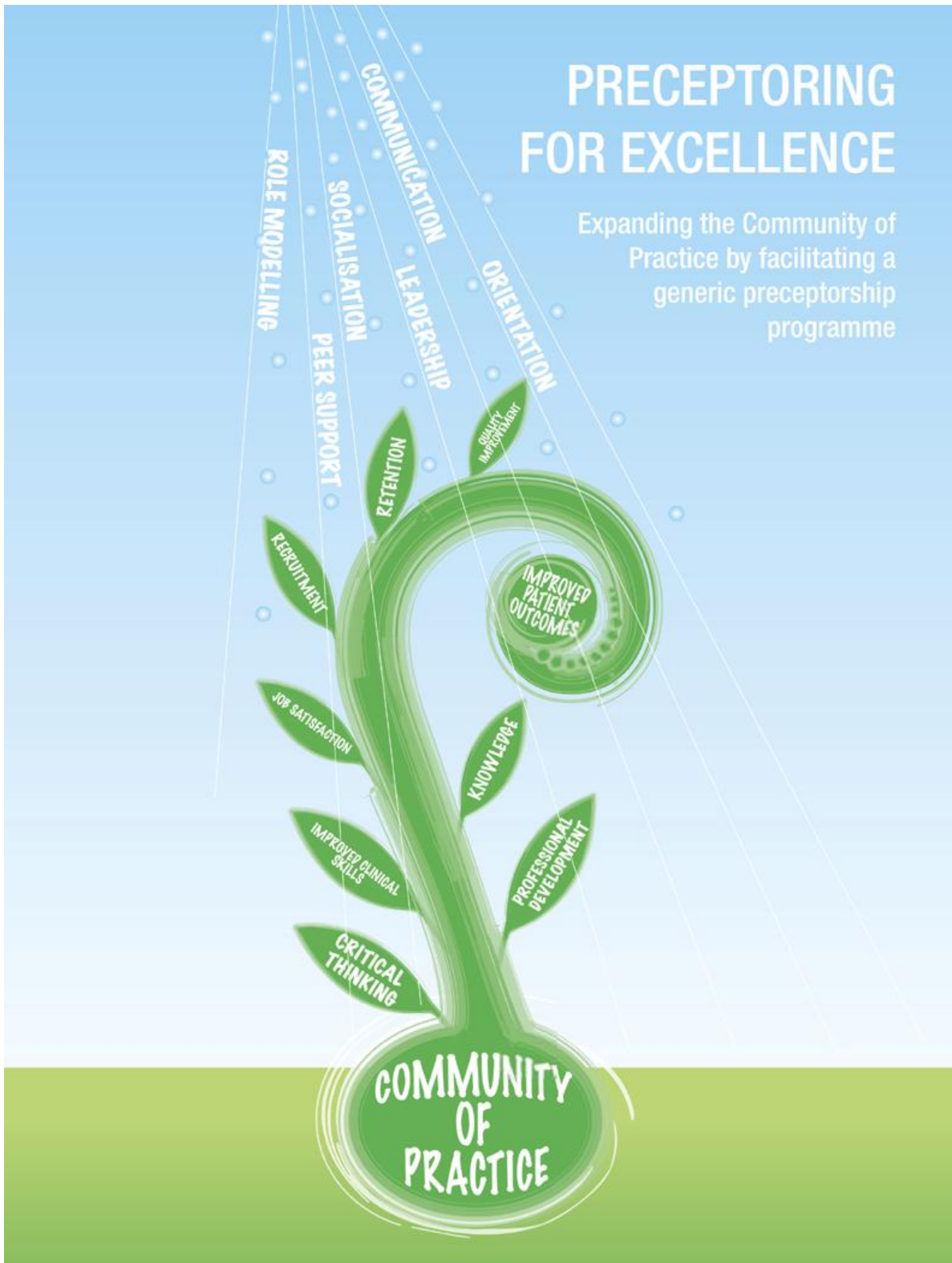




# PRECEPTORING FOR EXCELLENCE

Expanding the Community of  
Practice by facilitating a  
generic preceptorship  
programme



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### **Acknowledgments:**

Poster developed by Nurse Educators at ADHB 2005. Permission given to use.

CMDHB preceptor badge developed by Dolly Rewha. Nurse Leader. Te Hononga O Tamaki Me Hoturoa PHO. Badge meaning

*“The koru is in silver with a red background.*

*The Silver around the inside of the circle is the Community of Practice.*

*The two koru represents the teacher and student.*

*The koru is the matau (hook), the red background is the whariki (mat) concealed below the mat is the matauranga (knowledge) for the student to gain that knowledge, will take hard work. The preceptor who has the knowledge and understanding will walk along side the student to give them a helping hand. The Maaori name for this level is Whariki.”*



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## 1.0 INTRODUCTION

### 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
- To meet CMDHB nursing/ midwifery preceptorship and orientation policies

### The CMDHB Preceptor 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.

### Definitions

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. .

## 2.0 COMPONENTS OF CMDHB PRECEPTOR PROGRAMME

- initial 2 day training programme
- 8 hour update day that all preceptors are expected to undertake every 2 years.
- Orientation programme for Nurse/Midwifery educators and
- Update sessions for people in charge of nurses/midwives

### 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 update days every 2 years to update them on new best practice recommendations on preceptoring.
- All preceptors are required to actively seek feedback from their preceptees, Person in Charge and/or CN/ME on their performance was a preceptor.
- All preceptors & preceptees are to complete a learning contract on the first day of orientation.

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- PRECEPTOR SELECTION PROCESS
  - Applications will be sought from nurses/midwives who meet the person specifications.
  - CMDHB’s preceptor programme is available for non- CMDHB staff free of charge, if they are employed by a health service with CMDHB region
  - 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.
  - Unsuitable applicants will receive feedback on further development from the Person in Charge and Nurse/Midwife Educator.
  - Each application will need to be sent to the Nursing Administrator c/- the Nursing Professional Development Unit
  - Suitable applicants will be required to attend the Preceptor Education Programme to prepare them for the role of Preceptor.
  - 
  - RECOGNITION OF PRIOR LEARNING
  - CMDHB’s preceptorship programme is based upon the report written by the New Zealand Nurse Educators (NZNE) Preceptor Subgroup 2005 (updated 2010) and is the framework for the national Nurse Entry to Practice Programme.
  - CMDHB will automatically give recognition of prior learning for any organisation’s preceptorship programme that is based upon the New Zealand Nurse Educators Preceptor Subgroup’s programme.
  - 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
  - Be PDRP/QLP compliant (excluding external applicants with no PDRP programme)
  - 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 for preceptees
  - Agree to complete the Preceptor Education Programme including the post course requirements within 6 weeks of undertaking the education programme

### 3.0 LEARNING RESOURCES

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

Baltimore, J. (2004). The hospital clinical preceptor: essential preparation for success. The Journal of Continuing Education in Nursing. May/June. 35 (3) p133-140.

Bola, T., Driggers, K., Dunlap, C. & Ebersole, M. (2003), Foreign-educated nurses. Strangers in a strange land. Nursing Management. July 34 (7) p 39-41.

Kendall Steed, C. (2004). Eating our young isn’t practised here. Nursing 2004. August.

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p43.

Myrick, F. (2002). Preceptorship and critical thinking in Nursing Education. Journal of Nursing Education. April. 41 (4). p154-164.

Wolfensperger Bashford, C. (2002). Breaking into orthopaedic nursing: preceptorship for novice nurses. Orthopaedic Nursing. 21(3) p14-20.

Yonge, O., Krahn, H., Trojan, L., Reid, D & Haase, M. (2002) Being a preceptor is stressful. Journal for Nurses in Staff Development. 18(1) p22-27

## 4.0 PRINCIPLES OF CMDHB PRECEPTORSHIP PROGRAMME

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



**This CMDHB Preceptor Handbook must be read in conjunction with the Nursing/Midwifery preceptorship and orientation policies.**



**At all times Nurses and Midwives remain accountable for their own practices.**

The orientation and preceptoring are not the sole responsibility of the preceptor, Person in Charge or Nurse/Midwife Educator. 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 in conjunction with the Person in Charge. 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 Professional Development and Recognition 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 12 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 preceptoring brings to the preceptor and allow the need for clinical slowdown.

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

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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.

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

At the end of week 2 and at regular intervals in the 12 week orientation programme, the Preceptor, Preceptee, Person in Charge and/or CN/ME will meet to evaluate progress.

At the end of the 12 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, Nurse/Midwife Educator, Preceptor and as appropriate peers.

**Graduate Nurses:**



**For Graduate nurse involved in a Nurse Entry to Practice (NETP) programme adherence to the preceptor specifications outlines in the NETP framework must occur.**

NETP specifications allow the preceptors (or preceptoring team) and graduates to be released together from clinical practice for an equivalent of two development days (16 hours) over the 12 month period of the programme.

The preceptor is to be provided with relevant and continuing education for the equivalent of two days (16 hours) per year.

**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.

## 5.0 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/midwives to an area
- Identify the different learning needs between a student , graduate nurse/midwife,

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experienced nurse/midwife and an overseas trained nurse/midwife  
 List ways to assist the nurse/midwife 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  
 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.

**6.0 ROLES AND RESPONSIBILITES OF THE PRECEPTORING TEAM**

**The Preceptor has the responsibility for**

**Socialisation**

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

**Role modelling**

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

**Critical thinking**

- o 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.

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- 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
- Insure 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
- 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 the preceptee's progress to the Person in Charge and Nurse/Midwifery Educator

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 12 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
- 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

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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,

- o Introducing themselves to staff within the area;
- o Identifying their learning needs and discussing these with the nurse in charge of the area and preceptor at the beginning of the experience;
- o Ensuring the preceptor is always aware of the student’s whereabouts;
- o Handing over to the preceptor when going to meal breaks or at end of student shift;
- o Ensuring their preceptor is promptly informed of changes in client condition;
- o Seeking out and being receptive to learning opportunities;
- o Recognising their own limitations;
- o Undertaking a self-assessment of their practice in each placement; and
- o Providing feedback on their clinical experience.

**The Nurse/Midwife Educator has the responsibility for**

(Excludes University/Technical Institute Clinical Lecturer)

- o Be welcoming.
- o Practice in accordance to the Vision and Values of Counties Manukau District Health Board
- o Select and match preceptor to preceptee in conjunction with the Person in Charge based on skill mix and learning needs analysis
- o Introduce area culture to new staff and assist in integration to the area
- o Familiarisation of new staff to the Nurse/Midwife Educator role and their expectations of staff in their area.
- o Assist in evaluation of preceptee progress
- o Support the preceptor in their preceptor role, coaching and furtherance of preceptor skills.
- o Succession planning: liaising with Person in Charge to identify and facilitate educational opportunities for future preceptors.
- o Facilitate regular 1on1 meetings between Nurse/Midwife Educator and preceptor.
- o Provide added support for preceptors new to the role who have not attended a training study session.
- o Oversee the preceptor/preceptee relationship and process, and be a mediator in conflict.
- o Give feedback on the progress of the preceptee to preceptor/preceptee and senior nursing staff
- o Give feedback to preceptor in conjunction with Person in Charge on the effectiveness of the preceptorship.
- o With Person in Charge set expectations of safe practice in clinical area to new staff.
- o Identify and set professional development goals with the new staff member during the orientation period
- o Provide an environment which enables the preceptee to achieve goals and objectives outlined in the organisations professional development programme.
- o Role model independent safe practice
- o Role model professional behaviour
- o Role model the culture of Community of Practice

**The Lecturer has the responsibility for**

As per pamphlet produce by MIT and CMDHB,

- o Introducing themselves to the nurse in charge of the area and staff;
- o Providing information to the clinical area on the student’s expected competence;
- o Ensuring students discuss learning outcomes with the nurse in charge of the area and preceptor at the beginning of the experience;

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- 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 Head of Department and person in charge of the area
- Providing feedback directly to the person in charge on any concerns they encounter
- 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 Nurse/Midwife Educator 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
- 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.

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## 8.0 POST COURSE

- 
- 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.

All preceptors who have successfully completed the education programme will be eligible to be nominated for the CMDHB Nursing and Midwifery Preceptor Awards.

All preceptors will have the opportunity to attend a preceptor update day. CMDHB has the expectation that all preceptors will attend an update day every 2 years.

All preceptors have the opportunity to be selected to attend a preceptor coaching and mentoring course.

### 2 day Training Programme Post Course Requirements:

Once the trainee preceptor has attended the 2 day training course, they must then be assessed by a trained assessor undertaking an assessment of practice utilising the Bondy Practice Assessment form.

The trained assessor completes the “Assessing the Assessor” Form.

The assessor may be a Nurse/Midwife Educator. Clinical Nurse/Midwife Manager or another preceptor who has successfully completed the preceptor training course.

**Note:**

- Must be a RM to assess another RM and a RN to assess another RN.
- Can only assess same PDRP level or below

Once assessment is completed the preceptor then forwards the assessment to the facilitator of the course or the preceptor coordinator.

The facilitator /coordinator will then update One Staff.

### Preceptor Update Day:

The preceptor will request 2 preceptees to complete the preceptor evaluation form and then send the forms to the Person in Charge and/or Nurse /Midwife educator.

A meeting is then to be organised with the Person in Charge, Nurse/Midwife Educator and preceptor to discuss the evaluation.

The preceptor is also to present a session to fellow staff members on any updates learnt from the update day.

Once post course requirements the educator will then update OneStaff (test field 277).

### Non- Compliance/Non-Performance of Preceptor:

To be managed as per CMDHB discipline and dismissal policy.

## 9.0 EVALUATION

Will be formally undertaken

- Preceptees will evaluate the contribution of the preceptor at the end of their 12 week

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orientation (Appendix 2).

- The Preceptee’s performance review will be undertaken by the Person in Charge, Nurse/Midwifery Educator and, as appropriate, peers.
- Of the Preceptor: by the Person in Charge and/or Nurse/Midwifery Educator 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 Person in Charge who will arrange to meet and discuss it with the preceptor and Nurse/Midwifery Educator within two weeks of receiving it.
- The form can also be used as part of the annual performance review and Professional Development & Recognition Programme

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## 11.0 APPENDICIES

### 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 \_\_\_\_\_

(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 provided by preceptor
- Increasing responsibility in the role of a Registered Nurse
- Taking the opportunity provided to develop my nursing skills
- Participating in team meetings

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## 2. Preceptor Evaluation Form

Preceptor \_\_\_\_\_

Date \_\_\_\_\_

Please use this form to provide specific and constructive feedback to your Preceptor on their contribution to your orientation time.

**How did your Preceptor:**

**1. Make you feel welcome, e.g.:**

- socialisation
- feel part of the team
- ensure you knew what was expected of you

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**2. Provide effective teaching and learning opportunities, e.g.:**

- independent decision making
- recognition of prior learning
- clear explanations
- accessing resources

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**3. Act as a supportive role model, e.g.:**

- constructive feedback
- emphatic

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- willingness to share
- knowledge
- relationship with other staff
- advocacy on your behalf

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Any further comments you wish to add:

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Preceptee

Date:

Preceptor

Date:

Person in Charge

Date:

Nurse/ Midwifery Educator

Date:

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### 3. COMPETENCY AUDIT AND SKILLS ASSESSMENT CERTIFICATION

Course Participant: \_\_\_\_\_

Area of work: \_\_\_\_\_

Date of Preceptor Course attended: \_\_\_\_\_

The Counties Manukau District Health Board Competencies provide a comprehensive framework for developing knowledge and skills. The competencies are designed to support and extend an individual's nursing/midwifery practice and are viewed as the foundational knowledge and skills. In completing the competencies critical thinking is utilised and professional accountability displayed.

The objective of the audit tool is to verify that the nurse/midwife meets the criteria for auditing competencies and has successfully met the following standards that underpin nursing/midwifery councils' competency.

The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse/midwife.

Competency: A defined area of skilled performance.

The above definitions of 'competence' and 'competency' are taken from Nursing Council of New Zealand, *Competencies for the registered nurse scope of practice, 2007*.

Professional practice development hours are allocated for each competency contributing to Nursing Council of New Zealand's educational requirements.

Each competency has learning outcomes, suggested readings and is then audited by your allocated preceptor within your nursing/midwifery service.

At the end of each competency there is an audit tool which supports achievement of the learning outcomes. Each competency must have the audit completed to gain professional practice development hours. Timeframe for completion of this workbook is negotiated with your CNM, CMM, Team Leader and Nurse/Midwife Educator.

To support your learning each competency has references and there is recommended texts. You can use any of your own preference or choice.

Acknowledgement:

NPDU Senior Nursing team

Sarah Little (Clinical Nurse Director Kidz First and Womens Health, CMDHB)

Senior Nurses at Starship Childrens Emergency Department

Senior Nurses at Kidz First

Scale/Performance Criteria: <b>1=Independent 2=Supervised 3=Assisted, 4=Marginal 5=Dependent, N/O=Not observed</b>	
<b>Definitions for this assessment:</b>	
<u>Course participant:</u> The person who has attended the preceptor course and is being assessed completing an assessment	
<u>Learner:</u> The person who the course participant is assessing	

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<u>Assessor:</u> A suitably qualified assessor who is assessing the course participant complete an assessment for the learner		
	<b>Scale</b>	<b>Comments</b>
<b>Course Participant preparation prior to assessment:</b>		
<ul style="list-style-type: none"> <li>Displays nursing/midwifery practices that are underpinned by CMDHB best practice policies, procedures and guidelines</li> </ul>		
<ul style="list-style-type: none"> <li>Learner aware that participant is being assessed.</li> </ul>		
<ul style="list-style-type: none"> <li>Appropriate time and place organised for assessment</li> </ul>		
<ul style="list-style-type: none"> <li>Course participant is prepared for assessment of learner (prior reading and knowledge; familiar with assessment tools and relevant policies, procedures and guidelines)</li> </ul>		
<ul style="list-style-type: none"> <li>Learner has copy of assessment tool prior to assessment</li> </ul>		
<ul style="list-style-type: none"> <li>Learners needs determined e.g. level of practice established</li> </ul>		
<ul style="list-style-type: none"> <li>Appropriate equipment and resources organised and available e.g. checklists, assessment tools</li> </ul>		
<b>During Assessment:</b>		
<b>Communication:</b>		
<ul style="list-style-type: none"> <li>Introduces self/others. Makes learner comfortable</li> </ul>		
<ul style="list-style-type: none"> <li>Uses eye contact and speaks directly to learner</li> </ul>		
<ul style="list-style-type: none"> <li>Uses appropriate language (is not emotional nor uses emotive words/uses descriptive words/non-judgemental)</li> </ul>		
<b>Cultural safety:</b>		
<ul style="list-style-type: none"> <li>Adapts session to learner's needs</li> </ul>		
<ul style="list-style-type: none"> <li>Allows learner time to provide answers/does not interject</li> </ul>		
<b>Documentation:</b>		
<ul style="list-style-type: none"> <li>Uses a relevant assessment tool</li> </ul>		
<ul style="list-style-type: none"> <li>Documents objectively noting specific actions supporting performance scale selected</li> </ul>		
<b>Occupational Health &amp; Safety</b>		
<ul style="list-style-type: none"> <li>Patient safety maintained. Practice in accordance with CMDHB policy</li> </ul>		
<b>Knowledge/rationale</b>		
<ul style="list-style-type: none"> <li>Is aware of performance management procedure</li> </ul>		
<b>Skill/task/procedure</b>		
<ul style="list-style-type: none"> <li>Verbalises the observed values/ attributes/ professional judgement of the learner</li> </ul>		
<ul style="list-style-type: none"> <li>Provides appropriate cues when/where necessary</li> </ul>		
<ul style="list-style-type: none"> <li>Allows time for questions from learner</li> </ul>		
<ul style="list-style-type: none"> <li>Makes review time if necessary</li> </ul>		
<ul style="list-style-type: none"> <li>Gives feedback to learner appropriately</li> </ul>		

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(balanced/timely/to the point/confidential)		
<b>Course participant self assessment/reflection</b>		
• Evaluates own use of resources/ checklist/knowledge		
• Identifies positive actions and reinforces these to themselves for use in future assessments		
• Identifies deficits and reorganises assessment approach if necessary		
• Understands notification process to appropriate responsible group, e.g. NE,CN of assessment difficulties & documents appropriately.		

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course participant: \_\_\_\_\_ Signature: \_\_\_\_\_

**Performance Scale/Criteria:**

Scale label	Standard	Quality of clinical performance	Assistance
1 Independent	Safe, accurate	Proficient, co-ordinated, confident. Within an expedient time period Accurate knowledge	Without supportive cues
2 Supervised	Safe, accurate	Efficient, co-ordinated, confident. Within reasonable time period. Needs occasional prompting with relevant knowledge	Occasional supportive cues
3 Assisted	Safe, accurate	Skilful in parts of behaviour Inefficiency & unco-ordination. Within a delayed time period. Has some knowledge still requires explanation.	Frequent verbal & occasional physical & directive cues in addition to supportive ones.
4 Marginal	Safe but not alone. Performs at risk.	Unskilled, inefficient. Prolonged time period. Needs continual cues as to relevant knowledge	Continual verbal & frequent physical cues.
5 Dependent	Unsafe. Unable to demonstrate competency.	Unable to demonstrate procedure/behaviour. Lacks confidence, efficiency. Has very limited knowledge related to the competency.	Continuous verbal & physical cues
N/O	Not observed		

Adapted from: Bondy, K.M. (1983). Criterion – referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education*. 22: 376-381.

Endorsed by the CMDHB NEs & the Clinical Educator Women’s Health 12.01

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The CMDHB criteria for signing competencies are:

- No nurse/midwife in new graduate year is to sign another RN/RM's competency
- RN/RM has practised for six months in the department or had previous relevant experience and has practised for three months in the department
- Taught by N/ME to audit competency prior to auditing other RNs/RMs
- Must be a RN to assess another RN
- Must be a RM to assess another RM

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