Wessex Neonatal Preceptorship Programme

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A definition of Precatorship

“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 their 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 into their area of practice (neonates) laying a solid foundation for lifelong 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, QIQUINS,
- 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 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 spacial care)
- Principles of artificial feeding
- Retinopathy of Prematurity
- SEND
- Thermonaturation in Neonates
- Vital signs Workshops
- Neonatal QIQUINS
- Neonatal Drug Withdrawal

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 SIAP, 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
- PHN
- Principles of Ventilation
- NEC
- HFOV & NO Ventilation
- Simulation workshop, re intubation
- Presentations

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
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 of the 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.
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

- 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?
References

- National Nursing Research Unit (2009) *Scoping review Preceptorship for newly qualified nurses: impacts, facilitators and constraints*. London NNRU. Available from: [https://www.kcl.ac.uk/content/1/c6/05/06/70/PreceptorshipReview.pdf](https://www.kcl.ac.uk/content/1/c6/05/06/70/PreceptorshipReview.pdf) [Accessed 10 February 2014]
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