Transition to practice guidelines

Victorian maternal and child health services

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Contents

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- Victorian maternal and child health service providers

Introduction

The *Transition to practice guidelines: Victorian maternal and child health services* (the guidelines) provide guidance and consistency across Victorian transition to practice programs for maternal and child health (MCH) nurses.

Support for health graduates in various disciplines is not new and is often delivered through a formal program in a graduate's first year of practice (known as a transition year). The benefits of graduate programs for new nurses and midwives are widely recognised internationally (Edwards et al. 2015; Price 2014), and date back to a 'staffing' year that followed hospital education.

Transition to practice programs provide graduates with the skills and confidence to perform their professional role and ensure a safe and positive environment for clients and staff.

These guidelines align with the *Nursing and midwifery transition to practice programs guidelines* (Department of Health and Human Services 2018). They also reflect and should be read in conjunction with the *Best practice clinical learning environment (BPCLE) framework* (Department of Health and Human Services 2016).

Purpose

The guidelines aim to provide:

- a clear outline of the needs of new MCH nurse graduates transitioning to MCH practice in the community for the first time
- a flexible model that supports the effective transition to practice of graduate MCH nurses within MCH services, while recognising the specific and varying capacity of individual councils.

Background

Professional context

To practise in Victoria, MCH nurses must hold a current registration with the Australian Health Practitioner Regulation Agency as:

- a Registered Nurse
- a Registered Midwife
- and hold an accredited postgraduate degree/diploma (or equivalent) in maternal and child health nursing (Department of Education and Early Childhood 2018).

New MCH nurse graduates in Victoria have experience working in acute, secondary or tertiary health care settings but typically have limited experience in primary healthcare settings. The transition to practice of a MCH nurse graduate therefore requires incorporating new knowledge, skills and ways of working, and a shift in focus from a hospital setting to a community setting, and working with children within the broader context of their family and community.

Nurses and midwives entering the MCH profession have generally undergone structured graduate programs following their undergraduate training, with extensive supports both formal and informal from others working alongside them. In MCH services, some graduates starting in their new role may be required to work as a sole practitioner with limited access to the ad hoc supports they are likely to have received from more experienced colleagues in previous roles.

Service context

In Victoria, MCH services differ from other health services in that they are not delivered in a hospital setting but in the community. MCH services are provided in partnership between the Department of Health and Human Services (the department) and local government, with the majority of services delivered through local government and a small number of services provided through community health and Aboriginal Community Controlled Organisations. MCH services offer a universal health service for children and families from birth to school age, with a focus on promotion of health and development, and prevention and early detection of, and intervention for, physical, emotional and social factors affecting young children and their families (Department of Education and Early Childhood 2009).

Background to the *Transition to practice guidelines*

These guidelines were informed by a review of the relevant practice and research literature, as well as feedback from a workforce survey in 2018. This revealed that new MCH nurse graduates value access to a formal graduate program and associated clinical supervision. Many survey respondents felt they were supported during the transition to practice, and feedback showed that working alongside an experienced MCH nurse provided opportunities to ask for advice and get a second opinion. However, there was little consistency in what supports were offered and how the support was structured. It was also evident that the intended recipients were not always aware of the supports available to them.

Graduates in casual employment in their first year indicated limited support and supervision was an issue, especially when sent to a single-nurse centre. Some found having a full calendar from day one left them struggling with time management. Others found it difficult to identify which coordinators or MCH nurses had time to teach new graduates. A lack of opportunity for feedback and peer support, as well as access to timely professional support for uncertainties or questions that arose in practice, such as child protection concerns, were also identified.

Many MCH services provide some degree of support to MCH nurse graduates, however, there is no consistent or statewide approach. Some areas offer formal MCH graduate programs, while other locations lack resources and/or capacity to implement a formal program. A consistent approach will help new MCH nurses to consolidate knowledge and support their journey from novice to expert (Benner 1984) by providing opportunities to integrate theory with practice and further develop professional and clinical skills.

Implementation

The *Transition to practice guidelines* use the six key elements of the BPCLE framework (Department of Health and Human Services 2016) as a guide and includes additional information relevant to transition to practice for MCH nurse graduates. The BPCLE framework has a strong focus on clinical education provided to learners in health services, including MCH services, but is equally applicable to postgraduate and ongoing professional development of all clinical staff.

All employees of a service, from executive and senior staff to individual graduates, supervisors and other practitioners, have a responsibility to contribute to the delivery of best practice and safe and supportive learning environments. Enhancement of an organisational learning culture underpins improved client care and outcomes.

The information in these guidelines is not exhaustive and some elements may overlap or are inter-related. The guidelines are not intended to be prescriptive, and services are encouraged to explore the most effective and appropriate mechanisms to meet the objectives set out here.

Scope

These guidelines focus on the needs of MCH nurse graduates in their first year of practice in the MCH workforce. They provide guidance for employers and graduates to identify the supports needed following

graduation, and to determine the goals of a transition to practice program and how these could be implemented.

They are intended to guide service policies, practices and behaviours that will improve clinical training and early graduate experiences for all concerned. Influencing factors for a transition to practice program can include:

- facilities
- staffing levels and allocation of resources
- skill level and preparedness of supervisors
- organisational cultural attitudes towards learning
- enabling structures and policies.

These factors are generally controlled by the service provider and can influence the delivery of clinical education and support for graduates. The guidelines provide direction on how these factors can best be managed in the service environment to deliver the best outcomes for MCH nurse graduates.

Services may wish to consider the manner of implementation of these guidelines and incorporate evaluation into the overall process. While they are not intended as a performance management tool, they may guide decision making around structured supports to be put in place if issues arise, and offer some helpful tips and resources. See Appendix 1 on p. 21 for more information about evaluating a transition to practice program. The BPCLE performance monitoring framework (Department of Health and Human Services 2016) also provides some useful indicators services may wish to use.

Clinical Placement and Graduate Program Grants

These guidelines are also complemented by two separate grant rounds offered by the department that will contribute to building and retaining a sustainable, high-quality workforce in the longer term. Funding for Clinical Placement Grants and Graduate Program Grants is available to MCH service providers planning on offering placements to current MCH nurse students or employing new MCH nurse graduates.

The Clinical Placement Grant is intended to be used by MCH service providers to support MCH nurse students to practically apply their theoretical knowledge in a supportive learning environment and develop clinical and professional skills and competency.

The Graduate Program Grant helps MCH services to support MCH nurse graduates employed by an organisation to build upon and consolidate their skills, knowledge and confidence to work independently and safely.

Services can apply for these grants individually or in a partnership arrangement. Applications are assessed against specific criteria.

Best practice clinical learning environment elements that underpin transition to practice programs

Element 1: An organisational culture that values learning

An organisational culture that values learning demonstrates a commitment to education and provides opportunities for graduates to develop and enhance their professional attributes, clinical skills and knowledge.

These organisations allow for the productivity impacts of teaching and learning activities, recognise that all operational activities benefit from organisational learning, ensure educational activities are appropriately resourced, and that educators and other staff are appropriately recognised and supported to work with and mentor graduates.

Graduates are treated as part of the team, and organisational policies and procedures reflect the value placed on learning and education.

Key considerations for MCH transition to practice programs

Organisations provide a positive learning culture and leadership	• An organisational culture that values education and learning is important in managing and driving a successful transition to practice program. MCH nurses transitioning to practice benefit from access to positive support and leadership through transition to practice programs that assist graduates to develop professionally and meet the needs and established goals of the organisation (Department of Health and Human Services 2018). Oversight of a transition to practice program, its implementation and evaluation, should be the responsibility of a suitably qualified MCH nurse and administered in a manner that suits the individual municipality's needs. • Leaders of transition to practice programs can be clinical educators, preceptors and other staff who can demonstrate the knowledge, skills, behaviour, communication abilities and attitudes that ultimately contribute to greater job satisfaction and retention of graduate MCH nurses. **Recommendations:** • Organisations should promote strong leadership in transition to practice programs by supporting leaders to undertake educational opportunities to effectively facilitate transition to practice program operation. • Organisations should have policies and procedures that reflect the value placed on learning. • Consideration should be given to combining resources across municipalities to support graduates, particularly in areas with fewer staff resources.
Graduates are supported in their learning	• The confidence of graduates is enhanced by effective and supportive preceptors (Irwina 2018) who provide coaching and direction and impart relevant knowledge and skills. Working with and mentoring graduates through effective preceptorship support enables graduates to feel supported while consolidating their skills. Preceptors and other supports play an important role in providing a safe and supportive learning

	environment. This is particularly important for MCH nurses who work in centres with only one or two staff. A preceptor can be described as 'an experienced practitioner who is formally assigned for a fixed period of time to provide transitional support to an undergraduate or clinician into a new practice setting through role modelling, teaching, and socialising' (Hicks and Mee 2011). • Development programs in preceptorship can enhance clinical leadership skills for staff members working with graduates and maintain a positive working and learning culture. **Recommendations:** • Organisations should proactively support the opportunity for staff to attend preceptorship training. • Organisations should ensure time is allowed for preceptors to deliver, and graduates to receive, preceptorship support and mentoring activity. • Organisations should foster leadership and encourage greater job satisfaction through formal recognition of trained preceptors.
Graduates are valued	• Graduates who are treated as part of the team and provided with work opportunities and chances to learn from the staff they work alongside feel valued as a member of an organisation's workforce. This can be achieved by offering work to casual MCH nurses during staff planned leave. Also, peer support (Ketelaar et al. 2015) is an effective mechanism to provide graduates with an opportunity to debrief, voice concerns and identify stressors. **Recommendation:** • MCH nurse graduates should have the opportunity to access regular group debriefing sessions and individual sessions with preceptors (and other supports where applicable), as agreed between graduates and organisations.

Element 2: Best practice clinical practice

Best practice clinical practice 'is the goal of every health service and all clients of a service have a right to receive safe and high-quality care' (Department of Health and Human Services 2017, p. 7). MCH services have the same aims and demonstrate best practice clinical practice through:

- a commitment to quality of care and continuous quality improvement
- processes to support recruitment and retention of skilled, knowledgeable and competent clinical staff
- incorporating the best available evidence from a broad range of sources into its practice.

Key considerations for MCH transition to practice programs

Support of quality of care through professional standards and accountability	• The practice of MCH nurses in Victoria is guided by the *Maternal and child health program standards* (Department of Education and Early Childhood 2009). These standards provide an evidence-based framework for the consistent, safe and quality delivery of MCH services, support the provision of clinical and corporate governance within MCH services, and promote a systematic approach to improving service delivery and safety. MCH services, supported by local government or the governing authority, are required to provide a responsive and accountable service for children and their families through effective governance and management. • The assessment of MCH nurse graduates can also be based on the *Competency standards for maternal and child health nurses in Victoria* (Victorian Association of Maternal and Child Health Nurses 2017) and the following national standards: – Nursing and Midwifery Board of Australia (NMBA) *Code of professional conduct for midwives* (Nursing and Midwifery Board of Australia 2017) – Nursing and Midwifery Board of Australia (NMBA) *Code of professional conduct for nurses* (2017) – *National standards of practice for maternal, child and family health nursing practice in Australia* (Grant et al. 2017). • The assessment of clinical skills should be performed in accordance with the NMBA professional standards of practice for registered nurses and registered midwives. **Recommendations:** • Organisations need to support graduates to have an understanding of, and to practice within, the standards of their profession. • Organisations should ensure organisational policies and procedures reflect the appropriate practice standards, are evidence based, and are clear and easily accessible to MCH graduates working in the organisation.

Continuing professional development	• Continuing professional development (CPD) allows health practitioners to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. CPD for all nurses and midwives, relevant to their scope of practice, is a registration requirement of the Australian Health Practitioner Regulation Agency. • CPD can include targeted education sessions, reflection of practice undertaken as part of clinical supervision, team meetings, professional development days, reading or authoring of journal articles, formal study programs, conferences and online modules. • Transition to practice program leaders and other clinical and senior MCH staff should be assisted to support new MCH nurses through opportunities for professional development to continually improve their skills (see also Element 1). **Recommendation:** • MCH nurse graduates should have the opportunity to access CPD while in their first year of practice.
Scope of practice	• MCH nurses are required to practice safely and competently in accordance with the MCH program standards and the relevant standards and codes of practice previously cited (see 'Support of quality of care through professional standards and accountability' section above). • While graduates have a responsibility to understand their own scope of practice, staff working with graduates must also have an understanding of the scope of practice of each graduate that entails their individual ability to perform various clinical activities and what they authorised to do. Organisations are required to ensure that MCH nurse graduates operate within their scope of practice. • Staff members working with graduates must have realistic expectations of graduates' individual competency levels and consider their ongoing education requirements. **Recommendation:** • Transition to practice programs should support graduates to consolidate skills and knowledge to ensure safe practice as they transition to autonomous practitioner. They should include mechanisms to ensure all staff involved in supporting graduates have a good understanding of what informs the scope of practice of the individual graduate.

Program evaluation and improvements	• Evaluation and review provide organisations the opportunity to continuously improve the quality of their programs and integrate new evidence into practice. It is an important aspect of the implementation of new transition to practice programs, and ideally should be built in at the planning stage. Evaluation techniques may include, but are not limited to: – all staff surveys – anonymous graduate-specific surveys – assessment of data. • Evaluation of the program should address the implementation, effectiveness and improvement of the program (Halle Metz and Martinex-Beck 2013). In addition, self-evaluation is an important reflective process for the MCH nurse graduate, enabling timely recognition and adaptation to any unforeseen issues as well as improvements in clinical practice. • The MCH Service in Whittlesea uses the following criteria to survey MCH nurse graduates completing their transition to practice year: – What worked well? – What didn't work? – What could we do better? **Recommendation:** • Organisations should regularly evaluate their transition to practice programs.

Element 3: A positive learning environment

There are a number of elements that lead to a positive learning environment and contribute to improved staff retention. Graduates thrive in an environment where they feel welcome and safe and are provided appropriate learning opportunities. A learning environment with access to high-quality clinical education staff (including continuity of support wherever possible) and an appropriate, balanced workload for educators and graduates is also important.

Structured learning opportunities that recognise individual learning needs and define program outcomes are other essential components of any transition to practice program. These features provide clarity of expectations, including the achievement of clinical skills and competencies on completion.

Key considerations for MCH transition to practice programs

Orientation and induction	• Orientation to an organisation and the MCH service supports the delivery of safe, effective and high-quality clinical care to clients by building MCH nurses' understanding of their role, the service, their team and the team culture. Graduates who receive comprehensive information during their orientation encounter more positive experiences during their transition to practice programs (Department of Health and Human Services 2018). An effective orientation program could include: – key organisational policies and procedures including code of conduct, values and OHS requirements – staff scheduling information and details about hours, pay, leave (including any supernumerary time and study days), local Enterprise Bargaining Agreement, probation period (if applicable) – reporting lines, including details of transition to practice leader and/or allocated preceptors, clinical supervisors, and other supports, and performance management and professional development policies and procedures – introduction to all MCH staff, including those designated to support the transition to practice program – resources and information on team, organisation and team culture and roles – site visits to MCH centres in the municipality and orientation to other local services, where possible or applicable, for example with early years team members such as kindergarten teachers and family support workers – training requirements, for example, clinical risk management approaches – information on Victorian MCH policies, standards, and guidelines and local MCH service policies and procedures – documentation requirements, for example, use of the *My health, learning and development record* (the green book), use of electronic databases or computer systems, note-taking requirements, protocols and standards, file management – information on local services and resources, for example, referral pathways and processes, recommended contacts, resources for parents, families and carers. **Recommendation:** • Organisations should ensure MCH nurse graduates receive orientation and

	induction information.
Transition to practice program elements	• MCH nurse graduates require structured and manageable workloads with clearly defined learning objectives and expected education outcomes. Flexibility is particularly relevant to MCH services as smaller areas will have different needs and capacities than larger metropolitan areas that have larger teams. Flexibility to enable collaboration with and across employing bodies may also be required (see Appendix 2 on p. 23 for a case study on implementing a collaborative program). • Components of a transition to practice program could include: – additional time or a lighter workload that gradually adapts as skills develop – timely, structured and, where possible, consistent contact with an experienced practitioner (see also Element 6) – feedback on practice and areas for improvement, including self-assessment – guidance on strategies to enable improvement – access to professional development during paid hours – flexibility to ensure the program is relevant to the location, learning needs and capability of the individual. **Recommendation:** • Components of transition to practice programs should contain clearly outlined objectives and a personal learning portfolio developed in consultation with graduates.
Cultural safety and inclusion	• A culturally safe environment is critical to safe practice and a positive work environment. MCH nurses are required to provide care that is culturally safe and respectful towards both clients and staff. Equally, MCH nurses and graduates have a right to be treated in a non-stigmatising way in a work and learning environment and to not be discriminated against or feel excluded. **Recommendation:** • It is recommended that transition to practice programs include consideration of cultural safety, inclusion and equal employment opportunities.
Building a positive learning environment	• Staff working and engaging directly with graduates require a common understanding of graduate clinical capabilities, skills or knowledge. This ensures a safe working environment for new MCH nurses and builds a positive learning culture committed to education and professional development (Department of Health and Human Services 2016). **Recommendation:** • Organisations should consider education sessions for all staff to better support a high-quality education environment for graduates and build consistent understanding of graduate capabilities, education principles and mechanisms to support graduate learning (see also Element 1).
Work–life balance	• Transition to practice programs should consider effective strategies to manage work/life balance to promote a safe learning environment for graduate MCH nurses. Such strategies are important to reduce the

	possibility of burnout and improve retention of graduates. These could include: – access to all aspects of a transition to practice program during work hours – additional time for completion of administrative and clinical tasks – access to professional development opportunities, irrespective of employment status. • This final element could include supporting graduates to develop their professional skills and broaden their experience by offering work rotations or shadowing opportunities in Enhanced MCH programs, Early Parenting Centres, the MCH Line, in a rural/regional area or an ACCO or with VACCHO. **Recommendation:** • Organisations should ensure effective work/life balance strategies are available for new graduates.

Element 4: An effective relationship between the MCH service and the education provider

While transition to practice programs are not formal academic programs delivered by an education provider, it is good practice for organisations to continue to maintain and/or create positive relationships with MCH education providers to inform and build more effective transition to practice programs.

Organisational links with education providers can also ensure services are well-placed to support MCH students and strategically plan and prepare for future workforce needs.

Key considerations for MCH transition to practice programs

Career development and preparing for future employment	• MCH services should encourage all staff to commit to a lifelong learning philosophy to ensure maintenance of contemporary knowledge, skills and attributes that lead to safe and high-quality patient care. • Continuing Professional Development CPD is a registration requirement of the Australian Health Practitioner Regulation Agency (see also Element 2). All registered nurses and midwives are supported in their ongoing professional development by the Nursing and Midwifery Board of Australia *Registration standard: continuing professional development* (2016). CPD is also a registration requirement of the Australian Health Practitioner Regulation Authority (see also Element 2). • Good communication pathways between MCH services and MCH education providers can support this learning. Given the size of some local government areas, services may decide to develop connections with an MCH education provider, for example La Trobe University or RMIT. Relationships should equitably serve the needs and interests of both parties and offer the opportunity to share knowledge and resources and encourage the most contemporary, evidence-based clinical practice based on sound educational principles (see also Element 3). **Recommendation:** • MCH services are encouraged to develop a relationship with MCH education providers to support the delivery and evaluation of transition to practice programs to meet organisational objectives.
Workforce planning	• Organisations have an opportunity to respond to future community expectations and evolving service models through innovative workforce planning and a workforce retention strategy. This may involve identifying and supporting development opportunities that create a capable and sustainable workforce in the long term. **Recommendation:** • Services should work collaboratively with MCH education providers to strategically identify, plan and deliver education and training requirements of graduates in response to future needs.

Element 5: Effective communication processes

Effective communication is a key component across any organisation in the delivery of effective and successful care. It is the responsibility of all employees to maintain open and active dialogue with graduates, and is not solely the responsibility of educators and preceptors engaging directly with learners.

Effective communication plays a key role in teamwork, collaboration and improving education and clinical environments by informing actions, behaviours and decision-making. Communication is also essential for debriefing, performance improvement and engagement within and between service providers. The focus of effective communication processes is on maintaining an active dialogue, rather than addressing failures of communication, and covers both verbal and written modes of communication.

Key considerations for MCH transition to practice programs

Building effective communication in staff	• Effective communication needs to occur irrespective of the individuals involved. Therefore, MCH services should ensure their staff are educated about what is meant by good communication and how to achieve it. Communication practices should be reviewed regularly in light of changes in environment or circumstances. **Recommendation:** • Organisations should ensure their staff are made aware of the essential components of effective communication and how to apply these in their everyday practice with families, colleagues and organisations.
Performance reviews and feedback	• Self-assessment and performance appraisals are tools to promote active reflection in and on practice (Schön 1987), thus enabling the graduate MCH nurse and their support network, for example, preceptor and/or supervisor, to assess progress from beginning practitioner to expert. Providing regular informal feedback and scheduling a time for formal feedback during the transition year encourages this reflection to occur. • Effective feedback should be 'objective, specific, timely, constructive, balanced and two-way' (Department of Health and Human Services 2016, p. 10). • Appendix 3 on p. 25 provides an example of a performance appraisal tool. **Recommendation:** • It is recommended that organisations ensure opportunities for regular reviews and feedback meetings between graduates and their preceptors to address learning needs and ongoing skill development.
Collaborative practice and inter-professional education	• Research shows that participation in a collaborative transition to practice program (Pullon et al. 2016) can enhance graduates' understanding of and knowledge about inter-professional practice, which is a necessary skill in the MCH nurse role. In addition, joint peer networking and collaborative learning opportunities between adjoining councils can promote teamwork and build effective communication skills. This can work particularly well in rural areas where there may be fewer resources available. Collaborative ventures with MCH services in nearby councils could include: – joint employment of graduate MCH nurses – either casually, contractually or permanently – joint targeted education sessions – joint clinical supervision

	Recommendation: • It is recommended that organisations promote opportunities for graduates to engage in collaborative education and practice.

Element 6: Appropriate resources and facilities

Graduates should have equitable access to the necessary resources to optimise their learning and ensure program outcomes can be achieved.

Appropriate resourcing may include teaching and learning resources, IT and communication resources, amenities, capital infrastructure, and the availability of personnel to provide support for graduates during their transition period. To assist in building a positive learning environment, organisations should also ensure that graduates have access to resources that ensure their wellbeing.

Key considerations for MCH transition to practice programs

Availability and accessibility of resources and support	• Availability and access to appropriate resources for graduates is essential as they build confidence in their knowledge and capabilities to provide best practice care (Mellor and Greenhill 2014). Access to amenities and IT resources such as kitchen facilities, workstations, telephones, computers promotes a welcoming and inclusive environment for new staff and graduates and allows them to focus on building and consolidating their skills and knowledge in their new role. MCH services may share access to local amenities with other local municipalities, particularly in smaller council areas for example by running joint group sessions. Other strategies could involve use of virtual classrooms, webinars, or teleconferences to support learning. • Organisations should ensure graduates have availability of and easy access to personnel resources, including preceptors and clinical supervisors, for a safe and supportive learning and transition to practice experience. • Clinical supervision takes place as a one-to-one or one-to-many model and provides graduates with an opportunity to give an account of their work, review and reflect on their practice, and to develop their professional identity, while ensuring the delivery of safe and effective care. Supervision should be delivered by skilled facilitators to ensure an effective and safe supervision environment. • Graduate access to a more experienced MCH nurse staff member helps graduates to identify their learning needs and tailor the level of support they may require. Also, access to areas that offer privacy and space for reflective practice during clinical support and supervision sessions and a graduate load that allows sufficient time for the experienced MCH nurse to provide timely support and advice when required can improve graduate retention and reduce burnout (see also Elements 1 and 3). **Recommendations:** • Organisations should consider mirror rostering of preceptors and graduates, and ensure preceptors and graduates are clearly identified to each other. • Organisations should ensure graduates have access to adequate resources wherever possible to support their learning and transition to practice.
Employee assistance	• In their first year of practice, graduate MCH nurses are adjusting to a potentially demanding role that encompasses changes in their professional environment, accountability and responsibility. Studies have shown that graduates may experience anxiety, fatigue and other factors of ill health

	that can potentially affect their performance (Meyer and Shatto 2018). Access to counselling for graduate MCH nurses participating in a transition to practice program can support their wellbeing and assist them during their period of learning and transition. **Recommendation:** • It is recommended that support resources are readily available for graduates during their transition year, and graduates are informed of relevant organisational resources, for example, employee assistance programs, during the orientation period and throughout their transition to practice program.

Appendices

Appendix 1

MCH nurse transition year program evaluation

The following provides a suggested format for evaluating a transition to practice program. It is based on a transition program designed for nurses entering primary care settings (Aggar et al. 2017). Services may wish to adapt the tool to suit their particular circumstances or align with their own organisational policies or procedures.

To evaluate an MCH nurse graduate transition to practice program, data should be collected from participants at three, six and 12 months. This enables time to settle into the new role, comparison of time points and evaluation on leaving the program.

Participants	Three months	Six months	12 months
MCH nurse graduate	• Demographic data: • Location/size of LGA • MCH centre type (e.g. single nurse, community hub) • Which aspects of the program were implemented and in what way • Time with preceptor • Access to programs. • Self-analysis of MCH nurse graduate competence. • Using validated tools to analyse experience, satisfaction and satisfaction with preceptor. • Informed by the National Standards of Practice for Maternal, Child and Family Health Nursing Practice in Australia and competence assessed against the Competency Standards for Maternal and Child Health Nurses in Victoria (VAMCHN).	• Using validated tools to analyse experience, satisfaction and satisfaction with preceptor. • Informed by the National Standards of Practice for Maternal, Child and Family Health Nursing Practice in Australia and competence assessed against the Competency Standards for Maternal and Child Health Nurses in Victoria (VAMCHN).	• Using validated tools to analyse experience, satisfaction with preceptor, and program evaluation and satisfaction. • Informed by the National Standards of Practice for Maternal, Child and Family Health Nursing Practice in Australia and competence assessed against the Competency Standards for Maternal and Child Health Nurses in Victoria (VAMCHN).
Preceptor	• MCH nurse graduate competence • Expectations • Experience • Relationship with preceptee • Satisfaction	• MCH nurse graduate competence • Expectations • Experience • Relationship with preceptee • Satisfaction	• MCH nurse graduate competence • Expectations • Experience • Relationship with preceptee • Satisfaction

Participants	Three months	Six months	12 months
			• Benefits of role • Commitment to role
Mentor			• Experience • Satisfaction
Local MCH Nurse Graduate Leader	• Structure of program (e.g. collaborative or single centre)		• Structure of program • Experience including design changes required, implications, barriers to implementation • Satisfaction
Others as appropriate (MCH team, etc.)			• Experience • Satisfaction

Appendix 2

Case study: local government transition to practice program partnership in a rural area

This fictional case study details how a partnership could be organised and operationalised by rural local government areas (LGAs) for the purposes of running transition to practice programs.

Background to the LGAs

Hillborough Shire Council has 124 birth notifications per year, four MCH centres in the LGA and the centres are approximately 15–25 km apart. There are no multi-nurse centres. The FTE of the LGA is currently 1.6. A graduate MCH nurse is required as an additional 0.4 FTE, permanent.

Locke Shire Council has 70 birth notifications per year, three MCH centres and no multi-nurse centres. One of the three centres is a satellite centre attended fortnightly. The two MCH centres are at different ends of the LGA and are 60 km apart. The FTE of the LGA is currently 1.0. Locke requires an additional 0.2 FTE.

Boringa Shire Council has 130 birth notifications per year, four MCH centres and these are 35–75 km apart. There are no multi-nurse centres. The FTE of the LGA is currently 1.6. The new MCH nurse graduate will work as an additional 0.8 FTE, as a reliever on a contract.

Boringa is physically closer to the regional city of Yambla than to Hillborough and Locke.

Issue

All three LGAs will have MCH nurse graduates starting in 2019. Due to the size and resources of the individual LGAs, it has been difficult for each LGA to offer full-time permanent employment to MCH nurse graduates, which has affected the attraction and retention of student MCH nurses to the region. It has also been difficult for LGAs to individually run an effective transition to practice program for MCH nurse graduates because of the low number of new MCH nurses in the area, and resource constraints.

Approach to address the issue

Hillborough and Locke agreed to jointly employ one new MHC nurse graduate between them for a total of 0.8 FTE. The individual nurse is interviewed by both LGAs and employed under both the LGAs' respective local award, pro-rata.

The existing MCH nurses in Hillborough and Locke are jointly responsible for running the transition to practice program for the new MCH nurse graduate. The program runs from February until December.

As there are more staff at Hillborough, the new graduate would spend the first two months working there, where they have access to a separate preceptor and operational supervisor. Hillborough has responsibility for the nurse's performance management and development.

The existing MCH nurses at Hillborough and Locke work together to agree on the MCH nurse graduate's appointment schedule.

Once a month the new graduate travels to Locke where she has a one-on-one clinical supervision session. After four months, the sessions are conducted via Skype. Locke covers the cost of the clinical supervision.

Boringa developed a partnership with their closest regional city, Yambla, to provide the MCH nurse graduate with access to some of their transition to practice supports. The MCH nurse graduate has a separate operational supervisor and preceptor at Boringa. However, once a month, the new graduate attends group clinical supervision in Yambla. The MCH nurse graduate also attends continuing education sessions and clinical/administrative updates at Yambla. After four months in the program and in the

region, the MCH nurse graduate at Boringa is linked with a new preceptor from Yambla and communication is via email, Skype and phone.

The MCH nurse graduate who is jointly employed by Hillborough and Locke is also given the opportunity to attend continuing education sessions at Yambla when these are provided. This provides good peer networking opportunities and support for all MCH nurse graduates in the region. Locke covers the cost of the nurse attending the sessions.

The partnerships between Hillborough and Locke and Yambla and Boringa are managed through an agreed understanding rather than formal legal agreements.

The benefits of the program

- The new MCH nurse graduate employed by Hillborough and Locke is able to have 0.6 FTE, through the joint employment arrangement. The nurse, who was previously a student in the region, is retained through this arrangement.
- The costs of running a program as a partnership are lower than running programs individually.
- MCH nurse graduates have the opportunity to meet other MCH nurses within the region.
- The local governments, through partnerships, are able to work together more closely to plan for future regional workforce needs.

Appendix 3

Maternal and child health nurse competency tool[1]

The following is an example of an appraisal tool that can be used to evaluate the performance of MCH nurse graduates at the end of their transition to practice year. It is based on a competency tool developed by Bayside, Glen Eira and Kingston local councils. Services may wish to adapt the tool to suit their particular circumstances or align with their own organisational policies or procedures.

Competency	Description	Yes	Mostly	Occasionally	No
Competency 1:	Facilitates decision making by the use of evidence-based practice, including practice guidelines.				
	Documents in a comprehensive, contemporaneous, legible, clear, concise and accurate manner.				
	Awareness of relevant Acts e.g. Children, Youth and Families Act, Birth Notification Act, Health Records and Information Sharing Acts, Child Safe Standards.				
Competency 2:	Provides a safe, private, comfortable and non-distracting environment for each consultation.				
	Able to prioritise workloads according to KAS framework and completes consultation within time allocated.				
	Practices within the guidelines of organisational policy and procedures.				

[1] Courtesy of Cities of Bayside, Glen Eira and Kingston Councils

Competency	Description	Yes	Mostly	Occasionally	No
	Understands and complies with the organisational Child Protection Protocol.				
Competency 3:	Works in partnership with families to identify their individual health needs.				
	Acknowledges cultural diversity and demonstrates cultural sensitivity.				
	Is able to access interpreter services as needed.				
Competency 4:	Engages and participates in activities to enhance maternal and child health practice.				
	Participates in activities to further develop the profession.				
	Intervenes to address inappropriate and unsafe practice.				

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