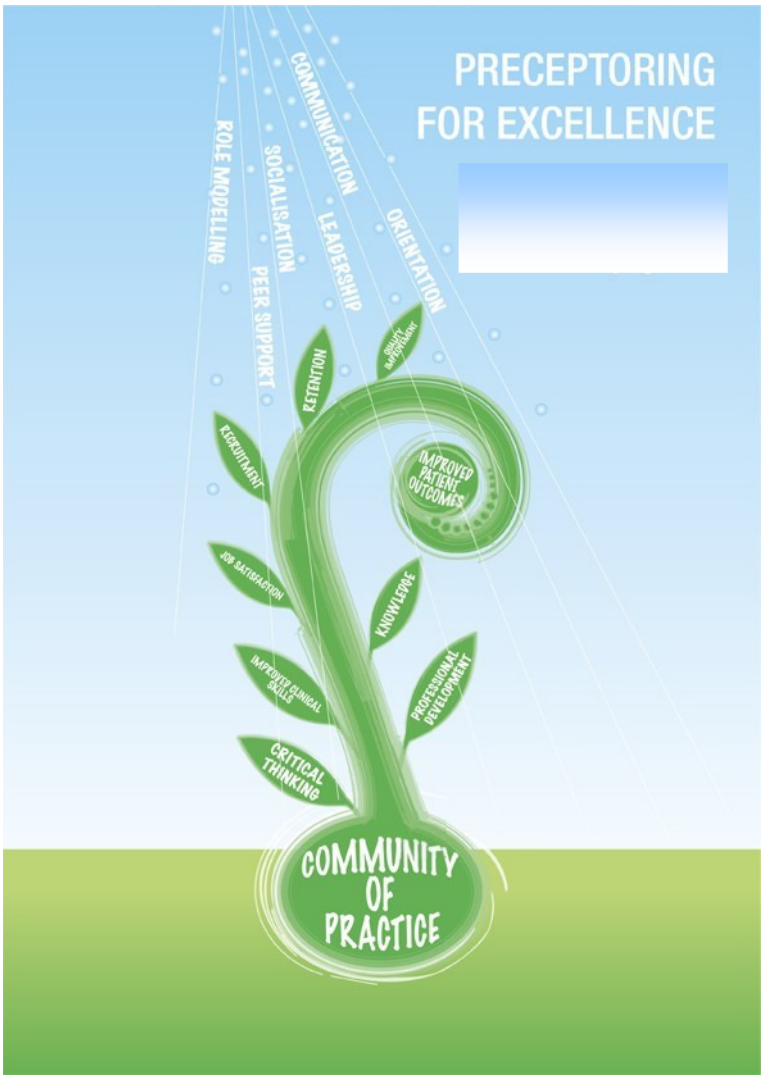
Preceptoring for Excellence National Framework for Nursing Preceptorship Programmes



Report to the Nurse Executives of New Zealand
from the New Zealand Nurse Educators
Preceptorship Subgroup

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Executive Summary

In 2002 a group of nurse educators from several upper North Island District Health Boards (DHBs) met to share information and gain support from each other. The New Zealand Nurse Educators' (NZNE) was formed to formalise this idea into a working group and one purpose of the group was to attempt to establish consistency and transportability of in-house education programmes.

A subgroup of the NZNE developed a generic preceptorship framework allowing for flexibility and transportability for DHBs to utilise to meet the learning needs of all preceptees.

The framework includes the underlying principles of a robust preceptorship programme; a suggested application process; learning contract; learning outcomes; programme content; recommended literature and an evaluation process.

Recommendations*

The NZNE Preceptorship Subgroup recommends to Nurse Executives of New Zealand (NENZ):

- that the National Framework for Nursing Preceptorship Programmes is utilised by nurses and their employers as a tool to enhance recruitment, and increase retention and staff satisfaction. (2, 4, 7,10,12,16, 22, 38, 44)
- that all DHBs and, where possible, non-provider arm DHB organisations have access to a preceptorship programme
- that organisations work towards aligning their individual preceptorship programmes to this framework
- that organisations give recognition of prior learning to preceptors who have successfully completed a programme based around this framework.
- that the Preceptorship framework can be adapted to suit Allied Health staff needs.
- that organisations involve their tertiary partner to assist educating preceptors in the assessment requirements when preceptoring undergraduate students. (11, 40)
- that organisations consider having a preceptorship policy or guideline aligned with the framework (see Appendix I for example).

* Please note: this framework has taken a generic approach to Preceptorship. Where organisations are utilising Preceptorship within a Nurse Entry to Practice (NETP) Programme, they should also consider the NETP Programme Health Workforce New Zealand (HWNZ) specifications and Nursing Council of New Zealand (NCNZ) standards for NETP programmes to ensure they are meeting the specific requirements.

Chapter 1: Introduction

Most DHBs in New Zealand have preceptorship programmes offered within their organisations. These programmes vary in length, content and outcomes with limited transportability and recognition across other organisations. There is clear evidence that a robust preceptorship programme leads to improved recruitment and retention of nursing staff, which in turn leads to improved patient outcomes.[2,3,11,15,24,39,51,] Baltimore states "the most common reason for employees to leave jobs within a year is because they do not feel they 'fit in'". It is estimated that the cost of recruiting a new nurse is approximately the equivalent of one to two years' salary.[5,24] Other advantages of effective preceptorship include:

- structured orientation and socialisation of the preceptee into the organisation's culture [2,5,11,24,39,42,48,51,53]
- increased level of safe clinical practice [3,15,53]
- increased level of support for the preceptee [5,45,53]
- increase in staff satisfaction throughout the organisation [3,5,8,11,53]

This preceptorship framework has been developed by the New Zealand Nurse Educators to enable consistency of structure, process, and transportability. We invite organisations to adopt this framework to underpin their preceptorship programme, to achieve the objectives of consistency and transportability.

Literature review

A literature review was undertaken and the following eight themes were clearly identified.

The role and responsibilities of a preceptor were identified as an important aspect to consider. The following characteristics and attributes were identified: [5,12,14,19,23,25,26,28,29,30,36,37,44,45,46,48,52,53]

- competence
- reflective awareness
- role modelling
- sound clinical knowledge
- self-analysis capacity
- interpersonal skills
- motivational skills

The role and responsibilities of the preceptee included:

- willingness to learn
- valuing the experience of senior nurses
- active participation
- accountability for their own learning and practice
- acknowledgment of their own learning deficits.

Suitability to be a preceptor was also a strong theme with literature suggesting that it is desirable to have a selection process (see Appendix II for example). Nurses intending to be preceptors should have the following characteristics: (2,4,5,11,20,28,29,30,36,37,45,52,53)

- patience
- flexibility
- enthusiasm
- caring and understanding
- organisational abilities
- critical thinking
- delegation and direction skills
- advocacy skills
- autonomy

Matching preceptees with preceptors was strongly emphasised in the literature. Key components of the relationship included: (2,5,11,25,28,29,30,55,51)

- matching learning styles with teaching styles
- matching of personality characteristics
- matching preceptor leadership characteristics to the preceptee learning and clinical experience
- commitment to the preceptorship partnership

Throughout the literature a robust preceptorship programme was considered essential to ensure the success of the relationship and orientation period of a new employee. Preceptorship programmes were identified as needing both practical and theoretical components. Adult learning principles must be included in any preceptorship training programmes. (5,8,11,12,14,17,18,19,20,21,28,29,30,32,36,37,40,41,42,46,47,50,51)

Ongoing professional development and support of preceptors was an unexpected theme. Suggestions for ongoing professional development include reviewing current relevant preceptorship articles, preceptor forums, update days and advanced preceptorship programmes e.g. postgraduate clinical teaching papers. Supports for preceptors include mentoring and communities of practice.* (2,8,11,12,18,22,23,26,28,29,30,31,33,52,55)

Recognition and rewards for preceptors figured highly. Preceptors identified in multiple articles that recognition for the preceptorship role was vital. Organisational acknowledgment of preceptoring as an added responsibility is fundamental to valuing and recognising the commitment involved in being a preceptor. This could be achieved in a number of different ways, either by increased job satisfaction, written recognition, financial incentives, educational opportunities and organisational recognition thereby fostering a culture of excellence in Preceptorship. (2,4,5,8,12,17,21,22,25,26,31,46,52,53,55)

* A group of people with the same interest meeting together for the purpose of learning.

Effective Preceptorship is more likely to occur when a team approach by the ward/unit is taken. "The leadership and culture of a ward or unit influence the level and effectiveness of preceptoring (Haggerty et al, 2009, p.48). A culture of support is vital. The preceptor is important but also other groups of nurses (and the wider multi-disciplinary team) are vital to ensure the preceptee is orientated effectively [18,28,29,30]

Multiple cultures within the nursing environment can create challenges for preceptorship. The literature suggested that different phases of adjustment might be required e.g. international nurses may need longer orientation periods to enable them to understand and interact meaningfully within the work environment and this should be considered when planning Preceptorship and orientation timeframes. Internationally trained nurses often required additional information about expectations of nursing care, models of nursing care and teamwork, medications, equipment and technology. [1,6,10,17,38,49,54].

Background to New Zealand Nurse Educators (NZNE)

In 2002 a group of nurse educators from several upper North Island District Health Boards (DHBs) met to share information and gain support from each other. The New Zealand Nurse Educators' Group (NZNE) was established to formalise this concept into a working group.

One purpose of NZNE is to establish consistency and transportability of in-house education programmes. It was agreed that preceptorship programmes would be the first in–house education programme to explore. This recognised the importance of having a robust preceptorship programme. There were concerns around the inconsistency of the implementation of these programmes. The NZNE Preceptorship Programme Subgroup was established, comprising of interested educators from the DHBs present (Auckland DHB, Bay of Plenty DHB, Counties Manukau DHB, Lakes DHB and Waikato DHB).

The aims of the NZNE Preceptorship Programme Subgroup were:

- To develop a generic set of principles that underpin Preceptorship Programmes and support national transportability and adaptability for DHB's (Chapter 2).
- To develop a generic set of learning outcomes for programme structure and content (Chapter 2).
- To create a glossary of definitions in relation to Preceptorship Programmes for the purpose of this work (Appendix III).

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Preceptoring for Excellence Poster:

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

Chapter 2: Preceptorship Programme Principles, Content and Learning Outcomes.

It is acknowledged some DHBs will run in-house programmes, whilst others will be affiliated with a tertiary education provider. The Preceptorship programme principles have been developed to provide a national guideline for consistency between programmes irrespective of the provider.

Principles

Preceptorship programmes:

- are developed and managed by the profession
- are supported by nursing leadership
- contribute to achieving professional and organisational goals
- support and facilitate nurses to provide education to colleagues
- support and facilitate nurses in their professional development
- are supported in clinical settings through appropriate rostering and clinical workload sharing to enable effective learning (see Appendix IV for suggested guidelines)
- reflect contemporary practice
- involve Māori nurses and cultural advisors in the integration of the principles of Te Tiriti o Waitangi into the programme

Programme Content and Learning Outcomes

The next section covers the programme content and associated learning outcomes that form the basis of an ideal preceptorship programme. This is based upon current literature. [2,5,8,9,11,14,17,18,20,21,26,28,29,30,33,36,41,46,47,50,54]

Programme Content

The programme should include the following components:

- Growing/encouraging reflective practice and critical thinking
- Preceptor support structure
- Socialisation into the clinical environment
- Adult teaching principles and techniques/practices
- Assessment and feedback

- Communication
- Conflict resolution
- The roles of the preceptorship team
- Direction and delegation
- Evaluation of the preceptor/preceptee relationship

Learning Outcomes suggested for preceptorship programmes

Preceptorship

- Define the word 'preceptor'
- Discuss differences between a preceptor, mentor, buddy and other non-preceptoring roles
- Discuss the preceptorship programme/policy/guidelines of the DHB
- Discuss the role and responsibilities of all the members of the preceptoring team
- Describe the characteristics of preceptorship
- Discuss the benefits of preceptoring
- Consider how preceptorship contributes to achieving professional and organisational vision, goals and values e.g. Nursing Council of New Zealand, Nurse Entry to Practice Programme, recruitment and retention
- Highlight the challenging aspects of preceptorship and explore possible solutions to these
- Demonstrate skill development, role modelling and critical thinking

Socialisation

- Define the process of socialisation, including orientation
- Identify major barriers experienced by new nurses to a work area and explore solutions to these
- Describe the differences between a student, RN undergoing competence assessment/return to nursing programme, graduate nurse, experienced nurse and an internationally trained nurse. It is recognised that preceptoring internationally trained nurses requires extensive expertise in communication, cultural safety and competence requirements and other groups may have additional needs.
- Explore ways to assist the preceptee to become an integrated member of the team
- Discuss the four steps of socialisation/reality shock (honeymoon, shock, recovery, and resolution)
- Discuss the importance of cultural diversity

Adult Learning and Teaching Principles

- Identify the characteristics of adult learners
- Identify different adult teaching and learning styles
- Describe own learning style e.g. VARK, Kolb's learning cycle, Mumford & Honey
- Demonstrate how to adapt principles of adult learning to the preceptoring situation
- Identify ways of teaching technical skills

Assessment and Feedback:

- Identify learning needs of the preceptee including learning styles
- Discuss ways to implement a learning contract for the preceptor/preceptee (see Appendix V for example)
- Identify ways to prioritise preceptee learning needs
- Utilise tools to assess clinical competence e.g. tertiary institute's clinical assessment tools, DHB clinical assessment forms, NCNZ competencies, PDRPs
- Demonstrate the process of clinical assessment
- Discuss the importance of using constructive feedback
- Discuss the use of written and verbal feedback (formal and informal)

Communication:

- Discuss the core principles of effective communication skills
- Identify the different aspects of communication between the preceptor and preceptee
- Identify the support resources available for the preceptor/preceptee
- Recognise the importance of non-verbal communication
- Describe strategies to encourage team work and getting others on board

Conflict Management:

- Define conflict management
- Identify common conflict situations arising in their role as preceptors
- Explore the power issues between the preceptor/preceptee/area of practice
- Discuss conflict management resolution strategies

Evaluation

It is acknowledged that evaluation is a very important part of developing and delivering any educational programme. It is recommended that the preceptorship programme be evaluated on a regular basis to ensure learning outcomes are met (see Appendix VI for example).

Chapter 3: Roles and Responsibilities of the Preceptorship Team

This chapter outlines the roles and responsibilities of the preceptorship team to emphasise that preceptorship requires a team approach.
(2,5,12,14,18,19,23,28,29,30,36,37,39,44,45,46,48,52,53)

Role of the Preceptor

The Preceptor has the responsibility for:

Role Modelling

- Demonstrating competent professional nursing practice and encouraging the preceptee to integrate clinical and professional practice
- Demonstrating effective communication skills with the team and patients
- Demonstrating knowledge of the patients of the area, common clinical needs and frequently used clinical skills
- Demonstrating patient centred care.

Skill Building

- Developing a learning contract or similar incorporating the preceptee's goals for skill acquisition to function at the expected level of the work area
- Ensuring the preceptee becomes familiar with the core competencies of the work area
- Adjusting teaching styles to match the learning styles of the preceptee
- Creating learning opportunities, allowing for practice, repetition and self-correction
- Allowing the preceptee to focus on the steps of a skill with minimal distraction
- Work with Charge Nurse[1] to arrange extra clinical time off the work area as applicable, e.g. clinics, theatres, and/or clinical procedures.

Critical Thinking

- Identifying previous knowledge and skill and use this as a base for setting achievable goals
- Empowering the preceptee to think through problems/trouble shoot

[1] Charge Nurse is used throughout this document however it indicates that it is the nurse in charge of the work area whatever the title they hold.

- Encouraging the preceptee to ask and answer questions
- Creating an environment which facilitates learning and risk taking, allowing preceptee to learn from safe mistakes
- Offering regular specific constructive feedback
- Having the ability to articulate the rationales for their practice.

Socialisation

- Work with the team to welcome the new member to the institution and the work area
- Ensuring understanding of the social aspects of the ward, unspoken rules, unit functioning, chain of command, resources, etc
- Orientating the preceptee to the place of work, introduction, community of practice, team culture, rosters etc.
- Promoting an environment of trust
- Identifying other resource people to assist with learning.

The preceptor is required to

- Be accountable for their own practice
- Practice in accordance with the Vision and Values of the District Health Board
- Be familiar with the roles and responsibilities of both preceptor, preceptee and the rest of the preceptoring team
- Be familiar with new tools and policies in the area
- Be aware of all familiarisation processes of the area.
- Have input into the performance evaluations of the preceptee, providing constructive feedback on the preceptee's strengths and areas for improvement
- Take responsibility to obtain skills and knowledge necessary to guide a preceptee
- Be familiar with assessment and feedback skills and processes.

Role of Preceptee

The Preceptee has the responsibility for

- Being proactive in stating own learning needs
- Feeding back on what is going well and not going well
- Identifying learning needs and assisting in preparing own education plan with preceptor

- Demonstrating awareness of professional accountability and responsibility for own practice
- Being accountable for own learning
- Being open to learning and new experiences
- Being open to receiving constructive feedback
- Evaluating learning experience positively and negatively
- Integrating into the team and becoming familiar with team/work purpose, philosophy, culture and roles
- Being proactive with using available resources (critical thinking)
- Using assistance to problem solve
- Making theory/practice links relevant to work area
- Completing generic competencies of the organisation
- Taking opportunities to maximise learning and experiences
- Undertaking to acquire the core skills of the work area according to their level of practice, within a reasonable time frame so they can demonstrate safe practice in accordance with the Vision and Values of the District Health Board.

Role of the Charge Nurse, Team Leader, Nurse Manager etc

- Practice in accordance with the Vision and Values of the District Health Board
- Welcoming new staff to the institution and the work area
- Introduce work area culture to new staff to assist in their integration
- Ensure appropriate rostering of new staff, matching preceptor to preceptee to maximise the learning outcomes of the preceptee
- Familiarise new staff to the Charge Nurse role and that person's expectations of staff in their work area
- Oversee the preceptor/preceptee relationship and process, and be a mediator in conflict
- Provide added support for preceptors new to the role, and manage the resulting clinical slowdown through appropriate rostering
- Be responsible for setting the ongoing professional development of the preceptee
- Receive feedback from the preceptor/preceptee relationship and other staff
- Give feedback to preceptor/preceptee and Nurse Educator on the progress of the preceptee and the relationship

- Provide a structured way for the preceptor to give feedback to preceptee, objectives attained, strengths and weaknesses
- Sets expectations of safe practice in clinical area to new staff
- Ensure performance appraisal and goal setting are undertaken.

The Role of Nurse Educator

(Excludes University/Technical Institute Clinical Lecturer)

- Welcoming new staff to the workplace and clinical environment
- Select and match preceptor to preceptee in conjunction with the Charge Nurse based on skill mix and learning needs analysis
- Familiarise new staff to the Nurse Educator role and their expectations
- Assist in evaluation of preceptee progress
- Support the preceptor in their role, coaching and developing preceptor skills
- Liaise with Charge Nurse to identify and facilitate educational opportunities for future preceptors (succession planning)
- Provide added support for preceptors new to the role

Role of Other Staff in the Work Environment

- Welcome new staff to the institution and the work area
- Support the preceptor/preceptee relationship and recognise preceptor's need to spend non-clinical time with preceptee
- Support preceptors new to the role to meet the preceptee's needs
- Give feedback to preceptor and charge nurse about preceptee progress
- Role model independent, safe practice and professional behaviour

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Appendix I: Policy Example **EXAMPLE ONLY**

Appendix I: Policy and Preceptorship Standards Example

PRECEPTORSHIP STANDARDS

1. Clinical Nurse / Midwifery Managers are required to identify appropriate preceptors prior to the preceptees arrival in the department and against agreed selection process.
2. During the orientation period, the preceptor and preceptee shall be rostered on the same shifts and be given an appropriate workload to enable effective outcomes. Following this, and for the next three (3) months, the preceptor and preceptee shall be rostered on the same shift at least once a week.
3. A defined area-specific orientation programme must be discussed and followed.
4. A review of the preceptees past experience should be ascertained in order that the preceptee can attain skills needed to function at their expected level as per their employment contract or Professional Development & Recognition Programme (PDRP) requirements.
5. The preceptor must follow the Preceptor Role Specification.
6. There must be liaison between Clinical Nurse / Midwifery Manager, Nurse Co-ordinator – Graduate Nurse Programme (for graduate nurses), Nurse / Midwifery Educators and Preceptors.
7. The preceptor and preceptee will meet formally during the course of the placement to discuss and document progress. For graduate nurses, this will be as per the requirements of the Nursing Entry to Practice (NETP) specifications. This allows for joint development of goals, assessment of progress and placement / rotation final assessment.
8. The organisation must ensure that there are sufficient trained preceptors available to precept new staff.
9. It is the responsibility of the preceptor to maintain his or her own level of education and practice.

Preceptors working with graduate nurses will:

- Be provided with relevant initial and continuing education for the equivalent of two (2) days (16 hours) per year.
- Be supported by the programme co-ordinator who will also provide peer review.
- Provide the graduate with a three (3) month placement assessment.
- Be committed to providing (to the graduate) and receiving feedback on their performance as a preceptor.
- Provide the co-ordinator of the programme with an evaluation and feedback on the NETP Programme.

Appendix I: Policy Example

EXAMPLE ONLY

PRECEPTOR ROLE SPECIFICATION STANDARD

- Preceptorship is a clinical educational strategy where the preceptor and preceptee work together for a specified period of time.
- Preceptorship is a process of teaching and induction to the clinical environment.
- Preceptors are allocated to all new members of the nursing team to familiarise them with the work area and unique practice requirements.

OBJECTIVE

Preceptor Pre requisites

- Clinical experience in the area of practice, 'Competent' Step 3 and above on the Professional Development & Recognition Programme
- Has a desire to be a preceptor and completed a Preceptorship training course
- Functioning as a role model and demonstrates consistently a positive and proactive attitude within clinical area
- Well established time management and decision making skills
- Willingness and ability to teach in a one to one situation, with knowledge of adult learning principles
- Active in extending own professional growth and encouraging others
- Able to communicate clearly and give constructive feedback and assist others to meet identified needs
- Demonstrated leadership skills
- Contributes to preceptees performance appraisal

Preceptor Role Definition

Key responsibilities	**Expected outcomes**
Orientation of preceptee to ward / department / service.	• Provide a safe, effective, comprehensive introduction to the clinical workplace. • Aware of emergency procedures, policies and procedures and ward / department work processes • Introduction to members of the multi disciplinary team

Appendix I: Policy Example

EXAMPLE ONLY

Key responsibilities	Expected outcomes
Plan attainment of skills needed by preceptee to function at the expected level on the PDRP	• Skills and knowledge are obtained either through one on one teaching by preceptor, ward / department sessions or attending organisation sessions • Preceptor will ensure opportunities arise where learning can occur • A plan is formulated of how the skills will be attained within a defined time frame - this is on agreement by both the preceptor and preceptee • Core skills, such as medication, IV certification, and CPR certification are obtained as soon as possible
Sets appropriate workload to increase independence of preceptee, as necessary skills are obtained	• Preceptee will confidently increase independence in practice while maintaining safe practice at all times • Preceptee will be able to time manage and set priorities in their workload
Provides continuous feedback on progress and support in their new role	• Formal assessments are completed in the agreed timeframes • Informal feedback is given immediately and used as a learning situation
Formal and informal evaluation	• All parties concerned discuss outcomes, progress and issues frequently • Progress monitored and evaluation forms completed. Issues identified and managed in consultation with manager
Take responsibility to obtain new skills and knowledge required to teach preceptee required skills	• Preceptor will be able to teach required skills or delegate to a practitioner who has the skills

REFERENCES

- Specification for Nursing Entry to Practice (NETP) Programme Learning Framework - DHBNZ
- Preceptor Handbook – Graduate Nurse Programme

* For new graduates involved in NETP programmes this process must also involve the new graduate coordinator (see NETP programme HWNZ specifications).

** For new graduates involved in a NETP programme this period is six weeks as per NETP programme HWNZ specifications

***for new graduates involved in NETP programme refer to the NETP programme HWNZ specifications

Appendix II: Application Form **EXAMPLE ONLY**

Appendix II: Application Form

PRECEPTOR COURSE

Application form for Registered Nurse/Midwife.

Personal Information

Name: .....

Ward/Unit/PHO etc: .....

Contact Details .....

.....

Personal References

Name: .....

Relationship: .....

Area of work: .....

Email: .....

Phone: .....

Name: .....

Relationship: .....

Area of work: .....

Email: .....

Phone: .....

PDRP Level: .....

Previous performance review date: .....

One of the review objectives indicates a desire to become a preceptor: Yes / No

Give an example of a time when you encouraged or coached someone in their career

.....

.....

.....

Appendix II: Application Form

EXAMPLE ONLY

Describe your reason/s for wanting to be a Preceptor

What five (5) expectations do you have for a new staff member? In other words, what do you expect from the person that you are preceptoring?

Flexibility is important in a preceptor. Describe a time when you were flexible at work

The applicant acknowledges that the information provided is true, accurate and complete.

By signing this form the applicant agrees to participate fully in the preceptorship programme. The applicant also agrees to sign the learning contract with the preceptee on their commencement of work.

Name (print): .....

Signature: ..... Date: .....

Appendix II: Application Form

EXAMPLE ONLY

Line Manager Recommendation

Please fill out the questions below.

Line Manager's Name: .....
Phone: .....
Length of time in which you have known the applicant: .....
Applicant's Name: .....
PDRP level: .....
Date Due: .....

	1 Low	2	3	4 High	N/A
Desire to teach					
Non-judgemental attitude toward co-workers					
Ability to adapt to new situations					
Personal confidence					
Commitment to the development of others					
Commitment to the development of staff					
Competent in area of expertise					
Follows through on commitments					
Flexibility					
Additional comments:					

Please indicate urgency requirement of the training

☐ 2 months ☐ 4 months ☐ 6 months ☐ Other ☐ Non-urgent

By signing below, I give my recommendation and permission for the applicant to participate in the Preceptor Programme

Signature (required) ..... Date .....

Appendix II: Application Form

EXAMPLE ONLY

Peer Recommendation

Please fill out the questions below. Your name is appreciated in assisting us to maintain a quality service

Peer Name: ..... Phone:

Length of time in which you have known the applicant: .....

Applicant's Name: .....

	1 Low	2	3	4 High	N/A
Desire to teach					
Non-judgemental attitude toward co-workers					
Ability to adapt to new situations					
Personal confidence					
Commitment to the development of others					
Commitment to the development of staff					
Competent in area of practice					
Follows through on commitments					
Flexibility					
Additional comments:					

Signature (required) ..... Date .....

Appendix III: Glossary

Assessment: A systematic procedure for collecting qualitative and quantitative data to describe progress, practice and achievement (Nursing Council of New Zealand, 2001b)

Clinical/Professional supervision: Brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues (UKCC, 1996).

Community of Practice: a group of people with the same interest meeting together for the purpose of learning

Competence: The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse (Nursing Council of New Zealand, November 2004).

Competency/ies: The knowledge skills and attributes required to perform key functions to the pre-determined standards expected of a nurse in practice (Nursing Council of New Zealand, 2001a).

Evaluation: The means by which the effectiveness of a programme and outcomes is measured, taking into account the views of those affected by the process.

Evidence based practice: Practice which is based on decisions that combine systematic assessment of relevant information in the scientific literature with clinical judgment (Health Workforce Advisory Committee, 2002).

Performance appraisal / review: A formal process between the employee and employer/manager of defining expectations, reviewing performance and planning goals for the future.

Professional development and recognition programme: Competence based programme that assesses nursing practice against competencies, recognises level of practice and supports ongoing professional development.

Practising: All nurses who are working in a capacity for which a nursing qualification is required in order to practise in direct relationship with clients or in nursing management and administration, nursing education, nursing research or nursing professional advice or policy development require practising certificates. (Nursing Council of New Zealand, September 2004).

Preceptor: A nurse who has undertaken a formal preceptor training programme, who assists a beginning practitioner or a nurse changing areas to achieve a competent level of practice.

Appendix III: Glossary

Reflective practice: A process where each nurse critically analyses his/her own clinical decision making, clients interactions and the consequences of his/her nursing actions as a means of improving practice (Royal New Zealand Plunket Society, 2003).

Socialisation: the process of learning interpersonal and interactional skills that in are in conformity with the values of one's society

Transferability: The ability to transfer from one practice setting to another within the same programme that gives recognition of competence.

Transportability: The ability to transfer from one programme to another with a similar structural framework that gives similar recognition of competence.

Glossary compiled by members of the PDRP working party and NZNE preceptorship sub-group (unless otherwise indicated).

References

Health Workforce Advisory Committee, (2002). *The New Zealand workforce: Framing future directions discussion document.* Wellington: Author.

Nursing Council of New Zealand, (2001a). *Framework for Post Registration Nursing Practice Education.* Wellington: Author.

Nursing Council of New Zealand, (2001b). *Guidelines for Competence-Based Practising Certificates for Registered Nurses*. Wellington: Author.

Nursing Council of New Zealand, (2004). *Scopes of Practice.* Wellington: Author.

Royal New Zealand Plunket Society, (2003). *Standards for Plunket Nurse Practice.* Wellington: Author.

UKCC, (1996). *Position statement on clinical supervision for nursing and health visiting.* England: Author.

Appendix IV: Roster and Staffing Guidelines

Suggestions:

- The preceptee shares a clinical workload with a preceptor for a negotiated period relative to their experience and learning needs.*/**
- The preceptee works the same shifts with their preceptor, where possible, for a further negotiated period e.g. 2-6 weeks allowing for mentoring and feedback.
- The preceptorship period for graduate nurses should encompass their entire programme.
- Workload allocation should be fair and consistent reflecting the added responsibility of the preceptor and the learning needs of the preceptee. Effective preceptoring involves some degree of clinical slowdown in the area and this needs to be acknowledged by other staff members.
- Orientation to night shifts (if appropriate) should occur with their preceptor or experienced night staff.
- Liaison between the line manager, nurse educator, new graduate coordinator and the preceptors should be undertaken to place a new staff member with an appropriate preceptor.
- Time allocated for one-on-one preceptor/preceptee objective setting, planning, feedback, and discussion.
- The line manager and nurse educator/graduate nurse coordinator schedule regular meetings to review progress with the preceptor and preceptee.

* Clinical workload sharing is defined as two nurses working together (normally within a preceptorship model), who share and are responsible for the care of a clinical client group. Initially the preceptee share of the workload and responsibility will be limited. However it is anticipated at the end of the defined period that the preceptee is assuming a substantial part of the workload and responsibility.

** For new graduates involved in a NETP programme this period is six weeks as per NETP programme CTA specifications.

Appendix V: Example of a Learning Contract **EXAMPLE ONLY**

Appendix V: Example of a Learning Contract

LEARNING CONTRACT (7, 20, 30, 47)

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 roles. It is suggested that two copies are made and that both are signed. The preceptor and the preceptee then both have a copy.

Learning Contract between Preceptee and Preceptor

I, ... (Preceptor) agree to provide preceptorship to ..... (Preceptee) in Work Area ..... 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 preceptor and orientation programmes
- Facilitation of learning experiences for the preceptee
- Opportunities for self directed learning for the preceptee
- Encouragement and support for the preceptee to identify their own learning needs and the resources available
- A colleague to provide support if I am unavailable
- Regular feedback of preceptee's progress to preceptee and charge nurse
- Assessment of clinical competencies if applicable

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 preceptorship programme

Signature: ..... **Date:** .....

Appendix V: Example of a Learning Contract

EXAMPLE ONLY

I, ... (Preceptee) agree to participate in the preceptorship provided by ..... (Preceptor) commencing on: ..... and finishing on: .....

I agree to take responsibility for the following:

- Negotiating learning contract and timeframes with preceptor
- Participating in clinical teaching experiences provided
- Developing a plan to meet the requirements of the clinical competencies
- Acknowledging own skills and knowledge level
- Seeking out support and information required
- actively seek constructive feedback provided by preceptor
- Acknowledging increasing responsibility in the role of Registered Nurse/Midwife
- Taking the opportunity provided to develop own nursing skills
- Participating in team meetings
- Seek and discuss feedback from peers
- Reflecting on my clinical practice and demonstrating self-awareness

Signature: ..... **Date:** .....

Other identified and agreed upon responsibilities:

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.....

Preceptor's Initials ..... **Preceptee's Initials** .....

Appendix VI: Evaluation of the Preceptorship Experience*

Name ..... Date: .....

Preceptor or Preceptee .....

Department/Ward: .....

Introduction:

The information provided will be utilised to assist in the review and development of preceptorship and orientation for future staff/students coming to your workplace.

Instructions: please mark each of the following features for the preceptorship and add any additional comments you wish to make.

Feature	Yes	No	Please explain
1. In general, were you satisfied with the quality of the orientation programme your unit/ward offered (what you were able to provide, and how you delivered it)?			
2. Were you provided information about your preceptee/preceptor prior to them coming to your ward/department?			
3. Did you have sufficient time to complete all requirements of the orientation?			
4. Did your workload allow preceptorship to take place?			
5. Were you able to be immediately available when your preceptee/ preceptor needed you? (during or initially post orientation)			
6. a) Have you completed a formal Preceptorship Training Programme? b) Do you believe that the Training Programme training meets the requirements in order for you to successfully do the role?			
7. Did you receive support from Clinical Nurse Leaders, Educators and/or Graduate Nurse Coordinator to enable you to undertake preceptorship effectively?			

Appendix VI: Evaluation of the Preceptorship Experience **EXAMPLE ONLY**

Feature	Yes	No	Please explain
8. Did you receive support from other nursing staff in your ward/ department to enable the preceptorship experience?			
9. Did you encounter any learning/ teaching problems working with your preceptee/preceptor?			
10. Did you experience any inter-personal problems working with your preceptee/preceptor?			
11. Were you able to identify/access the appropriate patients and clinical situations to enhance the learning experience and to assist with further learning?			
12. Did you use a learning contract?			
13. Were you able to plan goals (objectives) that were a) attainable b) met			
Other comments, critiques, or suggestions:			

Thank you for taking the time to fill in the form. Please return it to your Nurse Educator.

* Where this form is being utilised for NETP programmes it must link into the NETP programme quality programme

This evaluation form has been adapted by the Graduate Nurse Coordinator at Tauranga Hospital (February 2006) from work done by the Clinical Nurse Educators at the Waikato DHB using work produced by: Alspach, JG (1995). The Educational Process in Nursing Staff Development. St Louis: Mosby.