



Tairawhiti District Health

Preceptor's Handbook 2011

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Introduction

The role of preceptor requires an investment of time, energy and effort to support a new member of staff in the workplace. This may be a new graduate nurse, a nurse returning to work after a prolonged period of absence or an experienced nurse who is in a new working environment. This handbook is intended to help preceptors fulfil their responsibilities, act as an *aide memoir* to previous learning and offer templates for recording preceptoring activities. Whilst preceptoring occurs for various reasons as stated previously this guidance and supporting documentation will be of particular relevance to preceptors who are preceptoring newly graduated registered nurses.

Preceptoring programmes have been found to benefit preceptees, preceptors and health care institutions. For preceptees it provides an opportunity to practice in a safe and supported environment and to be socialised into the new team. It provides an environment for successful entry into the nursing profession by facilitating the development of decision making and clinical practice skills. Preceptors benefit by seeing the novice become more confident, their own self esteem becomes more evident as they have increased awareness of the role model they portray. For the organisation preceptorship has been proven to reduce staff turnover, result in fewer resignations, increased staff satisfaction, enhanced knowledge and improve the quality of patient care.

What is a Preceptor?

The terms mentor, preceptor, buddy, coach and teacher are often used to describe a similar role. In essence all are designed to offer a support mechanism; however, there are subtle differences that will be highlighted shortly. There are numerous definitions of the word preceptor and the context of the role will have a bearing on the definition adopted. For the purpose of this handbook the definition of preceptorship is:

“A formal one to one relationship of a pre-determined length between an experienced nurse and a nurse new to that environment. The goal is to assist the new nurse to successfully adjust to, and perform, a new role.”



Preceptor? Mentor? Teacher? Buddy? What's the difference?

Characteristic	Teacher	Preceptor	Mentor	Buddy
Focus	Teaches a subject usually in a classroom to an audience who are content to be taught.	Provides opportunities for experiential objectives to be achieved.	Guides a novice to achieve an envisioned role.	An approachable team player. Often supports the more formalised roles.
Learning context	Classes, conferences, workshops	Workplace, performance in the practice setting	Workplace, with informal, on-the-spot education / feedback	Workplace, short interactive advice or help
Relationship	One to many / one to one; usually contractual, ends when content delivered	One to one, contractual time limits set at the start. NB: Lasts for the total length of the Graduate Nurse Programme	One to one; relationship sustained over an indefinite period of time	Non contractual, periodic
Content	Offers rules, norms, principles, generalisations	Explains subtleties and variations in real world applications	Adapts own style and talents to benefit the vision they have for another	Be-friends; reacts when asked; points in the right direction
Student	Identified as the learner	Novice in context, with previous knowledge and skills. May have expert knowledge and skills	Identified as a skilled learner, often in a subordinate position. Chosen usually when personalities 'click'	Identified as new team member, may be in need of help
Evaluation	By tests, projects, papers, presentations	Assessment of individual performance; may include projects; for GNP portfolio at end of year	Retrospective analysis of individual performance combined with goals and desires	Nothing definite; may be asked for peer review, written / verbal attestation
Reimbursement	Paid tuition / fees	Varies from payment to volunteer	Does not receive payment	No money involved

Adapted from JP Flynn & MC Stack; The Role of the Preceptor, 2006 p 5

Preceptor: Roles & Responsibilities

The Role:

Wearing the preceptor hat is not for the faint hearted! The role is demanding and intense but should provide increased job satisfaction and personal growth and development. As a preceptor you will need to be a:

- Facilitator
- Coach
- Cheerleader
- Socialiser
- Evaluator
- Record keeper
- Advocate
- Role model

These role types are not new to you, as a nurse, but you may need to think about applying them in a different way. For example your usual daily focus would have been on applying these concepts with a patient perspective. This will not change but you will need to apply them to your new member of staff as well as to your patients.

There will be times when your workload takes priority or when staffing situations make preceptoring more difficult. Anxiety can be minimised for both the preceptee and the preceptor if the situation is explained and solutions offered as to how it will be managed. Working in a team or as a pair is a great way of learning and of sharing the workload! Be creative.



Complete the following exercise:

Take a few minutes to remember how you felt the last time you were the “new guy”. When was it? Was it a good or not so good experience? What made it good/not so good? What were your fears, worries, anxieties?

Write down your feelings in the box below:

What would you like to have happen? Write down 3 simple things that would have made a difference for you.

The next time you are preceptoring try and remember how it was for you when you were the newcomer and how you would have liked it to be.

There are specific roles and responsibilities set out in the TDH preceptor role description. Make sure you have a copy of this document and that you understand its content (page 16). If you are preceptoring a nurse on the graduate nurse programme you will not be able to carry out your responsibilities if you are unsure of the content of the course they are participating in. If you are to act as a coach for the preceptee you will need to encourage and support them through any course work associated with their programme as well as clinical activities in the actual work place (page 19)

Responsibilities:

The role has many responsibilities the top 11 are listed here:

1. Orientation of your preceptee to the ward/unit/department.

You should include the layout of the department as well as specific policies and procedures and where these can be found.

A few points to remember when orienting your preceptee:

- Put your self in his or her shoes
- Acknowledge his or her presence
- Talk about what is happening today
- Introduce your preceptee to staff and patients
- Give clear instructions
- Never abandon your preceptee
- Help your preceptee to develop critical thinking skills
- Explain the chain of command to your preceptee
- Be positive
- Practice what you preach!

2. Facilitate learning experiences.

A skill such as giving an injection has a series of steps and understanding. It is not enough just to enable the preceptee to do the injection. The preceptee will need encouragement to go through the various stages culminating in the actual administration of the drug. You need to create an atmosphere where the preceptee comes to work with a positive attitude largely due to your behaviours, skills and attitudes. This can be time consuming, sometimes oppressive, and takes tremendous energy.

3. Establish a routine for giving feedback.

A requirement for preceptors who are working with participants on the graduate nurse programme is for rostered development time. This has been scheduled by the Graduate Nurse Programme Coordinator and all such meetings must be recorded. The preceptor and preceptee should share a workload for the first six weeks of the preceptee's placement. However it is also important that informal daily feedback is given, especially in the first few weeks. This may take the form of a discussion reviewing the shift, or perhaps practicing a particular skill on a mannequin. Establishing this type of regular dialogue gives an opportunity both to praise and reinforce positive practice and moderate behaviours that the preceptee needs to change. If you are absent from work for any reason or you are not rostered the same shifts as your preceptee ensure that you give them another member of staff who will buddy them.

4. Guide your preceptee during clinical practice.

You will need to demonstrate nursing skills and practice, provide opportunities where the skills can be practiced under supervision and validate competency once the skills has been accomplished to the agreed level. Remember when

ascertaining competency your main concern is that the practice is safe. Try not to intervene if the practitioner is just slow. Practice makes perfect! In the case of recently graduated nurses the level to which you should be assessing is governed by the Nursing Council of New Zealand (NCNZ) and can be accessed via their website: www.nursingcouncil.org.nz. Once a skill has been performed competently remember to record this using the relevant documentation.

5. Teach and demonstrate practical skills.

Nursing is a very practical profession and therefore you need to teach in a variety of ways. People learn in different ways – some prefer to learn by reading, others by observing another person and others by actually doing the task. Think about how you prefer to learn and try to ascertain the same of your preceptee.

6. Increase the workload for your preceptee gradually.

Graduate nurses have never had their own caseload before. A requirement of the graduate nurse programme is that you and your preceptee share a clinical workload for a minimum of 6 weeks. Even after this, good practice would suggest that working with another person is better than working alone. Working as a team can also be beneficial for the patient. Gradually increase the preceptee's workload as their skills increase. You will need to teach them how to prioritise patient care, how to manage their time effectively and how to communicate with other team members.

7. Give timely feedback.

The focus on regular communication – daily if possible – cannot be over emphasised. Remember that it should reinforce positive behaviour as well as counter inappropriate behaviour. When giving feedback choose the place carefully – in private. Whilst poor practice needs addressing try not to destroy Your preceptee's self esteem, criticism must be specific and constructive.

Use the Acronym "B.E.E.R "

B: Behaviour – what is the person doing that is unacceptable

E: Effect – Why is the behaviour unacceptable. How does it affect care or others?

E: Expectation – How do you expect the behaviour to change? What do you expect the person to do or not do?

R: Result – What will happen if they change (positive) or what will happen if this behaviour continues (negative)

8. Act as a role model.

A few points to remember:



- Ensure you are neat and tidy and adhere to uniform policy.
- Have a good attendance record – make arrangements if you will not be at work or not rostered with your preceptee.
- Arrive at work on time and be prepared to take the report.
- Follow TDH policies & procedures.
- Express positive comments in the work place and at meetings.
- Have good manners and act in a courteous way.
- Wear your wings and halo at all times!

9. **Work closely with your Clinical Nurse Manager** (or equivalent) and the coordinator of the graduate nurse programme. They are there to help and support you.

10. Plan learning experiences.

There are some things that the preceptee needs to learn within the first week of employment such as what to do in emergency, shift times, various telephone numbers, where certain equipment is kept etc. Other learning needs require different time frames. As a preceptor you should plan and agree learning needs with your preceptee and review these regularly.

You may need to consider the preceptee going to other wards or departments to offer a greater range of practice opportunities. Think of those skills needed for the particular unit. If the skill is practised infrequently but the risk is high to patients if not carried out properly it may be necessary to provide an assimilated experience – e.g. cardiac arrest.

11. Complete Related Documentation

This is vitally important both as evidence of your professional development and when evidence is required to support audit requirements.

N.B: If you are preceptoring a graduate nurse on the Nurse Entry to Practice Programme (NETP) you have the opportunity to have 16 hours of professional development during the programme. This activity is to help you in your role as a preceptor and can be a combination of work relevant study days, conference, preceptor / clinical updates, reflective practice activity or similar. This information may be required by the coordinator of the NETP programme during audits by NZNC so please make sure you record the evidence. There is a form included in this handbook for the purpose of recording your professional development (page 26) Completion of this workbook will require reflective practice and goal setting - the time taken to do this will depend on you – if you ask your CNM or equivalent to verify your work it will contribute towards your professional development.

Also:

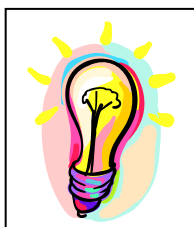
- Encourage completion of the ward / unit orientation booklet.
- Ensure appraisals are completed as per policy.
- Record development sessions and sign off.
- Discuss the preceptee / preceptor contract (page 24).

Remember these are only the first 11 responsibilities of a preceptor. Read through and discuss the responsibilities of the preceptor role description with your colleagues and ensure you have their support – you cannot do it alone, it requires a team effort.

Attributes of a Preceptor:

A preceptor has to be willing to undertake the role, have a passion for nursing and have many attributes to enable them to undertake the role.

Attitude	Knowledge	Skills
Respectful	Policies & Procedures	Patient care
Realistic	Practice standards	Use of equipment
Patient	Documentation	Use of resources
Open-minded	Reality shock	Interpersonal
Collegial	Culturally aware & safe	Organisational
Supportive	Available resources	Problem solving
Optimistic	Unit routines	Decision making
Sense of humour	Educational programmes	Priority setting
Constructive	Adult learning principles	Work delegation
Mature	Educationally astute	Communication



Study the attributes listed above. Which attributes are:

- You confident you possess?
- Which do you need to work on?
- How will you do this?

Be honest with yourself – you might find it beneficial to do a self-assessment and then repeat the exercise with a colleague.

Be mindful of the attributes that you are less sure of and make an effort to develop them into your behaviours at work. Acknowledging your own strengths and weaknesses will assist in your personal development.

A few attributes to guard against:

Rigid thinking	Refusing requests	Unable to share
Resistant to new ideas	Undermining by withholding information	Bullying
When in authority – stifle others	Not being approachable	Over supervision
Self interest	Letting people sink or swim	Destroying confidence
Arrogance	Constant questioning of ability	Uninterested in others – keen to promote themselves

Reality Shock

Reality shock occurs to new employees when the reality of the job becomes apparent and it is not what they were expecting. It can happen to both graduate nurses and experienced nurses and at worst the disillusionment can lead to resignation within the first six months. The disparity often occurs when ethical, moral, professional and/or cultural beliefs of the preceptee conflict with those of the nursing and health care professionals within the organisation. The preceptor must consider these contrasting beliefs and assist the preceptee to acclimatise into the new work place.

There are four phases which a new employee may experience and by being aware of these the preceptor can help the preceptee to settle and reduce the reality shock.



The Honeymoon Phase:

This period occurs during the first few weeks when the new employee is excited about being in a new job; perhaps happy to be working and out of college; earning money; keen to learn new skills and make new friends. The picture is rosy and everything is going well until:

The Shock Phase:

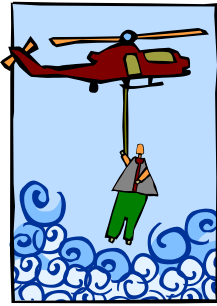
This may happen if any of the following happen:

- The preceptee encounters unprofessional attitudes or behaviours from co-workers.
- The preceptee discovers that equipment is not maintained properly, or that there is a lack of necessary supplies, or breakdown in chains of communication which results in suboptimal standards of care.



Any other situation that causes anger, frustration or embarrassment can result in the preceptee experiencing the shock phase which if not explored can lead to disillusionment. One of the worst triggers for the shock phase is humiliation by a team member.

The Recovery Phase:



Recovery can be achieved when the preceptee is assisted to understand the reality of the work place by exploring both the positive and negative aspects. This may involve assisting the preceptee to moderate their expectations of fellow co-workers and will be influenced by previous working experiences. As they see faults in others they need also to analyse themselves and see that everyone is subject to mistakes and style preferences.



The Resolution Phase:

There is a very possible outcome which will result in the preceptee lowering their ideals and standards to accommodate the ethos or culture they are witnessing. To avoid this it is crucial to keep open communication between preceptor and preceptee and to encourage the best beliefs and values to be maintained. The preceptor needs to gain the trust and respect of the preceptee. This means that if poor practice or malfunctioning equipment is highlighted by the preceptee the preceptor must do something to remedy it. Trust and respect can also be accrued by:

- Not gossiping about other staff
- Not allowing gossip about the preceptee to be perpetuated
- Always give feedback in private
- Giving simple instructions /directions
- Listening to the preceptee
- Do not ask the preceptee to do something that you would not do yourself
- Be the professional role model – uniform, time keeping, appearance, meal /tea breaks.

Adult Learning & Teaching Principles

Each of us has different learning styles and experiences. The 3 main ways of learning are listening, observing and doing. Some people can learn a skill very quickly whilst others will take longer. What is important is that the skill is learned.

Adults tend to learn better when they understand the *why* behind the activity and when the activity is relevant to their ability to practice at a competent standard. Adults also have a wealth of knowledge and experiences that have been gained in various working and personal contexts. Do not devalue their expertise but do encourage them to transfer their previous experiences into the new environment as far as possible.

You need to determine how your preceptee learns most effectively and gear your teaching to that method. Often nurses learn using a combination of all three styles so you will need to be prepared to offer different techniques.

Principles of Learning:

1. We learn by doing. The preceptee must be allowed to undertake and complete a task, no matter how slowly.
2. We learn to do something by focusing on one task. The preceptor should focus on the preceptee learning one task at a time.
3. We need to be ready to learn. The skill or task needs to be relevant to patient care. This helps the preceptee understand why it is necessary to learn. The preceptor will need to assess when the time is right to teach a new skill and this will be dependant on factors such as how the preceptee is settling, how they are coping with the new values and beliefs of the work place, previous learning experiences and the overall environment in which learning will be conducted.
4. We need to be motivated to learn. The preceptor must provide encouragement each time a new skill is accomplished.
5. We need to practice skills. Performing a skill once will not result in competence. Remember that practice makes perfect.
6. Practising a skill must be safe but as real as possible. Role play, scenario learning and the use of mannequins are good substitutes for the real thing.
7. The learning atmosphere will impact hugely on performance and the relationship which develops between the preceptor and the preceptee. Occasionally it is necessary to allow the preceptee to make mistakes – the trick is to talk through the mistake without humiliating the learner.
8. Backgrounds and physical ability will vary. The preceptor will have different dexterity skills than the preceptee.

Assessing Competence:

Competency is the ultimate goal of the preceptoring function. Competency will be measured by two indicators:

1. The preceptee has accomplished all the requirements of the unit's orientation programme
2. The preceptee identifies with levels 2 to 4 of NCNZ competencies for Registered Nurses (competent, proficient, expert).

Nurses participating in the Graduate Nurse Programme are expected to reach level 2 – competent –by the end of the programme. Assessment is determined by the submission of a portfolio which is assessed against the competency domains set by the Northern Districts Regional Professional Development and Recognition Programme. Qualified assessors undertake the assessment. However, TDH would not expect an employee to reach the stage of submission of the portfolio if the preceptor had identified practice or conduct deficits.

How do you Deal with Issues of Competency?

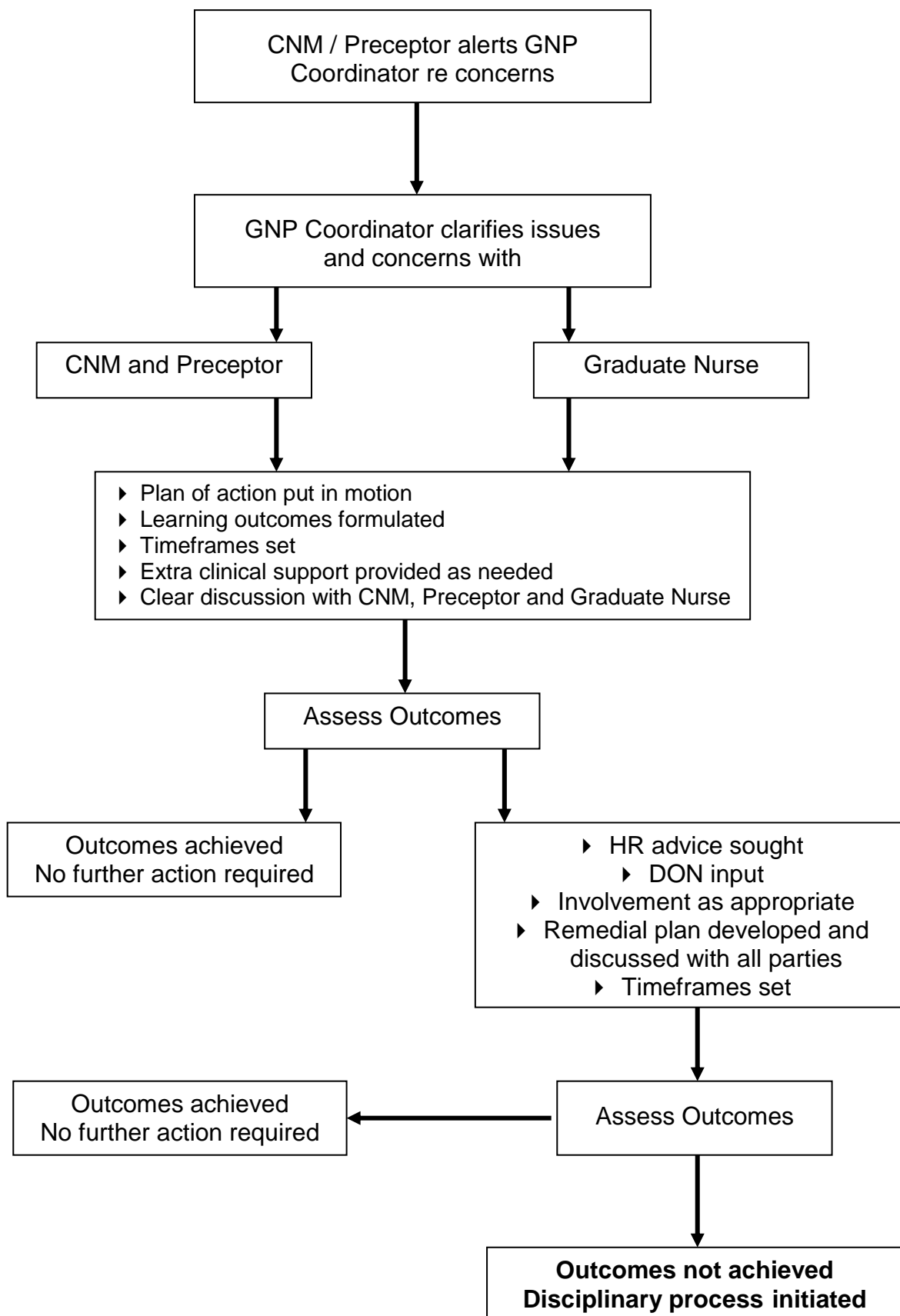
Documentation is important throughout the preceptorship contract. However when there are problems particular attention to documentation is important. Ensure you have records of all meetings, goal setting sessions, feedback, teaching / practice sessions. If formal performance management procedures are to be invoked this information will be crucial.

Points to consider:

- Ensure the preceptee understands what is being asked of them.
- Ensure your interpretation of competent is not exaggerated – is their practice safe?
- Have you offered constructive feedback and allowed time for the behaviour to change? Can you prove/show you have done this?
- Have you explained the consequences of the practice or conduct continuing?
- Have you evidence to support your assessment?
- Have you asked for a colleague to work with the preceptee?
- Have you discussed the issue with your Clinical Nurse Manager?
- If the preceptee is a new graduate have you discussed the issue with the programme coordinator?
- Have you asked the preceptee if there is a reason for the problem continuing?

If you have carried out all the points above and the problem still persists you must engage help. This may be from your line manager or other senior staff who may well involve the human resource department.

Guidelines for Supporting the Graduate Nurse who is not Achieving the Requirements of the Programme



Support for Preceptors

We have already acknowledged that being a preceptor is an onerous role to take on. With careful planning and thought you will learn and develop from the experience – you may even enjoy it! Be careful not to isolate yourself in the role – you need to feel supported and you need help and feedback from your colleagues to ensure that the feedback you give to your preceptee is accurate.



Think for a few minutes about the help you may require whilst undertaking the role of preceptor. What do your colleagues understand about the role? What will you expect of them? Who will stand in your shoes if you are absent?

Write your comments in the box below:

How will you communicate this to your team?

Make sure you do not neglect yourself. Choose someone who you trust and can confide in – perhaps another preceptor, a senior nurse within the organisation. There are many people who will listen, offer guidance and support to you in your role.

Come along and gain support from your Preceptor colleagues. Preceptor support group meetings will be held throughout the year and will be advertised via email. Other relevant correspondence will also be send out via email during the year

Thank You and Good Luck!



Preceptor: Role Description

Preceptorship is a demanding and intensive role which requires an investment of time and effort into supporting another person's clinical and professional development. Preceptorship helps new graduates make the transition from beginner practitioner to competent registered nurse by helping to bridge the practice / theory gap. It also supports experienced nurses make the transition into a new department or clinical specialty.

Preceptorship demands special qualities and is a responsibility which needs to be taken very seriously and conscientiously if the preceptee, preceptor and ultimately the organisation is going to benefit. The preceptor has the responsibility for:

Role Modelling:

- Demonstrating competent professional nursing practice and encouraging the preceptee to integrate clinical and professional practice.
- Demonstrating effective communication skills with the team and patients.
- Demonstrating knowledge of the patients in the clinical area, common clinical needs and frequently used clinical skills.
- Demonstrating patient centred care.

Skill Building:

- Developing a learning contract or similar incorporating the preceptee's goals for skill acquisition to function at the expected level.
- Ensuring the preceptee becomes familiar with the core competencies of the work area.
- Adjusting teaching styles to match the learning styles of the preceptee.
- Creating learning opportunities, allowing for practice, repetition and self correction.
- Allowing the preceptee to focus on the steps of a skill with minimal distraction.
- Work with Clinical Nurse Manager (CNM) to arrange extra clinical time off the work area as applicable e.g. to visit theatres, clinic and/or clinical procedures.

Critical Thinking:

- Identifying previous knowledge and skills and using this as a base for setting achievable goals.
- Empowering the preceptee to think through problems / trouble shoot.
- Encouraging the preceptee to ask and answer questions.
- Creating an environment which facilitates learning and risk taking, allowing the preceptee to learn from mistakes.

- Offering regular constructive feedback.
- Having the ability to articulate the rationales for their practice.

Socialisation:

- Work with the team to welcome the new member to the institution and the work area.
- Ensuring the understanding of the social aspects of the ward / unit, unspoken rules, unit functioning, chain of command, resources etc.
- Orientating the preceptee to the place of work, introduction to team members, community of practice, team culture, rosters and annual leave etc.
- Promoting an environment of trust.
- Identifying other resource people to assist with learning.

The Preceptor is required to:

- Practice in accordance with the Vision and Values of the Tairāwhiti District Health Board.
- Be familiar with the roles and responsibilities of both the preceptor and preceptee.
- Be familiar with equipment and policies in the area.
- Be aware of the familiarisation processes of the area.
- Have input into the performance evaluations of the preceptee, providing constructive feedback on the preceptee's strengths and areas for improvement.
- Take responsibility to obtain skills and knowledge necessary to guide a preceptee.
- Be familiar with assessment and feedback skills and processes.

Person Specification

Credentials:

- RN (as per Nursing Council of New Zealand Scopes of Practice 2004) or RM (as per Midwifery Council of New Zealand Scope of Practice 2004).
- Current Annual Practicing Certificate in the registered Nurse Scope of Practice.
- Registration with the NCNZ “in good standing.”
- Completed a preceptor training programme.
- Currently employed in a nursing / midwifery role at Tairāwhiti DHB.

Knowledge and Skills:

- An ability to apply adult teaching and learning principles.
- Knowledge and understanding of concepts and application of preceptorship.
- Demonstrated commitment and willingness to support and encourage new staff through their role as a preceptor.
- Knowledge of the new graduate framework, toolkits and PDRP requirements.
- An ability to apply the principles of the Treaty of Waitangi to nursing practice.
- Effective communication skills including demonstrated ability in written and oral communications.
- Well established nursing or midwifery knowledge/practice.
- Respect for the wide diversity of nurses and midwives and the ability to recognise individual needs.

Personal Attributes:

- Evidence of positive role modelling.
- Able to work within timeframes.
- Plan and prioritise workload to support induction into the new workplace.
- Complete documentation to required standards.
- Provide constructive feedback.
- Problem solve and seeks resolution of issues as required.

Nurse entry to practice and expansion Programme Structure and Assessment

The programme is designed to support the transition from New Graduate Registered Nurse to Competent Registered Nurse. Whilst participants of the course will be working in specific clinical areas this course aims to underpin theoretical knowledge and concepts required for the development of sound clinical practice. Where possible problem solving methods will be used to explore and reflect on case scenarios covering a range of practice settings and thus develop a broad base of practice experiences.

The programme will be completed over a ten month period and has several requirements which each Graduate Nurse will need to achieve in order to successfully complete the programme. On successful completion of the programme TDH will award a certificate of achievement. Specific requirements of the programme are detailed below:

Clinical Practice

- Complete one ten month clinical placement in a practice setting.
- Complete area specific competencies/workbook
- Basic IV Certification (as applicable)

Study Days

Mandatory attendance is required at the following

- Pohiri plus a three day orientation period
- Nine further study days which will be organised throughout the ten month period.

N.B: Absence from either of the above will need authorisation. In the event of the programme participant being unable to attend any of the above they should inform either the Clinical Nurse Manager (or equivalent) and the Programme Coordinator. It is their responsibility to seek out any information they may have missed in the course of the absence.

Professional Development and Assessment Process:

Performance will be assessed throughout the ten month period. Feedback is crucial to the development process and remember: *practice makes perfect!* To be awarded a certificate from Tairawhiti District Health the programme participant will:

- Complete the ten month course. All absence will be monitored.
- Work within the Scope of Practice and within the policies and procedures of TDH
- Share a workload with a preceptor for a total of six weeks. This is the period of the course when they are supernumerary.
- Submit two exemplars – one at four months and one at eight months*
- Undertake a health promotion / quality improvement project.
- Present the project to an invited audience.

- Prepare a Professional Development and Recognition Programme portfolio (using Northern District Regional template) which will be submitted for assessment against the criteria for *Competent Registered Nurse* as determined by the Nursing Council of New Zealand*
- Undertake self assessments prior to clinical appraisals
- Receive two clinical appraisals*

* will be subject to assessment by the Programme Coordinator and /or PDRP assessors.

Assessment	Date
Complete 10 month course	Monitored throughout programme
Submission of exemplars. Must be handed in.	<ul style="list-style-type: none"> ▪ 13/05/11 ▪ 08/09/11
Health Promotion Project / Quality project.	Abstract due <ul style="list-style-type: none"> • 13/06/11 Presentation <ul style="list-style-type: none"> • 13/10/11
PDRP portfolio	Submit for assessment 13/10/11 Must be handed in as per employment contract
Self Assessment	At 4 and 8months: <ul style="list-style-type: none"> • 13/05/11 • 08/09/11
Appraisals	At 4 and 8 months: To be completed by the end of May & September 2011

Tairawhiti DHB will, in return, provide:

- A ten month fixed term contract of employment.
- Preceptorship during clinical placements.
- Organise and facilitate attendance at study days.
- Performance reviews as stated.

PEER REVIEWS AND APPRAISAL WRITING

Preceptors have often completed peer reviews but in recent times preceptors have also taken on writing on appraisal writing if they are competent and happy to do so and the task has been delegated to them.

It is important that an appraisal meeting be planned ahead of time as the new graduates have strict dates for having their self assessment and appraisals completed. It should focus on progress and achievements to date and should include a personal development plan with an agreed set of key results objectives or goals for the following year. It is **not** about performance management and this should be dealt with as per the flow chart on page 14. The appraisal document is aligned to NCNZ competencies and as such provides 3rd party evidence which is particularly relevant for anyone submitting a portfolio for assessment under PDRP.

Therefore it is important that the comments made give good evidence to show how the new graduate achieves each competency.

Poor examples:

- Trinny is a good nurse (2.1)
- Susannah maintains her professional development by attending study days (2.9)
- Susannah is culturally safe (1.5)
- Trinny's written documentation is accurate, concise and easy to read (2.3)

Good examples:

- Trinny is able to demonstrate her ability to communicate with members of the health care team for example in a recent discharge planning meeting she took the responsibility to lead the meeting and then followed up later with the MDT members to ensure the appropriate referrals had been made. She discussed the process with the patient and family (3.3)
- Trinny's signature is legible and I note that she always puts the time and date of any documentation in patient's clinical notes. Trinny is careful with case notes ensuring that they are kept away from the public domain within the unit and returned to the chart trolley when not in use (2.3)
- Susannah evaluates patient progress toward expected outcomes – an example of this is the use of pain scoring assessment tool - as per recommendations Susannah returns to the patient 15-20 minutes post administration to evaluate the effectiveness of the analgesia. (2.6)

In summary an appraisal should

- Should be precise, objective and factual
- Use non-judgmental language
- Focus on strengths, current areas for development and options/plans for the future
- Use examples – makes it easier for all
- May need to set an interim review date for follow up

- An appraisal should be a positive experience for both
- It ensures effective performance in the current role
- An opportunity to explore career development opportunities
- Assist is the deliver of an effective service
- An opportunity to develop and change

Here are some helpful ways to word appraisals or peer reviews

Examples of how to word statements for areas of improvement:

- Is developing....
- Requires supervision with.....
- Would benefit from
- Requires further reflection on
- Could consider further training / development in
- Requires ongoing support with
- Is aware of the need to
- Acknowledges own limitations in
- Recognises own knowledge gaps in.....and is seeking to address these by.....
- Is learning to recognise.....

Competent level:

-seeks guidance and support with / by / through
-is becoming more confident with
- is developing knowledge / skills / the ability to..... which they have demonstrated by / through.....
-has developed the knowledge / skills / the ability to..... which they have demonstrated by / through.....
-has demonstrated the ability to..... and is taking responsibility for..... Which they have demonstrated by / through.....
-is able to manage / access / identify.....which they have demonstrated by / through.....
-demonstrates increasing efficiency in.....
-has consolidated his/her knowledge / skills relating to..... which they have shown by / through ...
-is consolidating his / her knowledge relating to.....which they have shown by / through ...
-has demonstrated they are effective with / in.....

-recognises and values..... which they have shown by / through ...
-will ask for advice/ support / guidance / consult with....which has supported / advanced their practice / knowledge / skills by
-has completed..... Which has supported / advanced their practice / knowledge / skills by OR and incorporates this into practice through / by.....
- Is developing an awareness of

Direction and delegation

This is a short summary on how direction and delegation should be carried out in practice this has been taken from the New Zealand nursing council guidelines June 2008. This is available on the nursing council website please make yourself familiar with the principles of direction and delegation and responsibilities of the registered nurse which are explained in the guidelines.

Definitions:

Direction – is the transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the process and the outcome.

Direction – is the active process of directing, guiding, monitoring and influencing the outcome of an individuals practice. Direction is provided directly when the registered nurse is actually present, observes, works with and directs the person; direction is provided indirectly when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access i.e. must be available at all times on the premises or immediately contactable by telephone (in community settings).

Here is a useful checklist that can be used to clarify the critical elements of the delegation decision making process.

The five rights of delegation:

1. Right activity

An activity that in the professional judgement of the registered nurse is appropriate for a specific client

2. Right Circumstances

Appropriate client setting, available resources, and other relevant factors considered.

3. Right person

Right person is delegating the right activity to the right person to assist the right client.

4. Right communication

Clear, concise description of activity, including its objective, limits and expectations.

5. Right direction

Appropriate monitoring evaluation, intervention, as needed, and feedback

(Adapted from the National Council of state boards (1995)
Delegation: *Concepts and Decision - making Process*).



Development Sessions

Development sessions between preceptor and preceptee are mandatory.

By the end of the 10 month programme you are required to evidence a total of 16 hours of development time with your preceptee. You should aim to set aside 2 hours per month to sit down together and use the time to review goals and objectives and perhaps practice skills where the graduate nurse feels less competent. You should negotiate this time with your Clinical Nurse Manager.

Evidence of these sessions will be needed by the programme coordinator please see attached template to record these meetings (page 22). The date and timing for the development sessions are negotiable between preceptor, preceptee and the Clinical Nurse Manager or equivalent.

Should this not occur two eight hour days have been prearranged to use 12/05/11 and 07/09/11. Please advise your CNM / Team Leader if you wish to access these days well in advance.

In addition the NETP/E nurse educator will meet at arranged times with the preceptor to discuss issues arising whilst carrying out the preceptor function.

Important Dates for your diary:

Development Sessions:

1. Thursday 12th May
2. Wednesday 7th September



Preceptor / Preceptee Development Session

Record No: _____

Name of Preceptee: _____

Name of Preceptor: _____

Ward / Unit / Dept: _____

Date Preceptorship Commenced: _____

Date of this meeting: _____

Record of Discussion that took place and agreed learning needs:

Comments from Preceptor:

Comments from Preceptee:

Agreed Dates / Times for Future Development Sessions:

(Please note there are scheduled development sessions available but you may choose your own)

Meeting 2:

Meeting 3:

Meeting 4:

Meeting 5:

Meeting 6:

Action Plan

How are you going to meet the learning / development needs identified at this meeting?

Any other Note / comment:

Please keep a copy for your records and for review at the next meeting and send a copy to the Coordinator: Graduate Nurse Programme and your Clinical Nurse Manager or Equivalent.



The Preceptor / Preceptee Contract

Agreement between:

Preceptor:.....

And

Preceptee:.....

Start Date:

End Date:

Expectation

Tairāwhiti DHB recognises that starting a new job can be a daunting and stressful experience. Preceptorship offers all new staff clinical support and guidance. The key areas that will be addressed during this time are:

- To ensure that an orientation programme is in place
- To help the preceptee get to know new team members
- To ensure that the preceptee is clear about roles and responsibilities
- To help identify current strengths as well as immediate learning needs
- To enable the preceptee to perform within professional, clinical and organisational boundaries
- To assist in the preceptee's professional development
- For the preceptor to be the preceptee's primary source of support for the agreed period
- To enable the preceptee to undertake reflective learning from clinical situations
- To enable regular constructive feedback on the performance of the preceptee and the functioning of the preceptor.

Preceptorship is a two way process and we expect all new staff to be actively involved in their clinical learning and ongoing professional development.

Preceptorship Agreements

Preceptor:

- What I want from you as my preceptee:

- What I will contribute to make preceptorship successful:

Preceptee:

- What I want from my preceptor:

.....

- What I will contribute to make preceptorship successful:

.....

Both Preceptor and Preceptee

- What we will do if there are difficulties working together:

Signed:

Preceptor:

Date:

Preceptee:

Date:



Record of Professional Development Activities

Record all in-service, courses, workshops, lectures, conferences and similar that you attend.

Nursing Council requirement is a minimum of 60 hours over three years.

Once this page is complete request your line manager to verify the hours

Name

Position and Department

Date	Activity / Presenter	Explain what you learnt from this activity	Hours spent	Manager or educator's comment and sign off
		Key issues identified Impact on practice Personal development:		
		Key issues identified Impact on practice Personal development		

Verified by: _____
(Name and Signature)

Designation: _____

Address: _____

Phone Number: _____

Date	Activity / Presenter	Explain what you learnt from this activity	Hours spent	Manager or educator's comment and sign off
		Key issues identified Impact on practice Personal development		
		Key issues identified Impact on practice Personal development		
		Key issues identified Impact on practice Personal development		

TOTAL HOURS:

Verified by: _____
 (Name and Signature)

Designation: _____

Address: _____

Phone Number: _____

Midwifery and Nursing Education Website:

The website was developed to enable access to education information for Midwives and Nurses from the Tairāwhiti District Health region

The website address is www.taimned.co.nz

Information on the website includes a calendar of events and training scheduled during the year and there are multiple side bar links:

- PDRP – information plus workbooks which can be downloaded
- NET-P, NETPE – Copies of new graduate and preceptor handbooks and study day programmes
- Health workforce new Zealand – Information and Application forms
- Educational Links
- Professional Links
- Speciality Nurses – includes contact details, links to manuals e.g. wound care
- TDH Library
- Primary health – includes newsletters
- Midwives

There are some 'elearning' packages based within the Educational Link – these all provide the learner with a record of their participation and outcome. At this stage the tutorials are:

- Smith & Nephew wound care,
- Blood products and transfusion (ANZBTS)
- Diabetes Skills Framework
- Healthcare and the Treaty of Waitangi
- Smoking cessation
- NIKI syringe driver on line training
- National diabetes knowledge and skills framework

The screenshot shows the homepage of the Tairāwhiti Nurses' Portal. The header includes the Tairāwhiti District Health logo and the text 'TAIRAWHITI NURSES PORTAL'. Below the header is a navigation menu with links for Home, Calendar, Speciality Nurses, Midwives, Nurse Entry to Practice, PDRP, CTA, Library, Educational Links, Professional Links, Primary Health Care, Sitemap, Contact Us, and Print Page. The main content area is titled 'Tairāwhiti Nurses' Portal' and contains a welcome message in Māori and English, followed by a paragraph about the website's purpose. To the right, there are two featured articles: 'Smoking Cessation' and 'National Diabetes Nursing Knowledge and Skills Framework'. At the bottom, there is a diagram showing three strategic goals: Goal 1 (Professional/Workforce development), Goal 2 (Handbooks of Practice), and Goal 3 (Collaboration).

Bibliography

- Rogers B R;(2003) *Nurse Preceptor Programme Builder: Tools for a successful preceptor programme*. HCpro, Inc
- Russell T (2005) *Bay of Plenty District Health Board Preceptor Programme*. Professional Growth New Zealand
- Flynn J P; Stack M.C (2006) *The Role of the Preceptor*. Springer Publishing Company
- Canadian Nurses Association; (2004) *Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring*: Author
- Close L, Catlin A (2005) *Preceptor Handbook*: Sonoma State University, Department of Nursing
- New Zealand Nurse Educators Group (2006); *Preceptoring for Excellence,: National framework for Nursing Preceptorship Programmes*. A report to the Nurse Executives, Author
- Colon T (2005); *A guide to Mentoring in Healthcare and Other Models for Improving Staff Recruitment, Retention, Development and Ultimately the Quality of Patient Care*: Advance Mentoring Inc.
- Mannion J, Swarbrick C (2005) *Preceptorship: the Right Start in Your New Post*: Central Manchester and Manchester Children's University Hospitals NHS Trust
- Nursing Council of New Zealand (2003) *Scopes of Practice*, Wellington, Author
- Nursing Council of New Zealand (2005) *Standards for Nurse Entry to Practice Programmes*: Wellington,
- Nursing Council of New Zealand (2008) *Guideline: Direction and delegation*; Wellington
- BOPDHB, PDRP. *Resource for performance appraisals/ Peer reviews*. Wendy Tustin – Payne, PDRP coordinator. 2007