

Team-based approach to Preceptorship

V1.1, August 2021

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Introduction

This paper considers the idea of providing preceptorship through a team-based approach to offer further flexibility to organisations in ensuring a quality preceptorship for newly qualified practitioners.

Background

The [CapitalNurse Preceptorship Framework](#) was introduced in 2017 to provide a standard model for preceptorship for pan-London organisations with the aim of decreasing variation in education and practices in London and retaining nursing staff. The benefits of preceptorship have been clearly identified for preceptees in reducing transition shock (Odelius et al, 2017; Higgins et al, 2010). An organisational commitment to preceptorship is essential (Currie, L and Watts C, 2012), and this has been highlighted by the report produced by former Health Education England's national Reducing Pre-registration Attrition and Improving Retention (RePAIR) research project (2018).

During the challenges presented by COVID-19, alternative ways of providing preceptorship were considered and piloted in some areas. These included the CapitalNurse Accelerated Preceptorship programme. The challenge of offering a quality preceptorship programme with full support for a newly registered practitioner during the transition period became apparent with staff redeployed to other areas. As a result, the CapitalNurse Team is looking at a range of different ways in which to provide essential support to newly qualified staff with flexibility for the department and without affecting the quality of preceptorship.

What is a team-based approach to preceptorship?

A Team Preceptorship Model is an innovative model to provide support to the newly qualified practitioner through collaborative mentoring. It has been successfully piloted in Canada in a joint initiative between a university and the Public Health Department to provide a flexible model of support to student nurses and was found to be beneficial for both preceptees and preceptors (Cooper Braithwaite and Lemonde, 2011).

The purpose of a team-based approach to preceptorship increases support for the preceptee whilst providing flexibility for the department or organisation without placing too much responsibility on one individual preceptor.

The concept of a team-based approach would mean that each department or ward or organisation (depending on the organisation) would have a team of preceptors who are available to provide support and guidance to the new preceptee. This could be in addition to or in lieu of the traditional preceptor role.

With the introduction of multi-disciplinary preceptorship, the preceptor team would include other registered healthcare practitioners (with a minimum of one year's experience post-qualification).

Benefits of a team preceptorship model

Benefits have been considered from various studies (Cooper Braithwaite and Lemonde, 2011; Myrick and Yonge, 2002; Latham et al, 2007).

Benefits for preceptors

- Shared responsibility amongst the team with less onus on one person

- Less duplication – for example, identifying learning opportunities for Newly Registered Practitioners (NRPs) was shared amongst the team rather than each preceptor looking for opportunities for preceptee
- More collaboration
- Improved communication
- More flexibility

Benefits for preceptees

- Increased accessibility to preceptors. Newly Registered Practitioners (NRPs) are not always on the same shift as their preceptor – a team approach provides more access to preceptors
- Different expertise – all preceptors have their own areas of expertise, making it easier to access the right expertise
- Range of people to talk to in different situations
- Increased level of support

Other benefits

- Partnership between frontline nurses improved the culture and health of the workplace, which had a positive impact on patient care (Latham et al.)
- Flexibility for departments or organisations, particularly in times of staff shortages, in providing preceptorship for newly qualified practitioners
- Improved support for the newly qualified ‘future nurses’ following new guidance from the Nursing and Midwifery Council (NMC) in 2018
- Improved multi-disciplinary relationships through sharing of preceptorship increasing effectiveness and productivity

Preceptor team role

The role of the preceptor remains unchanged. However, preceptees may be allocated to a team of preceptors, rather than one individual.

According to the CapitalNurse [Preceptorship](#) Framework, preceptors should be qualified practitioners with a minimum of 12 months experience working as registered healthcare professionals. They may volunteer or be asked to undertake the role by their lead nurse/healthcare practitioner, line manager or clinical manager. Research shows that the best preceptors are those who are volunteers and have more recent experience of being newly registered.

Role of the preceptor

The role of the preceptor and/or preceptorship team is to provide guidance to the preceptee by facilitating the transition from student to registered practitioner by gaining experience and applying learning in a clinical setting during the preceptorship period.

Responsibilities include:

1. possessing a good understanding of the preceptor framework requirements and communicating these to the newly qualified practitioner clearly and concisely
2. understanding the scope and boundaries of the roles of the newly qualified practitioner
3. ensuring induction has been completed and checking that the newly qualified practitioner is fully aware of local ways of working and appropriate policies
4. facilitating introductions for the newly qualified practitioner to colleagues, multi-disciplinary staff and others, promoting effective working relationships
5. guiding in assessing learning needs and setting achievable goals with regular and confidential review with the newly qualified practitioner

6. using coaching skills to enable the newly qualified practitioner to develop both clinically and professionally and to develop confidence
7. facilitating a supportive learning environment by signposting resources and actively planning learning opportunities for the clinical, professional and personal growth of the newly registered practitioner
8. giving timely and appropriate feedback to newly qualified practitioners on a regular basis
9. acting as a critical friend and advocate
10. liaising with other preceptors and the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review.

Preceptor support and development

Preceptors should be prepared for their role and be offered some development in understanding the preceptorship programme within their organisation and the skills required.

Ongoing support for preceptors should be available from the organisation leads. A pan-London approach to preceptorship development has been developed by CapitalNurse Team. Find out more: www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorship.

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Acknowledgements

- Louise Morton, Director of Nursing, Central and North West London Foundation Trust
- Carolyn Price, Preceptorship Lead Matron, Guys and St Thomas NHS Foundation Trust
- Kristen Leonard, Preceptorship Lead, Imperial Healthcare
- Joseph Lynch, Preceptorship Lead, The Whittington

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