Neonatal Preceptorship Programme:

A Network Approach to Delivery

Evaluating Effectiveness

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Introduction and Background

This is a report in to the findings of the Preceptee evaluation of the pilot Wessex Neonatal Preceptorship Programme.

The concept of Preceptorship is not new to health professionals and has been widely disseminated in the United Kingdom [UK] throughout the nursing profession since the early 1990's. The Department of Health [DH] (2010) Preceptorship Framework best encapsulates the concept of Preceptorship for this programme as the refining of skills, professional behaviour and values, leading to an increase in competence and confidence and a conduit to continue the journey of life-long learning.

Preceptorship programmes were developed from an identified need to provide support for the newly qualified nurse [NQN] and facilitate the socialisation and transition into the profession during their first year in clinical practice (Haggerty et al. 2013). According to Broad et al. (2011) Preceptorship has gained more prominence, arguably coinciding with the radical reorganisation of nurse education in the past decade, which has raised issues of preparation for practice (Francis 2010, Banks et al. 2011).

In response to this, the inquiry into the quality of pre-registration education (Willis 2012) found no evidence that degree level registration was damaging to patient care. Conversely, graduate nurses have played and will continue to have a key role in improving standards and in preparing a workforce fit for the future (Willis 2012). However despite these findings it has been considered necessary to provide a period of additional support for the NQN (Whitehead et al. 2015). There is a wealth of evidence that NQN's report difficulties in making the transition from student to registered nurse in clinical practice (Duchscher 2009; Allnurses.com 2013; Wessex Preceptee 2015). The Department of Health (2010) also recognises that transition to the clinical environment can be a challenging and stressful time for the NQN and recommends that all NQN's undertake a period of Preceptorship.

Preceptorship plays a very important part in the specialty of Neonates as it is a complex and demanding area (DH 2009). The care administered to this population has a long lasting impact not only on the future of each vulnerable infant, but also on their families/carers. Both the Nursing and Midwifery Council [NMC 2006] and Royal College of Nursing [RCN] (2012, 2015) also recommend

that Preceptorship should extend to practitioners new to a specialty. Following a network audit of education provision within the then South Central Neonatal Network (Edwards 2012). This audit reported that only 22% (n=2) (Wessex) provided a Neonatal Preceptorship Programme. The remaining number 77% (n=7) of units either accessed a Trust or Paediatric Programme.

The senior nurses within this Network felt that this was inappropriate to meet the needs of the NQN/Novice known as Preceptee entering Neonatology. The Neonatal Toolkit (DH 2009), RCN (2015) suggest that due to the increasing complexities of neonatal practice and unique pathologies and care pathways (Turrill 2011), further skills and knowledge need to be acquired post qualification within a period of foundation learning. This is further corroborated by the necessity for established bespoke programmes to support new neonatal staff not only in the development of clinical, leadership skills and lifelong learning, but to alleviate the transitional challenges of new practitioners in order to reduce attrition rates within the Network (Hancock 2002; Square 2010; Riley 2013).

In recognition of this, the Programme Director in collaboration with the Thames Valley and Wessex Operational Delivery Network [ODN] and Health Education Wessex, developed and implemented a bespoke Network Preceptorship Programme to support and develop the Preceptee for the first year in Neonatology. In the development phase of the programme, evaluating the clinical effectiveness of this programme for stakeholders was identified (DH 2010).

The Wessex Neonatal Programme

As this was a Network approach to the delivery of the programme, the use of social media was considered as the best option to deliver a blended learning approach to the programme as pedagogical benefits were anticipated (Killam et al. 2013). In addition its use sought to foster relationships and offer programme and peer support regardless of geographical location (Dalton et al. 2007). This was adjunct to the traditional didactic style of teaching. Furthermore the programme was underpinned by a competency framework adapted from the Knowledge Skills Framework [KSF] (2004) and RCN Core Clinical Neonatal Framework (RCN 2012).

This afforded an opportunity for the undertaking of a clinical placement in an alternative designated unit where evidence has been shown that it can strengthen professional relationships

and support the development of a wide repertoire of neonatal skills (Ramudu et al. 2006). Another important aim of this programme was to implement multi-professional working with trainee medical staff within the Paediatric specialty; this involved the attendance at the Patient Safety Study Day and the undertaking of a Patient Safety Project.

Questionnaire Design

The sample was all Preceptees (purposeful sampling) as they were the best available people to provide data on the programme. A mixed-method questionnaire was designed to collect both quantitative and qualitative data.

Two nurse Preceptorship programme experts from outside of the network provided content and construct validity, and an expert in questionnaire design commented on the structure of questions See Table 1 Items Changed Following Expert Review:

Items changed following expert review (Table 1)	
Item	Rationale for Removal/Change
Appropriate	Ambiguous wording
Sufficient	Ambiguous wording
Positive answers should have an option for comment	There is valuable data from both negative and positive responses. This was built into the questionnaire
Adapted from Moore (2009)	

'Preceptorship' was clarified as to meaning within this context: See Table 2 adapted from Price (2013).

Meaning of Preceptorship (Table 2)	
	Meaning
1	Support from all staff
2	The Preceptee is helped to prepare a plan of action which helps the Preceptee enquire about their practice.
3	Ongoing support
4	Agreed regular meetings with Preceptor/Preceptee
5	Exploration of learning needs and skill acquisition
6	Preceptors explore with the Preceptee which skills are causing anxiety
7	Constructive and immediate feedback on progress (Adapted from Price 2013)

Face validity was assessed by Preceptorship graduates from a different Network. One of the nurses was the same nationality as Preceptees from this programme, therefore assuring inclusivity and equality. No further amendments were made to the questionnaire from this review.

The survey utilised an electronic survey licensed to Typeform. In addition Typeform is designed to work best on mobile devices such as smartphones, as this was a generation of 'millennial learners' (those born between 1980 and 1992) who have grown up with technology, this was felt to be appropriate to further increase response rate (Montenery 2013). In fact 69% of respondents answered the questionnaire on their phones. The electronic link was disseminated directly to the respondents by a senior nurse from a different Network.

The respondents were able to access the link from 3rd August until 28th August 2015, reminders to all the group were sent out weekly by the senior nurse. They were advised that participation was voluntary, and anonymous. The data was stored on a password protected computer. The response rate was 100% (n=11).

The questionnaire contained 18 Likert-style questions and one open-ended question. Likert-scale questions were in the form of statements about the programme inviting Preceptees to agree or to disagree, and varying rating scales. Space for free text was included. Link to Preceptee Questionnaire:

https://kimle61.typeform.com/to/gq8Vm3

Data Analysis

The results were analysed by carefully reading the questionnaires. Developing themes became apparent during the analysis and enabled data to be collated into categories for discussion. See Table 3 Theme categories.

Theme categories (Table 3)	
Category	**Theme**
Learning Support / engagement for Preceptorship	• Preceptee Support/ Sustainability • Preceptee Transition to Clinical Workforce and ongoing support
Education and competency (Lifelong learning)	• Education/Leadership and anxiety surrounding Patient Safety Projects
Facebook	• The use of Facebook as a shared learning tool, peer support and communication
Clinical Placements	• Lack of clear communication around aims of placement

Main Findings

1. Specific time to support and engage for Preceptorship

This theme was identified throughout the data and could be grouped in to three elements: supernumerary time during orientation, time out for preceptorship activities and ongoing support after orientation.

Ninety one percent of the Preceptees were allocated supernumerary time within the first weeks of starting work and found this of value. Nine percent did not receive any supernumerary time.

"I was counted in the numbers from the day I started. I had covered some bank shifts on the unit before which meant I was familiar with the unit, however I feel supernumerary time would have helped me."

Although all Preceptees were allocated a named Preceptor, an emerging theme from the qualitative data was about the barriers and challenges surrounding engagement with Preceptorship. Fifty five percent of the Preceptees did not work with their Preceptor twice a month due to conflicting rosters, Preceptorship not seen as a priority, and demanding workload.

"During this Preceptorship my Preceptor and I had to meet outside of the unit in our own time to talk through situations and anxieties. It was not made known to the roster team that we had to work together."

A sub theme which emerged from this data where 18% of Preceptees felt staff perceived allocated time for Preceptorship and ongoing support was only applicable when on orientation.

"After my orientation period I was allocated just like normal staff, so I was rarely allocated time with my Preceptor."

Although the Preceptees highly rated staff engagement with the programme, 27% of Preceptees were dissatisfied with a lack of ongoing support after orientation had finished.

"We need more supportive staff, not only during our supernumerary time, but especially after it."

2. Learning Opportunities, Education and Facebook

Several specific questions in relation to clinical, leadership skills and professional behaviour were addressed in the questionnaire.

Seventy two percent of the Preceptees strongly agreed that the competency framework facilitated the attaining of clinical competence, work and personal objectives. In addition 81% indicated that it helped them to deliver effective care. However 28% of the Preceptees had a less positive

experience with the documentation, in part due to duplication of competency documents from their individual units.

"I had two sets of paperwork to complete and I never really knew which one to use"

3. Facebook

The Preceptees rated highly the use of Facebook where the following statement illustrates how Facebook is valuable in facilitating Preceptee engagement and flow of information.

"I check Facebook all the time so I can keep up to date with communication and any new information posted by peers and Programme Director"

Another positive theme which emerged was its value as a tool to developing professional behaviour and the facilitation of learning and critical reflection.

"I think we behaved in a professional way I also liked the fact that learning could continue and wasn't just left to study days. We had some good discussions around neonatal care"

4. Patient Safety Project

The Preceptees found the undertaking of the project as a daunting experience; however several key learning points were identified. One hundred percent perceived the two most beneficial elements were the 'implementation of a real project into practice' and 'shared learning'. Seventy three percent felt it had improved their critical thinking skills with 64% stating it developed assertive questioning skills.

"It was important to question practice, difficult to do but we felt practice wasn't safe"

Fifty five percent of Preceptees identified the opportunity of multi-disciplinary working as an additional positive outcome from undertaking the project. However one Preceptee felt that shared learning with another discipline was meeting only their needs.

"Not mixing some study days with junior doctors as more aimed towards the role of the doctor"

In addition a small percentage (18%) indicated that they did not expect to have to do more study. Negative statements about this included:

"Had to work on patient safety project in own time, it was difficult to come up with an idea and we had to research it"

5.   Clinical placements

All Preceptees have completed a clinical placement in an alternative designated unit. One of the main barriers that emerged from the qualitative data was issues surrounding Human Resources that led to stress and anxiety and conflicting information.

"It was an anxious time it was like starting all over again, I was already nervous about working in another unit"

Although 100% of Preceptees agreed that the experience was valuable as it provided insight into an alternative designated unit and helped with confidence building. This is supported in the qualitative data;

"In conclusion I think that all neonatal nurses should have the opportunity to work in a level 2 and 3 units in order to develop a different mixed of skills that contributes to self-confident, competent and skilled neonatal nurses".

Eighty three percent also agreed that it provided insight in to the understanding of parent experience. However common threads identified by the Preceptees were lack of clear aims and objectives for the placement and expectations from the receiving unit.

"The team on the unit wasn't fully aware of why I was there, most thought I was there just to work. I looked after babies that I looked after in my own unit I had no supernumerary time to enable the learning of new skills".

6.   Value and Sustainability of Programme

In the quantitative analysis 82% of Preceptees agreed with the statement 'the programme has reinforced my choice of career in neonates'. 18% felt more likely to continue with a neonatal career. All Preceptees would recommend this programme to colleagues. The qualitative analysis supports this statement;

"Being on the programme was fantastic, I was very well supported and my Preceptor was always encouraging. My confidence with caring for the babies and family increased".

In addition all the Preceptees indicated that they would like to become future Preceptors.

"Happy to support and share our experiences with them"

7.   Discussion

The majority of Preceptees valued the Preceptorship programme in terms of support and opportunities for role development, increased confidence and improved competence in practice. Studies by Whitehead et al. (2013), Marks-Maran et al. (2013) all reported that NQN's suffer from

anxiety and a lack of confidence, this evaluation concurs with these. However the Preceptees also indicated that a structured programme such as this has the potential to build their confidence and reduce anxiety and stress. However the orientation component and ongoing support continues to be a vexed proposition for the Preceptees. Although the majority had a positive experience of orientation consistent with that of others Phillips et al. (2013) Parker et al. (2012). Preceptees stated if this orientation time and support was thorough, sustained and well executed then their assimilation in to the new workplace was more effective. Studies by Sinclair et al. (2015) and Johnstone et al. (2008) suggest that for effective transition and for NQN's to move from novice to advanced beginner, support needs to be ongoing throughout the first year in practice, if ignored leads to increased stress, dissatisfaction and an impact on their learning experience.

However specific time to engage for Preceptorship is a main concern identified from this evaluation. Studies by Whitehead et al. (2015) and Marks-Maran et al. (2013) corroborate this. Preceptees reported not feeling valued or respected as time to precept is often undertaken in the nurses own time and regarded as a constraint on effective delivery of Preceptorship (Rheaume et al. 2011). Furthermore Johnstone et al. (2008) discuss the concept of Preceptee respect in the context of engagement and acceptance in their new role and the connotation of respect is an absolute position of engagement and acceptance within a new culture.

In addition the possibility of Preceptees wanting to become future Preceptors was explored; all indicated that they would be interested in this role. Studies by Persaud (2008) and Marks-Maran et al. (2013) also investigated this possibility and postulate that this is an issue that may translate in to sustainability of Preceptorship Programmes. Furthermore all the Preceptees declared they wish to continue a career in Neonatology. As retention of staff within the specialty was one of the intentions of this programme, the literature also suggests that positive experience of Preceptorship can aid retention (Robinson and Griffiths 2009).

Despite senior staff concerns regarding the use of social media in regards to professional conduct and as a distraction to learning (NMC 2015, Johnson 2010), its use provided an opportunity for the modeling of professional behaviour by both the Preceptees and Programme Director. Sinclair et al. (2015) argue that by embedding social media in education programmes and establishing acceptable boundaries from the beginning, it allowed for mutual goals and boundaries to be set and consequences for both. Although it could not guarantee that all that was posted was

professional, that cannot always be guaranteed in a classroom setting too (Killam et al. 2013). In addition the Preceptees articulated other positive aspects of its use. It provided a sense of community where they were not alone with their experiences. It also allowed active participation (Montenery et al. 2013), where they could learn continuously and at their own pace (Reed and Edmunds 2015). Furthermore Facebook in conjunction with Action Learning served as a narrative pedagogy for the Preceptees as it allowed them to tell their clinical stories and encouraged reflection and personal growth (Brown et al. 2008).

Facebook also facilitated effective communication between the Programme Director and the Preceptee, providing a platform for being approachable and connected. Carter and Graham (2012) hypothesize that its use as a support tool may be a strategy to support retention in the workforce. All Preceptees identified that the programme competency framework facilitated their move from novice to advanced beginner despite some frustrations surrounding duplication of documentation, which have since been addressed. However within the UK there is an expectation that NQN's should be at the advanced novice stage at entry to the workforce (Marks-Maran et al. 2013). However Benner's (1984) seminal work on novice to expert nurse describes reaching competence over a period of time. Within neonatology it should be assumed that any novice to the specialty does not have competence and will only reach the level of advanced beginner within the first year (RCN 2015).

There is strong evidence that better leadership has a positive difference on patient care (Francis 2013, Berwick 2013). The Shape of Caring Review (2015) state that leadership is a key skill at all levels of the career trajectory and therefore it could be argued that patient safety projects provide a step towards not only post-graduate education but in the development of key leadership skills and should be included in the NMC revalidation framework (Shape of Caring Review 2015). Although a small number initially resisted participating with the work, in part consistent with 'transition shock' following entry in to practice (Wallin et al. 2012). All Preceptees fully engaged and produced some excellent work, which have been implemented in to practice. Furthermore two of the projects were presented as exemplars at the Patient Safety Conference.

In addition the majority of the preceptees fully engaged with the interprofessional aspect of the programme. Miller et al. (2006) argue that opportunities for interprofessional learning after registration should occur within the working environment in order for them to impact on clinical

practice. Within this context it encouraged collaborative working between the Preceptees and Paediatric trainees and awareness that the same issues can be seen through a different lens.

All the Preceptees have completed a clinical placement. Ramudu et al. (2006) study demonstrated that a rotational placement can provide insight to a different unit and an understanding of the parent experience; the findings from this evaluation concur with this. However the Preceptees identified a lack of clear aims and objectives for the placement which translated to not being supernumerary and therefore no opportunity to enhance or acquire new skills. Phillips et al. (2013) found that a comprehensive orientation is essential if undertaking a new rotation.

Limitations to Evaluation

There are limitations to this evaluation, only the experiences of the Preceptees are represented therefore to evaluate the full impact of this programme the views of other stakeholders such as Preceptors and senior nurses will ensure triangulation of data. This is currently being undertaken and is awaiting analysis.

Furthermore the sample was small and employed the use of only a questionnaire, which may not have produced the depth and richness of data that the use of focus groups and interviews may have captured. Finally personal bias is an overriding factor as the questions were fundamentally designed by the Programme Director.

Recommendation and Conclusion

The findings of this evaluation are set out in table 4 of recommendations.

Recommendations from findings (Table 4)	
	Recommendations
1	All staff should have a designated period of orientation to their unit and on clinical placement
2	Preceptees should work/meet with their allocated Preceptor twice a month in the first 6 months.
3	Off Duty rosters need to take in to account time for Preceptorship activities and identification of Preceptor/Preceptee to meet for discussion and this needs to extend after initial orientation period.
4	Clear guidance needs to be provided prior to the undertaking of clinical placements to ensure that both the needs of the Preceptee and unit are met.
5	Further stakeholder events will be arranged to raise the importance of the role of the Preceptor and unit in the ongoing sustainability of this programme.
6	Human Resource issues need to be discussed with senior nurse's and Trust management teams to reach resolution on this problem.

The findings from this small evaluation support existing literature about how Preceptorship programmes can alleviate the stress and anxiety during transition in to the workplace. In addition it has demonstrated that a contemporary structured approach to the delivery of Preceptorship can enable Preceptees to model both personal and professional behaviour. It explored the use of Facebook as a pedagogic tool and as a community of learning in a way that has further supported transition into clinical practice and therefore increasing confidence and competence. It has also supported the beginnings of multi-professional working and the development of leadership skills.

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