

Preceptorship and Return to Practice for Nursing



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Preceptorship is a term used for a consolidation period following Registration with the NMC. It will help ease your transition back into and develop your clinical practice

The aim of the Return to Practice programme is to support nurses on their journey back into a nursing career.

The Return to Practice programme was initiated as a response to the national shortage of nurses across the NHS leading to increasing concern regarding expensive agency nurse bills and increased pressure on NHS service providers.

This document will help to explain and provide information to nurses who are returning to practice as to what Preceptorship is and what the returning nurse's role is when participating in a preceptorship programme.

We hope you find this information useful, please also see our video at the link below around Preceptorship and Returning to Practice :

http://learning.wm.hee.nhs.uk/resource/preceptorship.https://vimeo.com/115880179

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An introduction to the elements of Preceptorship

Preceptorship programmes have been designed to support the Newly Registered Practitioner in accordance with the existing Preceptorship framework issued by the Department of Health (2010). Newly Registered Practitioners will receive supervision in practice from a registered practitioner during the first year of appointment. As nurses who are returning to practice, this programme will be tailored to your individual needs.

A Preceptorship Programme provides:

- Integration of prior learning into practice
- Application in accordance with evidencebased practice
- Development of confidence
- Adherence to the Codes of Professional Conduct
- Update and enhance knowledge and clinical skills
- Adherence to policies and procedures
- Reflective practice
- Giving and receiving feedback
- Advocacy
- Interpersonal skills

- Clinical Risk Management and Governance
- Equality and Diversity
- Negotiation and conflict resolution
- Leadership and management development
- Develop a strategy for Continued Professional Development
- Team working within the multidisciplinary team
- Clinical judgement and decision making
- Enhancement of self-awareness: Provides training and education around use of medical devices, medicines management, documentation and electronic systems



Objectives

Preceptorship is provided in accordance to local policy with the overall objective that patients/clients/ service users receive safe care and treatment.

To ensure Preceptors (experienced nurse) and newly registered practitioners understand their roles in the Preceptorship process.

To ensure completion of competencies to develop knowledge, skills and professional attitudes, values and behaviours, which are evidence based.

To support and guide the newly registered practitioner in their transition back into clinical practice during their first year of appointment

Competency based

- Completion of department specific competency based document
- Use of medical equipment
- Mandatory Training / updates
- Completion of Role specific training

Normal Learning Cycle of a Preceptorship Programme

A Preceptor

Is a named experienced practitioner who offers guidance and support. The preceptor will be involved in the implementation of learning and assessment to meet your bespoke training needs and will ensure you as the preceptee receives adequate supervision.

The Preceptor must have been registered for at least 12 months and have experience in their clinical area.



Clinical Competencies

These form a large part of the preceptorship programme, they identify specific skills that are relevant for nurses working across the Trust and some skills for working in their own clinical areas.

Competencies are designed with the expectation that the preceptees (newly registered practitioners) will take responsibility for their own learning and development. They are advised to meet with their Preceptor at regular intervals to discuss their aims and objectives, learning outcomes and progress towards achieving them and for signing off their completion when ready.

General Objectives

These objectives relate to safety issues and the general 'getting to know' your clinical area and the Hospital or Community area you are working in.

Personal Objectives / Action Plan

These are not set objectives and learning outcomes; they should be tailored to reflect the specific development and learning needs of each individual nurse returning to practice. They will be discussed and decided between the preceptee and their preceptor following completion of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis Pearce, C. (2007) Ten steps to carrying out a SWOT analysis. Nursing Management 14(2),pp25.

A SMART Action Plan should be compiled together. http://nursing-matters.com/smart-goals/

Benefits for Preceptors

- To be a good role model for delivering high quality patient care
- Professional involvement in the teaching/ learning process
- Validates and reinforces professional value and practice
- Stimulates innovative and improved practice
- Opportunity to step back and appreciate own contribution to the profession
- Contributions to future health care through influencing a student's practice
- Opportunity to network with other preceptors within and across agencies
- Form a positive bond with the preceptee
- How can this be used for evidence for revalidation
- Provide a supportive learning environment

- Employ a range of learning styles that fit the task and the preferred learning style of the preceptee
- Adopt a non-judgmental learning environment
- Employ active listening skills
- Be open to new ideas and ways of working
- Be familiar with the documentation for preceptorship/PDR's
- Maintain the preceptee's confidentiality
- Know and understand the practice, policies, procedures and protocols for best practice
- Know the limits of their own practice
- Seek advice when required
- Understand the importance of learning from clinical incidents and near misses, and the process involved in their documentation

Benefits for nurses returning to practice

- Participate in nursing practice in a variety of settings
- Experience the 'real world' of nursing practice
- Gain competence and confidence
- Ease the transition back into clinical practice



Returning nurses will enter into a Learning agreement with their Preceptor.

What will this mean?

- It will help meet the requirements of revalidation
- Commit to the preceptorship programme
- Ensure that reflection becomes part of everyday clinical practice
- Be proactive in learning
- Take steps to identify and act on areas that need development
- Accept guidance and feedback from the

- preceptor and clinical manager eg, Ward Sister
- Continuously record learning
- Become proficient at self-evaluation
- Evaluate their own practice against best practice
- Supports other preceptees/preceptors
- Deliver safe, high quality patient care

The preceptorship programme includes the following elements:

- Accountability
- Career development
- Communication
- Dealing with conflict/managing difficult conversations
- Delivering safe care
- Emotional intelligence
- Leadership

- Quality Improvement
- Resilience
- Reflection
- Safe staffing /raising concerns
- Team working
- Medicines management (where relevant)

Prior to employment:

- The organisation should have a preceptorship policy, which has been formally approved by Education Governance structures
- There will be an organisational lead for Preceptorship
- The structured preceptorship programme will be agreed by the organisation's Executive Nurse or equivalent
- The preceptor will have undertaken training and education, which is separate from mentorship training in preparation for the Preceptorship role
- The returning nurse will have been identified as requiring preceptorship

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During protected time at During protected time at During protected time at the the six month review. During protected time at the time at the optional nine worth review.	The preceptor and preceptee The preceptee should be should ensure feeling more integrated that previously into the team. The preceptee should feel that previously fully established within agreed support the clinical team / area. networks are working.	The preceptee should reflect on progress made against preceptor and formal meeting to ensure all agreed actions and objectives are in progress. If this has not been achieved, develop action plan and set dates for further interviews.
During protected time at the optional three month review.	The preceptor and preceptee should ensure that previously agreed support networks are working.	The preceptee should reflect on progress made against previously set actions and learning objectives and document in thepreceptorship package. If this has not been achieved, identify problem areas; develop action plan and set dates for further interviews.
During protected time, by the end of the first month.	The preceptee should start to feel integrated into the team.	The preceptee should have completed local Trust corporate induction programmes.
During protected time in the first week.	On the first day in employment, the returning nurse (preceptee) should be informed of the allocated named preceptor taken from a central register of preceptors.	The preceptee should meet with the allocated preceptor / member of the team.

The purpose of the preceptorship programme is clearly defined and mutually understood by the preceptor and the preceptee. The preceptor and preceptee should identify their roles/responsibilities within the preceptorship programme.	The preceptee should have undertaken a local Trust mandatory training programme.	The preceptee should produce evidence of learning.	The preceptor and preceptee should establish subsequent meeting dates depending on individual needs.	The preceptee should produce evidence of learning.	The preceptor and preceptee should verify completion of the preceptorship package and completion of competency documents.
The preceptee should complete a transitional learning needs analysis. The preceptor and preceptee should clearly discuss identified strengths, weaknesses / areas for development e.g. Medical devices, technology etc. And complete learning objectives to be achieved in the form of an action plan. The preceptor and preceptee should identify learning objectives / opportunities.	The preceptee should have been given all competency packages relevant to their area according to local competency policy.	The preceptor and preceptee should establish subsequent meeting dates depending on individual needs.	The preceptor and preceptee should identify progression regarding completion of competency packages.	The preceptor and preceptee should establish subsequent meeting dates depending on individual needs.	The preceptee should reflect on progress made against previously set learning objectives and document in preceptorship package.
A range of relevant skills training and assessment will be available to meet the individual needs of the preceptee. The preceptor and preceptee should identify evidence of learning to be produced.	The preceptee should have met with other newly registered practitioners to form an action learning set for group reflection.		The preceptee should reflect on progress made against previously set actions and learning objectives and document in the preceptorship package.		The preceptee should have met with other newly registered practitioners / action learning set for group reflection.

The preceptee should have completed further training relevant to the role.	By the end of the first year, the returning nurse (preceptee) should have successfully transitioned back into clinical practice and work as an independent autonomous practitioner. If this has not been achieved, identify problem areas; develop action plan and set dates for further interviews.	The preceptor and preceptee should meet for a 1:1 clinical supervision session.	The preceptee is ready to undergo an organisational performance appraisal.	The preceptee gives 360 degree feedback on their experience during the preceptorship period to shape future development of the preceptorship framework.
The preceptee should meet with other newly registered practitioners / action learning set for group reflection.	The preceptor and preceptee should meet for a 1:1 clinical supervision session.			
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The preceptee should commence the local Trust preceptorship programme and documentation.	The preceptee should commence local induction and paperwork for new starters in line with local Trust policy.	Within the clinical setting, depending on previous experience the preceptee may be supernumerary. This should be negotiated at this point between the preceptor and preceptee.	The preceptor should discuss local and Trust support networks and mechanisms in place for the preceptee.	The preceptor and preceptee should identify other newly registered practitioners to form an action learning set for group reflection.

The preceptor and preceptee should set dates for subsequent interviews.		
The preceptorship programme includes the following elements: 1. Accountability 2. Career development 3. Communication 4. Dealing with conflict/managing difficult conversations	s. Quality Improvement 9. Resilience 10. Reflection 11. Safe staffing /raising concerns 12. Team working	

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