



Health Education Wessex



Thames Valley & Wessex Clinical Networks  
(Hosted by University Hospital Southampton NHS Foundation Trust)

# Wessex Neonatal Preceptorship Programme

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May 2014



# A definition of Precetorship

*“A period of structured transition for the newly qualified registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours to continue on their journey of life-long learning” (DH 2010 p11).*



## Background (Generic)

- ▶ Preceptorship programmes during the first year of Registered Nurse Practice have been recommended by the Department of Health. (DH 2010)
- ▶ Most Trusts have been asked to deliver own programmes. (NHS Employers 2010)
- ▶ Neonates is a distinct speciality with the need for specific skills and competency. (DH 2009)



## Background (Local)

*“South Central Neonatal Education Provision Audit demonstrated that although all units were accessing preceptorship programmes only 22% N =2 were delivering a bespoke neonatal preceptorship programme.”*

(South Central Neonatal Network Audit 2012 p1)



# The Vision

*“ The development of a gold standard evidence-based multi-professional bespoke Neonatal Preceptorship programme ,delivered in partnership between Wessex Units within Thames Valley and Wessex Neonatal Operational Delivery Network and Health Education Wessex.” (Edwards 2012)*





## Background (Local)

- ▶ All lead Nurses and Practice Educators requested a Network standardised Preceptorship Programme.
- ▶ Good infrastructure already in place with excellent in house teaching programmes and the use of current technology such as E-Learning packages, Apps and Simulation Programmes.



# What is the Aim of Preceptorship?

- ▶ To enhance the competence and confidence of newly registered nurses as autonomous professionals. (NMC 2006)
- ▶ To enable the newly registered nurse to apply knowledge, skills and competencies acquired as students in to their area of practice (neonates) laying a solid foundation for life-long learning. (DH 2008)



# What Preceptorship is not

- ▶ Replacement for mandatory training programmes.
- ▶ Substitute for performance management issues.
- ▶ Formal coaching (informal coaching skills may be used by Preceptors to facilitate learning).





# What Preceptorship is not

- ▶ Mentorship.
- ▶ An extension of their Pre-Registration Training.
- ▶ Clinical Supervision.
- ▶ To be completed in isolation for example Distance Learning (DH 2010).



# Development of the Programme

- ▶ Underpinned by established well evaluated neonatal orientation programmes within Network.
- ▶ Content of programme developed by Senior Nurses/Practice Educators in Network.
- ▶ To be piloted in first year (7–10 Preceptees).
- ▶ Evaluation for both Preceptees and Preceptors.
- ▶ Feedback/Feed forward 6 months/12 months.



# The Programme

- ▶ Delivered over 1 year (October).
- ▶ Six week Placement in an alternatively designated unit.
- ▶ Delivered by established infrastructure across Wessex Network.
- ▶ Aligned to local Trust Preceptorship principles.
- ▶ Trust Induction.
- ▶ Local Induction and orientation/socialisation to neonatal unit.



# The Programme

- ▶ Competency framework to include generic and core clinical competencies NHS (KSF 2004, BAPM 2012, RCN 2012).
- ▶ Action Learning sets.
- ▶ Patient Safety (multi-professional working).
- ▶ Service improvement projects (Clinical audit).
- ▶ Blended Learning.



# The Programme

- ▶ Study days to include introduction to neonatal care, medicine management (APP), high dependency, neonatal surgery, intensive care.
- ▶ Palliative Care.
- ▶ Evidence-based projects/presentations/posters of work to peers/Senior Nurses.





# Proposed Neonatal Network Preceptorship Programme

## NEONATAL PRECEPTORSHIP PROGRAMME

### Blue: Trust Core Preceptorship Programme

#### Core: Day 1: Patient Safety Day Core: Day 1: Patient Safety & Quality

Intro to programme (use handbook display flying start)  
Dignity and respect  
Human factors – communication - give and receive feedback, being a team member  
Risk & Governance, CQUINS,  
Patient Safety Thermometer indicators  
Service Improvement projects  
**Principles A, B, C, D & E**

#### Core: Day 3: Simulation

Practical session x 2 days per cohort  
Service improvement project time  
**Principles F, G & H**

#### Core: Day 4: Leadership

Leadership skills, Motivation  
Time Management  
Confidence  
**Action learning**  
**Principle B, G & H**

#### Core: Day 5: Presentation Day

Service improvement project presentations  
Peer assessment of portfolios  
**Action learning**  
**Principles F & H**

#### Neonatal Palliative Care

Practical procedure surrounding the death of an infant  
Chaplaincy services to NICU  
Spiritual needs  
Bereavement support and services  
Mortuary visit  
Parent perspective and experience

### Yellow: Neonatal Foundation Programme

#### IV Neonatal Study Day

Drug accountability  
Total Parenteral Nutrition  
Nursing Care of Babies with intra-arterial and intravenous therapy  
Infection prevention and control  
Blood products and nursing care of baby receiving blood transfusion  
Most common neonatal IV infusions and fluid calculations  
Simulation

#### Neonatal High Dependency Foundation Study Day

Theory & nursing care of SIPAP, Normal and Bubble CPAP  
Importance of Humidification and High Humidified Flow Therapy  
Theory and nursing care of a baby with PDA  
Basic Blood Gas analysis  
Theory and nursing care of a baby with TTN, RDS or CLD  
Introduction to Neonatal Radiography  
Ventilation Workshop

#### Neonatal Intensive Care Foundation Study Day

HIE  
Nursing Care of a Complex ITU infant  
PPHN  
Principles of Ventilation  
NEC  
HFOV & NO Ventilation  
Simulation workshop, re intubation  
Presentations

#### Neonatal Foundation Studies

Basic Fluid /drugs calculations  
Capillary blood sampling for blood glucose  
Community team  
Developmental Care  
Discharge Process.  
Documentation  
Equipment Workshop  
Formula feeds  
Infection Prevention  
Introduction to Breast Feeding  
Introduction to Neonatal Jaundice  
Introduction to Neonatal Sepsis  
Introduction to Jaundice  
Management of gastric tube (NGT, OGT)  
Local Induction  
Medicines Management  
Neonatal Resuscitation (principles and special care)  
Principles of artificial feeding  
Retinopathy of Prematurity  
SEND  
Thermoregulation in Neonates  
Vital signs Workshops  
Neonatal CQUINS  
Neonatal Drug Withdrawal

# Attributes of Preceptors

- ▶ Supporting nurturing attitude (Raines 2009).
- ▶ Caring theme of inclusion and appropriate Preceptor presence (Schumacher 2007).
- ▶ Trustworthiness, enthusiasm, competence and integrity (Wilson et al 2009).
- ▶ Able to empower the Preceptee to problem solve and troubleshoot (NZNE 2006).



# Unique Opportunity

- ▶ A preceptor is the first critical component of a successful Programme. (Singer 2006)
- ▶ Key important role.
- ▶ Tripartite agreement and ownership  
*unit ,preceptor, preceptee.* (Singer 2006)




# Preparation of Preceptors

- ▶ Preceptors in the UK are less likely to be trained for their role than their colleagues in the US (NNRU 2009).
- ▶ Pre-requisite skills of Mentorship, QIS and positive evaluation from students/learners.
- ▶ Clearly defined roles and responsibilities (Price 2013, NZNEPS 2010).
- ▶ 1 day Preceptor workshop for Preceptors.
- ▶ Information pack to Preceptors on their role as a Preceptor (Ramudu et al 2006).



# The Benefits of Preceptorship for the Preceptee

- ▶ Integral to bridging the Practice–Theory Gap.  
(Duchscher 2009)
  - ▶ The development of real–time clinical reasoning eg enquiry, impressions and decisions. (Bott et al 2011)
  - ▶ Socialisation within the Health Care Team. (Price 2013)
  - ▶ Development of key transferable skills.
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# The Benefits of Preceptorship for the Preceptee

- ▶ Preceptees undertaking a more formal programme had a positive impact on clinical skills. (NNRU 2009)
- ▶ Shared multi-professional learning.
- ▶ Maximise learning opportunities required for successful transition to professional practice. (Bott et al 2011)



# The Benefits of Preceptorship for the Preceptor

- ▶ Development of supervision, appraisal, supportive and mentorship skills.(DH 2010)
- ▶ Provision of evidence for NMC revalidation.
- ▶ Opportunities to further own knowledge and teaching competencies.(NNRU 2009)
- ▶ Theoretical learning.



# The Benefits of Preceptorship for the Preceptor

- ▶ Opportunities for Networking (Wilson et al 2009).
- ▶ Valued by the organisation, staff and patients.
- ▶ Commitment to nursing and its regulatory requirements.
- ▶ Supports life-long learning and neonatal career development (DH 2010).



# The Possible Benefits of Preceptorship for the Organisation

- ▶ Enhanced quality of care.
- ▶ Reduced sickness and absence.
- ▶ Improved recruitment and retention (Whitehead et al 2013).
- ▶ Opportunity to “talent spot” to meet the leadership agenda.
- ▶ Enhanced job satisfaction for Preceptee and Preceptor (DH 2010).





# Any Questions?





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