

Chapter 7

Transition support

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NMC Standards for Pre-registration Nursing Education

This chapter addresses the following competencies:

Domain 1: Professional values

Competencies:

7. All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.
8. All nurses must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

Domain 4: Leadership, management and team working

Competencies:

4. All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.
6. All nurses must work independently as well as in teams. They must be able to take the lead in co-ordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.

Essential Skills Clusters

This chapter will address the following ESCs:

Progression point:

- 1.2. Works within the limitations of the role and recognises level of competence.
- 1.7. Uses professional support structures to learn from experience and make appropriate adjustments.
- 1.9. Is self-aware and self-confident, knows own limitations and is able to take appropriate action.
- 1.14. Uses professional support structures to develop self-awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise.

Progression point:

- 12.3. Uses supervision and other forms of reflective learning to make effective use of feedback.
- 12.4. Takes feedback from colleagues, managers and other departments seriously and shares the messages with others and members of the team.
- 12.6. Actively responds to feedback.
- 12.8. As an individual team member and team leader, actively seeks and learns from feedback to enhance care and own and others' professional development.

Chapter aims

After reading this chapter you will be able to:

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

Introduction

The purpose of this chapter is to recognise and understand the importance of support to develop into an autonomous practitioner during your transition from student nurse to newly registered nurse. This chapter will help you to identify what support systems

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

Scenario: Marek

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

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

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

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

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

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

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

Imposter syndrome and transition

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

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

Don't worry you are not alone!

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

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

The adjustment from education to full-time practice and the nurse's ability to integrate themselves in their new environment will hasten the transition and lessen the shock. From the moment nurses are registered, they are autonomous, accountable practitioners (NMC, 2015). It is clear then that those feelings of stress and fear felt during this time are often linked to high expectations of yourself and how you will meet your own

and others' expectations. There is then a need for a newly registered nurse to form functional relationships with colleagues, to be integrated into the ward team and subsequently to develop into the role.

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

Case study

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

Activity 7.1 Reflection

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

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

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

You will note that reservations and worries can hold us back, so the best strategy when you are beginning to feel like an imposter is to act. For example, if we refer to Marek in

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

Table 7.1 Imposter breaking strategies

the scenario, Marek should have understood that feeling like an imposter was normal. Using reflection to help, Marek could have identified that feeling anxious prior to each shift because of fear of not knowing how to respond to the demands of patients and members of the interprofessional team were 'imposter moments'. By using personal development planning with support from a preceptor, Marek could identify long- and short-term goals in relation to fear of not knowing how to respond to the demands of others and used objective feedback to measure success.

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

The physical presence of a supporting individual (moving from mentorship to preceptorship/transition support)

Concept summary

What is a preceptorship/transitional support programme? How is it different to mentorship?

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

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

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

In 2010 the Department of Health launched a 'preceptorship framework for newly registered nurses, midwives and allied health professionals' to set clear standards for preceptorship.

Preceptorship is therefore a system put in place to support the transition phase for newly registered nurses as they continue their professional development, building confidence and further developing competence to practise and provide structure and direction. Preceptorship continues to feature as a priority as the Shape of Caring Review (Willis Commission, 2012) has recommended 1-year preceptorship with an employer following registration. Preceptorship is an integral part of enabling a newly registered nurse to practise safely unsupervised. As such it is a very important part of the development and transition route to independent practice; the programme may feature completion of mandatory workbooks, reflections and study days (to name some activities). Failure to advance at the two progression points within the first six to twelve months of a preceptorship programme could compromise a nurse's career or registration.

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

Organisation	Driver
Care Quality Commission Staff – Standard 14	Competent Registration requirements states we must take all reasonable steps to ensure that workers are appropriately supported to enable them to deliver care safely and to an appropriate standard
Department of Health	Developing the Healthcare Workforce; DoH preceptorship framework (for newly registered nurses, midwives and allied health professionals March 2010)
Nursing and Midwifery Council	Recommendation 21 of the NMC's 'Fitness to Practice'

Table 7.2 Key external drivers

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

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

The need for a preceptorship/support programme is acknowledged in policy, though details of what is needed are sometimes unclear. Literature demonstrates a variance in length and content of both preceptorship and support programmes and authors have found difficulties in identifying individual learning needs of newly registered nurses (Evans, Boxer and Sanber, 2008; Darvill, 2013, Strauss *et al.*, 2015).

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

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

Now that you have surveyed and reflected on your needs during your transition it is important to explore self-confidence. According to the literature, self-confidence could be your perception of your ability to interact with patients, families and colleagues

Activity 7.2 Reflection

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

Review your Personal Development Portfolio, Practice Assessment Document, or a Band 5 Job Description & Specification. Undertake a SWOT analysis (as demonstrated in Chapter 2) which will help you to identify actual/potential areas for development that should be included in your transition support programme.

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

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

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

and safely carry out your new role in the clinical setting. Competence however, predicated the application of your knowledge and skills in responding appropriately to the dynamic patient-care environment (Roach, 2002). You could say that when you develop and safely demonstrate your competence you will then increase your confidence. The preceptor or support individual is charged with the role of guiding newly registered nurses and helping them to apply theory in practice; when you work with your preceptor/support person and demonstrate to them your competence, then this will help you to develop your confidence.

Supernumerary period

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

dependent on many variables such as appraisal of your current knowledge and skills and how quickly you adapt to the new clinical role.

Role of the preceptor/support person

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

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

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

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

Scenario: Marek and Gayle

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

Activity 7.3 Reflection

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

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

Feedback – why is this important?

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

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

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

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

Constructive feedback should be:

- based on observed skills and behaviour;
- given on a regular basis;
- both verbal and written;
- full of probing questions about the newly registered nurse's own assessment of their knowledge, skills and values;
- related to current skill and knowledge level and desired goals;
- clear and focussed;

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- positive and promote a change in performance and meeting of learning objectives/skills;
- given in sizeable chunks so any changes can be addressed in a systematic way, too much information and the newly registered nurse may feel overwhelmed;
- socialising the newly registered nurse to the profession;
- specific with information about desired improvements or corrective changes alongside a supporting rationale;
- based around further actions for the newly registered nurse to work towards as part of either an action plan or appraisal process. For example: being provided with opportunities to develop your knowledge, skills and experiences; being allocated workload based on previous experience and capability level; being given the autonomy to work independently to gain confidence through experience;
- encouraging reflective questioning in order to develop the newly registered nurse's critical thinking and decision-making skills that can help them to analyse current knowledge, skills, attitudes;
- given in private whenever possible;
- a two-way process so the newly registered nurse can share their views on the feedback they have just received (Duffy, 2013).

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

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

While positive, negative and constructive feedback can enhance learning, unconstructive feedback may have a detrimental effect on both personal and professional development. Providing no feedback can result in a false level of security for the newly registered nurse. They may think they are doing well and have an enhanced sense of confidence and are not having any of their knowledge, skills and attitudes observed and reflected upon. This can subsequently affect patient care as unsupported newly registered nurses often hesitate to ask questions or seek advice as they feel they are not

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

Table 7.3 Examples of evidence used for a development review

copying or not able. This can end in errors and incidents where the quality of patient care is affected. Unconstructive feedback, however, usually lacks detail, offers no recommendations for how knowledge, skills and attitudes can be improved, and uses rude words or ones with negative connotations. It is often intended to offend and can include undeserved, personal attacks, leaving the newly registered nurse defensive.

Receiving feedback

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

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

Dispirited: where you take on board every piece of feedback without checking to see whether this is factually correct and supported. Responding to feedback in this way

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creates a strong emotional response, viewed as a personal attack and demoralising. This then leads to a refusal to learn or to change one's behaviour.

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

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

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

Activity 7.4 Reflection

Think back to when you received constructive feedback in the past, for example from a lecturer on a piece of theoretical assessment you had submitted, or feedback from your mentors/personal tutor about your knowledge and skills. Which of the four main ways did you initially respond to receiving that feedback? Now that time has passed, review the facts and the skills of the person who delivered it. Has your response changed?

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

The 'feedback sandwich'

Feedback is more likely to be accepted and acted upon if it is seen to be 'balanced' in that it is neither overly critical nor positive but provides a clear indication of the good and not so good. The 'sandwich' presents any negative aspects of feedback between two positives that offers a more balanced approach to the feedback process (Dohrenwend, 2002). For example; your written plans of care have improved and are more specific and focussed than when you started ... your numeracy skills still need some work,

specifically around intravenous fluid rates as you continue to have problems with this. I can really tell that you care about developing yourself as a nurse.

Networks and resources

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

Other members of the nursing team (registered and support workers) in the workplace can be a valuable resource to assist in easing your transition. Develop what is called your 'social capital' (Melling, 2011) by taking opportunities to build good social relationships. Watch other staff members closely, pay attention to how they work and complete tasks. Some will be excellent role models of how you should conduct yourself while at work and the skills required to provide a quality service. Ask for their advice and help when you are unsure and remember to thank them when they have helped, to show your appreciation.

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

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

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

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

Autonomous decisions about clinical judgements, choices and actions

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

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

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

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

Concept summary

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

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

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

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

A prescriptive method that nurses use to help with clinical decision making is a four-stage process of assessment, planning, implementation and evaluation (Yura and Walsh, 1973). To complete these stages effectively you must consider all assessments and their results using look, listen and feel, then make judgements on the data collected, what is happening, decide what to do, include colleagues in your discussions and evaluate the outcome of the decision. It is important during your preceptorship that you consider activities that will help you to achieve these skills. If you wish to read more about the topic of clinical decision making there are other books in the transforming nursing practice series addressing this topic in some depth such as Standing (2017). A useful way to start to address your skills in clinical decision making is to write a list.

Activity 7.5 Decision making

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

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

Now you have reflected on the activities you could ask to be involved in to develop autonomy and enhance your decision making, the next section explores what support you could ask for once your preceptorship/transition support ends.

Clinical supervision

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

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

Chapter summary

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

Activities: brief outline answers

Activity 7.2 Reflection (page 143)

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

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

Activity 7.3 Reflection (page 145)

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

- the ability to give constructive feedback;
- setting goals and assessing competency;
- facilitating problem solving;
- active listening skills;

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

Activity 7.5 Decision making (page 151)

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

Further reading

Burns, D (2015) *Foundations of Adult Nursing*. Los Angeles, CA: Sage.

This essential book covers the issues, themes and principles that nurses practising today should be familiar with. Often aimed at student nurses this book also provides the registered nurse with an easily accessible reference to the issues key to your career. Similar books are also available for other fields of nursing.

Richards, A and Edwards, S (2013) *A Nurse's Survival Guide to the Ward* (3rd edn). Edinburgh, UK: Elsevier.

This is a useful guide to keep close at hand. It is an essential reference for nurses, not only on the ward but also in every field of practice where patient care is given.

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

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

Useful websites

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

www.ithinkwell.com.au/index.php