>
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<tr>
<td></td>
<td>Preceptorship period and how delivered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Person signing you off as competent (line manager and/or preceptor)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>System for practice review over 12 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Band 5 skills required over first year and training, e.g. role-specific competencies/objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systems of support in practice, e.g. observational feedback/action learning/group forums</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appraisal system</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The information in this table is to be used ONLY as an example and you may require changes/additions/deletions, according to service needs. Always check up-to-date training requirements with your line manager.

will be expected to observe experienced nurses to increase your knowledge and ‘learn whilst on the job’.

There is no mandatory requirement for employers to deliver preceptorship, as it is only ‘strongly recommended’ by the Nursing and Midwifery Council (NMC, 2008). No professional or government body regularly monitors the implementation of preceptorship across the UK, leading to widespread differences in its implementation. The preceptorship period may last anywhere from 3 to 12 months post-qualification, and implementation has also been found to be variable as a result of staff shortages and service demands.

There are a number of key terms relating to the implementation of preceptorship:

**Preceptorship**

- A structured period of ‘transition’ for a newly registered practitioner where they are supported by a ‘preceptor’, to develop their confidence and skills in practice, as part of their lifelong learning. Note: the term ‘preceptorship’ is not just related to nurses, as all allied health professionals are advised to have a period of preceptorship post-qualification.
• Preceptorship involves a ‘preceptor’ supporting a ‘preceptee’ in their clinical setting by providing an opportunity to reflect on practice, receive constructive feedback and have access to relevant post-registration learning.

• Preceptorship should be guided by role-specific competencies and an individualised development programme.

Preceptorship period

• The initial period after registration, and during a preceptee’s first appointment as a qualified nurse, is referred to as the ‘preceptorship period’.

• There is no standard time frame for the preceptorship period, which can range from a few months to a year. The NMC (2008) and DH (2010) advise that the preceptorship period should last up to one year.

Preceptee

• A preceptee is a newly qualified nurse, midwife or allied health professional who is allocated a ‘preceptor’ to support their development in a practice setting. From the first day of their appointment a preceptee should be allocated a named preceptor.

Preceptor

• A preceptor is a named member of qualified staff who is allocated to support a preceptee’s development during their preceptorship period, usually up to a year.

• The preceptor must be based in the clinical setting, have been qualified at least a year and have experience of supervising others.

• The preceptor does not have to have a teaching/mentoring qualification, but must have good knowledge of the area.

• The preceptor is responsible for providing a newly qualified nurse with structured support in clinical practice during their preceptorship period.

It remains the responsibility of local health providers to decide the length and level of preceptorship to be delivered. It is important to establish whether preceptorship is offered within your practice setting and how it will be implemented during your first year qualified, e.g. who will be your preceptor and whether you have role-specific competencies that your preceptor will need to sign off.
A form to guide feedback from your preceptor, or shift buddy, is presented in Box 2.1. If you have a busy shift or caseload, it may be helpful for you to fill in key details prior to starting, such as your past experience and goals for the shift.

**Box 2.1 Example feedback form for newly qualified nurse/midwife**

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**Preceptorship practice feedback form for newly qualified nurse/midwife**

**Name of preceptee:**

**Name of preceptor/shift practice supervisor:**

**Date and time of shift:**

**Is the preceptee supernumerary on shift: YES/NO (please circle)**

**Ward area/community setting/clinical setting:**

**Overall aim(s) for feedback on this shift** *(e.g. to develop the nurse’s time management skills when caring for a caseload or to improve skills of medicines management...)*

**Detail your previous experience and what feedback will help you during this shift** *(State how many weeks/months you have been qualified and the specific feedback that would help your development. Both the preceptor and preceptee need to be clear what the aim of feedback is.)*
Following your shift, please reflect on what you did well and what needs to be improved. Also detail what additional support will help improve your practice:

Preceptor/shift practice supervisor: please give feedback on the nurse’s performance during the shift, detailing what the nurse did well and what their strengths were:

Please summarise and bullet-point key areas for the nurse to work on in the future using joint goal planning:

Please detail any additional support and training that you have suggested that may develop the nurse in the future:

Signature of preceptee: ___________________________ Date: ________________

Signature of preceptor/shift buddy: ___________________________ Date: ________________

**Role-specific competencies**

You are responsible and accountable for maintaining your professional competence when qualified, and your employer will need to be assured that you are competent to practise. You will have completed numerous competencies throughout your training as mentors or practice supervisors/practice
assessors assessed your ‘knowledge’, ‘skills’ and ‘values’, the three core elements of any competency-based framework. The NMC (2008) advocates that all newly qualified nurses should also complete role-specific competencies post-qualification, during their preceptorship period, to develop their skills as part of their lifelong learning. New NMC (2018) ‘proficiencies’ grouped under ‘7 platforms’ and ‘procedural competencies’ specify the knowledge and skills that newly qualified nurses must achieve to qualify before caring for ‘people of all ages and across all care settings’. Some clinical settings do not provide band 5 role-specific competencies, as they can be complicated and time-consuming to write. If your clinical setting does not provide specific competencies, you can write your own individual learning aims, objectives or ‘SMART’ goals, as part of your professional development plan. Your future development and revalidation at 1 year post-qualification are discussed in further detail in Chapter 9.

Many employers use e-learning training systems that involve the completion of online workbooks and quizzes to assure staff compliance with essential training. They are assured that the nurse has been given the correct theory to underpin their evidence base and has passed a quiz to assess their knowledge to practise safely. E-learning packages often state that they ‘will enable you to demonstrate competence’; however, in my view competence is not just about passing a quiz; it is also about your practical application of this theory. Competence is best assessed in your practice setting by an experienced nurse observing and reviewing your developing skills over your first year qualified. Role-specific competencies, SMART goals or learning objectives may help to structure your preceptor’s assessment and feedback after you have been observed in practice.

In summary, it is important to establish which assessment and review methods your clinical setting will use to support your development during your first few months qualified. You should proactively develop your own SMART goals or learning objectives, if there are none in place when you start, and request regular feedback from your preceptor as part of your future professional development plan.

**Aims, learning objectives and SMART goals**

During your first few months qualified, it is helpful to structure your overall learning using development aims, learning objectives or SMART goals, especially if there are no role-specific competencies provided. Firstly, check whether your clinical setting provides orientation packs with core objectives and goals already written for you, as some do.
When you qualify you can easily become overwhelmed by the amount to learn and the different terms used to describe your learning and development. If you use a methodical approach, such as writing achievable learning objectives for 3-monthly reviews, you can feel more confident that you are positively developing your clinical knowledge and practice. In my experience, many newly qualified nurses struggle with writing their own SMART goals or learning objectives. Some questions that newly qualified nurses regularly ask me are shown below, together with key terms and guidance to help you if you have to write your own goals in the future.

**What is a developmental aim and how does it differ from a learning objective?**

There is usually one overall teaching, training or development aim (you can think of it as one strategy), whereas there will be a number of objectives (things to do) to complete the aim. The aim is usually an overall statement of intent that relates to specific objectives or goals set.

An example aim and learning objectives are presented in Box 2.2, relating to the delivery of a one-hour teaching session. It is up to the teacher to decide which objectives should be focused on here and there could potentially be different objectives that could link to the aim in Box 2.2. The teacher is mindful of what can be realistically achieved in one hour, what is important relating to students’ current level of knowledge, and how student learning can be assessed. Similarly, your own learning objectives for the first month, and up to 3 months qualified, should be:

**Box 2.2 Example teaching aim and objectives**

**AIM:** the student will be able to increase their knowledge and understanding of the anatomy and physiology of the brain.

**OBJECTIVES:** the student will be able to:
- state the four lobes of the brain and describe their function
- identify the arteries of the circle of Willis and describe how they supply the structures and lobes of the brain
- define the different types of nerves in the brain and their functions
- explain the role of neurotransmitters and how electrical conduction takes place within the brain.
- focused on your individual learning needs and the requirements and responsibilities in your new role
- realistically timetabled to enable you to achieve the objectives by completion dates
- measurable, for you to know when they have been achieved.

What are learning objectives and how do I write them?

Learning objectives (sometimes called learning outcomes) are statements that describe what you need to be able to do, as a result of your learning. The aims will usually include general words such as ‘know’, ‘understand’, ‘use’ or ‘show’, whereas your objectives will use ‘active verbs’ to demonstrate their achievement, such as ‘list’, ‘state’, ‘explain’, ‘discuss’ or ‘describe’.

Nursing is not just a theoretical profession as it involves practical skills and attitudes. *Box 2.3* contains some ‘active verbs’ associated with knowledge, skills and attitudes that may be used within your future learning objectives.

### Box 2.3 Example of verbs to use in learning objectives

<table>
<thead>
<tr>
<th>Overall aim</th>
<th>Example verbs for your learning objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNOWLEDGE:</strong> to be able to demonstrate increased knowledge and understanding of …</td>
<td>identify, define, state, interpret, list, label, classify, outline, record, evaluate, compare, recognise, calculate, label</td>
</tr>
<tr>
<td><strong>SKILL:</strong> to be able to competently …</td>
<td>use, locate, employ, maintain, measure, observe, chart, establish, interact, modify</td>
</tr>
<tr>
<td><strong>ATTITUDES:</strong> to be able to demonstrate attitudes or values that reflect …</td>
<td>value, support, consider, evaluate, challenge, characterise</td>
</tr>
</tbody>
</table>
Before you write your own aims and learning objectives during your first few months qualified, you need to know what should be prioritised. Within your first few weeks, for example, you may be required to competently use all manual handling aids, or a child’s monitor, or safely complete depression risk assessments, before you take a caseload of patients. Always write your aims and objectives for your first few months qualified with the guidance of your preceptor, to ensure you identify the correct priorities relating to your roles and key responsibilities. An example nursing aim and objectives for your first few weeks qualified are presented in Box 2.4. Active verbs within the learning objectives have been highlighted in bold and your understanding and skill will be measured on the behaviours and tasks related to these active verbs.

**Box 2.4 Example nursing aim and objective**

<table>
<thead>
<tr>
<th>Aim</th>
<th>Objectives (active verbs have been highlighted in <strong>bold</strong>)</th>
</tr>
</thead>
</table>
| **To understand the roles and responsibilities of health care professionals in my clinical setting and how they relate to the service** | • **Review** my job description and **identify** my key role and responsibilities as a newly qualified nurse  
• **List** all health care professional roles related to the clinical setting  
• **Compare** roles and responsibilities of health care professionals across the organisation and **outline** how they relate, or differ  
• **Review** nursing bands and **compare** the different responsibilities between the bands, for trained and untrained nurses  
• **List** key people to contact in my service and **book** one-to-one meetings with them during my supernumerary time (check with my preceptor who to prioritise)  
• **Discuss** roles, and service priorities related to role, with the key people I meet  
• **Describe** how each role may affect patient care and the service |
What is a SMART goal and how do I write them?

The widely used acronym SMART can help you set learning goals that can be measured, and their achievement will help show your progression and development in your role. SMART goals can be written in practice development plans to focus your learning and guide your future practice. SMART goals should be:

- **Specific**, **Measurable**, **Achievable**, **Realistic** and **Time-based**

Details linked to each element of the acronym are presented in Box 2.5.

### Box 2.5 Elements of the SMART acronym

| **Specific** | • Goal is specific and significant to your learning and development  
|             | • Goal is clear to understand, concise and well defined |
| **Measurable** | • Goal is quantifiable, to allow you to measure the outcome when completed  
|             | • Goal has an established benchmark for measuring |
| **Achievable** | • Goal is achievable and accessible  
|             | • Goal is based on your skill and resources  
|             | • Goal is based in your area of practice  
|             | • Goal is action-orientated, containing an action verb  
|             | • Goals should be agreed between you and your preceptor |
| **Realistic** | • Goal should be realistic, relevant and applicable to your practice role  
|             | • Goal should be achieved within available resources and time |
| **Time-based** | • Goal should have specific timelines attached along with a feasible deadline for completion of goals  
|             | • There should be enough time to complete the goal |
Example stages to help you write a SMART goal are presented in Box 2.6.

**Box 2.6 Example stages to help develop and write a SMART goal**

**Stage 1** Start by just identifying what you want to learn:

“I want to learn about all the different nursing roles on my new ward.”

**Stage 2** Be specific and try to write it down in one sentence. Remember to be clear and concise and not use vague words like ‘I want’, as you will not know when you have reached your goal:

“To increase my understanding of different nursing roles and staff responsibilities on my new ward.”

**Stage 3** Use an action verb to describe what you want to achieve. This will make your goal measurable:

“To increase my understanding of different nursing roles and staff responsibilities on my ward, by identifying all relevant nursing roles and determining how each role is responsible for patient and service delivery on my ward.”

**Stage 4** Link the goal to your specific practice with timelines for achievement and completion:

“Within 1 month post-qualification, I will identify all relevant nursing roles within my ward area and determine the nursing responsibilities related to each role and the effect these roles have on patient care and service delivery.”

**Stage 5** Add how you will show you have completed the goal and then you have your SMART goal!

Once written, you can always check your goals – is the goal below Specific, Measurable, Achievable, Realistic and Time-based?

**SMART GOAL:**

“Within 1 month post-qualification, my preceptor will assess that I have the required level of knowledge and understanding of all nursing roles and staff responsibilities within my ward, and the effect these roles have on patient care and delivery.”

**Professional development plan and 3-monthly reviews**

During your career you will require regular development reviews, which should be structured using a professional development plan (PDP). Some
areas call them a professional development review (PDR). During your preceptorship period you should ideally have a **professional development review at 3, 6, 9 and 12 months post-qualification** and a 12-month **annual appraisal** with your line manager. See Box 2.7 for an example pathway for goals and PDRs during your first year qualified. The reviews are based on evaluating your learning goals, objectives or role-specific competencies and signing off their completion. Following your review, new goals will be set and a future date for review will be planned, ideally within 3–6 months. You should be able to discuss any specific learning needs and training opportunities during your review to help your future career progression.

Your line manager or preceptor should complete your professional reviews. Ideally, your line manager would be your preceptor, but if there are a high number of new starter nurses, and a shortage of senior nurses, this may not be feasible.

**Additional handy tips**

There are some additional tips to help you structure learning during your first few months qualified:

- **Meeting key health care professionals, networking and visiting departments** can increase your insights and quickly orientate you to an area. Never underestimate the power of a friendly introduction and becoming friends with an experienced ward clerk or nursing assistant. Their help may be invaluable when you are busy, e.g. booking hospital transport. Ask your preceptor to identify which department visits and key people should be prioritised during your first month qualified. Be sure to document who you have visited, their role and contact details, the date you visited them, and any notes you made at the visit/meeting.

- **Ask your local pharmacist for a list of key medications used in your clinical setting**, to help you identify key actions and side-effects before you start to administer medications to patients yourself. It will give you a head start before you are accountable for medicines management and your supernumerary time is discontinued, and will increase your confidence when explaining drug actions and side-effects to patients.

- **Read patient information leaflets from your clinical or community setting**: if you feel overwhelmed by the amount you need to know they will give you a simple overview of key conditions, anatomy and physiology; and treatments that you will regularly come across. This information will help you to educate patients about their condition, or the investigations and procedures that will be taking place.
An example pathway for goals and development reviews during your first year qualified

1 month post-qualified

- Meet your line manager and/or preceptor within your first week
- Complete induction and statutory and mandatory training (check timelines for completion with your line manager)
- Identify how much supernumerary time you have and what is expected during this time
- Write learning goals and objectives to complete at 3 months post-qualification, within first few weeks with your preceptor
- Identify and complete any role-specific competencies/learning objectives/goals required within 1 month post-qualification
- Align your rota/shifts to an experienced shift buddy and your preceptor for at least the next 3 months, but preferably the first year post-qualified
- Complete your supernumerary period and orientation checklist
- By Month One agree aims, objectives and goals for the next 3 months with your preceptor/line manager

3 months post-qualified

- Complete band 5 competencies required at 3 months post-qualification
- Complete learning objectives and goals set for your 3-month review
- Meet preceptor for 3-month professional development review (PDR) and set goals for your 6-month review. It is helpful to bring personal reflections and feedback from others to all your review and preceptor feedback forms (Box 2.1)
6 months post-qualified

- Complete band 5 competencies, learning objectives and goals set for 6-month review
- Meet preceptor for 6-month PDR and set goals for 9-month review

9 months post-qualified

- Complete band 5 competencies, learning objectives and goals set for 9-month review
- Meet preceptor for 9-month PDR and set goals for 12-month review

12 months post-qualified

- Complete 12-month PDR of learning objectives and goals with preceptor and/or line manager
- During your review identify your learning needs, your key interests in nursing and any future opportunities for you to develop your career, e.g. band 6 role
- Complete appraisal with line manager and/or preceptor and set goals and objectives for year 2
- Discuss your future career plans and aspirations in your appraisal
- During your appraisal establish how you can be supported by your line manager to move your career forward

- Talk to staff who are relatively new in your area, as they may have good tips or learning aids that you can use. One of our new starters wrote a comprehensive list of abbreviations for medical terms, such as ‘ABX = antibiotics’. She found abbreviations very confusing during patient handovers and decided to share her work with other new starters. These abbreviations are now embedded within new starter orientations. You may want to start identifying key abbreviations in your clinical
setting too, if there are some you do not understand. The *Abbreviations* page at the start of this book may be helpful.

- **Try to keep in touch with nurses who qualified with you**, or other band 5 new starter nurses, as they will often be feeling the same nerves and dealing with the same challenges as you. They can relate to how you feel and give you a sense of context and offer support, as you share similar experiences.

- **Identify experienced and approachable staff for support early on**, to make sure that you are well supported during those initial months.

- **Try to be assertive without being too pushy, if you lack confidence.** Some newly qualified nurses I meet are reluctant to tell others how they feel when they first start in practice, in case they upset people who do not know them very well. In comparison, others may assert their views too strongly, whilst not taking account of the global view of a situation. Ask experienced nurses to guide you before you address an unfamiliar issue if you are unsure how to gauge a conversation/situation. A few practical tips on being assertive when you first start are shown below:

**Active listening**

- Always use active listening to try to understand the other person’s view.
- Listening to the other person gives you more control, rather than reacting emotively to what they say.
- Pay attention to what the other person is saying, acknowledge their view and then inform them of your view, as it shows assertiveness and professionalism, e.g. “*I understand why you have told me to do this ..........; however, I feel like this .........., and I need to make you aware of this .................*. You are taking control and saying how you feel whilst clearly asserting your views.

**Open problem-solving**

- If you do not share honest feelings with the person/group/team they will never know your real viewpoint and you will eventually become frustrated.
- Take a problem-solving approach to the situation and think about what you are trying to get across:
  - what is the specific issue?
  - why is it an issue for you?
Structuring your learning during your first three months qualified

– how has the issue made you feel/how has the situation affected you?
– what would you like to happen, to resolve the issue?
– how can this person/others help you?
– what will happen if the issue is resolved/not resolved?
– what are your options if you are not supported/listened to?
– write notes on the above to help keep you focused.

Prepare well and do your research

• Debates and arguments are usually won through an evidence-based viewpoint underpinned by facts. Obviously, being assertive is not just about ‘winning arguments’ when you are trying to assert yourself but having clear factual information, timelines or documentation will help support your perspective.
• Practise being assertive if you have a particularly difficult situation to address and run through what you are going to say beforehand.
• Check if others are feeling the same and constructively try to sort out issues together as a team.

Promote positivity from the start

• Try to book a meeting with the person/group in a calm and quiet environment to prevent interruptions.
• Thank the person/people at the start of the conversation for meeting with you and ‘for constructively helping me with an issue that I have’.
• Starting a conversation in a positive manner is much better than breaking out into a rant. Even if the other person/people launch into a tirade it does not mean you have to. Listening to others venting their frustrations is a more powerful social position to hold than joining in and allows you time to plan an informed reply later.

Learn to compromise and see the wider picture

• As a student nurse you become used to pushing for your competencies to be signed off amid busy placements, as the focus is on your individual learning needs. In the work arena you are one of a number of employees, which means you need to develop patience and a global view of situations.
• It is easy to jump in and become angry when your needs are not met, without finding out the facts. You may be angry that your annual leave is not on the rota but before moaning at your line manager, try to find out why it was not granted. Did you adhere to the policy when requesting your leave or is it just a genuine mistake that your manager can quickly rectify?

• Sometimes two people have very different viewpoints and a compromise needs to be sought. Talk through issues with an experienced nurse in a confidential supervision session. Senior nurses and HR staff can also offer confidential mediation between staff members.

Avoid extreme reactions

• Always try to keep calm and professional.

• Avoid emotive accusations and aggressive language by keeping to the facts.

• Plan what you are going to say before an important conversation/meeting, as you are more likely to stick to the brief.

Take control if you feel uncomfortable

• Working in a pressurised work environment means that people sometimes become frustrated at a situation and take it out on the nearest person in the vicinity, so try not to take this personally.

• You have the right to take control of a situation that is making you feel uncomfortable, e.g. by stopping the conversation. Acknowledge that you can see the person is frustrated/angry and suggest that you continue the conversation later when the person has calmed down. You are taking control, not allowing them to continue to vent at you, setting clear boundaries and offering to resolve the situation at a later stage. This demonstrates a professional and assertive approach.

• If you feel yourself becoming frustrated, try to take time out to calm down.

• Remember, saying nothing is sometimes the best option, rather than saying something that you might regret later. You can always come back to an issue once you have had time to reflect on what has upset you and can call on experienced colleagues to guide/support you.
Structuring your learning during your first three months qualified

Identify your ‘triggers’ and weaknesses

- Difficult conversations and challenges cause stress, which is why people choose to avoid certain people and not assert themselves in a situation. It is important that you develop your self-awareness when dealing with difficult issues by requesting feedback from experienced nurses who have observed you dealing with challenges in practice (see further guidance on team working in Section 5.3 and dealing with difficult situations in Section 8.3).

- The SCARF model (Rock, 2008) describes five circumstances that may ‘trigger’ a reaction in people, such as another person criticising you, uncertainty in relation to outcomes, not having control over a situation, feeling excluded and being treated unfairly. Increase your self-awareness by reflecting on what your ‘triggers’ or weaknesses are, to prevent you overreacting in the future.

Learn from your mistakes

- Being assertive is a skill that anyone can learn through watching others who do it really well, reflecting on your own experiences and receiving constructive feedback from others.

- Never beat yourself up about a situation you feel went badly, and talk to someone senior about how you feel. On occasion, we all have to deal with a person/situation we would rather avoid. Every senior nurse can recall dealing with a past issue they would rather forget.

Remember, it is those thousands of interactions you have during your career that build your resilience and skill set, to enable you to handle future situations and become a role model to others!

Finally, the tip I give to newly qualified nurses is:

“Always ask experienced staff for help, no matter how trivial you think your question is. Questions are a sign of an inquiring mind and a safe nurse; they are not a sign of weakness!”

REFERENCES


**WHAT TO DO NEXT**

1. Identify what to expect during your first few months qualified and approach your learning in a structured and methodical way, to decrease your initial anxieties.

2. Identify what statutory and mandatory training you need to complete and determine when training must be completed as your first training priority.

3. Devise an orientation checklist, identifying key information required in practice, which will help focus your key learning when you start in post.

4. Ensure you have a ‘buddy’ on every shift during your orientation period to ensure you have a trained nurse to support you if you have any concerns.

5. Establish which assessment and review methods your clinical setting will use to support your development, e.g. band 5 role-specific competencies, learning objectives and SMART goals.

6. Proactively book your professional development reviews at 3, 6, 9 and 12 months post-qualification and your annual appraisal with your line manager at 12 months.

7. Identify your preceptor and find out what preceptorship will be offered during your first year qualified.
Chapter 3

Understanding the Key Structures in Nursing

I wish I had understood nurses’ banding better, and how banding relates to different nursing responsibilities. It is really important to know who to delegate to when you first start in post, and you need to know what nurses below a band 5 are allowed to do when you delegate care to them. Nursing Assistants have different titles in different areas, such as Clinical Support Workers, Health Care Workers and Health Care Assistants, which is confusing. They can also receive a variety of training according to their banding, which relates to their level of competence and core responsibilities in practice.

1 year post-qualified adult nurse

I had no idea that there were different nursing delivery systems that could be used in practice until I started my first post. The first ward I worked on when I qualified used primary nursing, and I had only ever worked in a team nursing system as a student nurse. I am about to move to my second post on a ward that uses an intentional rounding approach. It would have been really helpful to have had an overview of the differences between nursing organisational systems when I first qualified.

2 years post-qualified ward nurse about to move to second post

When I support newly qualified nurses in practice they often want to know about the nursing structures in their working environment. Their requests usually relate to three key questions: “What nursing structures and organisational systems do I need to learn about first?”, “What do the different nursing titles and bands mean?” and “What is each nursing band accountable for?”. This chapter attempts to answer these questions,