Newly qualified nurses (NQNs) often report feeling unprepared for their role. This article explores the lived experiences of children's student nurses doing their final placement at Barts Health Trust in London. It describes a transition programme to help them on their journey to becoming NQNs, and the evaluation done to determine whether the programme had been beneficial.

A difficult journey
Student nurses often feel inadequately prepared and experience increased levels of anxiety (Edwards et al, 2015; Ong, 2013; Whitehead and Holmes, 2011), and there is much evidence nationally that NQNs do not always feel supported during their transition from student to registered nurse (RN) (Whitehead and Holmes, 2011). Various support systems and interventions to improve the transition process have been described (Ong, 2013; Whitehead and Holmes, 2011) but some, such as Edwards et al (2015), believe there is still a need to strengthen the effectiveness of support programmes so NQNs feel more ‘fit to practise’.

In its Reducing Pre-registration Attrition and Improving Retention (RePAIR) report, Health Education England highlights the support needs of students from entry into nursing studies through to registration. The transition from final-year student to taking up employment – step 3 of the RePAIR project – is referred to as a “flaky bridge” (HEE, 2018).

Transition programme
From January 2017, the nurse education team at Barts Health Trust initiated a structured transition programme to enhance the learning experiences of children’s student nurses on final placement. This was created in response to feedback from NQNs on the trust’s preceptorship programme who reported feeling overwhelmed by their final placement and what was expected of them; anxious about the demands of their future role (clinical areas expect NQNs to be competent, needing minimal supervision); unprepared for their first job application; and anxious about the recruitment process, which had compounded their anxieties regarding the transition to RN.
Clinical Practice

Innovation

Box 1. New Nursing and Midwifery Council standards

In 2018, the Nursing and Midwifery Council published revised proficiency standards for registered nurses and for nursing education and training:

- **Future nurse: Standards of Proficiency for Registered Nurses** (NMCProStandards2018)
- **Standards Framework for Nursing and Midwifery Education** (Bit.ly/NMCEd2018Pt1)
- **Standards for Student Supervision and Assessment** (Bit.ly/NMCEd2018Pt2)
- **Standards for Pre-registration Nursing Programmes** (Bit.ly/NMCEd2018Pt3)

These new standards replace its Standards for Competence for Registered Nurses (Bit.ly/NMCSlaip2008), Standards for Pre-registration Nursing Education (Bit.ly/NMCPreRegEducation2010) and Standards to Support Learning and Assessment in Practice (Bit.ly/NMCSlaip2008). This will have an impact on how we prepare future nurses to be fit for practice, including on how students are supervised and assessed in practice. The term ‘mentor’ will be phased out, students will be supervised by practice supervisors, and all registered staff will be responsible for contributing to the supervision and support of student nurses in practice (Hoy and George, 2018).

The main purpose of our transition programme is to reduce the anxiety of final-placement students and prepare them positively for their future role as competent RNs. The programme links education and practice to help students achieve the standards set by the Nursing and Midwifery Council (NMC) (Box 1). It complements the academic teaching modules on communication, leadership, management and decision making. Running throughout the 12-week final placement, it covers three broad subjects:

- Resilience and coping mechanisms;
- Core skills and competencies – in communication, management, leadership, medicines management (including aseptic technique, preparation of intravenous therapy and antibiotics);
- Employability – preparation for interviews, support writing personal statements, general awareness of the recruitment process.

The transition programme started in January 2017 and initially comprised one two-hour session every fortnight during the placement. After feedback from the first cohort, it was reorganised into three whole study days spread over the 12 weeks. This was done to avoid interruptions to students’ learning and make it easier for students on placements in different locations to attend.

Various speakers – nurse educators, professional development nurses, clinical psychologists, senior nurses specialising in particular topics – are involved in delivering the programme. Teaching methods include group work and practical skills workshops. Reading materials and relevant articles are sent to students in advance.

After each study day, students evaluate it and reflect on what they will take back to their clinical areas and/or for their personal development. They are encouraged to discuss and reflect on what they have learned at their weekly meetings with their sign-off mentors – since new standards were introduced in January 2019 these are now known as practice assessor (NMC, 2018).

**Evaluation**

Between January and the end of July 2017, 50 children’s nursing students participated in the transition programme. After completion, we carried out a formal evaluation using three tools:

- Evaluation forms;
- Focus group discussions;
- Detailed feedback on session content.

A total of 45 evaluation forms were completed: 39 by undergraduate students from two universities and six by postgraduate students from the same cohort. All participants were encouraged to complete the form, which asked them to indicate the most and least useful parts of the programme, identify key learning factors and consider how they would apply their newly acquired learning in practice.

All students were invited to participate in focus groups discussions; four groups of 6-10 students did so, enriching the information obtained from the forms.

Two postgraduate students, Emily Graham and Claudia Obadebo, volunteered to review the entire programme and provide constructive feedback on its contents.

**Resilience**

During the focus group discussions, students said there were increased demands and expectations placed on them in terms of academic workload, examinations, length of clinical placements, and leadership and management skills. Ong’s (2013) study supports the view that, compared with students in other subjects, student nurses have the additional challenge of balancing academic study with practical training, with increasing pressure during their final placement as they have to cement their clinical competencies. This was noted by HEE (2018) in its RePAIR report, which describes academic workload while on placement as “stressful and difficult”. Helping students to be resilient and develop coping strategies is part of the nursing curriculum (HEE, 2018) and embedded in the NMC’s revised standards for education and training (Box 1).

Resilience is “the ability to recover and cope after a stressful period” and positively maintain “psychological health and well-being” (Robertson, 2018). In collaboration with clinical psychologists, paediatric nurse educators facilitate a workshop on building emotional resilience, which helps students to recognise, and build on, their existing psychological resources and coping strategies. Feedback from students on this session was very positive:

“I found the emotional resilience seminar particularly relevant and useful. As well as giving us emotional coping tools, it also allowed us to share our thoughts and worries about becoming newly qualified paediatric nurses.” (student, focus group)

Students said they were able to recognise and understand their own stressors, as well as their ability to handle challenges. The session nurtured their innate ability to recover after a stressful time, and increased awareness of the need to seek support.

**Core skills and competencies**

To ensure they become competent professionals who practise safely, students must achieve the NMC’s standards for pre-registration nursing education. To help them practise in a safe environment, enhance their knowledge and essential skills, mentors and sign-off mentors supported them throughout the transition period (Kaihlanen et al, 2013; Ong, 2013). Students reported that practising clinical skills helped them prepare for their Objective Structured Clinical Examination at university, with one saying:

“I find that repetition is the key, as you get to experience completing the same skills over and over, which increases my retention and enhances my competency.” (student, focus group)

Individual feedback from the evaluation forms was used to rearrange topics to better reflect students’ learning needs.
Students indicated that their final placements differed greatly from previous ones, as there was continuous support and feedback from mentors, sign-off mentors and nurse educators. There was also input from allied health professionals. This regular support is invaluable as students are given more responsibilities; for example, Ross and Clifford (2002) found that final placements often involve taking responsibility for managing a caseload independently.

Students said they were expected to demonstrate high levels of clinical and communication skills, as well as in-depth knowledge and understanding of patient safety. They agreed that the transition programme was valuable and instrumental in helping them to prepare for their band 5 role. They also appreciated being listened to and having the opportunity to explain their learning needs so they could progress confidently.

**Employability**

There is growing concern about the recruitment and retention of nurses and midwives locally and nationally (HEE, 2017). Barts Health Trust has streamlined recruitment processes, so final-placement students can be recruited for substantive band 5 posts before they finish their training. This enables the trust to support locally educated students to join the nursing workforce. The trust’s commitment to recruit students was highlighted as very positive:

“The transition programme made me feel as though the trust was investing time and energy into my future, which in turn made me feel valued and supported and alleviated the fear of the unknown.” (student, focus group)

Ong’s (2013) study found that students needed support with writing personal statements, CVs and interviews. The employability session prepares students to become NQNs.

After hearing students’ feedback during the formal evaluation, the employability session was re-scheduled to earlier in the programme to enable students to focus on interviews and job applications, and to align with the trust’s recruitment strategy.

**Mentoring/supervision**

Mentoring is reported to be a significant factor in a good transition and the mentoring relationship is crucial in shaping students to become competent nurses (Norman, 2015; Ó Lúanaigh, 2015; Kaihlannen et al, 2013). Students in their final placements used feedback from mentors and sign-off mentors to focus on areas for improvement. Students have also acknowledged the benefits of positive input from nurses and practice educators during their clinical placements (Scott et al, 2017; Ong, 2013).

In the evaluation of our transition programme, most students acknowledged the constant encouragement and constructive feedback provided by mentors and sign-off mentors. They believed the support provided was a key part of their journey to becoming RNs. They appreciated feeling valued and empowered by mentors, by nurse educators and by the senior nursing team; the whole support network cultivated students’ personal and professional development during the transition phase, infusing theory with practice at every step.

Under the 2008 NMC standards, the role of mentors was to support students, guide their safe practice, develop their practical skills and maintain high standards in the delivery of patient care. As mentioned above, under the new NMC standard, the mentoring role changed in January 2019; under the new supervision and assessment standards students will have practice and academic assessors (Hoy and George, 2018).

**The resilience session nurtures students’ innate ability to recover after a stressful period**

Next steps

The transition programme will be aligned to the trust’s key quality objectives and the new NMC standards, while its key components (resilience, core competencies and employability) will be maintained. It complements taught theory and acts as a foundation for the trust’s 18-month preceptorship programme – one of HEE’s (2018) recommendations to improve recruitment and retention.

There is a need to collaborate with the preceptorship team to avoid duplicating content (the preceptorship programme has been developed to provide continuous support to NQNs and help them become competent leaders), but students’ evaluation of the transition programme has been very positive. They said the sessions reduced their anxiety and helped them to become confident NQNs. They have built on the knowledge gained at university, their nursing competencies and leadership skills, enabling them to consolidate their learning, strengthen their innate resilience and develop their coping mechanisms. Mentors, sign-off mentors, nurse educators, professional development nurses, university lecturers, ward managers and members of the interprofessional team have all acknowledged the benefits of the programme. NT

**References**


For more on this topic online

- Building a professional identity: views of pre-registration students
  Bit.ly/NTProfIdentity

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