



RCH Nursing Preceptorship Model¹

Introduction

At the Royal Children's Hospital (RCH), a preceptor is defined as

an experienced practitioner, who is formally assigned for a fixed period of time, to provide transitional support, to an undergraduate or clinician, into a new practice setting, through role modelling, teaching, and socialising.

This definition was generated from literature on preceptorship (Alspach, 2000; Baltimore, 2004; McLoughen, O'Brien, & Jackson; 2006, Morton Cooper, 2000) and critical discussion within the RCH Preceptorship Working Group. This ensures that the definition matches the model at the RCH.

Guiding Principles and Elements of the Preceptorship Model

Role of the preceptor

The identification of the preceptor's role at the RCH has come from the literature and participants in the Preceptorship Program at the RCH. Alspach's (2000) framework in which the primary roles of the preceptor are identified as role model, educator and socialiser, is used and expanded on to make clear the role at the RCH.

EDUCATOR	ROLE MODEL	SOCIALISER
<ul style="list-style-type: none"> • Recognise the capabilities of the preceptee • Adapt to different learning styles • Determine "competence" • Be accountable for what is taught • Facilitate learning • Assess & Evaluate • Provide constructive feedback • Assist with development of realistic learning objectives • Promote self-directed learning • Explain • Link theory to practice • Stimulate critical thinking • Resolve conflict • Trouble shoot 	<ul style="list-style-type: none"> • Know the legal boundaries • Act within own capabilities • Keep self professionally developed • Promote Evidence Based Practice • Have a sound clinical knowledge 	<ul style="list-style-type: none"> • Help the preceptee feel welcome to the ward • Support the preceptee to feel safe in the work environment • Facilitate the preceptee's inclusion into the team • Help the preceptee feel empowered • Have a knowledge of the work environment and it's processes • Understand colleagues' roles
<ul style="list-style-type: none"> • Requires effective communication skills, both written and verbal • Adaptable to different personality types • Personal attributes such as: Supportive, Available, Approachable, Empathetic, Self aware, Patient, Sensitive 		

¹ The RCH Nursing Preceptorship Model is intended to support the RCH Nursing Competency Framework. As such those implementing nursing preceptorship should also be familiar with the requirements of RCH Nursing Competency Framework.



Criteria for selecting preceptors

Based on the identified role of the preceptor, the following criteria should be used when selecting preceptors, either through self selection or identification by another (for example Nurse Unit Manager or Clinical Nurse Educator / Facilitator).

EDUCATOR	ROLE MODEL	SOCIALISER
<ul style="list-style-type: none"> • Demonstrates a capacity and interest in teaching others (for example parents, children and colleagues) 	<ul style="list-style-type: none"> • Performs within scope of practice. • Demonstrates commitment to professional development. 	<ul style="list-style-type: none"> • Works well as part of the team. • Has an understanding of the environment and culture.
<ul style="list-style-type: none"> • Requires effective communication skills, both written and verbal. • Adaptable to different personality types. • Personal attributes such as: Supportive, Available, Approachable, Empathetic, Self aware, Patient, Sensitive. 		

Please note. For preceptorship to be successful the preceptor should want to take on the role.

Wherever possible a preceptor should work a minimum of 0.6 EFT. In instances where more than one preceptor is allocated an effective communication plan must be in place to ensure continuity for the preceptee's development.

TrendCare should be used to capture information regarding staff who have completed the Preceptorship Program and/or acted as preceptors. The Mackinnon Nursing Education and Development Centre will take responsibility for entering any participants in the Preceptorship Program into TrendCare. Wards will be responsible for maintaining currency of information on TrendCare regarding staff working as preceptors.

Assigning preceptors to preceptees

When assigning preceptor / preceptee pairs, matching on the basis of personality types and learning styles can enhance effectiveness and satisfaction (Baltimore, 2004). However the reality is that often the learning style and personality type of the preceptee is unknown. In addition pairing is often based on who is available and able to work as a preceptor.

Consideration should be given to the level of experience of the preceptee and preceptor. There are benefits associated with assigning a preceptor that has had recent experience (within 2-3 years) of the preceptee's situation (e.g. completion of a Graduate Nurse Program or Post Graduate studies).

Duration of Preceptorship

- As stated in the definition, preceptorship is entered into for a defined period of time.
 - For program participants (i.e. Undergraduate nurses, Graduate Nurse Program [GNP], Career Advancement Year [CAY], Post Graduate students) preceptorship incorporates the duration of the preceptee's placement.
 - For permanent new staff preceptorship incorporates the duration of the preceptee's probationary period.



Meetings

- The preceptor and preceptee should
 - Have the opportunity to meet prior to the preceptee starting
 - Discuss expectations and establish ways of working
 - Meet at least weekly during the familiarisation period
 - Meet at least monthly for the duration of the preceptorship relationship
- Protected time should be allocated for preceptors and preceptees to meet. The focus of these meetings will incorporate feedback regarding
 - progress to date,
 - evidence of learning,
 - progress with nursing competencies, and
 - ongoing review of objectives.
- In instances where it is impossible to arrange face to face meetings, the preceptor and preceptee should identify alternative means of communication or put another action plan in place.
- Documentation of monthly meetings should be included in the Professional Practice Portfolio.

Supernumerary time and familiarisation

Supernumerary time is allocated as per the RCH Nursing Competency Framework (2010).

- Graduate Nurse Program (GNP), Career Advancement Year (CAY) participants, and new staff will be rostered the same shifts as their preceptor during the supernumerary period when sharing a workload (see table 1).
- Post Graduate students will be rostered the same shifts as their preceptor for a period of one week at the commencement of each new rotation / placement. This includes any allocated supernumerary time (See table 1).
- Undergraduate nurses will be assigned to work with their preceptor for the duration of their clinical placement, ranging from two to seven weeks in length. The Undergraduate nurse will not be part of the staffing numbers each shift.

Table 1: Supernumerary time

Area	Nurses experience	Maximum supernumerary time
PICU, NNU, ED, Perioperative	New Graduate	Up to 10 weeks
	Experienced but new to above areas	Up to 6 weeks
	Experienced in above areas	Up to 4 weeks
RCH @ Home	Experienced in community	Up to 4 weeks
	Experienced with no community	Up to 6 weeks
All other RCH areas	New Graduate	Up to 6 weeks
	Experienced but new to Paediatrics	Up to 2 weeks
	Paediatric experienced but new to RCH	Up to 1 week
	RCH internal transfers	Up to 2 shifts

During familiarisation, consideration must be given to the preceptor's workload in order to ensure adequate support and teaching for the preceptee.

- The preceptor should not be
 - scheduled to take on additional duties or responsibilities
 - allocated a workload considered inappropriate for the preceptee
- The preceptor should be
 - allocated patients or work in close proximity to the preceptee



Appraisals

Preceptors play a key role in providing ongoing feedback (oral and written) regarding the preceptee's development. Appraisals are the responsibility of the manager who may seek input from preceptors and Clinical Nurse Educators / Facilitators.

Support and Recognition

Support and recognition for preceptors will be provided. This will include:

- Opportunity to participate in the Preceptorship Program
- Additional support provided from outside the clinical area
- Access to and support in using tools
- Provision of ongoing development opportunities
- Recognition through:
 - letter of appreciation
 - acknowledgement in communications, and
 - identification of their contribution through appraisal process

In instances where a preceptee or preceptor is unhappy with any situation, the Support Matrix (Figure 1) outlines the steps that should be followed. For undergraduates, more detailed information and matrices are contained in "Management and reporting of performance concerns for undergraduate nurses on clinical placement at RCH" and "Managing and reporting of undergraduate nurse incidents during clinical placement at RCH".

Preceptorship Training & Development

The Mackinnon Nursing Education and Development Centre offers a Preceptorship Program that supports the development of preceptors. The aim of the Preceptorship Program is to assist new preceptors in developing skills to support the transition of nurses into a new area of practice. The Preceptorship Program provides foundation theoretical knowledge with a focus on developing skills and providing strategies for managing the practical aspects of preceptorship.

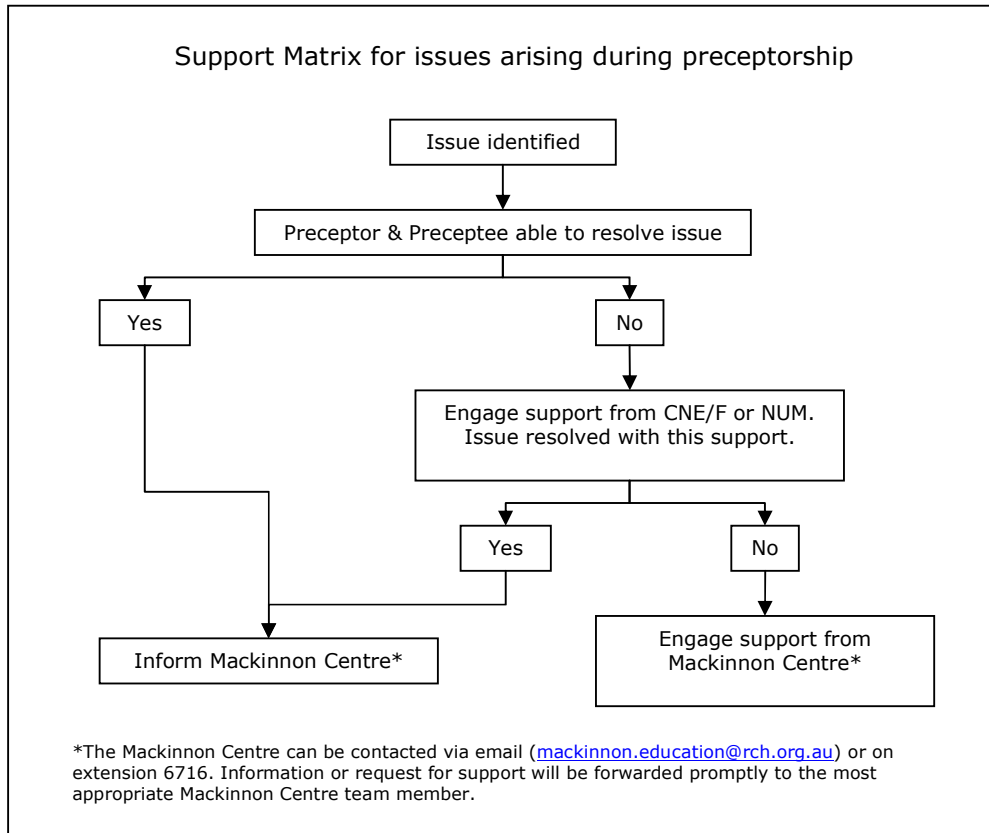
The Preceptorship Program is conducted over two days. The key modules within the program are:

- Preceptor roles and responsibilities
- Theories of learning and skill acquisition
- Evidence based practice
- Determining competence
- Understanding learning styles and personality types
- Formulating learning objectives
- Creating a professional development plan
- Facilitating development of others
- Assessing performance
- Giving and receiving feedback
- Dealing with conflict

Additional modules will be developed as needs are identified.

To attend the program an application form must be completed. This can be accessed via the http://www.rch.org.au/mcpc/practice_dev.cfm?doc_id=11864

Figure 1: Support matrix



Evaluation

Annual evaluation and review of the preceptorship model will occur.



References

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- RCH Nursing Competency Framework (2010). Downloaded from http://www.rch.org.au/emplibrary/nursing/RCH_Nursing_Competency_Framework_doc.pdf

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