

CMDHB Preceptor Programme for Nurses and Midwives

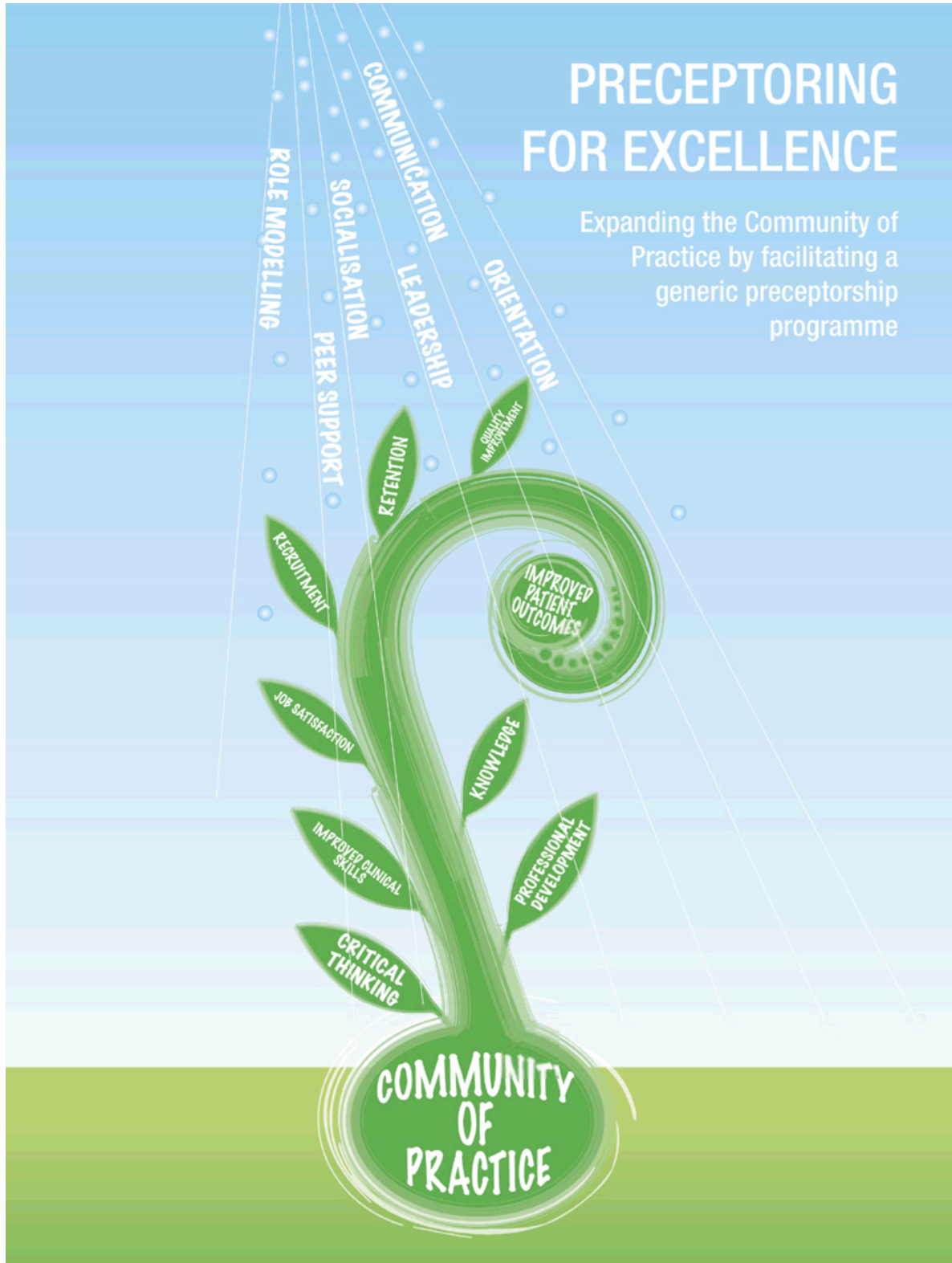


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1.0 INTRODUCTION

Preceptorship: is a period of practical experience and training for a student, or new staff member, especially of medicine or nursing, which is supervised by an expert or specialist in a particular field.

Preceptor: is an experienced nurse/midwife with excellent clinical skills (for their level) and has the ability to facilitate learning and build confidence in the learner.

Preceptee: is a nurse/midwife who requires precepting to an area and is usually a novice practitioner to that area. A novice practitioner can be a student nurse, a new graduate nurse, or an experienced nurse/midwife who is new to the particular area.

The Aims of CMDHB Preceptor Programmes are:

To adhere to the CMDHB's Vision and Values

To integrate the principles of the Treaty of Waitangi/ Te Tiriti o Waitangi into clinical practice

To work in collaboration with the nursing orientation programmes

To provide nurses/midwives with the knowledge and skills for their role as preceptor in orientating new staff enabling them to function safely, effectively and in a manner that the patient/client determines is culturally safe.

List of Specific Learning Objectives

The CMDHB Precepting Programme will:

- Discuss the accountability of the Preceptor and Preceptee and other members of the preceptoring team
- demonstrate effective teaching and evaluation of the Preceptor and Preceptee
- provide motivation of nursing and midwifery staff for pursuing ongoing learning opportunities
- Provide a professional development opportunity for experienced nurses & midwives, while recognising and rewarding individual expertise.
- contribute towards effective recruitment of nurses and midwives for CMDHB
- Contribute to increased retention of current employees.

Preceptor Education Programme Guidelines

- Each preceptor will be required to complete a preceptor education programme to prepare them for their role as a Preceptor including pre-reading.
- All preceptors will be required to attend forums to update them on new best practice recommendations on preceptoring.

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- All preceptors are required to actively seek feedback from their preceptees, Person in Charge and/or CN/ME on their performance as a preceptor.
- All preceptors & preceptees are to complete a learning contract on the first day of orientation.

2.0 PRECEPTOR SELECTION PROCESS

- Applications will be sought from nurses/midwives who meet the person specifications.
- Each applicant indicates a desire to be a preceptor at a prior performance review.
- Each applicant will be required to participate in an informal interview to complete a section of the application form with their Person in Charge.
- Each applicant will be required to ask a peer to complete a section of the application form.
- Each application will need to be sent to the Nursing Administrator c/- the Clinical Training and Education Centre
- Unsuitable applicants will receive feedback on further development from the Person in Charge and CN/ME.
- Suitable applicants will be required to attend the Preceptor Education Programme to prepare them for the role of Preceptor.
- The preceptor working party will make the final decision on which training course the applicant will attend based upon number of applications and organisation *and* service requirements. The working party will meet monthly.

3.0 RECOGNITION OF PRIOR LEARNING

- ***CMDHB's preceptorship programme is based upon the report written by the Nurse Educators Roundtable Preceptor Subgroup 2005.***
 - CMDHB will automatically give recognition of prior learning for any organisation's preceptorship programme that is based upon the Nurse Educators Roundtable Preceptor Subgroup's programme.

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4.0 PERSON SPECIFICATION

Successful applicants for the preceptor role will:

- Have expressed a willingness to be a preceptor
- Have had a performance review completed within the previous year
- Demonstrate a commitment to quality nursing/midwifery care
- Demonstrate a high standard of clinical skill relevant to their level of practice
- Be enthusiastic and positive
- Have proven interpersonal skills
- Demonstrate professionalism in their practice
- Be non-judgmental and non-threatening
- Display empathy in their practice and when working with colleagues
- Demonstrate commitment to their own professional growth.
- Be able to promote self-confidence in colleagues
- Demonstrate effective communication skills, time management skills, stress management, leadership, teaching skills, conflict management
- Act as an advocate
- Agree to complete the Preceptor Education Programme

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5.0 STRUCTURE OF THE PROGRAMME

The programme will be based upon the CMDHB' Vision & Values and orientation for nurses.

N.B.

The orientation and precepting are not the sole responsibility of the preceptor, Person in Charge or CN/ME. Every team member of the clinical area has a vital role to ensure the success of the orientation and retention of new staff. IT IS A TEAM EFFORT.

Preceptors will need to complete the application process. Preceptors must meet the requirements in the person specification

Competency of the preceptor will be evaluated in the annual performance process and can be utilised as part of the Clinical Career Pathway Programme. The preceptee will also formally feedback to the preceptor using the Preceptor Evaluation Form.

Each preceptor will complete a Preceptor education programme.

The first six weeks involve a 1:1 supportive educational relationship with regular feedback between the Preceptor and the Preceptee.

During the first 2 weeks the Preceptor and Preceptee will work the same duties and the Preceptee will be supernumerary. In the start of the 2 weeks the preceptee will have no prime responsibility for a workload and will be assisting the Preceptor. By the end of the 2 weeks supernumerary the Preceptee will have the prime responsibility for a workload and the preceptor will be assisting the preceptee. This may vary from area to area.

During the following 4 weeks, the preceptor and preceptee are roster the same shift, (to increase staff awareness that the orientation period is 10 weeks- not 2 weeks), to offer the preceptor more feedback opportunities to the preceptee and to provide more opportunity to identify areas of concerns and address issues earlier.

When workload allocation is undertaken the person doing this must consider the added workload precepting brings to the preceptor.

The Preceptee and the Preceptor will not be expected to do any night duty for the first 4 weeks, however if this is avoidable both the Preceptor and Preceptee must be rostered together. The Preceptee is exempted from staff numbers to ensure that they are not redeployed to other areas. At the decision of the Person in Charge, night duty may be initiated with the Preceptor during weeks 5-10. These time frames may vary from area to area.

A Learning Contract (see appendix 1) will be signed by the Preceptor and Preceptee by the end of the first day and will be reviewed and updated on a weekly basis.

The Preceptor and Preceptee will meet weekly to discuss the preceptee's progress and that learning has occurred. They will also format a plan for the next week. The orientation manual and learning contract should be used to assist this process.

The preceptor will firstly discuss any concerns or issues with the preceptee and set learning objectives to address these concerns.

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If these concerns are not resolved by the next meeting then they both will approach the Person in Charge and CN/ME for assistance.

At the end of week 2 and at regular intervals in the 10 week orientation programme, the Preceptor, Preceptee, Person in Charge and/or CN/ME will meet to evaluate progress.

At the end of the 10 week orientation programme an evaluation will be completed by the Preceptee on the preceptor, and a performance review will be completed on the Preceptee by the Person in Charge, CN/ME, Preceptor and as appropriate peers.

Preceptoring nursing/midwifery students:

Preceptors will be involved in the summative assessment with the lecturer of nursing/midwifery students

Preceptors need to feedback to the nursing/midwifery students on a weekly basis as for orientating nurses/midwives. If there are concerns then learning outcomes must be established in conjunction with the lecturer.

6.0 RECOGNITION AND REWARDS FOR THE PRECEPTOR

After completing the Preceptor education programme a certificate of attendance and a Preceptor badge will be awarded to each Preceptor

Recognition and work area resource management

Opportunities to attend update forums and support groups

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7.0 LEARNING OUTCOMES OF COURSE

At the end of the preceptor course the participant will be able to achieve the following:

What is Preceptorship?

- Define the word 'Preceptor'
- Describe the preceptorship programme at CMDHB
- Define the difference between a preceptor and a mentor
- Describe the characteristics of preceptorship
- Discuss the roles and responsibilities of all the members of the preceptoring team
- Discuss the benefits of preceptorship
- Discuss the challenging aspects of preceptorship and develop solutions to them.

Socialisation

- Define the process of socialisation
- Identify major barriers experienced by new nurses to an area
- Identify the different learning needs between a student , new graduate, experienced nurse and an overseas trained nurse
- List ways to assist the nurse into an area as a team member
- Understand the 4 steps of socialisation
- Recognise the importance of non-verbal communication
- Recognise the importance of cultural diversity

Learning styles

- Identify different adult teaching and learning styles
- Describe own learning style
- Identify the characteristics of adult learners
- Demonstrate how to adapt principles of adult learning to the preceptoring situation.

Conflict Management

- Describe what the core principles of effective communication skills
- Define conflict management

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- Identify common situations arising in their role as preceptors
- Discuss conflict management resolution strategies.

Assessment and Feedback

- Identify learning needs of the preceptee
- Identify ways to priorities preceptee learning needs
- Utilise tools to assess clinical competency
- Demonstrate the importance of constructive feedback
- Recognise the differences between constructive and corrective feedback

Assessment and Feedback of the student

- As per assessment and feedback objectives and
- Identify learning needs of a student
- Utilise tertiary institution’s tools to assess clinical competency
- Describe the difference between a student preceptee and a new staff member preceptee.

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8.0 ROLES AND RESPONSIBILITIES OF THE PRECEPTING TEAM

The Preceptor has the responsibility for

Socialisation

- Welcoming the new member to the organisation and the work area
- Needs to understand the social aspects of the work area, unspoken rules, unit functioning, chain of command, resources, etc
- Orientation of the preceptee to the work area, introduction, community if practice, team culture rosters etc.
- The preceptor plays an important part in the socialisation of the new staff member
- Promote an environment of trust
- Identify other resource people who could assist with learning.

Role modelling

- Demonstrate competent independent professional nursing practice, (lead by example) and encourage the preceptee to integrate clinical and professional practice
- Demonstrate effective communication skills with the team and patients/clients
- Demonstrate knowledge of the patients/clients of the area, common clinical needs and frequently used clinical skills
- Demonstrate caring patient/client centred care.
- Role model the culture of Community of Practice

Critical thinking

- Identify previous knowledge, skills and attributes and use this as a base for setting achievable goals- using the learning contract as a basis for this.
- Empower the preceptee to think through problems/trouble shoot
- Encourage the preceptee to ask and answer questions
- Create an environment which facilitates learning and risk taking, allowing preceptee to learn from safe mistakes
- Offer regular specific constructive feedback
- Be able to critical think out loud to articulate their practice

Skill Building

- Ensure that a plan is in place, incorporating the preceptee's goals, so that the skills needed by the preceptee to function at the expected level are gained
- Allow safe mistakes without setting the preceptee up to fail
- Ensure preceptee becomes familiar with the core competencies of the area
- Adjust teaching styles to match the learning styles of the learner
- To create learning opportunities, allow for practice, repetition and self-correction

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- Allow preceptee to focus on the steps of a skill and minimise distraction
- Arrange special/extra clinical time off the work area e.g. clinics, theatres etc.

The preceptor is responsible for reporting preceptee progress to the Person in Charge and CN/ME

The preceptor must

- Practice in accordance to the Vision and Values of Counties Manukau District Health Board
- Be familiar with the roles and responsibilities of both preceptor and preceptee
- Be familiar with new tools and policies in the area
- Be aware of all familiarisation processes of the area.
- Should have input into the 10 week evaluation of the preceptee, constructive feedback on the preceptee's strengths and areas for improvement
- Take responsibility to obtain skills and knowledge necessary to teach a preceptee the required skills
- Ideally the preceptor must not be involved in co-ordinating the work area during the early preceptee period.

The Preceptee has the responsibility for

- be proactive in stating own learning needs
- Listing objectives of achievement on arrival to work area
- Identify learning needs and assist in precepting own education plan/ learning contract with preceptor
- Demonstrate awareness of professional accountability and responsibility for own practice
- Be accountable for own learning
- Be open to learning and new experiences
- Be open to receiving constructive feedback
- Has responsibility to ask questions when they don't know and answer questions when asked
- Has responsibility to evaluate learning experience positively and negatively
- Socialisation- identify that they are a valued member of the team
- Integrate into team and familiarise with team/ward purpose, philosophy, culture and roles
- Critical thinking- be proactive with sourcing resources
- Problem solve with assistance
- Make theory/practice links relevant to area

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- Skill building- become familiar with the common issues relating to the patient group
- To complete generic competencies of the organisation
- To take opportunities to maximise learning and experiences

The preceptee has a responsibility to acquire the core skills of the area according to their level of practice, within a reasonable time frame so preceptee can demonstrate safe practice in accordance to the Vision and Values of Counties Manukau District Health Board

The Student has the responsibility for

As per pamphlet produce by MIT and CMDHB,

- introducing themselves to staff within the area;
- identifying their learning needs and discussing these with the nurse in charge of the area and preceptor at the beginning of the experience;
- ensuring the preceptor is always aware of the student's whereabouts;
- handing over to the preceptor when going to meal breaks or at end of student shift;
- ensuring their preceptor is promptly informed of changes in client condition;
- seeking out and being receptive to learning opportunities;
- recognising their own limitations;
- undertaking a self-assessment of their practice in each placement; and
- providing feedback on their clinical experience.

The Nurse Educator has the responsibility for

(Excludes University/Technical Institute Clinical Lecturer)

- Be welcoming.
- Practice in accordance to the Vision and Values of Counties Manukau District Health Board
- Select and match preceptor to preceptee in conjunction with the Person in Charge based on skill mix and learning needs analysis
- Introduce area culture to new staff and assist in integration to the area
- Familiarisation of new staff to the Nurse Educator role and their expectations of staff in their area.
- Assist in evaluation of preceptee progress
- Support the preceptor in their preceptor role, coaching and furtherance of preceptor skills.

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- Succession planning: liaising with Charge Nurse to identify and facilitate educational opportunities for future preceptors.
- Facilitate regular 1on1 meetings between Nurse Educator and preceptor.
- Provide added support for preceptors new to the role who have not attended a training study session.
- Oversee the preceptor/preceptee relationship and process, and be a mediator in conflict.
- Give feedback on the progress of the preceptee to preceptor/preceptee and senior nursing staff
- Give feedback to preceptor in conjunction with Person in Charge on the effectiveness of the preceptorship.
- With Person in Charge set expectations of safe practice in clinical area to new staff.
- Identify and set professional development goals with the new staff member during the orientation period
- Provide an environment which enables the preceptee to achieve goals and objectives outlined in the organisations professional development programme.
- Role model independent safe practice
- Role model professional behaviour
- Role model the culture of Community of Practice

The Lecturer has the responsibility for

As per pamphlet produce by MIT and CMDHB,

- introducing themselves to the nurse in charge of the area and staff;
- providing information to the clinical area on the student's expected competence;
- ensuring students discuss learning outcomes with the nurse in charge of the area and preceptor at the beginning of the experience;
- ensuring they, or a named person, can be contacted at all times during the student's experience;
- monitoring student learning activities, ensuring they reflect the relevant focus;
- seeking feedback from the nurse in charge of the area and preceptor on the student's achievement of learning outcomes;
- working in partnership with preceptors to undertake students' summative clinical assessments;
- withdrawing a student to maintain client safety, in consultation with the HOD and nurse in charge of the area
- providing feedback directly to the nurse in charge on any concerns they encounter

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- Role model independent safe practice
- Role model professional behaviour.
- Role model the culture of Community of Practice

The Person In Charge has the responsibility for

- Practice in accordance to the Vision and Values of Counties Manukau District Health Board
- Be welcoming
- Introduce the work area culture to new staff and assist in integration to the work area
- Appropriate rostering of the new staff, match preceptor to preceptee to maximise the learning outcomes of the preceptee
- Familiarisation of new staff to the Person in Charge role and their expectations of staff in their area
- Oversee the preceptor/preceptee relationship and process, and be a mediator in conflict
- Responsible for the professional development of the preceptee
- Receive feedback from the preceptor/preceptee relationship and other staff
- Give feedback to preceptor/preceptee and CN/ME on the progress of the preceptee and the relationship
- Contribute to safe practice of new staff
- Provide a structured way for the preceptor to give feedback to preceptee, on objectives attained, strengths and weaknesses.
- Role model the culture of Community of Practice
- Role model independent safe practice
- Role model professional behaviour.

Other Staff Members have the responsibility to:

- Be welcoming
- Support the preceptor/preceptee relationship and recognise preceptors need to spend time with preceptees and support this
- Recognise the strengths and weaknesses of the preceptee by peer observation
- Feedback to preceptor and person in charge
- Manage clinical slowdown that occurs when preceptoring new staff
- Support for preceptor from senior staff if preceptors level of practice doesn't fulfil entire preceptee's needs

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- The co-ordinator needs to know what the game plan is and be consistent with the patient allocation to preceptor/preceptee relationship
- Role model the culture of Community of Practice
- Role model independent safe practice
- Role model professional behaviour.

9.0 EVALUATION

Will be formally undertaken

- Preceptees will evaluate the contribution of the preceptor at the end of their 10 week orientation (Appendix 2).
- Of the Preceptees performance by the Person in Charge, CN/ME and, as appropriate, peers.
- Of the Preceptor by the Person in Charge and/or CN/ME yearly as part of their annual performance review.
- Yearly evaluation of the Preceptor Education Programme will be undertaken

Preceptor Evaluation Form (Appendix 2)

The attached form is to be used by each Preceptee to provide specific and constructive feedback to their Preceptor on the contribution they made to their Orientation.

As a Preceptee the form can be used in the following ways:

- Complete the form and forward to your Preceptor who will arrange to meet and discuss it with the Person in Charge and CN/ME within two weeks of receiving it.
- Meet with the Person in Charge, CN/ME and Preceptor using the evaluation form as the structure for discussing the Preceptors contribution during your Orientation time.
- The form can also be used as part of the annual performance review and Clinical Career Pathway Programme

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- Preceptor Subgroup Members of CMDHB:
- Dianne Barnhill- Clinical Nurse Educator, Division of Medicine (Leader)
- Sheona Watson, Clinical Nurse Educator, Division of Medicine
- Janice Stickland, Clinical Nurse Educator, Emergency Care
- Lynley Papadopoulos, Clinical Nurse Educator, Orthopaedics.
- Alison Lovelock, Clinical Nurse Educator, Public Health
- Linda Jackson, Clinical Nurse Educator, Burns and Plastic Surgery
- Gail Willis, Clinical Support Nurse, Graduate Nurse Programme.
- Helen Bretherton, Charge Nurse, Ward 19.
- Ros Hopkins, Charge Nurse, Ward 21.

Poster: developed by:

Rosemary Hawkeswood, Kim Williams, Leigh Smith, Leanne Rhodes, Noelle Farrell,
And the rest of the Auckland District Health Board Preceptor Group, October 2005.

Permission granted to use.

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N.B. All these articles are available via the Library A-Z website on Southnet. Internet access will be required to access articles.

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11.0 APPENDIX 1:

Learning Contract.

All new staff members are required to enter into a Learning Contract. The purpose of a Learning Contract is to ensure the Preceptor and Preceptee are aware of the responsibilities and commitment (both personal and professional) associated with their relationship and that this relationship is recognised. It is suggested that two copies are made and that both are signed. The preceptor and the preceptee then both have a copy. It is your joint responsibility to sign the Learning Contract.

Learning Contract between New Staff member and Preceptor

I, _____ (Preceptor) agree to provide preceptorship to
 _____ (New Staff Member) in Ward ____ commencing
 on _____ and finishing on _____.

As a Preceptor I will provide the following

- Sharing and role modelling of my clinical expertise and skills
- An understanding of the requirements of the programme
- Facilitation of learning experiences for the new staff member
- Opportunities for self directed learning for the new staff member
- Encouragement and support for the new staff member to identify their own learning needs and the resources available
- A colleague to provide support if I am unavailable
- Regular feedback to progress in meeting competencies
- Assessment of clinical competencies

I will be involved in the following activities to support my role as a Preceptor:

- Participation in training workshops
- Taking responsibility to seek assistance when encountering problems/ conflicts
- Keeping the clinical area informed in relation to the programme.

Signature: _____ Date: _____

I, _____ (New Staff member) agree to
 participate in the preceptorship provided by

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_____ (Preceptor) commencing on _____
 _____ and finishing on _____.

I agree to take responsibility for the following:

- Negotiate learning contract and time frames with preceptor
- Participate in clinical teaching experiences provided
- Develop a plan to meet the requirements provided
- Develop a plan to meet the requirements of the clinical competencies
- Acknowledgement of own skills and knowledge level
- Seeking out support and information required
- Negotiate constructive feedback provide by preceptor
- Increasing responsibility in the role of a Registered Nurse
- Taking the opportunity provided to develop my nursing skills
- Participating in team meetings
- Seeking and discussing feedback from peers
- Reflecting on my clinical practice and demonstrating self-awareness.

Signature: _____

Date _____

Other identified and agreed upon responsibilities:

Initials Preceptor _____

Initials Preceptee _____

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Preceptee

Date:

Preceptor

Date:

Person in Charge

Date:

Clinical Nurse Educator

Date:

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