

Case Study: Preceptee experiences and the role of the Preceptorship Facilitator

The recognition that newly qualified registrants require additional support is not a new concept and Central Manchester Foundation Trust (CMFT) acknowledged this by developing a structured mandatory 12 months Multi Professional Preceptorship Programme (CMFT 2010). Utilising Department of Health 'Best-Practice Guidance' (DoH 2009), Nursing and Midwifery Council recommendations (NMC 2010) and Flying Start (Scottish Executive Health Department 2006 structure), a task and finish group with representation from all Trust divisions, were involved in the application and successful implementation of the Preceptorship programme.

This study outlines key findings and learning uncovered from an evaluation of this programme including the introduction of a new role - the Preceptorship Facilitator (PF) to provide additional support to Preceptees.

This study sought to determine whether the PF role provided additional support and helped Preceptees overcome challenges faced during the transition period. Any problems encountered are discussed with particular focus on the involvement of the PF to determine any positive benefits that emerged from the relationship. The following accounts are all the Preceptees' own true personal experiences that took place.



Key Outcomes

- Impact on staff retention – this cannot be conclusively proven without conducting a formal research project however anecdotal evidence suggests that the PF role has helped retain staff. The number of preceptees that have left within their twelve month Preceptorship period has reduced from 17% to 4% (see Table 1 – Leaver Data in the How It Works section).

In the specific cases discussed, the extra support provided by the PF impacted positively in overcoming problems and retaining staff. The following examples are abstracts taken from formal written meetings between the PF and Preceptee:

- The PF encouraged staff to attend their work-shifts therefore reducing absences

- The PF helped Preceptees obtain help from Staff Support Services/Occupational Health, promoting personal health and wellbeing, reducing sickness absences.

Preceptee - *"Took your advice and made a referral to staff support and went to see my GP. I cried to my ward manager about how stressful and overwhelmed I felt, they changed my shifts so I could work the same shifts as my Preceptor. Had they not done this I would have gone off sick but I'm so glad now that I didn't because things have improved quickly, Thank-you so much for all your help"*

Preceptor Facilitator - *"The Preceptee thanked me for ringing them at home and felt much happier after discussing the issues of concern. The advice and support I had given had provided much needed reassurance. They confirmed to me that they will definitely be going to work tonight (they had previously told me that they were scared to go into work because the problems raised had left them feeling vulnerable and inadequate which had affected their confidence detrimentally). We arranged to meet up first thing in the morning after the shift so we could look at putting some action plans in place"*



- The PF explored the alternatives available to the Preceptee such as transferring to a different ward/area within the Trust. This enabled the Preceptee to develop their confidence and competencies and prevented them from leaving.

- The PF sought additional support enabling problems to be overcome

Preceptorship Facilitator - *"I am one of the Preceptorship Team at the Trust and wondered if you could help me with the following. I met with one of your Preceptees today who is intending to tender their resignation. However before they do this I just wondered about the possibility of them transferring to another ward. They have applied for jobs outside of the Trust but they have agreed to let me contact you about whether a transfer is possible. They are off work for the next few days but are happy for me to pass on their mobile telephone number should you wish to speak with them urgently"*

Preceptee - *"I am really happy with my new ward. The previous ward really wasn't the right place for me to start my nursing career and in some ways restricted my learning and led to my frustration. Thank you for assisting me with the transfer and I look forward to meeting with you next week. I'm so glad that I didn't take that job at the other hospital"*

Preceptorship Facilitator - *"I received a phone call from an anxious Preceptee asking me to go over to see them. On arrival they cried stating how overwhelmed and unsupported they felt. Although temporary, they had again been transferred to this ward and found the unfamiliarity very unsettling. They also no longer had a Preceptor and just wanted that valuable source of support. It wasn't helping that friends who had qualified at the same time were all just getting on with it which they found soul destroying. I said they must not compare themselves to others and they needed to acknowledge the unfamiliarity of the ward was probably making the transition more difficult. The clinical educator was working on the ward, who I approached for help. They immediately arranged a temporary Preceptor for the Preceptee and promised to sort out a permanent named Preceptor when the Preceptee returned to their original ward. When I left the Preceptee was much happier and working with the Preceptor. I will make a courtesy follow up call in a few days."*

Background

CMFT is a leading provider of tertiary and specialist healthcare services in Manchester treating more than a million patients every year. Specialist hospitals (including Royal Manchester Children's Hospital, University Dental Hospital of Manchester, Manchester Royal Eye Hospital, Manchester Royal Infirmary, Saint Mary's Hospital, Trafford Hospitals and Community Services) are home to hundreds of world class clinicians and academic staff committed to finding patients the best care and treatments. The trust is considered to be one of the best places to train and work, offering a leading integrated health, teaching, research and innovative organisation with a unique range of services from the simplest to the most complex conditions and diseases.

The CMFT Preceptorship programme has provided support for approximately 1,250 newly qualified health professionals since 2013. Recognition for the need to have a strategy to support new registrants in their first transitional year is underpinned by the commitment to facilitate a smooth transition from student to autonomous practitioner, so that they can develop their confidence, refine their skills, values and behaviours and continue their journey of life-long learning.

The CMFT Multi-Professional preceptorship Programme was introduced in 2010 following:

- A review in 2008 of the NHS undertaken by Lord Darzi, recognised the need for Preceptorship and additional funding for the implementation of Preceptorship Programmes for Newly Qualified Health Professions was allocated
- The Department of Health published a Preceptorship Framework 'Best-Practice Guidance' document in 2010 as a resource for all healthcare organisations to use in the development of Preceptorship programmes. At the same time the Nursing and Midwifery Council (NMC) (2010) addressed the need for a specific Preceptorship period for all Newly Qualified band 5 health professionals employed in their first post. Acknowledging this, CMFT developed and implemented a structured mandatory 12 month Multi-Professional Preceptorship Programme
- CMFT acknowledged that both Return to Practice (RTP) and overseas practitioners would also benefit from participating in the Preceptorship Programme (this is supported by recommendations by the NMC)



In 2013, an evaluation of the Preceptorship programme was sought via an online survey tool, which led to a review of the programme. Additionally a qualitative evaluative research study was undertaken locally, entitled "Do Structured Preceptorship Programmes prepare newly qualified nurses for their roles within clinical practice?" Evaluation results and recommendations suggested the need for a revision of the Preceptorship programme to ensure overall equitable support was offered. This was addressed by the introduction of the PF role, which would provide additional visible support for all Preceptees and Preceptors to face the challenges which had been identified by those involved. From an organisational perspective the role aimed to increase compliance to the programme; improve the personal experiences of Preceptees enrolled on the programme and thus reap the reported potential benefits of Preceptorship including;

- Increased confidence and competent practitioners, leading to improved effective safe care and better patient experiences (Elcock and Sharples, 2011)
- Personal and Professional Development
- Reduced sickness/absence
- Improved recruitment and retention for organisations



Key Aims

The aim of CMFT Multi-Professional Preceptorship programme is to provide support and guidance for all newly qualified healthcare professionals, thus helping facilitate the transition from student to accountable practitioner, often described as a 'reality shock'.

Aims of the study:

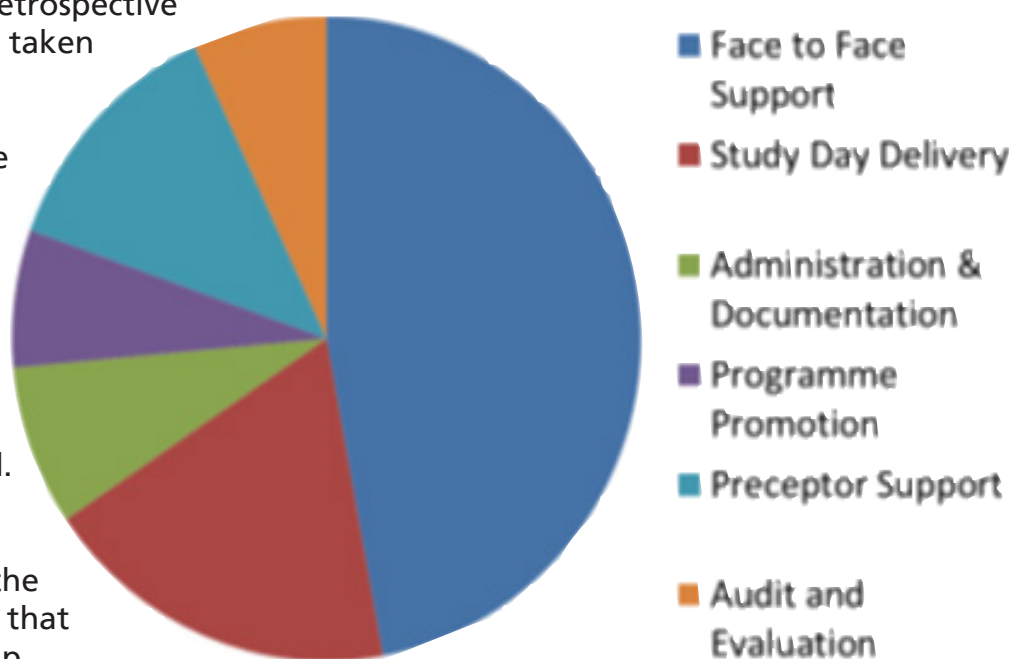
- To determine if the PF role provided additional support and helped Preceptees to overcome challenges faced during the transition period and if this impacted positively on the Trust (i.e. staff retention, prevented clinical incidents occurring)
- To ascertain if the PF fostered a relationship in which Preceptees felt supported and valued and thus prevented them from leaving CMFT.

Key Stages of Set-up

- This evaluation has been conducted over a two year period by a PF in collaboration with workforce planning who provided all the information.
- To ensure the accuracy of results, data extraction was meticulous and methodical and thus very time consuming.
- Careful selection of abstracts from the meetings between the Preceptee and PF ensured sensitivity and confidentiality was maintained.

How it Works

In order to evaluate the role of the PF and establish if the PF assisted the Preceptees in overcoming challenges, a retrospective review of interviews that had taken place between the PF and Preceptees was undertaken. The information collated here contains abstracts taken from the formally recorded face to face meetings. Anonymity and confidentiality are maintained by removal of all personal information and verbal consent was obtained from those involved. Any problems encountered are discussed with particular focus on the involvement of the PF to determine any positives that emerged from the relationship. The diagram to the right demonstrates that 45% of the PF role relates to face to face support. (PF specific job description is available in Appendix 1)



Roles and Responsibilities

Also data was obtained from Workforce Planning and analysed in an attempt to establish whether the Preceptees felt supported, valued and invested in by CMFT and whether the PF assisted in preventing preceptees from leaving.

The following table shows that the total Preceptees that left within 12 months decreased when the PF was in post, providing additional support and visibility within clinical areas.

Table 1

Year Employed on Preceptorship Programme	Total Preceptees Employed	Total Preceptees left within 12 Months	Total %	Preceptorship Facilitator in Post
1 st April 13 - 31 st March 14	415	71	17%	No
1 st April 14 – 31 st March 15	382	39	10%	Part Post (From June 2014)
1 st April 15 – 31 st March 16	438	17	4%	Yes in post for the full year

Resources

- CMFT receives some funding from Health Education England for the structured Preceptorship programme (e-learning modules, mandatory study days and accompanying workbooks, (see Fig. 1).
- The Preceptorship team comprises of the Preceptorship lead and three seconded PF roles with other associated costs.
- An invaluable resource that has proven to be very successful is the introduction of **orange** Preceptorship lanyards (see Fig 2) to identify newly qualified staff on the programme. In addition the lanyards make them easily identifiable to PF when carrying out ward visits.



Fig. 1

Key Challenges

- Preceptees were often reluctant to speak out to the PF about their concerns through fear of being isolated or repercussions from colleagues. This often led to job dissatisfaction, absenteeism, low morale and poor performance.



Fig. 2

The PF initiated opportunities and a positive environment in which Preceptees could speak confidentially, openly and honestly and feel comfortable in raising concerns.

- Lack of time, workload and low staffing levels often meant that the Preceptee could not stop and talk to the PF when they called to the clinical areas. Also variable shift patterns meant that the PF called to the clinical areas when there were no Preceptees working which was very time consuming and counterproductive. To try and combat this, daily drop in sessions were advertised at various times and venues. This provided a confidential environment away from the clinical area in which Preceptees could talk openly and confidentially. Unfortunately these were poorly attended due to staff being unable to be released from the clinical areas. This led to confirmed meetings being arranged via email between the PF and Preceptee, which proved to be much more beneficial for all.

- The preceptorship study sessions often facilitated by the PF also provide an excellent opportunity for the Preceptees and PF to meet. Time can also be set aside before or after the training sessions. However difficulties in releasing Preceptees from clinical areas to attend the study sessions has often led to poor attendance therefore the opportunity is lost.

- The PF plays a pivotal role in supporting newly qualified registrants in all professions, however the PF roles are secondments and the longevity of the role depends on the funding available to support Preceptorship. Gaps in employing staff into the PF secondment role leads to inconsistency in the amount of support that can be provided and can be disruptive to the relationships established with Preceptees.

Key Learning

- The programme makes a contribution to staff retention and investment. The average cost to recruit a member of staff within a professional role is approximately £5,000 to £6,000. Therefore the need for strategies to ensure that organisations are able to retain staff is paramount. The PF role is very important in providing support for all and in raising the profile of Preceptorship.

- Data collected from Workforce Planning since 2014 suggests reduced attrition, within the Preceptorship Period, this could potentially be related to the introduction of the PF role.

- In 2015, CMFT were involved in a project partaken by HEE (working across the North West) and the University of Chester to review Preceptorship programmes and the importance of structured implementation programmes raising the profile of preceptorship was highlighted.

- In 2015/2016 The Directors of Nursing at CMFT held discussion forums inviting Preceptees to talk openly and honestly about their experiences of Preceptorship and to establish if there are any barriers to its successful implementation. The issues raised are currently being addressed and any recommendations for change will be implemented.

Sustainability and Benefits

- There is now a dedicated PF for all clinical divisions leading to positive established relationships between PF, ward manager, matrons, clinical educators, Preceptorship champions and preceptors.

- The PF continually strives to ensure that Preceptees feel valued and attain job satisfaction from their very first day through the whole twelve month Preceptorship programme to completion. Increased visibility and weekly visits to clinical areas provides the opportunity for the PF to resolve any issues equitably and also prevents problems from escalating and/or developing into serious issues that could affect patient care/safety.

- Regular meetings are held and the dedicated PF is a constant point of contact (available via email or telephone) providing the opportunity for the Preceptee to talk confidentially, disclose feelings of uncertainty and manage expectations, when expectations of staff and of themselves are too high. The meetings equally allow the Preceptee to put forward their individual learning objectives in-line with their own expectations.

Next Steps

- Raise the profile of the PF role and demonstrate how this extra source of support is invaluable for all newly qualified registrants, not only for the benefit of the preceptees, but the Trust.
- Demonstrate how the PF role has also improved retention and recruitment at CMFT. A research project is currently being undertaken by a PF to compare the impact (if any) of the PF role in the retention of staff and assess if compliance in the programme has increased.
- Combat barriers to PF and Preceptees' meetings and interaction

Supporting Material

References:

- Elcock, K., and Sharples, K. (2011). A Nurse's Survival Guide to Mentoring. Edinburgh: Churchill Livingstone, Elsevier.
- Nursing and Midwifery Council, 2010, Nursing and Midwifery Council, Standards for Pre-registration Midwifery Education, 2010: [Online] Available at: <https://www.nmc.org.uk/standards/> (Accessed 8th May 2016).

Appendix:

- Appendix 1 – Preceptor Facilitator Job Description



For more information contact:

Tracey Daulby
Preceptorship Facilitator
tracey.daulby@cmft.nhs.uk
0161 701 1981