October 2015-2016 Cohort Wessex Neonatal Preceptorship Programme:

Evaluation of the Programme through the Preceptee lens

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Neonatal Nursing
Preceptorship
Programme

Introduction and Background

This is a report in to the findings of the Preceptee evaluation from the October 2015-2016 cohort Wessex Neonatal Preceptorship Programme. The aim of the evaluation was to explore the preceptees experiences and sustainability of the Programme and their career within the specialty. The demographics of the group were as follows: 50% of the group were newly qualified nurses [NQN] (Child Branch), one was a NQN (adult). The other 50 % were adult nurses with previous experience in either adult Critical Services or adult High Dependency. Fourteen preceptee completed the Programme out of a total of 17 initially. Two of these left very early in the programme taking up jobs out of nursing. One Nurse (adult newly qualified) left after 6 months to pursue a career in Health Visiting.

The Preceptees were representative from all the neonatal units in Wessex (nine).
Of the fourteen left all are still working within neonatal care within the Wessex Network. Of these 14 all have either completed the Neonatal Qualified in Specialty [QIS] (a requirement of the Neonatal Toolkit (DH 2009) or commence QIS this October 2017. Although most graduated preceptees were clinically prepared to undertake the 2016 Programme a shrinking CPD budget meant that funded places were not available for all.

 Nurse education has been university based since the mid -1990's but despite careful preparation and assessment of student nurses it has been considered necessary thereafter to provide a period of additional support for newly qualified nurses [NQN].
Preceptorship programmes were developed from this 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).

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, 2016). It is often described as a very stressful time (Whitehead et al 2016). This is typical in the highly technical and demanding environment of critical care (Woodrow 2006). 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. Furthermore, many countries around the world are either experiencing or anticipating a significant shortage of nurses in their healthcare workforce (Organisation for Economic Co-operation and Development 2013)

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 such as the experienced adult trained nurse.

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 have sustainability and reduce attrition rates within the Network (Hancock 2002; Square 2010; Riley 2013 , Marks-Moran 2013, Edwards 2015).

This is the first cohort of preceptees following the evaluation of the Programme by the Pilot group 2014-2015. In recognition of the findings, the Programme Director in collaboration with the Thames Valley and Wessex Operational Delivery Network [ODN] and Health Education Wessex implemented some changes to the programme.

Implemented Changes
Recommendations
All staff have a designated period of orientation to their unit and on clinical placement
Preceptee should work/meet with their allocated Preceptor twice a month in the first 6 months.
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.
Clear guidance is provided prior to the undertaking of clinical placements to ensure that both the needs of the Preceptee and unit are met.
The introduction of Nurse Champions to disseminate information regarding the 'Preceptorship role' and to raise its profile
The introduction of Graduate Preceptee to act as Preceptor /Buddy for new Preceptee
Preparation of Preceptee to undertake the role of Preceptor

The Wessex Neonatal Programme

The aim of developing and implementing this programme was to improve recruitment and retention to the specialty and to improve attrition rates within the Wessex Neonatal Network. In addition a secondary aim was to accelerate learning and skills in preparation for QIS providing a much improved up skilled workforce.

As this is a Network approach to the delivery of the programme, Facebook provided a platform for the creation of a virtual learning and meeting space to deliver a blended learning approach to the programme as pedagogical benefits were well evaluated from the pilot evaluation (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, 2015).   Some minor adaptions were made to the competency document following feedback from both the Preceptee and Preceptor.

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). Findings from the pilot evaluation found that the understanding of the different parent experience was fundamental to learning and gaining insight into the whole of the patient journey. 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. Further questions were incorporated to explore the issue of sustainability of the programme and to the specialty and to seek some clarification of value in the undertaking of a patient safety project.

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 Item 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 initially assessed by Preceptorship graduates from a different Network and Preceptees from the pilot group. Several of the nurses were 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 68% of respondents answered the questionnaire on their phones as this was most convenient for them. The electronic

link was disseminated directly to the respondents via their virtual learning environment to participate.

The respondents were able to access the link from 15th September until 28th December 2016, 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 87% N= (12).

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. Questions were also included regarding sustainability: 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 • Time for preceptorship
Stress	• Conflict with other staff • Lack of support • Inadequate preparation for the workforce • Unacceptable behavior attitude towards NQN's and the Novice
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 • Barriers and challenges with Facebook
Clinical Placements	• Lack of clear communication around aims of placement and dealing with HR and contracts
Sustainability	• Preceptee wishing to become Preceptors/ Buddies • Recommendation of the Programme to other colleagues

Main Findings

1.   Specific time to support and engage for Preceptorship

This theme was identified throughout the data and had been identified from the pilot evaluation and could be grouped in to three elements: time out for preceptorship activities, stress and ongoing support after orientation and sense of value.

All of the Preceptees within this cohort were allocated supernumerary time within the first weeks of starting work and found this of value. The length of supernumerary time varied within units but is generally more in the two Neonatal Intensive Care Units [NICU].

One of the Preceptee was not initially allocated a named Preceptor; the Preceptee stated the reason for this being

"I did not have one allocated initially and when I did the unit realised the preceptor worked only part-time and only night shifts".

This was later addressed by the Programme Director and the Preceptee.

An emerging theme from the qualitative data was about the barriers and challenges surrounding engagement and time for Preceptorship. Seventy four per cent of the Preceptees did not work with their Preceptor as per stated standard of twice a month due to conflicting rosters, Preceptorship not seen as a priority, lack of understanding about roles and responsibilities of the Preceptor role and demanding workloads.

"There was poor matching, despite requesting to work shifts together this rarely happened"

"After my orientation period I was allocated just like a normal staff member so I seldom worked with my Preceptor"

"Skill mix, roster co-ordinator not aware of importance of Preceptee/Preceptor time."

A number of the Preceptees described the process of preceptorship as taking place in their own time or when they could fit it in

 "I don't feel the unit fully understood the role of the Preceptor and the importance of having to work alongside them we often met outside of work to achieve this."

"I suppose the atmosphere of the unit didn't allow for this, also I was allocated a preceptor who didn't work in the higher dependency rooms which I was often working in".

Many of these comments mirrored the findings from the pilot group evaluation.

2. Stress (Context of meaning)

This was clearly defined as a demanding, complex workload, lack of support translated into difficulty in managing workload and unacceptable behaviour/attitude towards the Preceptee

"It was difficult with having to care for a group of sick babies and trying to prioritise care for them"

Several of the NQN Preceptees also identified 'feeling responsible and terrified' in their first 3 months. Upon exploration of this theme Preceptees feared making an error that may harm the baby. They also perceived more stress when dealing with parents and a perceived not knowing the answer to the parents questions.

Workload demands were a recurring theme from the preceptees. However, there was a significant increase in its reported frequency after the first six months in post for both the NQN and Novice, possibly reflecting the end of the Preceptorship formal support process. One Preceptee suggested the continuation of Action Learning either virtually or by using Skype/Facetime to ensure ongoing peer support.

Several of the Preceptees reported senior staff uncivil behaviour towards them as having 'negative emotional consequences'. Unacceptable behaviour towards Preceptees has previously been identified both in the UK and internationally from other nurses (Duchscher, 2009, Kelly and Ahern 2009).

3. Learning Opportunities, Education, Action Learning and Facebook

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

Ninety one percent of the Preceptees were able to access appropriate learning opportunities within the clinical context.

It was identified that learning opportunities were missed due to;

"Understaffing pressures on the unit with skill mix and complexity of babies, there was often no time for teaching it felt rushed"

The use of the Neonatal Competency framework document to enable the Preceptee to attain clinical competence, and develop both work and personal objectives was highly rated scoring 7 out of 10. All Preceptees indicated that it helped them to deliver effective care. However, in the

initial weeks of the Programme, one unit duplicated competency documents with the preceptees unsure of which document to use. This was addressed with the unit concerned.

Action learning was rated highly as it offered peer support and sharing of experiences one preceptee made a valid comment about increasing the effectiveness of Action Learning.

" In order to share experiences and learn from each other I would suggest to plan more moments of shared reflections and group work, may be taking into consideration a case study approach so it would be easier to learn how to act in similar situations"

In addition 64% of the Preceptees, identified the need for simulation/ scenarios around dealing with difficult conversations, conflict with both staff and families.

4. **Facebook**

Facebook provided a platform for the creation of a virtual meeting space for each group. Facebook was selected because it is the largest social media platform most commonly used by women, and its highest use is reported amongst women aged 18-29 years (Fox 2011). In addition, specialist training and equipment are not required as it can be accessed by different devices connected to the internet (Baciagalupe 2011).

A secret Facebook was set up by the Programme Director acting as the group Moderator. Facebook has three levels of privacy setting and secret is the highest. The secret privacy setting means that the group is only open and visible to the group members. Secret groups are not google indexed or searchable within or outside of Facebook. Furthermore, a practical guidance was devised by the group on the expectations of conduct and professional behaviour. This was guided by the Nursing and Midwifery social media advice and local Trust policy (NMC 2015).

The Preceptees rated highly the use of Facebook as a pedagogical tool, citing the use of podcasts, presentations from study days and neonatal e learning education sites in particular as enhancing learning. The Preceptees also identified a positive culture of peer engagement and shared learning opportunities.

The highest rating was the effectiveness of communication using the private message service between the group and the Programme director.

'It allowed for us to discuss sensitive issues with not only each other but with the Programme Director'

One Preceptee, not from the 18-29 years demographic did experience difficulty in using Facebook and access to the platform at work. This was discussed with the Trust and access was made available to the Preceptee.

"Information sharing about the study days and the PDF files and presentations should be made a lot clearer as on Facebook it quickly got lost in between a large number of posts"

5. Patient Safety Project

The Preceptees from this cohort were much more prepared for the undertaking of the Patient Safety Project. Several key learning points were identified; all the Preceptees reported the two most beneficial elements were the 'implementation of a real project into practice' and 'utilising leadership skills in practice'.

Seventy one per cent of Preceptees identified the opportunity of multi-disciplinary working and collaboration as an additional positive outcome from undertaking the project. All the Preceptees expressed that viewing some of the patient safety issues through the lens of another discipline and parents as an enlightening experience.

6.   Clinical placements

All Preceptees have completed a clinical placement in an alternative designated unit. Two of the main barriers that emerged from the qualitative data were issues surrounding Human Resources that led to stress and anxiety and conflicting information. The second issue was lack of clarity from the Programme Director surrounding the organisation of the placement, this delayed the initial process

All 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 level 2 and 3 units in order to develop different skill set that contributes to self-confidence, competence and skilled neonatal nurses".

All Preceptees agreed that it provided insight in to the understanding of the parent experience and pathway.

"One of the things I enjoyed the most was talking to the parents and seeing what a different experience it was for them from the NICU where I worked"

Both the Preceptees and Unit staff reported that having clear aims and objectives for the placement enhanced the overall experience and expectation.

7.   Value and Sustainability of Programme

In the quantitative analysis 71% of Preceptees agreed with the statement 'the programme has reinforced my choice of career in neonates'. Twenty two% felt that due to the positive experience of the Programme they were more likely to continue with a neonatal career.

"The programme has helped me with my professional development, by recognising my strengths and areas for future development"

All Preceptees would recommend this programme to colleagues. In addition in response to the question 'do you want to be a Preceptor' all preceptees reported yes the qualitative analysis supports this statement;

"I feel we are the best people to support new groups as we have just been through it ourselves"

"Happy to support and share our experiences with them particularly around some of the work we have to do"

8.   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 Halpin et al. (2017), Whitehead et al. (2013), Marks-Maran et al. (2013) all reported that NQN's suffer from anxiety, stress and a lack of confidence, this evaluation concurs with these findings.

 In addition the Preceptees also indicated that a structured programme such as this has the potential to build their confidence and reduce anxiety and stress. The Preceptees reported that the support during orientation was very good. However the ongoing support after the end of supernumerary status continues to be a vexed proposition for the Preceptees.

 The majority of preceptees 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.

 Some of the preceptees reported a perception that staff attitude and behaviour towards them particularly after orientation ended as unacceptable and led to feelings of insecurity and poor performance.

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 modelling 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). 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). The Neonatal Toolkit (DH 2009), Turrill (2011) discursive paper on neonatal skills and competence and the RCN (2015) suggest that due to the increasing complexities of neonatal practice and unique pathologies and care pathways, further skills and knowledge need to be acquired post qualification/novice entry within a period of foundation learning allowing progression to Advanced Beginner only within the first year. This is

further corroborated by the Welsh Advanced Practice [AP] Framework (2012) whom recognise that within the context of a specialism there is a difference in clinical skill, competence and autonomous practice and function between the 'Junior-level Specialist' and who at this stage may only be at the level of Benner's (1984) 'Advanced Beginner' and/or the 'Advanced Generalist'.

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). All Preceptees fully engaged with their Patient Safety Projects and produced some excellent work, most of which have been implemented in to practice. Furthermore, one of the projects was presented as an exemplar at the Patient Safety Conference and the Paediatric, Innovation Education and Research [PIER] conference. (Neonatal Epidermal Stripping) (see appendix1)

In addition, all 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 from a different perspective.

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, some of 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 in this report. Therefore, to evaluate the full impact of this programme the views of other

stakeholders such as Preceptors and senior nurses has been undertaken and analysed. (Separate report available)

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. As part of a Master's dissertation a further more in depth exploration
using focus groups and reflective diaries will be undertaken. Finally personal bias is an overriding factor as the Programme was developed 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	A case study approach within Action Learning (implemented)
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	Formal preparation of Preceptees to undertake the Preceptor role within the Preceptorship Programme
	Tag Pages on Facebook so relevant information does not get lost. (implemented)
7	Further in depth evaluation in regards to sustainability of the Programme (part of master's dissertation)
8	Preceptees to deliver some education to future groups and act as facilitators to Action Learning groups
9	Introduction of the use of actors (Simulation) for dealing with conflict/difficult situations

The findings from this evaluation support existing literature and the pilot evaluation 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 continuation of multi-professional working and an understanding of each other's roles, contributions and the development of leadership skills in the undertaking of the patient safety project.

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