

# THE CLINICAL PERFORMANCE OF NEW DEGREE GRADUATES

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## **Abstract**

Since the transfer of nursing education from hospitals to tertiary institutions, debate regarding the competence of new graduates has continued. To date this issue has not been thoroughly researched. The lack of research related to the competence of degree graduates in New Zealand provided the impetus for this study, which was aimed toward identifying how graduates perceived their clinical performance during their first year of practice. A convenience sample of 30 graduates was surveyed after 3 months and 7 months in practice, using an adapted form of a questionnaire devised by Ryan and Hodson (1992). The results showed that over time, graduates generally required less direction in all areas of clinical competence. After 7 months in practice, the majority of the graduates rated their performance in nursing skills, communication skills, and professionalism at the expected level or above. However, some still required direction with using theory and research in practice, with meeting client's psychosocial needs and with teaching clients. In the leadership competency, after 7 months, most graduates saw themselves functioning at the expected level related to client care and needed less direction in unit management skills. However, many of the unit management skills were rated as 'not applicable' indicating that new graduates are not initially placed in a management role. Implications for nursing education and limitations of the research are discussed.

**Key words:** clinical competence, new graduate

## **Introduction**

Currently in New Zealand, entry to the nursing profession is by a degree programme which aims to develop students' skills in critical thinking, problem solving, reflection on practice, research, independent learning and being a culturally safe practitioner. These skills are essential for nurses to practise effectively, particularly in

a socio-political environment where the health system continues to change. However, little is known about how New Zealand degree graduates perceive their clinical performance. It is crucial that nurse educators and employers are aware of graduates' perceptions so that programmes and preceptorship courses can effectively support graduates in practice. Hence the

purpose of this study was to identify how a group of graduates viewed their clinical performance during their first year.

## Literature review

A review of nursing literature related to graduate clinical competence indicates that a variety of conflicting findings have emerged over the last 20 years from the USA, UK and Australasia. Some comparative studies have concluded that baccalaureate prepared nurses perform better or differently from those with other types of preparation (Nelson, 1978; Schwirian, Basta, Baer, Larabee & Jones, 1979). However others, for example McCloskey (1983), have found that associate degree nurses achieved the highest mean score for job effectiveness. The lack of Australasian research is clearly apparent. Research into the clinical performance of New Zealand degree graduates both as perceived by the graduates, and from the employer's perspective, is required. Then comparisons with overseas literature will be possible.

Over the last 20 years there has been a large volume of research which has attempted to measure the clinical performance of new graduates and registered nurses. Most studies have used self rating questionnaires, with Schwirian's (1978) Six Dimension (6D) scale having been used predominantly. This 52 item questionnaire groups clinical performance into 6 subscales covering leadership, critical care, teaching/collaboration, planning/evaluation,

interpersonal communication and professional development. Three different rating scales can be used to identify the frequency of activities, how well the graduate perceived they performed these activities and how well the nursing school prepared the graduate for the activity. Cronbach's alpha was used to measure the reliability for each of the six sub-scales and alpha coefficients ranged in value from .844 to .978, giving high reliability values (Schwirian, 1978). Similarly, Ryan and Hodson (1992) have developed a 30 item questionnaire (Employer's Survey tool) to evaluate graduates' performance in leadership skills, nursing skills, communication skills and professionalism. A six-point Likert scale ranging from *requires frequent direction to functions above expected level* was used and the overall Pearson correlation coefficient for the total scale was .93, explaining 81% of the variance between raters. Additionally, Ryan and Hodson's instrument includes evaluation of recent practice requisites including the use of theory and research in practice, planning care based on cultural/ethnic values, thinking critically and computer use in practice.

Many American studies have compared clinical performance between different types of programmes, namely practical, associate degree, diploma and baccalaureate education (Fitzpatrick, White & Roberts, 1994; McCloskey, 1983; Nelson, 1978; Schwirian et al, 1979). Nelson (1978) found that diploma nurses rated themselves higher overall compared to associate degree and baccalaureate nurses.

Both McCloskey (1983) and Schwirian et al (1979) found that baccalaureate nurses rated themselves higher on teaching/collaboration than associate degree or diploma graduates.

Maynard (1996) and Vanetzian and Higgins (1990) both used the 6 D scale to survey baccalaureate nurses and found similarities in graduates' performance rankings in professional development, interpersonal communication, critical care and teaching/collaboration. Researchers have also focused on differences in perceived clinical performance between generic baccalaureate graduates and registered nurses (RN's) returning to complete a baccalaureate programme, but data are conflicting. Lynn, McCain and Boss (1989) found that RN graduates rated themselves higher than generic graduates on teaching/collaboration, planning/evaluation and interpersonal communication. However, Neylan (1990) found that RN's rated themselves higher on leadership, critical care and teaching/collaboration.

Other studies have compared the ratings of clinical performance by employers or preceptors with those of the graduates. Generally, new graduates rate their performance higher than their preceptors (Oermann & Navin, 1991) and their employers (Battersby & Hemmings, 1991; Venetzian & Higgins, 1990). In contrast, Neylan (1990) found there were no significant differences between the two types of appraisals.

Using Schwirian's (1978) 6D scale, McCloskey (1983) found differences

between head nurses' ratings and nurses' ratings, where leadership skills were always rated lower by the head nurse. However, the head nurses reported no differences between the four types of programmes (practical, associate diploma, diploma and baccalaureate). In the United Kingdom, only two small scale studies have been conducted and O'Brien (1984) found that ward sisters rated undergraduate nurses highly on their knowledge base and ability to assess and meet clients' needs. In Bircumshaw's (1989) study, ward sisters believed that graduates functioned differently from conventionally prepared nurses and adopted a different approach to their care because of a different knowledge base. An Australian study (Battersby & Hemmings, 1991) found that new graduates perceived their clinical performance improved over the first year and that graduates who had received fewer hours of clinical experience in their education were not perceived by their unit nurse managers to be less clinically competent than those who had higher clinical hours. Vanetzian and Higgins (1990) asked new graduates and their employers to rate the graduates' clinical performance at 6 months and 1 year after graduation. Both new graduates and their employers rated professional development highest, communication and interpersonal relationships next and teaching/collaboration last. Ranking of leadership, planning/evaluation and critical care differed between graduates and employers. Comparing new graduates' responses over time, indicated a significantly higher evaluation at 1 year *only* on the

planning/evaluation subscale.

Other Australian research shows that both graduates and employers appear to be concerned about their level of clinical competence (Newcastle Faculty of Nursing, 1995; Reid, 1994, both as cited in Clare, Longson, Glover, Schubert & Hofmeyer, 1996). This is echoed by a New Zealand survey of hospital service-based nurse leaders about their perceptions of the confidence of new graduates in relation to Nursing Council competencies (Nurse Executives of New Zealand, 1998). There were concerns about new graduate confidence in relation to professional judgement, management of nursing care, management of the environment, legal responsibility, ethical accountability and quality improvement. To address the lack of research, the aim of this study was to identify how a group of degree graduates perceived their clinical performance in their first year of practice.

## **Method**

### **Participants**

The pool from which potential participants were drawn consisted of fifty female graduates from one New Zealand polytechnic who registered in December 1996. Of these, 30 were successfully contacted by phone, and the other 20 were untraceable or had moved out of the area. Those graduates who could be contacted were working in a range of institutional settings, i.e. mental health, intellectual disability, medical, surgical, and paediatric, or worked in

elderly care rest homes/hospitals. The purpose of the study was explained to them before they gave verbal consent.

### **Ethical considerations**

Participation in the research was voluntary and a written explanation was given to each graduate with the distributed questionnaire. Principles of confidentiality, anonymity and right to withdrawal from the study were adhered to for all participants and the return of the questionnaire demonstrated their consent to participate. Approval from the appropriate Health Authority Ethics committee was granted and a summary of the results was sent to participants.

### **Instruments and data collection procedures**

A survey design was used to identify graduates' perceived clinical performance using the "Evaluation of Graduates" questionnaire. This was an adapted form of the Employers survey tool (Ryan & Hodson, 1992) which had been used by employers to evaluate baccalaureate graduates' clinical performance and was chosen for its reported reliability, and face validity with respect to nursing practice in New Zealand. Graduates were asked to evaluate their performance based on their perception of what was expected of a beginning practitioner in the agency. The questionnaire was adapted to a four point Likert scale: *requires frequent direction, requires some direction, expected level, above expected level or not applicable*. The criterion 'requires constant supervision' was deleted as this was

felt inappropriate for registered nurse level in New Zealand. One question was changed to “displays self direction” in order to evaluate an outcome of the degree programme. The questionnaire consisted of 40 items which were categorised into four groups: nursing skills, communication, leadership and professionalism. The questionnaire was posted out 3 months after starting part-time or full-time work (part 1) and then again at 7 months (part 2). A reminder mailing process was used one month after the date of distribution and the response rate for part 1 was 80% (n=24) and for part 2 was 47% (n=14).

### **Data Analysis**

Each question in the “Evaluation of Graduates” questionnaire was analysed for frequency of responses and percentages calculated. As only one participant chose the ‘requires frequent direction’ response on one question, this option was deleted and it became a three point Likert scale. Responses were then compared between the two questionnaires (see Tables 1- 4) for trends over time. As the second questionnaire was only completed by 14 participants it is possible their responses were biased and so the responses of this subgroup were compared with the sample group. There were only 4 questions where the responses of the subgroup varied, and then by only 2 participants, ensuring the validity of this comparison.

### **Findings**

The findings presented in Tables 1, 2, 3 and 4 compare the graduates’ rating

of their clinical performance after 3 months and 7 months in the categories of nursing skills, communication, leadership and professionalism and the results are discussed in terms of changes in performance over time.

### **Nursing Skills**

#### **3 months**

For ten of the 16 questions 67% or more of graduates rated themselves at the expected level (see Table 1). Areas where they appeared to require support were assessment and planning skills, requiring some direction in meeting psychosocial needs (42%), writing nursing care plans (38%) and planning care based on cultural/ethnic values (33%). The ratings for client teaching/discharge planning were diverse, with 25% not applicable, 33% needing some direction, 29% at the expected level and 13% above expected level. However, 50% rated themselves at the expected level or above in evaluation of clients’ learning. Their perceptions were more confident about nursing skills that involved direct patient care, with 79% rating themselves at the expected level for performing treatments/procedures and 83% at the expected level for promoting a safe environment. Interestingly, less than half (46%) saw themselves at the expected level of using theory and research findings in practice, with 37% requiring some direction and 17% choosing ‘not applicable’. However, 75% saw themselves as thinking critically and none rated that skill as ‘not applicable’.

#### **7 months**

Over 71% of graduates rated

themselves at the expected level for 13 out of the 16 questions, compared to 9 questions at 3 months. Compared with the 3 months ratings, questions which had increased by at least 20% at the 'expected level' or above included: writing nursing care plans, meeting psychosocial needs, evaluating client learning and planning care based on cultural values. Twenty nine percent of graduates still required some direction

in providing client teaching but 43% perceived themselves at the expected level. More graduates rated themselves 'above expected level' for monitoring effects of medication (21%) and practising universal precautions (29%). The ability to use theory and research in practice had increased by 18%, with 57% rating themselves at the expected level and 7% above expected.

**Table 1 : Graduates' percentage ratings of nursing skills at 3 and 7 months**

	N/A		Some Direction		Expected Level		Above Expected	
	3m	7m	3m	7m	3m	7m	3m	7m
<b>Assessment &amp; planning</b>								
Assesses holistically	0	0	21	7	71	71	8	21
Writes nursing care plans	8	0	38	21	54	71	0	7
Nursing process-physical	0	0	17	14	79	79	4	7
Nursing process-psychosocial	12	0	42	29	42	50	4	21
Plans care based on culture/ethnicity	13	0	33	14	50	79	4	7
<b>Teaching</b>								
Client / family teaching	25	14	33	29	29	43	13	14
Evaluates client learning	29	0	21	21	46	71	4	7
<b>Client care</b>								
Nursing actions	0	7	25	7	71	79	4	7
Maintains dignity	0	0	4	0	71	71	25	29
Promotes safe environment	0	0	4	0	83	86	13	14
Monitors effect of medication	0	0	21	7	67	71	12	21
Performs treatments/procedures	0	0	8	0	79	86	13	14
Uses correct techniques	0	0	17	7	71	86	12	7
Practices universal precautions	4	0	0	0	83	71	13	29
<b>Cognitive abilities</b>								
Uses theory & research in practice	17	14	37	21	46	57	0	7
Thinks critically	0	0	25	21	75	71	0	7

## Communication

### 3 months

The majority of graduates rated themselves at the expected level in relation to communicating with other nurses (75%) and clients/families (79%) (see Table 2). Graduates needed some direction in collaborating with other health professionals (29%), notifying doctors (38%) and documenting client information (25%). Using a computer was not applicable for 50% of graduates but 42% functioned at the expected level or above in this skill. This ability is anticipated as information technology has a strong focus in the programme.

### 7 months

Questions where the ratings had increased by at least 20% at the expected level and above included: notifying doctors, documenting client information and using the computer. The reduction in casual employment may explain the 21% reduction in the 'not applicable' rating for using computers.

## Leadership

### 3 months

More than 58% of graduates rated themselves at the 'expected' level for 6 out of the 11 questions. At least 58% of graduates rated themselves at the expected level in areas which related to client care (e.g. team discussions, priority setting, initiates changes etc). However, graduates required some direction in making appropriate decisions (25%) and initiating change (25%) but significant numbers rated themselves at the expected level for priority setting (75%) and evaluating client outcomes (83%). Questions relating to management of the unit and other staff (e.g. directs staff members) were generally rated as 'not applicable' or requiring 'some direction' by a significant number of graduates (see Table 3).

### 7 months

More than 64% of graduates rated themselves at the expected level for questions related to client care, except for initiating changes (57%). At least 64% of graduates rated themselves at the expected level for questions related

**Table 2 : Graduates' percentage ratings of communication skills at 3 and 7 months**

	N/A		Some Direction		Expected Level		Above Expected	
	3m	7m	3m	7m	3m	7m	3m	7m
Communications with staff	0	0	0	7	75	71	25	21
Communications with clients	0	0	8	7	79	71	13	21
Collaborates with health professionals	0	0	29	14	58	64	13	21
Notifies doctors	4	0	38	0	54	86	4	14
Documents client information	0	0	25	0	67	93	8	7
Uses computer	50	29	8	0	38	57	4	14

to unit management, except for communicating with staff (29%) and directs staff members (14%). The greatest change occurred in the question related to assigning clients to staff, where the percentage of graduates performing at the expected level increased by 39%. Except for the question 'directs staff members', all the 'not applicable' ratings had decreased as graduates took on more aspects of the leadership role.

### Professionalism 3 months

Graduates perceived they needed little direction in this area and 25% rated themselves at the 'above expected level' for responsibility for professional growth. One of the aims of the degree was to promote self direction and 87.5% rated themselves at the

expected level or above for this question.

### 7 months

In all questions, the percentage of graduates rating themselves at the 'above expected level' increased from 3 months. The greatest change occurred in the questions relating to practising within an agency's standards and acting as a professional role model, where the 'above expected' level increased by 25%.

### Discussion

The graduates' evaluation of their clinical performance has provided useful baseline data for the New Zealand context. As expected, they perceived their performance improved

**Table 3 : Graduates' percentage ratings of leadership skills at 3 and 7 months**

	N/A		Some Direction		Expected Level		Above Expected	
	3m	7m	3m	7m	3m	7m	3m	7m
<b>Leadership related to client care</b>								
Contributes to team discussion	25	7	0	14	71	64	4	14
Establishes priorities	12.5	7	12.5	7	75	64	0	21
Makes appropriate decisions	0	0	25	14	71	64	4	21
Initiates changes	13	0	25	21	58	57	4	21
Evaluates client outcomes	4	0	13	7	83	93	0	0
<b>Leadership related to unit management</b>								
When in charge, communicates with staff	54	64	4	7	37	29	4	0
Assigns clients to staff	54	29	17	7	25	64	4	0
Delegates tasks	21	14	17	7	62	71	0	7
Handles personal problems on the team	42	14	4	14	54	64	0	7
Directs staff members	62	64	17	14	21	14	0	7
Supervises other nurses	33	21	4	14	62	64	0	0

**Table 4 : Graduates' percentage ratings of professionalism at 3 and 7 months**

	N/A		Some Direction		Expected Level		Above Expected	
	3m	7m	3m	7m	3m	7m	3m	7m
Demonstrates accountability	0	0	0	0	83	79	17	21
Responsible for professional growth	0	0	8	7	67	64	25	29
Functions within legal/ethical framework	0	0	4	7	88	71	8	21
Abides by agency's standards	0	0	4	0	79	71	17	29
Practises within agency's standards	4	0	0	0	92	71	4	29
Acts as professional role model	8	0	8	0	79	71	4	29
Displays self direction	0	0	12.5	7	75	71	12.5	21

over time as they adjusted to the registered nurse role. However this can only be said for those who responded at 7 months, which was just over half the initial number of respondents. Generally, they rated themselves to be functioning at the expected level in holistic assessment and providing safe nursing care using the nursing process. After seven months, a significant number (29%) still required some direction to meet client's psychosocial needs and this may reflect the complexity of clients they were now caring for. Teaching clients was an area where direction was still required. Graduates recognised that, even after seven months in an area, they were still developing specialist knowledge and experience in teaching clients effectively. This supports Vanetzian and Higgin's (1990) findings that new graduates' mean performance in teaching/collaboration was ranked the lowest.

A major aim of the degree was to prepare graduates to develop a strong

theoretical basis to their practice, and be able to examine research findings. The low performance rating for using theory and research in practice was unexpected and may indicate that the curriculum has not sufficiently developed these abilities. It may also mean that practice settings do not encourage critical questioning or research based practice, as the move to evidence-based practice is relatively recent in New Zealand. This finding contrasts with Jasper's (1996) UK study where Project 2000 graduates actively used research to support their practice.

The graduates' perceptions of their communication skills was generally at the expected level or above and this also supports Vanetzian and Higgins (1990) findings. However, collaborating with health professionals, especially doctors, is a skill where new graduates initially need support and direction. Nursing students are encouraged to collaborate but, as they never have sole autonomy and accountability for

clients, they have limited opportunity to develop these skills. In contrast, graduates were well prepared for the use of information technology in the workplace.

The majority of graduates saw themselves functioning at the expected leadership level related to client care. This supports their educational preparation, which focused on the nurse as a professional member of the multi-disciplinary team needing skills in priority setting, decision making and problem solving. Most graduates are likely at first to need direction with decision making and initiating changes, but it was surprising that at 7 months, 21% still needed direction when initiating changes. One can only guess at the reasons for this response but it may relate to caring for more complex, unwell clients (Walker, 1998).

In New Zealand, new graduates are not initially put into positions of ward management in secondary care institutions and this is reflected in the higher percentage of 'not applicable' responses. Many of these management skills, e.g. supervising other nurses, cannot be performed as a student and it is expected that new graduates will require initial direction to develop these skills.

Most graduates rated their performance in professionalism at the expected level or above and this again supports Vanetzian and Higgins (1990) findings that performance in professional development was ranked the highest. The aim of developing strong professional values and

fostering individual responsibility for self direction and lifelong learning appears to have been achieved.

### **Implications for nursing education**

This study has identified both areas in which graduates felt competent, and those where direction was needed. It has highlighted the need for more emphasis on students developing teaching skills and using theory and research in practice. Holistic assessment skills and the ability to write holistic nursing care plans should be well developed prior to registration to address the acuity and complexity of patients in secondary care settings. There are some skills, e.g. initiating changes and when to notify doctors, that cannot be fully developed until the graduate is in practice, as the student role does not allow full autonomy and independence. The development of management skills challenges nurse educators in collaboration with clinical areas to find innovative ways of fostering these abilities within the legal and professional confines of the student role. With greater numbers of non-registered care givers in nursing practice, the skills of delegation and direction of staff are required of graduates (Isles & Freer, 1999). These findings also support the need for well-structured preceptorship programmes for the first 3 months of practice to ensure there is adequate guidance and support to ensure safe, competent practice.

## Limitations

This study involved a small sample of graduates from one programme, with fewer respondents in the second survey and so findings have little generalizability. However the trends are worth noting. We can only speculate about which of the three categories the 10 graduates (42% of the initial response) who failed to respond at 7 months would have fallen into. Also, the programme continues to evolve in response to ongoing feedback from students, educators and clinicians. Self-reported questionnaires always reflect the person's own perceptions, which may not reflect the employers' perceptions, and the use of volunteers may not have produced a representative sample. The questionnaire was adapted to a three point scale and this may have affected the validity and reliability of the tool. Future research could focus on succeeding groups of graduates to evaluate changes to the programme. Additional research involving graduates from other programmes would give a more valid perspective of the clinical competence of degree graduates, particularly using a dual appraisal process.

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## Conclusion

This study has provided some useful insights into the perceptions of New Zealand degree graduates regarding their clinical performance. Generally, after seven months in practice, over 70% of the graduates rated their performance in nursing skills, communication skills and professionalism at the expected level or above. However, graduates still required some direction with using theory and research in practice, meeting client's psychosocial needs and teaching clients. An understanding of these new graduates' perceptions provides further direction to educators when preparing students for registered nurse practice and for both preceptors and management working with new graduates.

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# An emergency nurse's experience: David's story

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I would like to share a story of clinical practice; a professional encounter and a personal experience that will forever be a part of me and my nursing life.

This is primarily David's<sup>1</sup> story, but it is also my story. Our meeting was brief, measured not in hours or days but only in a few privileged minutes. Had it not been for a pothole, a motor bike, and a bus, my knowing and David's life would have been different.

Early one morning last year the ambulance RT (radiotelephone) summoned our attention with the message that they were coming to us from down town with a 23 year old motorcyclist who had been run over by a bus. It was just after 0730 and the emergency department was still quiet, which was good, as it meant we were relatively free to deal with a major trauma.

Within minutes of David's arrival it was obvious that his injuries were life threatening. The black impression of the tires across his abdomen was a reminder to us of what he had endured and the probable extent of his injuries. Most of the major multi-trauma with which we deal involves patients who are intubated or unconscious on arrival; so we don't have the opportunity to know them as people. In a way that makes it easier for us - easier to distance oneself from the reality that this could be your own brother, son or friend. There is a degree

of detachment. You try your best for what might be happening there and then, rather than worry about what might come later.

David did not fit the typical major trauma profile; he was alert, orientated and talking. He seemed almost to have heightened awareness of his surroundings. However, in those initial moments I responded to David more by reflex than at a personal level. There were things I had to do. As a Trauma Team the first priority was to identify his injuries. We needed to know just where we were at. IV lines, x-rays, and blood were needed urgently. We had to move fast.

Those initial moments are a blur to me now, but the memory of David is still very vivid. It is not often that as emergency nurses we meet and come to know people like David. His injuries were extensive and the fact that he was alive at all seemed remarkable. From the outset David wanted to know what was happening, were "things" going to be all right, and what did I think. Would he be okay, was I sure? I told him he was lucky. He was lucky he had been so close to the hospital, it meant he had arrived here with us quickly, and that was always good. I said he was in the best place, the team on that day was very experienced, and the staff in charge were excellent.

<sup>1</sup> Name changed to protect patient confidentiality