Transition to Professional Practice (TPP) Program

Framework

Registered Nurse
Acknowledgements

The Nursing and Midwifery Directorate, Murrumbidgee Local Health District, would like to thank the nursing and midwifery staff for their collaboration in developing this program. We would also like to acknowledge the work that has gone before, and thank the past authors for their efforts. We would like to also thank the participants of the program who provide evaluations and constructive comments that further enable us to develop the program.

The framework for this manual was developed from a compilation of the information and various processes that had been utilised in Transition to Professional Practice Programs throughout various facilities over recent years.

Transition to Professional Practice Program Framework - Registered Nurse

2017 Edition

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Murrumbidgee Local Health District, Nursing and Midwifery Directorate
Transition to Professional Practice Program, Registered Nurse / Midwife

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Murrumbidgee Local Health District (MLHD) is 125,561sq/km in area and encompasses 29 Local Government Area (LGA’s) in the central south of NSW. The expanse of Murrumbidgee Local Health District (MLHD) incorporates a diverse range of environments including forests, agricultural plains, national parks and mountain ranges.

<table>
<thead>
<tr>
<th>Rural Referral Hospital</th>
<th>Wagga Wagga</th>
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<tr>
<td>Rural Base Hospital &amp; Health Service</td>
<td>Griffith</td>
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<tr>
<td>District Level Hospitals &amp; Health Services</td>
<td>Deniliquen, Tumut, Young, Cootamundra, Corowa (+Residential Aged Care), Leeton (+Residential Aged Care), Narrandera, Temora</td>
</tr>
<tr>
<td>Community Level Hospitals &amp; Health Services</td>
<td>Finley, Holbrook, Murrumburrah/Harden, Wyalong, Barham, Hay, Tocumwal</td>
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<tr>
<td>Multi-Purpose Services</td>
<td>Adelong-Batlow, Berrigan, Boorowa, Coolamon, Culcairn, Gundagai, Henty, Hillston, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tumbarumba, Urana,</td>
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<tr>
<td>Affiliated Health Organisations</td>
<td>Mercy Health Service Albury &amp; Mercy Care Centre Young</td>
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<td>Other Services</td>
<td>South West Brain Injury Service,</td>
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<td>Community Health Posts</td>
<td>Adelong, Ardlethan, Barellan, Barmedman, Coleambally, Darlington Point, Mathoura, Moama, Moulandum, Tarcutta. The Rock, Tooleybuc, Ungarie, Weethalle</td>
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**Vision**

*Wellness* is our goal, *Excellence* is our passion, *Our People* are *Our Future*.

*Our People Our Future* embodies the vision and values of Murrumbidgee Local Health District.

*Our People Our Future* identifies who we are and the community we serve; and includes our staff as part of this community. *Our People Our Future* emphasises that we are here to promote healthy living and the improvement of health outcomes for our patients, clients, residents, and the broader communities we serve - in collaboration and partnership with others.

**Strategic Plan 2016-2021**

Our strategic plan identifies our priorities and sets the directions for us to all:

- Focus on Wellness
- Aspire to excellence
- Invest in our people
- Work in partnership
MLHD Transition to Professional Practice Program

Murrumbidgee Local Health District has supported the employment of newly graduating Registered Nurses in line with NSW Health Transition to Professional Practice program for over 6 years. During this time, many new Registered Nurse have joined MLHD. For the past 3 years a rotation program between rural facilities and Base hospitals has provided many new RN’s with the opportunity to work in, and experience the differences between, small rural sites and larger base hospitals.

Quotes from TPP participants

- Excellent program – loved it all
- I have improved my communication skills
- Well organized
- Would recommend it to everyone
- Overall rewarding
- Rural and base rotation really good
- Didn’t get my clinical preferences – but that didn’t really make much difference as I had a great experience and learned lots when outside my comfort zone
- Sometimes overwhelming working in the wards
- Excellent
OVERVIEW OF THE PROGRAM

The MLHD Transition to Professional Practice (TPP) Program for the Registered Nurse / Midwife endeavours to provide an environment that is supportive and varied, and which enables the participants to consolidate and expand their clinical skills and their professional and organisational knowledge whilst gaining experience in caring for patients, clients and residents with acute, chronic and complex health care issues, and their carer’s.

The start of the TPP year will be exciting and you may also feel a little overwhelmed. This is natural with the change in status from student to Registered Nurse and, for many, moving to a new location away from family and friends. It is normal to feel nervous and a little anxious, but be assured that the new surroundings and responsibilities will quickly become second-nature. Maintaining a balance between personal and professional life can also be difficult during times of great change, but the importance of this balance cannot be underestimated. For those who have moved away from family and friends it is important to be prepared to link in to whatever the new location offers, whether sporting, recreation, spiritual or other social and community opportunities. During these times of change support may be obtained from a variety of sources including line managers, clinical education staff, and other colleagues.

At the end of the program participants should be able to demonstrate core knowledge and skills which reflect the competency standards of the Nursing and Midwifery Board of Australia and which are essential for the delivery of safe and effective care to patients, clients and residents in the clinical area.
AIMS OF THE PROGRAM

In the words of nurse theorist Jean Watson…“Caring is the essence of Nursing and the foundational disciplinary core of the profession”.

The aims of the MLHD Transition to Professional Practice Program are:

- To foster nursing as a caring, compassionate profession capable of delivering and co-ordinating the health care needs of patients / clients;
- To provide a work environment that is stimulating and motivating, creating a high level of job satisfaction;
- To identify the learning needs of the individual participants, and to enable the development and consolidation of clinical knowledge and skills related to nursing practice;
- To develop confidence, competence and safe practice as a registered nurse;
- To foster critical thinking, reflection of practice and problem solving strategies;
- To enable the participant to work as an effective member of the multi-disciplinary team;
- To promote accountability for ongoing professional development;
- To enable development and consolidation of clinical knowledge and skills relating to nursing practice;

The program is designed to provide a coordinated learning approach to the novice RN as they transition into nursing and to promote the participants own reflective practice.

Both the formal and informal learning strategies together with support from management and clinical staff, enhance the assimilation of theory with nursing practice. Ongoing education through face-to-face learning, e-learning via HETI Online and other learning packages is available. Review and debriefing sessions relating to professional and clinical progress are conducted throughout the program.

Commencement of the program begins with orientation to the program, the appraisal process, career progression and to the Local Health District.

At Wagga Wagga and Griffith Health Services, the program provides experience in a variety of clinical areas such as medical, surgical, critical care,
emergency, peri-operative, mental health, community, aged care, maternity and other specialised clinical areas. In district health services and multi-purpose service sites, learning and professional development is maximised by providing the opportunities to experience many aspects of the type of care delivered at the facility. These placements also enable the participant to identify areas of interest for future career employment.

MLHD promotes the view that health professionals are responsible for their own learning needs and strives to assist the individual in these endeavours.
MANDATORY REQUIREMENTS

There are a number of mandatory requirements that must be completed by the participant in order to be deemed to have successfully completed the program. A Certificate of Completion for the MLHD TPP Program for Registered Nurses will only be issued if all mandatory requirements are met. The mandatory requirements are:

- Maintain compliance with all Professional Registration Requirements (APHRA, and the NSW Nurses and Midwives Board) at all times.
- Maintain compliance with all NSW Health, MLHD and local Facility policies, procedures and guidelines at all times.
- Attend to all performance development, placement appraisals and evaluation processes as laid out in this framework and the Professional Development Record (Log Book).
- At all times demonstrate professional practice, performance and behaviour at a level expected of a new Registered Nurse / Midwife.
- Complete, within the allotted time period, all mandatory core learning and competencies, core learning packages and other clinical specialty-specific learning packages. Mandatory learning modules are accessed via HETI On-line, and are flagged either red or blue.
- Attainment of all Mandatory Professional Skills / Procedural Activities as listed in the Professional Development Record (Log Book).
- Attend the TPP study days that are run throughout the year.
- Deliver two (2) presentations to your colleague’s during the year.
- Attend twelve (12) in-service sessions within the program time period.
- Attend other mandatory education and training requirements identified by MLHD.
- Maintain a Professional Portfolio.
- Maintain an MLHD email address to enable correspondence relating to placements, study days and for staff communication.
- Completion of the identified timeframe of your temporary contract.
As a participant in the MLHD TPP program you have the following rights and responsibilities:

**TPP Rights**
- Access to support and guidance
- Access to clinical and professional governance
- Treated according to the NSW Health Core values
- Formalised and collaborative performance assessment
- Shift rostering as per the Rostering Guidelines
- Right to refuse to perform tasks outside of your scope of practice or capability

**TPP Responsibilities**
- Work in accordance of NSW Health Code of Conduct
- Meet all mandatory requirements
- Treat everyone with person centred behaviours
- Strive to be the BEST you can be
- Ensure effective communication is followed
- Follow correct rostering/leave guidelines
- Attend training opportunities - show active & respectful participation
SUPPORT AND NETWORKING OPPORTUNITIES

There are a number of support services available to assist the newly graduated nurse in their transition year.

Within MLHD, these avenues for support may include:

- The Nurse Manager or Nurse Unit Manager who will be your immediate clinical manager and who will ensure that you are included as part of the nursing team.
- Facility and Ward / Department Clinical Nurse Educators (CNE) will provide support throughout the program.
- You will be allocated a mentor on the ward or facility for a negotiated period of time.
- Other staff and peers can offer you valuable support and advice when you need to debrief.
- If at any time you have concerns please talk to the senior nurse on that shift or alternately contact the Nurse Unit Manager or Nurse Manager.

All staff have access to the Employee Assistance Program (EAP). This is a voluntary and confidential counselling service for all Murrumbidgee LHD employees and their immediate family. This service is paid for by your employer and is provided by an independent supplier, AccessEAP. EAP offers short-term, solution focused counselling and can be provided face-to-face or over the telephone, whichever is more convenient for you. The focus is on personal, family or work issues that may be impacting on your health or quality of life. Your employer will not be informed that you have accessed EAP.
ROSTERING

The MLHD TPP Program for Registered Nurses and Midwives aims to ensure there is adequate transition time for the participants and that there is reasonable access to support persons within the clinical environment. To meet this aim, shift rostering adhere to the NSW Public Nurses and Midwives (State) Award.

**Supernumerary Phases**
Supernumerary time is allocated after initial orientation and on rotation change. During these times a staff member is allocated for assistance and support.

**Night Duty**
Registered Nurses and Midwives participating in the TPP Program should not be given night duty within the first four (4) weeks of any new clinical rotation. The remainder of the rotation may include night duty with a recommended maximum of one (1) week per four (4) weeks.

**In-Charge / Team Leader**
In facilities where there is a sole Registered Nurse on duty for the facility, the TPP program participant should not generally be rostered as the sole Registered Nurse on duty during the TPP Program. However, this remains at the discretion of the Nurse Manager / HSM of the facility, and must be preceded by appropriate education and attainment of clinical competence, and only following due consideration of staff mix and the safety of patients. At all times there must be a senior nurse rostered to be ‘on-call’ who is available by phone, and be able to attend the hospital promptly if required.

In other facilities, where there is more than one Registered Nurse on duty for the facility or ward, the Registered Nurses participating in the TPP Program should not be routinely placed in-charge of a shift within the first six (6) months of the Program. Prior to being allocated an in-charge shift it is essential that the TPP Registered Nurse is provided with relevant education on the responsibilities of the position and is deemed able to perform the role by the Nurse Manager or Nurse Unit Manager. Whilst in-charge a more senior nursing staff member must be accessible on-site to provide guidance at all times.
**Overtime**
TPP participants are not to work overtime during the first 6 months of the program.

**Study Days**
TPP Program participants have study days allocated to them and are to attend study days which are rostered as Learning & Development (LD). The TPP Program Participant is responsible for ensuring that the manager or staff member responsible for preparing the roster is aware of any upcoming study days and ensure adequate notification is provided to the manager to allow appropriate rostering. Some of these study days will require you to book on line through the HETI site.

**Annual Leave**
Annual leave must be approved by the relevant Nurse Manager or Nurse Unit Manager of the area where the leave is accrued. You are encouraged to discuss your preference with your manager as soon as practical as approval for leave is subject to organisational ability to release you. Timing of leave for TPP participants will vary from site to site. During your TPP program you are required to provide a minimum of two months’ notice when requesting annual leave.

Participants in the MLHD rural / base rotations are encouraged to take annual leave at the end of the first rotation to enable time to relocate.

**Sick Leave**
New employees are not eligible for paid sick leave in the first three months of employment. Employees become eligible for a full year’s entitlement of paid sick leave on the first day of the fourth month of employment.
The **Professional Development Record (Log Book)** outlines the mandatory learning requirements for the TPP program.

**Who can ‘assess’ you?**

The following MLHD staff members are able to assess a TPP Program Registered Nurse’s Core Learning Requirements and Professional Skills / Procedural Activities:

1. The Registered Nurse in Charge of our ward department, or facility (NUM / NM) who meets the requirements in Point 3.
2. Relevant Nurse Educator / Clinical Nurse/Midwife Educator who meets the requirements in Point 3.
3. Registered Nurses / Midwives with a minimum of three years’ experience and who have current accreditation for the mandatory learning package requirements (BLS, Medication Administration, CVAD, cannulation and venepuncture, and blood transfusion) can assess the clinical observation assessment components of core program learning packages, excluding specialty related learning packages (midwifery, mental health).
4. The assessment components of the associated ‘specialty’ core program learning packages (midwifery, mental health etc.) are to be assessed by Registered Nurses / Midwives with a minimum of three years’ experience in the relevant specialty field and who have current accreditation for the mandatory learning package requirements (CPR, Medications, Blood transfusion).

**Principles of Assessment**

Assessors must undertake a **valid and reliable assessment** that assesses against the elements of the competencies. Wherever possible assessment should take place in the clinical setting. If the candidate is not competent this must be documented and feedback provided to the participant.

Essential elements of the assessment process:

- **Performance Based** - The assessment must be done in the context of the nurse/patient interaction.
- **Authentic** - The assessment tasks should simulate or be actually engaged with “real life” conditions or situations.
• **Contextual Relevance** - The assessment is multifaceted where the assessment of competence is not necessarily based on a single event or single procedure.
• **Evidence Based Assessment** - The process of assessing competence requires an accumulation of evidence over time, and in a range of situations.
• Meet the **principles of validity, reliability, fairness and flexibility**.
• **Participation and Collaboration** - Performance assessment is conducted within a participative and collaborative relationship and through a formalised review process.
PROFESSIONAL PORTFOLIO DEVELOPMENT

It is recommended that you develop and maintain a professional portfolio which is an organised, visual representation of professional growth including clinical skills, knowledge base and enhancement of professional and personal qualities. This growth is developed over time and in collaboration with others. Maintaining a portfolio is not a new concept; many professionals are encouraged to maintain a portfolio of their career development.

The Workforce Ministerial Council on 31 March 2010 pursuant to the Health Practitioner Regulation National Law (2009) (the National Law) with approval taking effect from 1 July 2010. All nurses and midwives must meet the continuing professional development (CPD) standards. This standard sets out the minimum requirements for CPD. The CPD must be directly relevant to the nurse or midwife’s context of practice. Professional portfolios by nurses and midwives, are not only a mechanism of self-assessment of competence but also provide evidence of CPD.

- Based on real experience and enables the grounding between theory and practice
- Provides a process for recording clinical practice activities
- Collates evidence of learning, achievements and competence
- Provides a process of cumulative assessment
- Confirmation of professional development that may be used as evidence to NMBA if ever audited
- Demonstrates critical thinking and reflective practice
- Outlines direction for future professional development
- Becomes a tool that can be used for future career advancement, and acts as a visual record that can be displayed at future job interviews.
- Accommodates preferred learning style

A Professional Portfolio enables you to demonstrate:

- Enhanced knowledge and nursing practice
- Skills in organisation and development;
- Development of professional attitudes
- Enhanced personal skills and self confidence
- Improved relationships with nursing colleagues and other health care providers
A portfolio is both retrospective and prospective, encouraging autonomous and reflective learning and involves the process of self and collaborative evaluation. It incorporates goal setting, reflecting upon your progress, acknowledging achievement and identifying areas for development. The professional portfolio is one method of gathering evidence required to meet the Nursing and Midwifery Board of Australia Continuing Professional Development Registration Standard.

It is a mandatory requirement of the TPP Program that you develop and maintain a Professional Portfolio throughout the TPP Program year. You need to bring your portfolio and log book to the education days, all placement appraisals, and performance development reviews.
REFLECTIVE JOURNAL AND CRITICAL THINKING

To assist you in your development of reflective practice during your TPP program it is suggested that you keep a reflective journal, making an entry at least once a week, and remembering to adhere to confidentiality requirements by de-identifying information. You develop professionally and personally from both positive and negative experiences so try not to always write about negative experiences. By reflecting on your practices, experiences and your professional environment you will continue to develop.

A Strategy for Informing Practice
The essence of reflective practice is that of facilitating change leading to best practice. Ideally, we should always be looking for the best way of doing things, even though opinions may differ as to what constitutes ‘best practice’.

Florence Nightingale (1898) suggests ‘Observation tells us the facts, reflection tells us the meaning of the facts’ ... So observation tells us how the patient is, reflection tells us what is to be done!

Critical thinking about nursing issues can be triggered by events that are fulfilling, as well as events that are problematic. We should see our experiences as opportunities for learning. Without realising it you will already be engaging in reflective practice. Through the critical reflective journal you will have the opportunity to enhance knowledge, skills and attitudes about your nursing practice. We encourage all nurses to not only observe their practice but to investigate it. The act of engaging in reflection on one’s own practice and performance is to develop a natural ability to learn from situations and transfer that knowledge and experience to other settings.

Reflective practice is more than just thoughtful practice; it is the process of turning thoughtful practice, and your response to it, into a potential learning situation. This influences future behaviours, beliefs and actions, which results in a change of practice.

Reflective practice can occur anywhere and at any time. It may be structured or unstructured and where and when it takes place may dictate
the results which are obtained. Reflective practice can also be a coping mechanism when dealing with stressful situations.

Dosser and Nicol (2016) draw on the work of others and summarise reflective practice across three domains:

- **Reflection-before-action**, which requires you to think through a situation before initiating action. This occurs in the day-to-day life of nurses planning nursing care and draws on previous experience.
- **Reflection-in-action**, is best described as ‘thinking on your feet’ it occurs while carrying out your nursing duties and influences care given. This enables the nurse to reshape action while the activity is still being performed.
- **Reflection-on-action**, is retrospective: ‘why did that happen’, and occurs after the activity. The aim is to understand what factors related to the outcome, the learnings and professional development.

The process of reflective practice may be formal or informal with such processes as staff evaluation and review, personal diaries or journal entries, or, reflection on ‘one of those days’. Documentary evidence is invaluable in the reflective practice process, documenting experiences but also enabling you to clarify and reflect on these experiences at a later date.

When writing your reflective journal you should not only have the basic facts of the event but also your feelings of what it was like to be there. You may choose to write about a ‘happening’, looking at it from all the directions of reflective practice (before, during and after). This process allows you to learn from your practice, identify and take responsibility for your learning needs and initiate change in your practice delivery. At all stages one of the most powerful tools to use is questioning. Begin at a basic level by asking: **What? - Why? – When? - Who? - How?**

Little (1996, p. 270) developed a framework of questions that are applicable in developing lifelong learning skills, facilitating clinical decision making and placing emphasis on the subjective nature of learning. This approach reinforces the belief that learners are accountable for what they learn.

Nursing practice must be organised, purposeful and disciplined rather than random or undirected. Being *critical* in this context, doesn’t mean “eager to
“find fault” but instead “capable of judging carefully and accurately”. The most significant skills of critical thinking are the blending of information, the ability to evaluate information from numerous sources and then to express the issues presented plainly and succinctly. Critical thinking is essential to safe, competent, and skilful nursing practice.

There is a need to continue to develop nurses and the nursing profession to establish the characteristics of nursing as a profession offering a distinctive health service. With reflection you will discover where you are in your profession, how you arrived at this destination and how you can begin to move forward to where you want to be.

As you become familiar with the principles of reflective practice, it is envisaged that you will incorporate many features into your philosophy and practice and reap benefits from this activity. Application of these principles will provide a process for the pursuit of best practice, not only in your own practice but also in the workplace in general. The challenge is to become a reflective practitioner by incorporating and applying the processes and strategies of reflective practice into your routine and workplace.

Learning is dynamic and occurs not just in formal situations like school, college or university but also in the informal settings. The most effective learning takes place when you decide to do it yourself. Why is it that some learning is easy, even enjoyable and some difficult? One of the reasons for this is motivation. Motivated people seek out ways of obtaining information and seek answers to their questions. The aim of all learning is to build on your knowledge base. For these reason you need to think about your experiences and question what you find to be able to identify and recognise individual knowledge deficiencies.
PRESENTATIONS

You are required to deliver two clinically or professionally relevant presentations to your colleagues. The choice of topics for the presentations should come from reflection on your experiences and progress and should be of either a clinical or professional matter.

The length of each presentation is at least fifteen (15) minutes, plus associated question time and there should be at least 5 participants. Please make sure you keep an attendance list.

Remember to maintain professional standards and abide by the professional code of conduct and ethics.

PERFORMANCE DEVELOPMENT, APPRAISAL & EVALUATION

The MLHD TPP program participants are required to use a variety of forms to document Performance Development (CAPE) and Placement Appraisals. It is advised that you keep copies of these documents. The forms are available on the USB which will be provided to you. Completion of these tools is a mandatory requirement of the TPP program.

Professional Performance Development Plan (CAPE) & Placement Appraisals

Professional development comprises of both informal and formal processes, with an emphasis on self-assessment and you actively seeking review from professional colleagues and nursing management. These processes assist in identifying your strengths and areas identified for improvement, and your career direction.

- At the commencement of the first clinical placement you will work with the relevant NUM / NM and Educators (where available) to develop an individual Capability and Performance Evaluation (CAPE) framework for your TPP program.
- You will have a review of your CAPE tool at six and eleven months. These reviews are attended on an individual basis and it is your responsibility to ensure all requirements for the review are available and included in your portfolio.
- You will also meet with the NUM / NM or delegate for review of your placement. A Placement Appraisal is to be completed. Prior to the scheduled Placement Appraisal you will need to undertake a self-
assessment against the criteria on the relevant form. A photocopy is placed in your employment file (maintained at facility level) and the original is kept by you in your portfolio. See Log Book for dates and signing requirements.

- If you are completing two clinical placements in the twelve months, the **Placement Appraisal** will occur at 6 weeks and then in the middle and at the end of each placement, with the Final Appraisal conducted at eleven months.

**Performance Management**
In the event of concerns regarding a participant’s clinical and / or professional performance, an interview is to be initiated and involve both the NM / NUM and the relevant clinical educator as soon as possible in order to discuss the areas of practice and / or performance causing the concern with the participant. The documented MLHD performance management process is to be adhered to. A copy of the Performance Management plan is to be forwarded to the email address: MLHDTransitionNurse@gsahs.health.nsw.gov.au

**Please Note:**
- The MLHD Nurse Manager Clinical Capability is to be notified of all ongoing concerns regarding a participant’s progress / performance
- The participant is to be referred to the Employee Assistance Program (EAP)

**Placement Evaluation by the TPP Participant**
- At the end of all clinical placements / rotations TPP participants are asked to complete a **Placement Evaluation**. All information provided will be treated as confidential. The information provided will inform the ongoing development of the TPP program at MLHD. If you feel you would like to provide the feedback directly to your clinical placement unit / facility you are encouraged to discuss the evaluation with your manager or educator or, if you prefer, discuss with the MLHD Nurse Manager Clinical Capability
- If you are undertaking your clinical placement in a district facility or MPS and you do not have specified clinical placement rotations please complete the placement evaluation at six and eleven months.
**Study Day Evaluation**
TPP participants will be given the opportunity to provide positive feedback, and to make suggestions for improvement.

**Transition Program Evaluation**
TPP participants will be asked to complete an evaluation of the TPP Program for Registered Nurses. The aim of these evaluations is to provide feedback on the program as a whole.
Refer
ences

Nursing and Midwifery Board of Australia (2010) *A nurse’s guide to professional boundaries*. Available at www.nursingmidwiferyboard.gov.au


Nursing and Midwifery Board of Australia (2014) *Continuing professional development for nurses and midwives – frequently asked questions*. Available at www.nursingmidwiferyboard.gov.au


