Education Framework

SA Health Transition to Professional Practice Program

Prepared by the ANMF (SA Branch) for SA Health

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Glossary and Definitions

ANUM/AMUM:	Associate Nurse Unit Manager, Associate Midwife Unit Manager.
Capability:	A capability is a combination of behaviours, skills, processes, and knowledge that affects an outcome.
Competency:	The measure of how a person performs a capability.
CN/MS or CN/MF:	Clinical nurse and/or midwife support or clinical nurse and/or midwife facilitator. This role is attached to the TPPP as part of the centralised TPPP education support team.
CN/M (EP):	A clinical nurse and/or midwife attached to a clinical unit with a dedicated education portfolio. The CN/M(EP) may have a role in preceptorship and TPPP support, this is decided at the clinical unit level.
CE:	The Clinical Educator is a level 3 or 4 RN/M attached to a clinical unit(s). The CE may have a role in preceptorship and TPPP support, or CN (EP) support, this is decided at the clinical unit level.
EN:	Enrolled Nurse.
Midwife:	Unlike a registered nurse (RN), midwives are not referred to as registered midwives, rather the term is 'midwife'.
NUM/MUM:	Nurse Unit Manager/Midwife Unit Manager.
PR&D:	Performance Review and Development.
Preceptor:	An individual with demonstrated competence in a specific area who serves as a teacher/coach, leader/influencer, facilitator, evaluator, socialisation agent, and role model to develop and validate the competencies of another individual.
PDD/study time	Refers to allocated TPPP professional development study days, or study time (hours). This is specifically allocated time for formalised TPPP learning, and can be allocated in days, half days, or time equivalent to 38 hours, or one week. LHNs have the flexibility to allocate more than 38 hours.
RN:	Registered Nurse.
TPPP:	Transition to Professional Practice Program: for newly enrolled and registered nurses and midwives (previously Transition to Professional Practice Program). The TPPP refers to the transition experience over time and associated formal and informal learning experiences that build workplace and professional capability in individuals as they progress in their learning and education toward completion of their transition Program.
TPP:	Transition Program Participant. The TPP may be a registered or enrolled nurse or midwife.

SA Health Transition to Professional Practice Program

Program Aim

The aim of the SA Health Transition to Professional Practice Program (TPPP) is to provide formal and informal learning experiences that build workplace and professional capability in individuals as they transition into nursing and/or midwifery practice. This includes the provision of effective workplace support and education to promote the development of excellence, confidence and resilience within the nursing and midwifery workforce.

Program Outcomes

The Program outcomes will enable the effective transition of the Transition Program Participant (TPP) through their:

- Demonstration of accountability and integrity, and the development of a professional identity, enabled by self-reflection and embracing of professional standards and organisational values
- Demonstration of effective clinical communication, holistic assessment, prioritisation, management, and decision-making skills underpinned by the best evidence
- Contribution to workplace teams, through the delivery of quality and effectively prioritised, person and family-centred care
- Provision of comprehensive care that is compassionate, respectful, and follows the ethical considerations of the person's preferences, beliefs, culture, and diverse needs
- Demonstration of the consolidation and application of knowledge, skills, and attitudes into clinical, workplace and professional contexts
- Development of professional resilience and confidence, and the ability to develop strategies and critical thinking skills to effectively manage challenging and complex situations
- Demonstration of responsibility and accountability for life-long learning and professional development, to enable confident performance within full scope of practice.

Education Framework

Education Framework Aim

The aim of the education framework is to provide a guide to the development of a TPPP for Enrolled Nurses (ENs), Registered Nurses (RNs), and Midwives.

Conceptual model of nursing and midwifery transition

The first year of practice for the new nurse and/or midwife involves a transition from a student of nursing or midwifery to a professional role within the workplace. Throughout transition, barriers are encountered including fatigue management, balancing responsibilities, contemporary health challenges, unrealistic personal or workplace expectations, organisational socialisation and adjusting to workplace culture.[1-4] The TPPP has been developed to provide a formalised education and supported Program to enable the transition of new nurses and/or midwives to effective professional and workplace practice.

It is acknowledged that the new nurse and/or midwife transition into their professional and workplace roles, progressing from a novice to advanced beginner.[5] The TPPP conceptual model (Figure one) has been adapted from the World Health Organisation's 'Global

Competency and Outcomes Framework for Universal Health Coverage'.[6] The conceptual model represents the transition journey with the following concepts:

- The red band at the base of the diagram represents the foundation of the EN/RN and midwife's practice. This foundation is established prior to commencement of the TPPP and is an underpinning assumption for the nurse and/or midwife to successfully transition to professional/workplace practice. [7-9] The nurse and/or midwife registers with the Nursing and Midwifery Board of Australia (NMBA), and enters the profession, practicing according to these standards. Capabilities developed throughout the transition year enable the TPP to move from novice to advanced beginner or beyond (see Appendices A, B and C, NMBA Practice Standards and Transition Capabilities Mapping). The standards for practice are to be read in conjunction with the applicable NMBA companion documents including the *Code of conduct for nurses, Code of conduct for midwives, Code of ethics for nurses* (International Council of Nurses - ICN) and *Code of ethics for midwives* (International Confederation of Midwives – ICM).
- *The yellow to amber squares* above the red band, represent the knowledge, skills and attitudes that are developed during the TPPP. During the transition period, and through experiential, formal and informal workplace learning, education, support and socialisation, these knowledge, skills, and attitudes are developed and become explicit nursing/midwifery capabilities and behaviours.

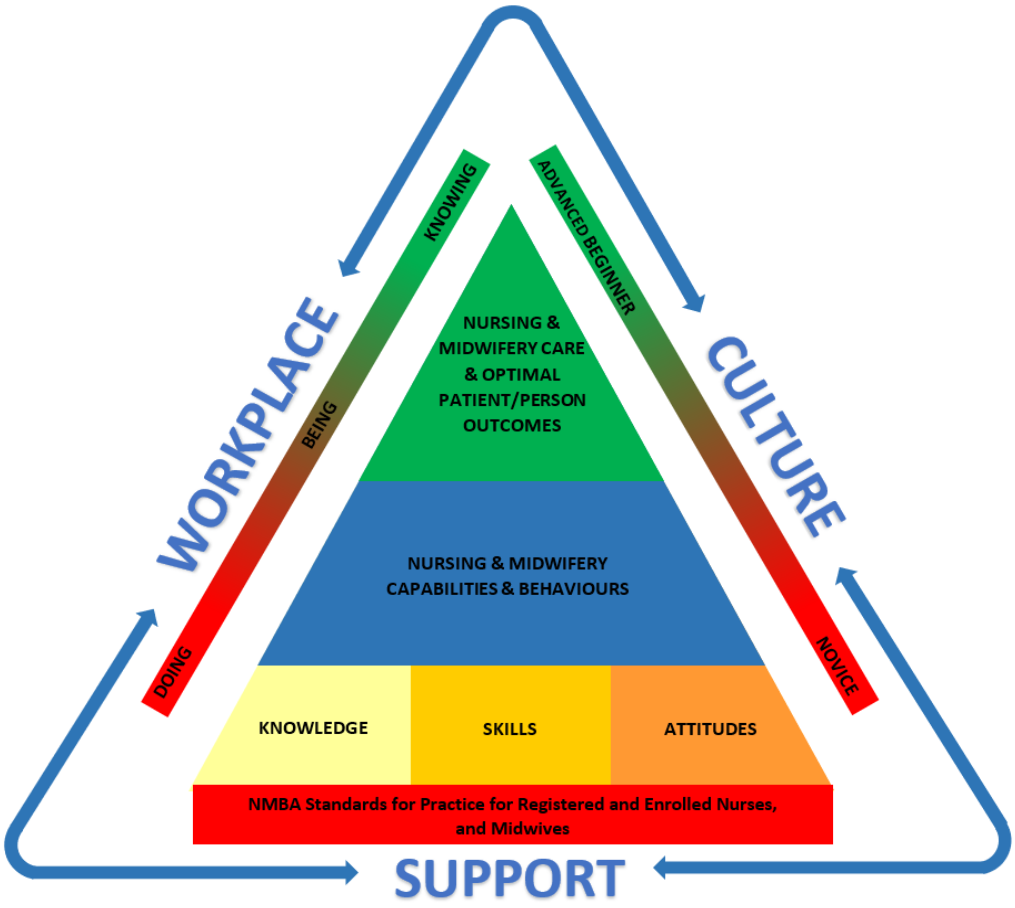


Figure one: Conceptual Model of the transition to workplace and professional practice Pathway for newly enrolled and registered nurses and midwives.

- *The large blue band* above the amber sections represents the capabilities and behaviours required by the TPP to provide effective professional and clinical workplace practice. It is the responsibility of the TPP to ensure they are progressing through the TPPP and developing the required capabilities and behaviours. It is the organisation's responsibility to support the TPP in developing these. The capabilities have been mapped to the NMBA, Standards for Practice for the Enrolled and Registered Nurses and Midwives (see Appendices A, B, and C, NMBA Practice Standards and Transition Capabilities Mapping). This ensures capabilities developed are underpinned by practice standards.
- *The green triangle peak* represents the person/family outcomes, which are impacted by the nursing and midwifery capabilities and behaviours. The TPP strives to support the achievement of optimal person/family outcomes.
- *The red to green side bars* represent the new nurse and/or midwife's progression from novice to advanced beginner in the workplace over a period, whilst navigating through the stages of transition. [5, 10, 11] Duchscher's and Benner's works provide the guiding theories for the transition process, and development of the TPP. During the transition period, while progressing from a novice to advanced beginner, the TPP is also progressing from the 'doing' phase of transition, to one where 'knowing' and understanding begins embedding into individual practice.[11] This is characterised by the new nurse and/or midwife's ability to provide person-and family-centred care within the workplace, whilst exhibiting enhanced coping mechanisms. As knowledge, skills, and attitudes develop it is proposed that the individual's capabilities and behaviours advance, and a 'fit for workplace purpose' nurse and/or midwife contributes effectively to workplace practice and provides care associated with improved person/family outcomes.
- *The blue outer triangular arrows* represent the significance of the overarching concepts of workplace culture and support, with support being the underpinning concept. During the transition period, it is acknowledged that the TPP requires an effective level of individualised workplace support to minimise transition shock and enhance organisational and practice socialisation. [4, 11-13] Therefore, the workplace culture and support are represented encompassing the conceptual model and are critical to enabling successful transition of the new nurse and/or midwife to effective workplace practice.
- It is important that effective and inclusive workplace support and culture is provided to ensure a positive impact on the TPP's transition, and ultimately retention in the workforce. A lack of this structure, support and continuity within the workplace has been noted to have a negative impact on the TPP's experience of the environment, rapport with the person/family, skill development, confidence, and clinical competence.[14]
- *The size of the blocked colours layered in the triangle*, increase in size, representing the increasing significance of concepts within the model. Collectively, the blocks relate to the value of the complete transition journey to enable the development of capabilities and behaviours that will ensure effective workplace practice, characterised by appropriate person/family outcomes. Similarly, the colours in the conceptual model

signify the red of 'not ready for purpose' within a specific clinical workplace context (although ready for practice). The movement to green at the top, represents achievement of transition and workplace effectiveness.

Program structure

Extensive national and international mapping of transition programs, consultation forums, surveys and local and national interviews have informed the proposed structure and components of the TPPP as described below.

Structural framework

The 70:20:10 framework has been utilised to guide the TPPP structure [15, 16] The framework recognises three types of learning: experiential, social and formal to support the development of individual capability (see Table one). [17] The framework assists organisations to re-position their focus for building and supporting performance across workplaces to growing a more resilient workforce and creating cultures of continuous learning. 70:20:10 is not a rule, rather, it describes learning as it naturally happens, and then offers a solution to support learning into the workplace.[15] This structure has precedence in other transition programs such as the 'Flying Start Program' (Scotland and UK) which uses the 70:20:10 formation for learning within their transition program for all new nursing, midwifery, and allied health staff. [18]

Table one: 70/20/10 framework for structuring learning experiences [17]

Learning %	Learning solution examples
70 % Experiential	Solutions include near real-time 'on the spot' support, teaching/coaching, preceptor interactions, conversations, real time reflection and feedback (from ward or education support staff), as well as orientation, workplace learning and competency practice: e.g., medication rounds, patient care coordination, and discharge planning.
20 % Social	Solutions include socialisation and enculturation: e.g., handover, learning of ward routines and practices, double staff time processes, role modelling, reflection time with peers and colleagues, sharing, collaboration and co-operation and talking and relating to colleagues and experts.
10 % Formal	Solutions include face to face sessions, lectures, tutorials, problem-based scenarios, eLearning modules, simulation, mixed methods, games, role-plays, virtual learning and reading.

Each of these types of learning has been taken into consideration when developing the TPPP. The 70% experiential learning refers to the knowledge and skills acquired throughout clinical rotations. In the context of a TPPP, experiential learning is occurring in the TPP's day-to-day practice, and exposure over time to a range of increasingly complex situations within a clinical setting. Where possible, it is important for Local Health Networks (LHN) to take a scaffolded approach to building the TPP's capability by allocating increasingly complex patients over time.[11] As the complexity of person/family care management is experienced by the TPP, with preceptor or workplace support provided, workplace capability and professional resilience are also built.[11]

The 20% social learning occurs through workplace coaching, conversation and support from clinicians, educators, and managers, each contributing to the TPP's socialisation into the profession and workplace. The SA Health TPPP recognises the centrality of workplace support for the TPP; hence, preceptorship is required within clinical units where TPP's rotate. It is recognised that all LHN's, and indeed clinical units differ, therefore the detail of the preceptorship model is decided and implemented at the LHN level. However, an on-line Preceptorship module to support preceptor training (regarding principles, roles and options related to preceptorship) is available to LHN's.

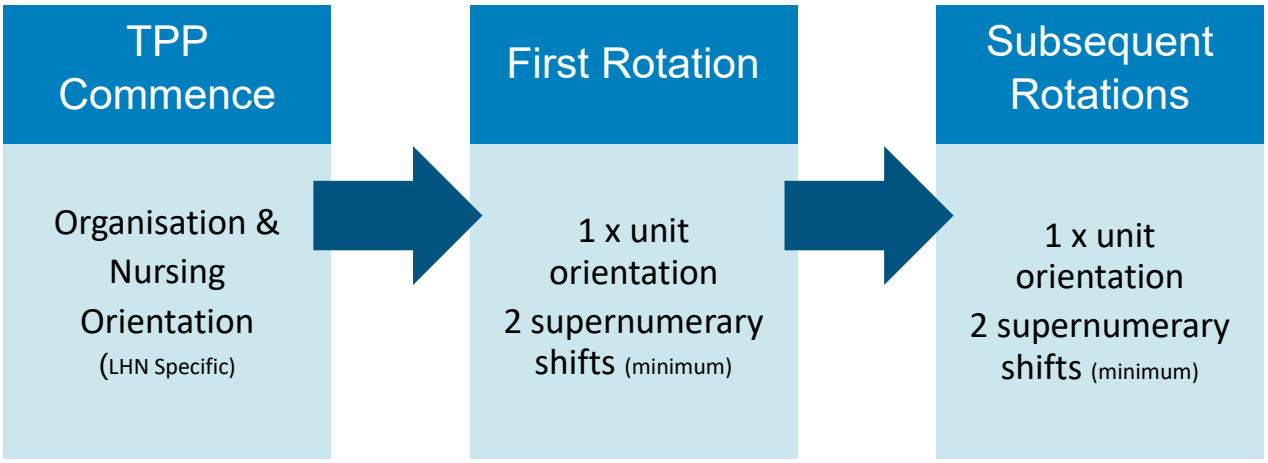
Social learning has been integrated into the Program through the acknowledgement of the importance of preceptorship, and provision of an on-line training resource. It is recommended that all preceptors receive training, and completion of the on-line module may be part of development of their role. It is recommended that TPPs are allocated to a *clinical unit preceptor team* instead of a single preceptor. Allocation to a preceptor team enables greater flexibility in rostering to support TPP preceptorship, whilst maintaining staffing and skill availability. The preceptor role requires an informed, and confident incumbent to provide conversation, coaching/preceptorship, support, teaching, encouragement, and constructive feedback for the TPP. The preceptor module is also to be completed by TPP's toward the end of the TPPP in preparation for their role in supporting junior staff and students once they have completed their TPPP.

The 10% formal learning refers to the planned structured learning throughout the TPPP such as scheduled Professional Development Days/study times (PDDs/study times), clinical learning workshops, simulation, clinical auditing, online learning modules and other formalised learning experiences. The Performance Review and Development Plan (PR&D) is an adjunct to all learning, and supports achievement of clinical and professional learning objectives, capability development, the socialisation process and a formal feedback and evaluation process.

Orientation and supernumerary days

LHN specific corporate and nursing and/or midwifery orientation should be provided to all TPP's. For the TPP in their first and subsequent rotations, a minimum of one unit orientation day should be provided. The unit orientation day should be comprehensive and outline the expectations, support structure, education available, policy and procedures, general layout, housekeeping, and routines of the unit. A further minimum of 2 supernumerary clinical shifts should be allocated to the TPP (see table two). During these 2 supernumerary shifts, the TPP should be partnered with a preceptor who is an experienced RN and/or midwife, and who provides guidance, support and education regarding local policies, procedures, routines and the day-to-day tasks and expectations for the TPP.

Table two: Clinical rotations and supernumerary shifts



It is recommended the TPP is rostered with a member of the preceptor team during their supernumerary shifts, and frequently throughout the entirety of their placement, to promote continuity of support and education. It is also recommended that the TPP is exposed to increasing complexity of person/family situations as the rotation progresses i.e., where possible from stable situations to more complex.[11] It is recommended that the NUM/MUM has overall responsibility for the TPP, but delegates a primary preceptor, to coordinate, support and feedback to the TPP (with planning and consideration of rostering differences, and workforce availability). Members of the preceptor team need to be aware of the TPP's commencement, and it is recommended that the TPP and the preceptor's rosters are considered throughout the TPP's placement, particularly in the first two weeks of placement. Consideration of TPP clinical support, not relieving to alternative clinical areas and not doing night shifts is recommended for the first 6 weeks of each rotation. Consideration of one additional supernumerary shift for the first night shift rostered for the TPP is recommended, alternatively the TPP should be rostered with a member of the preceptor team for their first night shift.

Clinical rotations

The literature is highly variable on the number and type of clinical rotations recommended for a TPPP. [19] However, stakeholder consultation revealed broad agreement that the number and type of clinical rotations be determined by LHNs. It is recommended that clinical rotations within the TPPP are designed to allow adequate time for TPP's to adjust and integrate into the new clinical environment and enable timely clinical knowledge and skill acquisition to provide best practice care in each setting. This approach provides LHN's with flexibility and enables consideration of crucial factors to guide their allocation of TPPP clinical rotations. Table three (overpage) outlines factors for LHN consideration when allocating the TPP's clinical placement.

Table three: Clinical rotation considerations EN, RN, Midwife

Enrolled Nurse	Registered Nurse	*Midwife
√ Initial placement within consistent and relatively stable clinical settings √ Gradual and strategic exposure to advanced clinical scenarios, with preceptor or workplace clinical support √ Regular and frequent feedback that reinforces and redirects the TPP's developing skill and knowledge √ Opportunities for the safe sharing of work experiences with TPP peers as well as seasoned colleagues[11, P.1111] √ *Consideration of the midwife TPP's clinical exposure to all phases of the peri-natal continuum of care, including pregnancy, birth and the postnatal period.		

The rotation requirements allow for exposure to a variety of clinical settings and expand the knowledge and skill set of the TPP. This provides a balance between diversity of workplace experience and consistency associated with working in a single workplace resulting in the potential for an adaptable and resilient nurse and/or midwife. For nurses, wherever possible the Program will contain one general and one specialty placement. Consultation indicated that organisations in regional and metropolitan contexts have different requirements. In response to these different contexts, clinical rotations need to provide exposure to appropriate placements within the organisation, or peri-natal continuum of care (midwifery) including pre, peri and post-natal.

Program delivery and support

Professional development days

A minimum of five professional development days or equivalent hours (PDDs/study times) are provided by the LHN as part of the TPPP. The LHN may allocate additional PDDs/study times or a supernumerary experiential day. The experiential day is negotiated between the NUM/MUM and the TPP. In the context of the TPPP, an experiential learning day is a PDD/ study time held within the TPP's clinical unit or related clinical unit, to enable exposure to a different role through shadowing i.e., shadow shift coordination, or a senior role. It is recommended these PDDs/study times, and the experiential learning day are offered within the first nine months of the Program to allow for optional early Program exit in the future.

Content of PDDs/ study times is required to address the content, topics and capabilities listed in table four (below). There is flexibility for LHNs to determine how and when these topics/content are included. An example 'sequence of delivery' for the content is provided in Appendix D, Example of Required Online Learning Modules & Professional Development Day Structure. Additional PDDs/study times and/or topics can be decided by each LHN based on organisational needs and requirements of their nursing/midwifery staff. For example, regional LHN Programs may include the Emergency Nurse and Midwife Education (ENAME) module early in the TPPP, while other LHN's may have paediatric module requirements.

Table four: Required content aligned with TPPP capabilities

Professional Development Content	Capabilities
About SA Health TPPP (LHN Specific)	1.1, 1.2, 1.3, 4.2, 3.5, 4.3
Resilience and Well-being	1.3
Cultural Safety & Awareness	1.2, 1.4, 2.2, 4.2
Transition Stages & Transition Shock	1.3, 3.5, 3.6, 4.3
Engaging with Performance Review & Development	1.1, 1.3, 1.4, 3.2, 4.2, 4.3
Patient Assessment, Deterioration & Escalating Care	1.1, 1.3, 2.1, 3.1, 3.3, 3.4, 4.2, 4.4
Complex Behaviours	1.1., 1.3, 1.4, 2.3, 2.4, 2.6, 3.5, 4.1, 4.2, 4.4
Reflective Practice	1.3, 2.3
SLS & Risk and quality Management	1.1, 1.3, 1.4, 3.4, 4.4

Online Learning Module Content	Capabilities
Transition Process & Transition Stages	1.1, 1.3, 3.5
SA Health Resilience and Well-being Program	1.3
Preceptorship	1.1, 1.2, 1.3, 3.4, 4.2
Professional Communication	1.1, 1.2, 1.3, 1.4, 2.1, 4.1, 4.2, 4.3, 4.4
Developing a Professional Identity	1.1-1.4
Clinical Reasoning	2.1-2.4, 3.1-3.7
Quality Improvement Activity	1.1-1.4, 3.5
Leadership (RN/RM Only)	1.1-1.3, 3.2, 4.1-4.3
Fundamentals of Nursing (EN Only)	1.1, 1.3, 2.1-2.4, 3.1-3.5

Supernumerary Content	Capabilities
Safe Medication Management & Administration	1.1-1.4, 2.1-2.4, 3.1, 3.2, 3.3, 3.5, 4.1
Patient Care Coordination	1.1-1.4, 2.1-2.4, 3.1-3.7, 4.1- 4.4
Patient Admission, Transfer & Discharge	2.1-2.4, 3.1, 3.2, 3.3, 3.4, 4.2
ISBAR Handover	1.1-1.4, 2.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.4
Shift Coordinator (shadow) - RN/RM Only	1.1-1.4, 2.1- 2.4, 3.1-3.5, 4.1- 4.4

Whilst the TPP is in the TPPP, attendance at PDDs or allocated TPPP study time is required. If a TPP is unable to attend their scheduled PD time, the TPPP Coordinator and managers negotiate rescheduling this time, so they are not disadvantaged.

Online Learning Modules

Online learning modules provide a structured and formal educational opportunity for TPP's, guiding them through learning concepts, and reflective and collaborative tasks. The following evidence-based online module topics reflect stakeholder feedback, and it is recommended that the TPP complete these modules during PDDs/ allocated study times.

The following modules are recommended to be completed by all EN, RN and midwife TPP's:

- Transition process and stages
- Professional communication
- Developing a professional identity
- Clinical reasoning (RN/RM only)
- Leadership
- Quality improvement activity (to be completed in the final rotation)
- Preceptorship
- SA Health Resilience and Well-Being Program

The following module is recommended for EN participants only:

- Fundamentals of nursing care

The preceptorship module will be made available to LHN's for all clinicians nominated to support the TPP and provide guidance regarding Program requirements.

Model of Clinical support

The SA Health TPPP recognises the significance of clinical support from the centralised TPPP education support staff, and clinical unit education support staff. The TPPP Coordinator/Educator leads the implementation and has oversight of the TPPP at the LHN level, and plans, manages, and facilitates the TPPP in the LHN. In LHNs, where possible, centralised TPPP CN/M positions provide bedside teaching, debriefing, reflection, and clinical support, and contribute to the TPP's capability development assessment. CN/M's with an education portfolio in the clinical unit provide TPP support. Clinical educators also provide support to preceptors and assist with transition Program facilitation and teaching on PDDs/study times.

Preceptors

Workplace support is provided by one or more preceptors as delegated by the NUM/MUM. It is recommended that preceptors work within a preceptor team and have the responsibility to support the TPP's socialisation into the team and clinical area, assisting and coordinating goal setting and individual learning requirements. Preceptors require an appropriate level of clinical knowledge and skill and are supported in completing preceptor training over time. The TPP is responsible for negotiating formal and informal feedback times with the preceptor and engaging in the PR&D process at specified times throughout the rotation. Building workforce capability requires a cooperative and strategic approach that contemporises a nursing and midwifery transition Program, whilst addressing current issues.

Performance review and development plan

The PR&D process enables the TPP to gain an understanding of the work priorities, expectations, roles, and responsibilities in each clinical rotation. It is also an opportunity to measure the TPP's capability development and transition progress. A standardised transition PR&D template for LHNs ensures consistency in performance review and capability development. The PR&D document is a tool to guide regular conversations between the TPP and their NUM/MUM, delegate or preceptor to build rapport, agree on goals and accountabilities, provide feedback, and discuss any emergent barriers or challenges. The standardised TPPP PR&D template provides a guideline for when goal setting and formal feedback should occur in each rotation. It is the responsibility of the TPP, preceptor, and the NUM/MUM or delegate to ensure this process occurs at each designated time point. Satisfactory PR&Ds are required by the TPP for each rotation to complete the TPPP. The PR&D process provides an opportunity to assess what stage of transition the TPP is experiencing and enables the planning of Program activities to contribute to the success and measurement of professional and workplace transition.[11] Evidence of successful completion of the TPPP includes:

Required

1. Satisfactory performance review and development assessment (for each rotation)

Recommended

2. Attendance at all programmed PDDs/study times
3. Completion of online modules (and assessment activities)
4. Completion of experiential day

Evidence of successful transition Program completion

The underpinning nursing and midwifery knowledge, skills, and attitudes that TPP's have at the commencement of the TPPP are further developed to build new behaviours and capabilities throughout. These capabilities, listed below are developed over time (see Appendices A, B and C). Achievement of the capabilities indicates successful professional and workplace transition and completion of the TPPP. The capabilities are built into TPPP activities and the PR&D process. Broad capabilities include:

CAPABILITY 1: Professional & personal conduct

CAPABILITY 2: Person-centred care

CAPABILITY 3: Clinical practice & management

CAPABILITY 4: Collaboration & communication

The behaviours associated with the above capabilities are listed in detail in Appendices A, B and C. The PR&D document will provide the ability to identify performance evidence to support demonstration of the expected capability behaviours.

Alignment of capabilities with Program content

To enable the TPP to achieve successful Program completion and transition to professional and workplace practice, the required content, and experiences to enable capability development are built into the TPPP. Table four (p. 8) maps the capabilities to the required program content. The content is listed as themes, individual LHNs will present the content according to online modules, and PDDs/ study times with best evidence, SA Health and local policies, and procedures.

Conclusion

The SA Health TPPP will be evidence and capability based with organisational and workplace support embedded throughout. The TPPP also needs to be nimble and creative, and this is made possible through LHN delivery, with flexibility built into Program elements. This education framework outlines the Program components to be delivered in an environment that empowers and motivates nurses and midwives. A Program that offers evidence-based, flexible, capability-building transition experiences is necessary to rejuvenate and sustain the nursing and midwifery workforce.[2]

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Appendix A: Transition Program capabilities mapped to the Nursing and Midwifery Board of Australia, Standards for Practice for Registered Nurses

New Registered Nurse (RN) Capability	New RN Capability Behaviours	Underpinning NMBA Standards for Practice (RN)
CAPABILITY 1: Professional & Personal Conduct	1.1 Practices in accordance with the relevant NMBA standards, codes, and practice guidelines.	1.4, 1.5, 3.4, 3.6, 6.2, 6.5
	1.2 Acts with professional integrity and exhibits professional behaviours which are consistently honest, respectful, and compassionate.	2.1, 2.2, 2.9, 3.4, 4.1, 3.7,
	1.3 Demonstrates a lifelong learning approach and engages in self-reflection to develop personal and professional resilience, and capability in practice and care delivery.	1.2, 1.7, 2.7, 3.1, 3.3, 3.4, 3.5,
	1.4 Acknowledges the legal and ethical obligations of a nurse which values the confidentiality and privacy of the person/family.	1.4, 1.5, 6.5
CAPABILITY 2: Person-centred Care	2.1 Provides safe family, person-centred and evidence-based care with the health and well-being of the person as a priority and promotes shared-decision making and delivery of care consistent with the person's values and preferences.	1.1, 1.3, 1.5, 2.2, 2.3, 2.5, 3.2, 3.7, 4.1, 4.3, 6.1, 6.2, 7.1,
	2.2 Demonstrates cultural awareness and respect through provision of culturally sensitive and compassionate care.	1.3, 2.2, 4.1,
	2.3 Demonstrates a comprehensive approach to care which embraces individual difference whilst maintaining self-awareness around own beliefs, emotional responses, and values.	1.3, 2.2, 2.3, 3.7, 4.1, 5.2,
	2.4 Provides information to the person to help them better understand information regarding their health and healthcare options and advocate for the individual, their rights, and own decisions about their care.	1.5, 2.2, 2.3, 2.4, 2.5, 3.2,
CAPABILITY 3: Clinical Practice & Management	3.1 Undertakes systematic, comprehensive, and holistic assessments and gathers relevant and accurate data to develop a structured management plan specific to the needs of the individual/family.	1.6, 2.3, 2.6, 4.1, 4.2, 4.4, 5.1, 5.2
	3.2 Provides comprehensive, quality care within their scope of practice which takes into consideration the person's physical, psychosocial, and relational needs.	1.3, 2.4, 4.1, 4.2, 5.5, 6.1, 6.2,
	3.3 Interprets subjective and objective data from a range of sources to recognize a deteriorating patient and respond to and escalate care as appropriate.	1.6, 4.2, 4.4, 5.1, 7.1, 7.2, 7.3,
	3.4 Demonstrates the ability to think critically, access and analyse best available evidence and develop clinical reasoning skills in the process of decision making.	1.1, 4.2, 4.3, 4.4, 5.1, 5.4, 7.2,
	3.5 Demonstrates patient care coordination skills by organising patient care activities and sharing information among all who are involved with the person's care.	2.4, 3.2, 4.3, 5.1, 5.2, 5.3, 5.5, 6.1, 6.3, 6.4, 7.3,
	3.6 Demonstrates effective time management, prioritisation, and organisation skills in the process of providing quality and timely care	5.1, 5.2, 7.2,
	3.7 Identifies and appropriately reports any actual or potential risks and/or hazards which may be harmful to the person/family, themselves, others, and/or the organisation.	1.7, 2.9, 3.4, 5.4, 6.6,

CAPABILITY 4: Collaboration & Communication	4.1 Demonstrates communication skills which are proactive and adaptive to the individual goals and needs of the person and their families.	2.2, 3.2, 7.3,
	4.2 Demonstrates communication skills which are respectful, kind, honest and non-judgmental.	2.1, 2.2
	4.3 Demonstrates the ability to build professional relationships and communicate effectively with all members of the healthcare team, contributing to collaborative practice.	2.1, 2.6, 2.7, 2.8, 4.3, 6.4, 7.3,
	4.4 Communicates assessment data and information to all relevant others in a timely and effective manner to ensure delivery of best patient care.	2.1, 2.4, 3.2, 7.1, 7.2, 7.3

Appendix B: Transition Program capabilities mapped to the Nursing and Midwifery Board of Australia, Standards for Practice for Enrolled Nurses

New Enrolled Nurse (EN) Capability	New EN Capability Behaviours	Underpinning NMBA Standards for Practice (EN)
CAPABILITY 1: Professional & Personal Conduct	1.1. Practices in accordance with the relevant NMBA standards, codes, and practice guidelines.	1.1, 1.2, 1.3, 2.2, 3.1, 3.2,3.5, 3.7, 3.8, 4.4, 6.4, 6.5, 9.4, 10.1
	1.2. Acts with professional integrity and exhibits professional behaviours which are consistently honest, respectful, and compassionate.	1.2, 1.3, 2.7, 2.9, 5.1,
	1.3 Demonstrates a lifelong learning approach and engages in self-reflection to develop personal and professional resilience, and capability in practice and care delivery.	10.2, 10.3, 10.4, 10.5, 10.6
	1.4. Acknowledges the legal and ethical obligations of an EN which values the confidentiality and privacy of the person/family.	1.1, 1.2, 1.3, 2.2, 2.7, 2.9, 3.1, 9.4
CAPABILITY 2: Person-centred Care	2.1 Provides safe family, person-centred and evidence-based care with the health and well-being of the person as a priority and supports shared-decision making and delivery of care consistent with the person's values and preferences	1.2, 1.4, 2.1, 2.10, 5.4, 6.1, 6.3, 7.1, 7.5, 8.3,
	2.2 Demonstrates cultural awareness and respect through provision of culturally sensitive and compassionate care	2.1, 2.3, 2.4,
	2.3 Demonstrates a holistic approach to care which embraces individual difference whilst maintaining self-awareness around own beliefs, emotional responses, and values	1.2, 1.4, 2.1, 2.3, 2.4, 2.5, 2.6, 2.10, 6.1, 6.3, 7.1,
	2.4. Provides information to the person to help them better understand information regarding their health and healthcare options and advocate for the individual, their rights, and own decisions about their care	1.4, 2.1, 6.3, 7.5,
CAPABILITY 3: Clinical Practice & Management	3.1 Gathers relevant and accurate data to contribute to development of a structured management plan, in collaboration with the RN, specific to the needs of the individual/family.	1.5, 1.10, 2.8, 3.3, 3.4, 3.6, 4.1, 4.2, 6.2, 7.1, 7.5, 8.1,
	3.2 Provides safe and quality care within the EN scope of practice, under the supervision of a registered nurse	1.2, 1.5, 1.6, 1.7, 2.2, 2.8, 3.3, 3.4, 3.5, 3.6, 3.9, 4.3, 5.5, 7.2, 8.1, 8.2,
	3.3 Interprets and accurately reports data from a range of sources to the RN and other members of the health care team to enable timely and informed care	1.5, 1.10, 2.8, 3.4, 3.6, 3.7, 4.1, 4.2, 5.2, 5.5, 6.2, 6.6, 7.2, 8.6,
	3.4 Demonstrates the ability to think analytically and integrate best available evidence as guided by the RN in the process of decision making.	1.5, 1.8, 1.10, 3.4, 3.6, 4.2, 4.3, 6.2, 8.1, 8.2, 8.3, 8.6,
	3.5 Identifies and appropriately reports any actual or potential risks and/or hazards which may be harmful to the person/family, themselves, others, and/or the organisation.	1.2, 1.7, 1.8, 1.9, 1.10, 2.8, 2.9, 3.9, 5.5, 6.6, 8.4, 8.6, 9.3,

	3.6 Demonstrates effective time management, prioritisation, and organisation skills in the process of providing quality and timely care	4.1-4.4, 6.5
	3.7 Identifies and appropriately reports any actual or potential risks and/or hazards which may be harmful to the person/family, themselves, others, and/or the organisation.	6.6, 9.1-9.4
CAPABILITY 4: Collaboration & Communication	4.1 Demonstrates communication skills which are positive and adaptive to the individual goals and needs of the person and their families.	2.1, 2.3, 7.3,
	4.2. Demonstrates communication skills which are respectful, kind, honest and non-judgmental.	2.3, 2.4,2.6
	4.3. Demonstrates the ability to build professional relationships and communicate effectively with all members of the healthcare team, contributing to collaborative practice.	2.5, 2.10, 3.6, 3.7, 4.3, 5.1, 5.2, 5.3, 5.6, 7.4,
	4.4 Prepares and communicates written and verbal data/information to all relevant others in a timely and effective manner to enable delivery of best patient care.	5.3, 5.4,5.5, 6.6, 7.3, 7.4, 7.5,

Appendix C: Transition Program capabilities mapped to the Nursing and Midwifery Board of Australia, Standards for Practice for Midwives

New Midwife Capability	New Midwife Capability Behaviours	Underpinning NMBA Standards for Practice (Midwife)
CAPABILITY 1: Professional & Personal Conduct	1.1. Practices in accordance with the relevant NMBA standards, codes, and practice guidelines.	1.4, 1.7 ,2.3, 2.8, 3.1, 3.2, 3.3, 3.4, 3.7, 3.8, 4.4
	1.2. Acts with professional integrity and exhibits professional behaviours which are consistently honest, respectful, and compassionate.	1.5, 1.6, 1.7, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 3.1, 3.2, 3.3, 3.4, 3.7, 3.8, 4.1, 6.1, 6.4, 7.1, 7.2, 7.3
	1.3 Demonstrates a lifelong learning approach and engages in self-reflection to develop capability in practice and ca	1.7, 2.3, 2.7, 3.1, 3.2, 3.3, 3.4, 3.8, 4.4, 6.1, 6.4, 7.1, 7.2, 7.3
	1.4. Acknowledges the legal and ethical obligations of a midwife which values the confidentiality and privacy of the person/family.	1.1, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3.2, 3.5, 5.2
CAPABILITY 2: Person-centred Care	2.1 Provides safe family, person-centred and evidence-based care with the health and well-being of the person as a priority and promotes shared-decision making and delivery of care consistent with the person's values and preferences	1.1, 1.2, 1.3 ,1.6, 2.1, 2.2, 2.3, 2.4, 3.5, 3.6, 4.1, 4.2, 5.2, 6.2
	2.2 Demonstrates cultural awareness and respect through provision of culturally sensitive and compassionate care	1.1, 1.2, 1.3, 2.4, 2.5
	2.3 Demonstrates a holistic approach to care which embraces individual difference whilst maintaining self-awareness around own beliefs, emotional responses, and values	1.1, 1.2, 1.4, 1.7, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3.1, 3.3, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 6.2, 7.2
	2.4. Provides information to the person to help them better understand information regarding their health and healthcare options and advocate for the individual, their rights, and own decisions about their care.	1.1, 1.2, 1.5, 2.1, 2.2, 3.5, 3.8, 4.1, 4.3, 5.1, 5.2, 5.3
CAPABILITY 3: Midwifery clinical practice and management	3.1 Demonstrates ability to provide women's health support, care, and advice before conception, during pregnancy, labour, birth, and the postnatal period	1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.5, 3.6, 4.1, 4.2, 4.3, 5.1, 5.2, 5.3, 5.4, 6.2, 6.3, 7.2
	3.2 Promotes normal physiological childbirth and identifies complications for the woman and her baby	1.5,1.6, 2.2, 3.1, 3.5, 3.6, 3.7, 4.1, 4.2, 4.3, 5.2, 5.3, 5.4, 6.3, 7.2
	3.3 Consults with and refers to medical care or other appropriate assistance	2.3, 2.4, 2.8, 3.1, 3.5, 3.6, 4.1, 5.2, 6.3, 6.4

	3.4 Implements emergency measures when required (ICM 2017)	1.3 ,3.7, 3.8, 6.3
	3.5 Evaluates outcomes to improve midwifery practice	1.2, 1.4, 1.7, 3.3, 3.4, 4.1, 4.2, 4.3, 5.1, 5.4, 6.1, 7.1, 7.2 ,7.3
	3.6 Demonstrates capability and accountability for midwifery practice	1.4, 1.7, 2.4, 2.7, 2.8, 3.1, 3.2, 3.3, 3.6, 3.8, 5.4, 6.1, 6.4, 7.3
CAPABILITY 4: Collaboration & Communication	4.1. Demonstrates communication skills which are proactive and adaptive to the individual goals and needs of the person and their families.	1.1, 2.1, 2.2, 2.7, 4.3, 5.2, 5.3, 5.4, 6.2, 6.3, 6.4, 7.1, 7.2, 7.3
	4.2. Demonstrates communication skills which are respectful, kind, honest and non-judgmental.	2.3, 2.4, 2.5, 2.6, 2.7
	4.3. Demonstrates the ability to build professional relationships and communicate effectively with all members of the healthcare team, contributing to collaborative practice.	3.1, 3.2, 3.4, 3.5, 3.6, 5.2, 5.3, 5.4, 6.1, 6.3, 6.4
	4.4 Communicates assessment data and information to all relevant others in a timely and effective manner to ensure delivery of best patient care.	2.7, 2.8, 3.2, 3.4, 3.7, 3.8, 4.1, 4.3, 4.4, 5.2, 5.3, 6.3, 7.1, 7.2, 7.3

Appendix D: Example of Required Online Learning Modules & Professional Development Day Structure

Above is an example of how Professional Development Days (PDD's) can be structured over a 9-month time frame to include all recommended online and other learning content. PDD study time may be structured in two-hour blocks, workshops or days, the example above is not a required delivery structure. Time is to be allocated for the TPPP participant to complete the pre-requisite on-line learning modules for the specific PDD content. It is suggested that LHNs contextualise delivery to participant and organisational needs.

For more information

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