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All-Wales Preceptorship Guidelines for newly-appointed ward sisters/charge nurses



Grymuso Prif Nyrsys Ward
Empowering Ward Sisters and Charge Nurses



Introduction

This document gives guidelines to practice in order to achieve recommendations 28 and 29 from Free to Lead Free to Care Final Report (2008). It has been developed by the All-Wales Nursing Professional Development Group, whose membership consists of education and development leads from the Health Boards in Wales.

Two of the recommendations in Free to Lead Free to Care (2008) are:

Recommendation 28: Preceptorship

All newly-appointed ward sisters/charge nurses should have a period of preceptorship of not less than six months from appointment.

Recommendation 29: Supervision

All ward sisters/charge nurses should receive both managerial supervision as well as clinical supervision with clear lines of accountability to the Director of Nursing in place.

Recommendation 28: Preceptorship

What is preceptorship?

Nurses and midwives are familiar with the concept of preceptorship as the Nursing and Midwifery Council strongly recommends that all new registrants have a period of preceptorship on commencing employment; this applies to those newly admitted to the NMC Register who have completed a pre-registration programme in the UK for the first time, or have subsequently entered a new part of the register.

Preceptorship is about providing support and guidance during a period of transition and this principle can be applied to the transition from registered nurse to ward sister/charge nurse.

Period of preceptorship

The period of preceptorship should be for at least 6 months following appointment.

Preparation for preceptors

Though there are no formal qualifications associated with being a preceptor, individuals will need preparation for the role. Preceptors for newly-appointed ward sisters/charge nurses should be registered midwives, or first level registered nurses who have had at least two years experience as a ward sister/charge nurse and are currently in a ward sister/charge nurse or more senior post. It is expected that registrants who undertake the role of a preceptor will have completed a mentor or practice teacher programme (or equivalent).

Preceptor role

The role of the preceptor is that of a guide and supporter both professionally and personally to facilitate the transition of the preceptee from a registered nurse /midwife to a ward sister/charge nurse who is an effective leader and manager.

The exact nature of the role and relationship between preceptor and preceptee will depend upon the individual needs of the practitioner and the demands of the clinical area. It should include:

- the ability to teach, guide, assist and facilitate the preceptee;
- ensuring that relevant experience is provided to enable agreed outcomes to be achieved;
- the ability to assess the preceptee's level of attainment in relation to the agreed outcomes;
- the ability to recognise own limitations and competence, and
- the ability to maintain accurate records of preceptorship.

Flowchart of Preceptorship Programme

Preliminary interview between staff and preceptor in first week to discuss all the following:

- Personal learning outcomes /opportunities
- Agree support network and mechanisms
- Identify activities and evidence of learning to be produced, and record on learning contract
- Set a date for intermediate interview



Ongoing discussion between staff and preceptor to:

- Review progress to date
- Document evidence of learning as appropriate
- Intermediate interview with preceptee and preceptor to review learning and documented evidence to date



Final interview:

- Assess evidence of learning
- Plan next stage of professional development

Responsibilities of preceptor

- To act as a role model for the preceptee
- To assess the preceptee's level of skill and confidence to determine learning needs
- To develop goals and objectives in collaboration with the preceptee
- Provide constructive feedback to the preceptee, evaluating their progress towards fulfilling designated goals and objectives on a regular basis
- Give ongoing clinical supervision to the preceptee using a recognised model of supervision
- Provides a written evaluation to the preceptee at the conclusion of the preceptor process

Responsibilities of preceptee

- Agrees to work with the preceptor to develop goals and objectives
- Regularly meets with preceptor and enters into reflective dialogue

Problems with preceptor/preceptee partnership

Should either party feel that the relationship is such that the achievement of outcomes is jeopardised for any reason, they should seek the advice of a senior member of staff in the clinical area at the earliest opportunity.

A pro-forma 'Preceptorship Record' is at Appendix 1.

Recommendation 29: Supervision

Clinical supervision

Clinical supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues. Clinical supervision is not a management tool; it is not the same as an appraisal and personal development plan and is intended that it be perceived as a professional support network.

Clinical supervision can provide support for newly appointed and experienced ward sisters/charge nurses. Clinical supervision should always be practitioner-led and practitioner-focused, and is centrally concerned about what we do with and for patients. It can have a positive impact on care and professional development, and also makes a significant contribution to clinical risk management while maintaining staff morale and aiding recruitment.

Types of clinical supervision

Clinical supervision is important in a new area of work. The type of supervision individuals should have can vary; clinical supervision can occur in groups, on a one-to-one basis or through networking. It may be sensible to use the preceptorship period as clinical supervision, and then continue the longer term principles of clinical supervision following the completion of the preceptorship period. Alternatively, action learning may be a vehicle for clinical supervision in a group environment.

Clinical supervision for newly-appointed ward sisters/charge nurses should meet the needs of the individual. A number of models of supervision exist, each having its own merits and one model of supervision will not suit all staff. Therefore ward sisters/charge nurses will identify the model of supervision which best meets their needs. However, all clinical supervision should have three core functions, to:

- provide support to nurses in their clinical practice (restorative);
- promote personal and professional development (educative); and
- promote quality nursing care (normative)

The content of clinical supervision sessions will be confidential, recorded only by the person being supervised, unless there is clear concern regarding a possible breach of the NMC Code of Conduct (NMC 2008). If this occurs, the supervision session will end and details will be recorded by the supervisor and acted on with the full knowledge of the person being supervised.

Clinical supervision will not be used to assess competence or performance.

Responsibilities of NHS organisation

- To ensure that clinical supervisors are suitably prepared for the role.
- To ensure that ward sisters/charge nurses have access to clinical supervision which meets their individual needs.
- To ensure they have a local Clinical Supervision Strategy in place.

Appendix 1

PRECEPTORSHIP RECORD

Name of Preceptee _____

Name of Preceptor _____

Ward / Department _____

Commencement Date _____

Completion Date _____

PRECEPTORSHIP CONTRACT

Initial Meeting _____

Identified learning needs / objectives _____

Signed Preceptor _____ Date _____

Signed Preceptee _____ Date _____

Intermediate Meeting

Evaluation

Signed Preceptor _____ Date _____

Signed Preceptee _____ Date _____

