

Nicola Hehir discusses transition, learning and development as a newly qualified nurse.



Transition from student to registered professional

I was nervous leading up to my start date because I worked in the unit as a Health Care Support Worker (HCSW) whilst doing my pre-registration nurse training through the Open University. I was worried about transitioning from this role into a nurse and scared around the fact I would no longer be 'the student' and working in a supernumerary capacity. I was also excited to finally be in my 'blues' and be able to provide care to patients. I was looking forward to finding my place within the team and working with some of the nurses who supported me during my student training.

Impact, learning and support

There have been challenges but overall, I have found the transition to be smooth. I have integrated into the team well, finding a routine where possible during my shift. I have great support in the Emergency Department (ED), with so many knowledgeable professionals to learn from and ask questions. The opportunity to learn about patients, conditions, treatments and tasks is huge and encouraged by most members of the team. I really enjoy the individualised care opportunities with patients and have spent time in rooms learning from patients with conditions or complaints I have never heard of. Allowing patients to share their understanding helps me learn from a patient perspective and enhances my person-centred care ability. There's still lots to learn, and I know this will be true throughout my career.

I have come across many challenges, the first one was identifying as a newly qualified nurse. I hadn't realised my lack of confidence in my new role, and the first time I was asked to dispense medication, I looked for my practice supervisor as I previously would have as a student nurse. It then occurred to me that I was now in my uniform with my PIN number, and I was responsible for this task. It was a moment of realisation, but I think this really helped me in recognising the change in my role and pushed me into finding my feet in the department.

In all the challenges during my nursing journey I have identified a common theme- confidence and experience. I'm working on my confidence by exposing myself to more opportunities and gaining experience every day.

I received my badge at the induction day and wear it each shift. I found it useful to be able to point to it when explaining my Newly Qualified Nurse (NQN) status such as on a ward handover where I was asked to change over the intravenous infusion from one machine to another and I explained I was unable, as I had not had my intravenous medication competencies signed off, nor had I received training in the infusion pumps- having the badge to point to made me feel I had backup to support me. The nurse immediately recognised the badge when I pointed it out.



I have had support from all members of the ED team, from our educators, senior nurses to my fellow band 5s. The medical team in ED are also approachable and check in on shifts that everything is ok. My senior charge nurse has had numerous check ins across my first few months to help identify any issues and this has been good to discuss any doubts and helped me recognise my own strengths in my role.

I had a two-week departmental induction before returning to post, which really helped settle my nerves and focus my mind back to work. Following this I have had lots of opportunities for learning. I attended the life support course to update my knowledge and refresh my skills. Violence and aggression training which was good as I refreshed my awareness of de-escalation skills. I have also had lots of 'on-the-job' learning opportunities such as intravenous pump training and basic refreshers in different equipment used in the department, such as the blood gas analyser and point of care test machine. This is all supported by my NHSGGC Learn Pro modules, which I have found useful as there are lots of subjects that I have completed that helped me gain additional knowledge.

Whilst on an extremely busy shift I was the named nurse for a patient who deteriorated. I recognised the patient was becoming unwell but initially his NEWS (National Early Warning Score) wasn't changing. He was complaining of general tiredness and appeared drowsy. I spoke with the doctor who prescribed some fluids and a chest x-ray however, I didn't feel it was appropriate to transfer the patient to another department at this time, so I discussed this with another nurse who agreed. The patient's NEWS increased, and his conscious level deteriorated further, so I discussed his care again with the doctor and involved the consultant this time. A decision was made to move this patient to the resus (resuscitation) bay for ongoing treatment and perform his x-ray within the department. I found the doctor's initial decision to transfer the patient out with the department for investigations to be quite unsettling however, I had the confidence to stop this as I believed the patient was going to deteriorate.

I did need the support of a more experienced nurse to help me see this was the right decision and transferring the patient to radiology would likely have led to his deterioration due to delayed treatment. The patient improved quickly in resus and the nurse gave me feedback to say I had made the correct decision and had done the right thing even without a change in the NEWS score. It felt good to work with other nurses and doctors to improve this patient's care, and to observe the quick actions of the nursing staff who took over his care. I will be attending the departmental resuscitation training in June, and this is now something I look forward to as I can see that with the correct training, I will develop further confidence in looking after unwell patients.

I feel the transition into NQN has been well supported from both the health board and at a department level. I was given the correct training to start my role with a plan for further training which ensures I am not overwhelmed with knowledge too soon.

I have really enjoyed the Flying Start programme in the first few months of my role. I find it allows me to ensure I am using feedback, especially verbal feedback, which I often disregard. Since commencing Flying Start, I ensure I record the verbal feedback in my notes and use this to reflect on. The examples of previous portfolios are good as they show the focus of the first year as NQN. The Flying Start programme has helped me recognise my own growth in my role, without any added pressure. Initially I assumed that Flying Start would be extra work, but it's helped me focus on the relevant parts of reflection and training, and it has really helped prepare me for the NMC revalidation. Whilst documenting evidence for Flying Start, it has highlighted my achievements and allowed me the opportunity to work through challenges in a more structured way, using reflection tools such as the Gibbs reflection.

I have my facilitator who has previously completed the Flying Start programme, so this is good as they understand the expectations of the programme. I have had discussions with them around my evidence for flying start.

I have been aligning my professional development with the Flying Start pillars and the following example falls under Facilitating Learning. A patient with asthma attended the Emergency Department, needing nebulisers and steroids. Once her condition improved, she was to be discharged with a prescription for a salbutamol inhaler. I discussed with the patient her technique and she explained she held her inhaler between her teeth during episodes of breathlessness and just pressed the inhaler to administer without shaking the inhaler or removing it from her mouth. I informed the doctor, and we agreed it was not the best technique. I suggested discussing the use of a spacer chamber for her inhaler. I had previously seen these used on a placement and had been involved in educating the patient in the use of a spacer. The doctor agreed this would help ensure correct dosing of the medication.

I obtained a spacer and inhaler and explained to the patient what it was for. She said she had been given one years ago but had never opened the box as she didn't understand what it was for. I explained everything to her and explained that the use of a spacer can help to ensure correct administration and help regulate breathing. We worked together with the spacer, and I coached her to ensure she had the correct technique.

Following this shift, I then researched the use of spacers and found evidence supporting the use of a spacer with all inhalers including salbutamol. I felt that I gave her some education, and we both shared learning in the use of a device whilst improving her clinical condition.

On commencing in the Emergency Department, there are initial orientation sessions to familiarise NQNs, followed by a new starter pack which includes checklists for basic Emergency Nursing skills. This pack is aimed at all levels of new staff in the department and is a great resource for explaining various things such as wound care and dressing techniques. After completing training we get a checklist/sign off sheet- I am currently undertaking my intravenous skills for the administration of intravenous medications.

This will be helpful towards my Flying Start as it was also my biggest worry as an NQN, so by the end of my first year I can reflect on my feelings before commencing intravenous medication administration and compare them with how I feel as a competent nurse using this skill.

Currently, my portfolio is all hard copies of reflections, feedback and copies of certificates from training I have attended. I have Turas access and will build these into an electronic portfolio once I know I am on the right track.

I am thoroughly enjoying my post and continue to look forward to gaining more experience and confidence. Each day is totally different, but I really enjoy the satisfaction in helping someone who is extremely unwell start making improvements. I am looking forward to my upcoming training in departmental resuscitation and airway training.

I am also looking forward to becoming more involved with students. I have taken a student for small periods during the day and have enjoyed sharing knowledge with them around the care of the ED patient. Encouraging them to start using their clinical assessment skills whilst being supported is great, as I hope they feel a sense of achievement when they identify the correct care for patients.