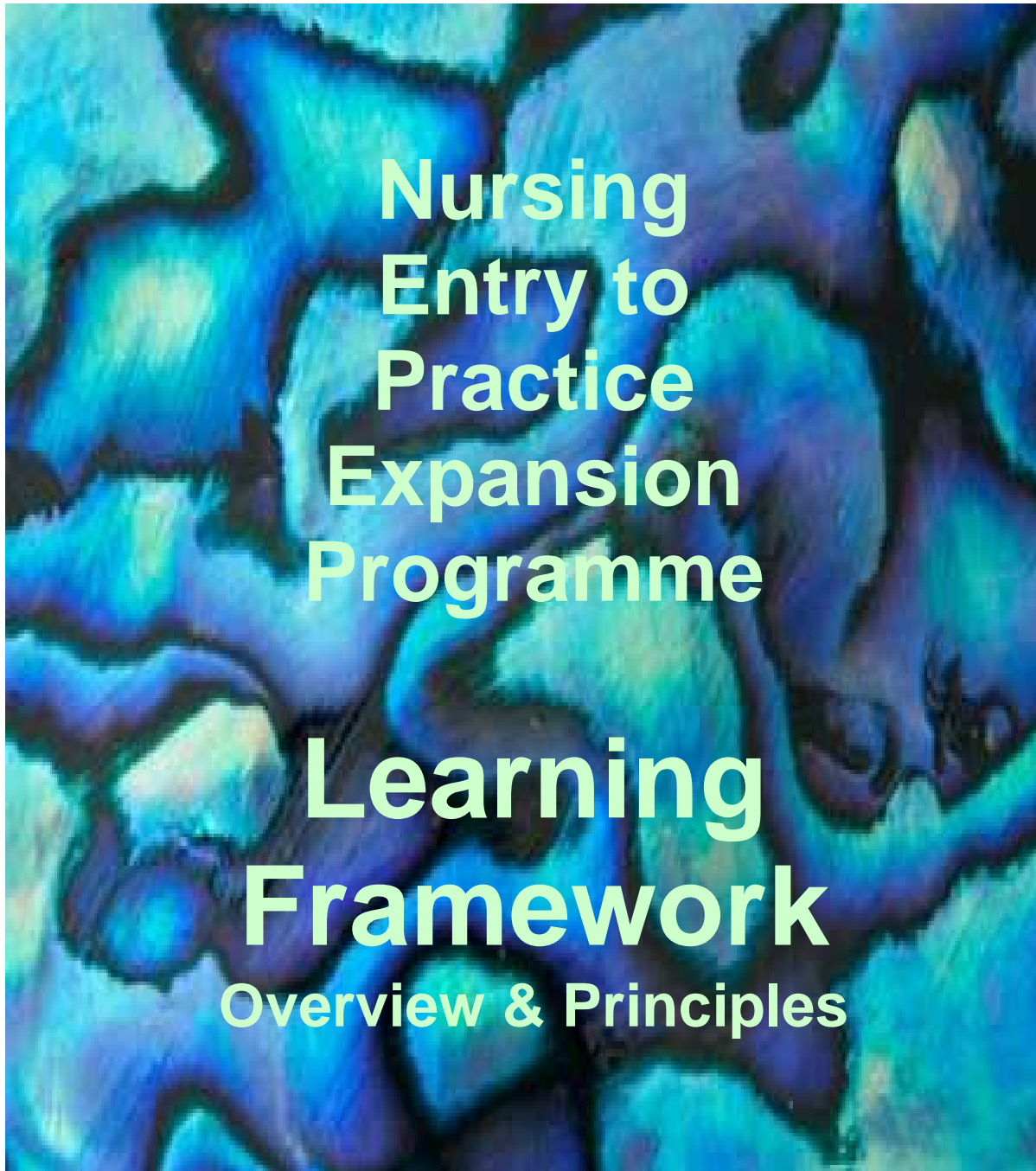


Wairarapa DHB Nursing & Midwifery



NETP Expansion Programme Learning Framework

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NETP Expansion Programme: Overview and Principles

The NETP Expansion Programme Learning framework includes the following

The aim of the NETP Expansion Programme is to achieve the vision:

'New Zealand nursing graduates enthusiastically commencing their careers in New Zealand: well-supported, safe, skilled and confident in their clinical practice; equipped for further learning and professional development; meeting the needs of health and disability support service users and employers; and building a sustainable base for the New Zealand registered nursing workforce into the future' (NETP, 2005).

The NETP Expansion Programme will assist in the development of confidence in nursing practice, independence in clinical reasoning and decision making, and acceptance of the responsibility of the registered nurse role. To achieve this, newly registered nurses will have access to a supported teaching and learning environment, effective orientation and preceptorship.

The NETP Expansion Programme learning framework is based on the NCNZ Competencies for Registered Nurses (NCNZ, 2005) and the New Zealand Nurses Organisation (NZNO) Professional Development and Recognition Programme (PDRP) competencies.

The Wairarapa District Health Board (WDHB) is responsible for the development, implementation and evaluation of the learning framework in consultation and collaboration with employing organisations. WDHB and employing organisation representatives will act as an advisory group to the programme.

The WDHB NETP Expansion Programme learning framework is based on the programmes Specifications and Curriculum and underlying principles of Primary Health Care, Health Promotion, Treaty of Waitangi/TeTiriti o Waitangi, Maori Health, Cultural Safety, Collaborative Practice, and Nursing Scholarship

Principles

- Primary Health Care
- Health Promotion
- Treaty of Waitangi
- He Korowai Oranga/Maori Health Strategy
- Cultural Safety
- Collaborative Practice
- Nursing Scholarship
- Critical Reflective Practice

NETP Expansion Programme Learning Framework: Principles

Primary Health Care

Primary health care includes delivery of essential, affordable, accessible, and acceptable health care to the community, with an emphasis on disease prevention and health promotion, community involvement, interprofessional and intersectoral communication, and appropriate technology (Stanhope & Lancaster, 1996).

Health Promotion

The World Health Organisation (WHO), (as cited in health promotion forum of New Zealand 2005), defines health promotion as:

“...the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to wellbeing” (World Health Organisation, 1986 as cited in Health Promotion Forum of New Zealand, 2005).

Health promotion is the process of supporting people to increase control over the factors that influence their health and quality of life. An important characteristic of health promotion is the focus on groups of people; either the whole population or specific subgroups. It places emphasis on changing the environment to enable behaviour to change. Health promotion draws upon principles of:

- social change
- physical change
- policy development
- empowerment
- community participation
- equity and health
- accountability
- building partnerships and alliances between groups
- determinants of health
- public health

(Health Promotion Forum of New Zealand, 2005).

The Ottawa Charter describes health promotion as the process of enabling people to increase control over and improve their health. The Ottawa Charter identifies fundamental prerequisites for health and describes five action areas for health promotion as:

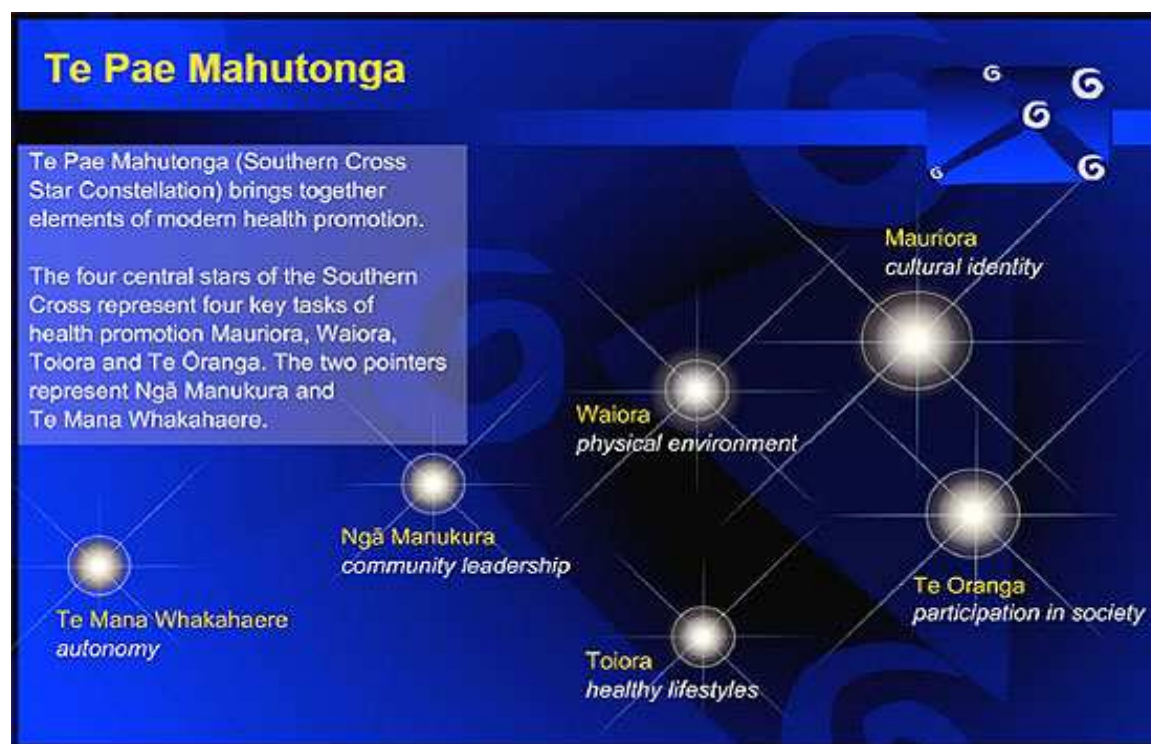
- Building healthy public policy
- Re-orienting health services
- Strengthening community action
- Creating supportive environments
- Developing personal skills

It identifies that health professionals, particularly those in community settings, have an important role to play in nurturing health promotion and enabling it to happen.

Health Promotion (contd)

Te Pae Mahutonga

As a New Zealand perspective, Te Pae Mahutonga was developed for health promotion as it relates to Maori health. Te Pae Mahutonga is the constellation of stars referred to as the Southern Cross. The constellation has four central stars arranged in the form of a cross and two stars arranged in a straight line that points towards the cross. They are known as the two pointers. The four central stars can be used to represent the four key tasks and goals of health promotion: Mauriora, Waiora, Toiora and Te Oranga. The two pointers are Nga Manukura and Te Mana Whakahaere (Durie, 2000).



The four central stars represent the key tasks and goals of health promotion as it relates to Maori health:

- Access to te ao Maori – Mauriora (promotes secure cultural identity)
- Environmental protection – Waiora
- Healthy lifestyles – Toiora
- Participation in society – Te Oranga

The two pointers represent:

- Nga Manukura (leadership)
- Te Mana Whakahaere (autonomy)

Treaty of Waitangi

The Treaty of Waitangi describes the relationship between Maori and the Crown.

Partnership:

working together with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability services.

Participation:

involving Maori in decision making, planning, development and delivery of health and disability services.

Protection:

working to ensure that Maori have the same level of health as non-Maori, inclusive of Maori cultural concepts, values and practices.

There is a close relationship between the Treaty of Waitangi and the Ottawa Charter as they include the rights of the individuals and communities to determine their health (Ministry of Health, 2002).

The opportunity for nurses in community settings to promote the key priorities of the Treaty of Waitangi and the Ottawa Charter are significant. Through integrating advocacy and empowerment principles, the potential for a combination of community and individual health promotion can be realised.

The five Components of the Ottawa Charter Framework	Translation of the Five components of the Ottawa Charter Framework to a Treaty
Building healthy public policy	Māori health has high priority from the political levels and policies are developed in partnership with Māori
Creating supportive social, physical and cultural environments for health	Māori concepts and practices are recognised and acted on in developing and providing public health services
Strengthening community action for health	Māori have control over their own health and development and are supported in this through having equitable access to resources
Developing personal skills so people can take action to improve their own health	Empowerment is facilitated through equitable access to training, education and funding
Reorientating health services if necessary to make them accessible and acceptable to the population they serve	Health services are provided for Māori, by Māori and mainstream health services ensure they are responsive to Māori needs

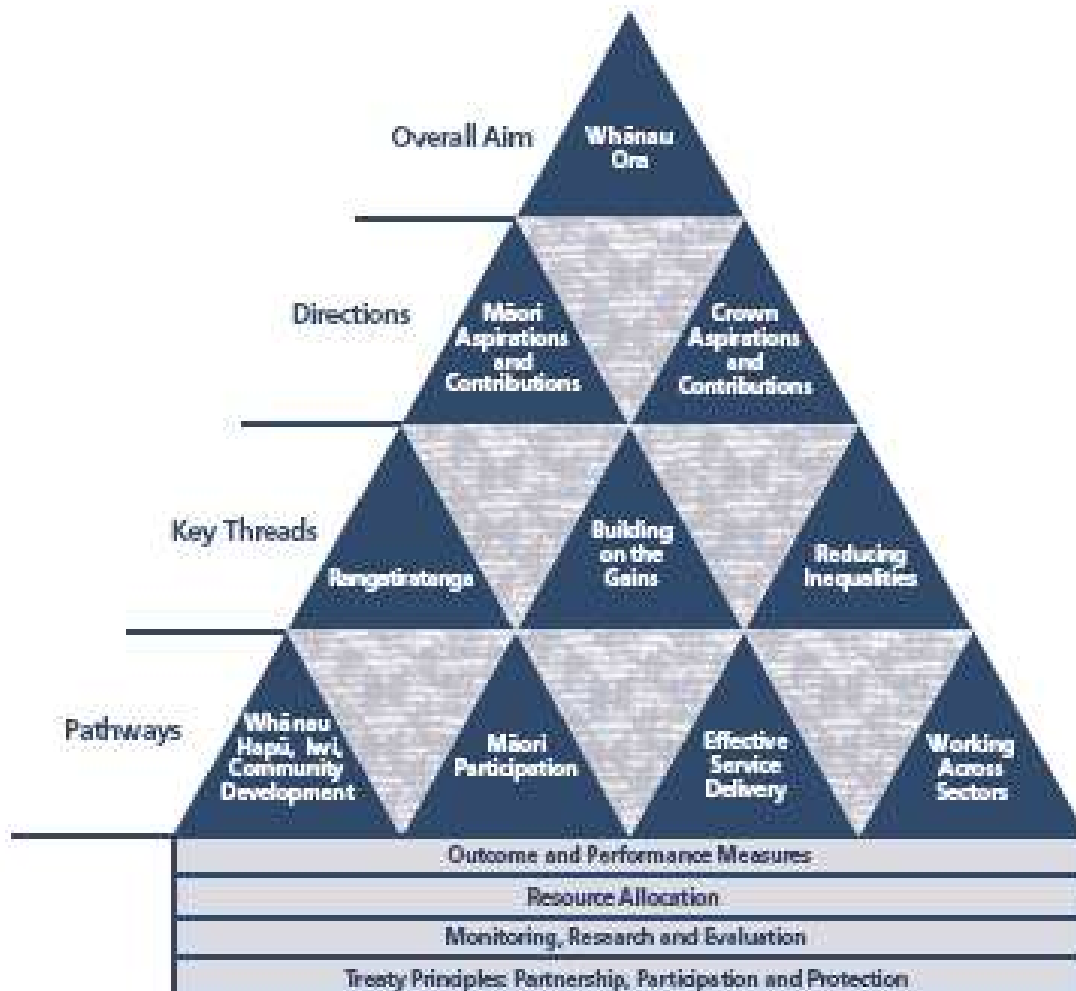
He Korowai Oranga: Whānau Ora: Māori Health Strategy

The Māori Health Strategy (He Korowai Oranga, 2002) is aimed at facilitating “Māori to achieve their maximum health and wellbeing” (Ministry of Health, 2002a, p.1). The principles of partnership, participation and protection underpin this strategy.

Building whānau ora (healthy Māori families) is integral to achieving health and wellbeing within te ao Māori. He Korowai Oranga guides how funders of health and disability services should work to achieve whānau ora by:

- Working together with whānau, hapu, iwi and Māori communities to develop strategies for Māori health gain and appropriate health and disability services
- Involving Māori at all stages of the prioritisation process
- Affirming Māori approaches to health and disability

He Korowai Oranga works like this.



He Korowai Oranga : Whanau Ora : Maori Health Strategy (contd)

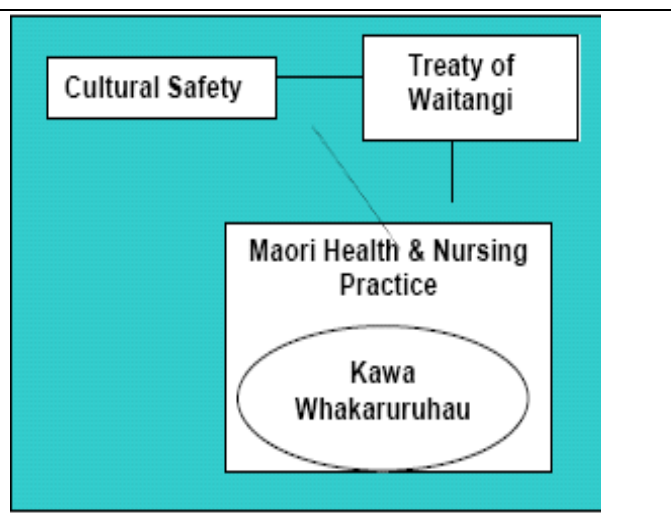
Cultural Safety

The Nursing Council of New Zealand defines cultural safety as:

“The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual” (NCNZ, 2005).

Cultural safety relates to the experience of the recipient of nursing care and extends beyond cultural awareness and cultural sensitivity

Nursing has a responsibility to respond to health issues by improving the delivery of nursing services to ensure that they acknowledge and respect the diversity of worldviews that exist.



Collaborative Practice

Collaborative Practice is an inter-professional process for communication and decision making that enables the separate and shared knowledge and skills of health care providers to influence peoples care. It includes the formal structures of the organisation (i.e. policies, procedures, committee structure), as well as the expectations, values and interpersonal relationships of the individuals who work together to achieve organisational goals.

The key goal of collaboration in healthcare is to ultimately satisfy patients' wellness and illness needs, while respecting the unique qualities and abilities of each profession. A key assumption is that goals cannot be achieved by any one individual or group working alone.

Collaborative Practice (contd)

Seven Essential Elements of Collaboration

1. **Responsibility and accountability:** involves both independent and shared accountability. Shared accountability means both partners actively participate in decision making and accept shared responsibility for outcomes.
2. **Coordination:** mechanisms used to increase coordination include consultation, referral and transfer of care.
3. **Communication:** each professional is responsible for sharing critical information with each other.
4. **Cooperation:** acknowledging and respecting other disciplines professional opinions and being willing to alter own.
5. **Assertiveness:** individuals supporting the views of their profession with confidence.
6. **Autonomy:** the authority of the individual providers to independently make decisions and carry out treatment.
7. **Mutual trust and respect.** Binds all of the elements together.
(Way, Jones & Busing, 2000).

Nursing Scholarship

Scholarship is a broad term that refers to the acquisition, generation and interpretation of knowledge and skills. Boyer (1990) examined the issue of scholarship within four related areas: the scholarship of discovery, the scholarship of integration, the scholarship of teaching and the scholarship of application. Riley and Omery (1996) in their examination of the role of scholarship agree that Boyer's four related areas are very applicable to nursing.

The scholarship of discovery is the pursuit of knowledge. Knowledge is acquired through, for example, research, practice and teaching. The critique and use of research is essential to nursing practice, and can take many forms, from expert practitioners who facilitate education sessions based on current research evidence, to competent level nurses who apply and integrate evidence based clinical procedures to practice.

The scholarship of integration takes the research of health related disciplines and seeks to understand how this can inform nursing. Integration increases knowledge utilisation across disciplines, with a focus on health care needs and quality patient outcomes. A multidisciplinary approach to the teaching and learning process can foster greater insight into the practice of other disciplines, promote networking and create ongoing opportunities for collaborative, multi-faceted learning.

The scholarship of teaching not only encompasses formal learning in an academic context but the practice setting as well. Riley and Omery (1996) say that this includes the teaching by expert nurses of less experienced colleagues, recognising adult learning principles and strategies.

Adult Teaching and Learning

- Adults are autonomous and self-directed. They need to be free to direct themselves. The use of individual learning plans and self directed learning supports this.
- Adults have accumulated a foundation of life experiences and knowledge that may include work-related activities, family responsibilities, and previous education. They need to connect learning to this knowledge/experience base.
- Adults are goal-oriented. The goals and outcomes of the programme are clearly defined within the learning framework.
- Adults are relevancy-oriented. They must see a reason for learning something for it to be of value to them.
- Adults are practical, and learn best when they are actively involved in the learning process. Experiential learning is a key teaching/learning strategy within the programme.
- The scholarship of application focuses on the application of knowledge to practice. The use of reflection on action through journaling helps develop and apply critical thinking skills to nursing practice. The use of case scenarios and group discussion aids application of practice specific knowledge.

Critical Reflective practice

Critical thinking in nursing is an essential component of professional accountability and quality nursing care. Critical thinkers in nursing exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance and reflection. Critical thinkers in nursing practice the cognitive skills of analysing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge (Rubenfeld & Schefer, 1999, p.5).

The skill and action of reflective thought is to: “transform a situation where there is experienced obscurity, doubt, conflict, disturbance of some sort, into a situation which is clear, coherent, settled and harmonious” (Dewey, 1933, p.101-102). Reflective thinking requires the person to be critical, willing to endure suspense, as well as undergo the trouble of searching for answers. Past experience and a fund of relevant knowledge are fundamental pre-requisites for reflective thinking, according to Dewey (1933).

Freire (1970, 1974) maintained that reflection occurred in the challenge of living and thinking about life, with the ultimate aim that people understand their own situation and become empowered to change that situation if they wish to do so. Reflective thinking promotes more in-depth analysis of practice situations, assisting the nurse to question situations and further develop their practice competency. Reflective thought is an ongoing process of dialogue to resolve problem-posing situations. He labelled this process Praxis : a continuing cycle of action, self reflection and further action based on this reflection. ‘Praxis’ is closely related to Boyer’s (1990) scholarship of application.

Schön (1987) identifies two types of reflection, to include reflection-in-action (thinking on your feet) and reflection-on-action (retrospective thinking). He suggests that reflection is used by nurses when they encounter situations that are unique, and when individuals may not be able to apply known theories or techniques previously learnt through formal education.

Reflection starts with the individual or group and their own experiences and can result, if applied to practice, in improvement of the clinical skills performed by the individual through new knowledge gained on reflection. This process of reflection, if then related into practice, can assist the individual in gaining the required knowledge, leading to a potential improvement in the quality of the care received from that individual. The outcome of reflection, as identified by Mezirow (1981) is learning.

New Graduate Outcomes

Outcomes for professional practice include the new graduate nurse being:

- able to practice confidently and safely within the Registered Nurse Scope of Practice
- able to demonstrate meeting the requirements of the learning framework
- an effective team member in the practice environment
- able to demonstrate the ability to practice in a culturally competent manner
- assessed as having reached the 'competent registered nurse' level in the PDRP framework

(Source: 1/B51 Specification for Nursing Entry to Practice Expansion programme Clinical Training Agency June 2007).

Competencies to be met

There are four domains of competence for the registered nurse scope of practice. Evidence of safety to practise as a registered nurse is demonstrated when the new graduate meets the competencies within the domains. Final assessment of the new graduate must be against the PDRP competencies. In addition, new the graduate will need to attain identified setting specific competencies/organisational requirements.

Development days and Goal Setting

Development Days

The NETP Expansion programme will allow for the preceptors and new graduates to be released together from clinical practice for the equivalent of two 'development days' (16 hours) over the ten – twelve month period. This is in addition to the twelve equivalent study days (96 hours) for the new graduates. The development days allow for the joint development of goals, assessment of progress and placement/rotation final assessment, and an overall final assessment. These days may also be used for new graduates to meet for peer support and critical reflection, and for cultural support (CTA Specification for NETP Expansion Programmes: 2007).

Goal Setting: New Graduate and Preceptor

The following is an example of how goal setting, monitoring and assessment may occur. With your preceptor, diagnose your specific development needs and formulate goals/ objectives/desired outcomes. Goals tend to be longer term and broad, objectives tend to be shorter term and more specific. A particular goal may need to be broken down in to a number of specific objectives. Think about your desired outcomes when formulating goals and objectives. Each goal should be allocated a number (No.) and the date on which it was written recorded in the first column.

Goal Setting: New Graduate and Preceptor (contd)

Stand alone goals and specific objectives should adhere to the SMART + C criteria:

- Specific** -enough so that you and your Preceptor understand them
- Measurable** – in terms that are meaningful to you and your Preceptor
- Achievable** – given your current ability, resources and available time
- Relevant** – to your position, career, the area, the Nursing profession
- Timeframe** – appropriate to complete the tasks required and with specific milestones if necessary for longer term goals/objectives
- + Challenging** – enough to motivate you to achieve them but not so much that you couldn't possibly reach your goals!

Goals/objectives may relate to Portfolio development, your own specialty specific development needs, quality improvement initiatives, identified tasks or roles, or professional or organisational contributions. It is important to identify goals/objectives/desired outcomes prior to assessing learning needs and methods for meeting them.

Once you have written your goals and objectives, link them with organisational priorities and/or outline the benefit to Nursing. This is an important part of planning your role in the context of the organisation in which you work – your development is a joint partnership with your employer where both parties are expected to contribute to the benefit of each other and the benefit of customers/patients/clients/residents.

Learning needs and/or professional contributions should outline what you need to do e.g. as a beginning Nurse you may need to learn about area policies and procedures; an experienced Nurse may need to contribute to the profession by teaching others or presenting her/his research.

<i>No.</i> <i>Date</i>	Goal/objective/ desired outcome	Links with priorities or benefit to unit/ nursing	What I need to do? (Learning needs &/or professional contributions)	How I am going to do it? (Method)	By when (expected completion date)	How I will know I have achieved it? (Assessment criteria)	Date Achieved
1.	Core skills & competencies maintained	Required for all staff	CPR	Attendance at mandatory training & audit	Within 2 weeks	Assessed and endorsed as having achieved Level 4 CPR	12 th August 2008
2.							
3.							
4.							
5.							
6.							

Goal Setting: New Graduate and Preceptor (contd)

Methods are identified for each learning need/professional contribution. Consider widely, including self-directed learning, education, workbooks, working with an experienced Nurse.

For each goal/objective, an expected completion date should be identified. For more complex goals, you may wish to break this down into "milestone dates" identifying when specific objectives will be completed throughout the twelve month period Sign off the date that you actually achieve your goal/objective. This may be at your expected date of completion or, if circumstances change, you may actually achieve your goal/objective earlier or later than anticipated.

Record your progress toward the goals/objectives/desired outcomes you identified. Your Plan for Development can also be added to/amended over the 12-months. It is important to review your plan, seek feedback and reflect upon progress prior to the Plan's end date. You may record your own notes on your progress for discussion with your Preceptor.

Record notes of your meetings with your Preceptor and agreed amendments to your plans; ensure that both you and your Preceptor have an up-to-date copy of your Progress Notes after amendments are agreed.

Schedule regular meetings with your Preceptor to ensure your Plan is relevant and up-to-date and that your goals/objectives are still achievable within your identified timeframe.