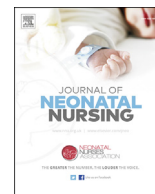




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Evaluation of a regionally based preceptorship programme for newly qualified neonatal nurses

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ABSTRACT

Introduction: Preceptorship training for newly qualified nurses is well established but practice varies widely. We have introduced and evaluated a regionally based programme for neonatal nurses using novel approaches including use of social media, joint learning with paediatric medical trainees and rotating placements.

Methods: A web based questionnaire was developed and given to all preceptees completing the pilot programme.

Results: Use of social media and the quality of the programme was highly rated. Logistical issues in relation to providing supernumerary training time, variation in practice across the region and working in a second designated unit were identified.

Conclusions: Overall this initiative has been well received. Preceptees completing the programme have become preceptors for successive cohorts joining the programme thus securing long term sustainability.

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Introduction

The concept of preceptorship is not new to health care professionals and has been widely disseminated throughout the United Kingdom nursing profession since the early 1990's. The Department of Health Preceptorship Framework (Department of Health, 2010) best describes preceptorship as the refining of skills, professional behaviour and values towards achieving an increase in competence and confidence whilst providing a conduit to a continuing journey of life-long learning. Programmes are typically designed to provide support for newly qualified nurses (NQNs) in their first year of practice thus easing the transition from student to staff nurse (Haggerty et al., 2013) whilst minimizing the stresses and challenges that can occur at this time (Duchscher, 2009).

There are a number of international publications describing Preceptorship Programmes from preceptee, preceptor, senior nurse and organisational perspectives.

Recent reviews of preceptor programmes concluded that any form of organisational support for NQN's is better than none and

that preceptorship training was mostly a positive experience that should be made available to all NQN's (Whitehead et al., 2013). Identified benefits of training include improving confidence, reducing anxiety, increasing clinical skills, and better critical thinking (Marks-Maran et al., 2013; Whitehead et al., 2015; Robinson and Griffiths, 2009). Successful NQN transition improves job satisfaction and is an effective strategy to improve recruitment and retention (Phillips et al., 2014).

Preceptorship is particularly relevant to neonatal practice given the complex and demanding nature of the specialty and needs to be specific to this working environment (D H Neonatal Toolkit 2009). However, an audit of education provision across the then South Central Neonatal Network identified that only 22% of units provided a specific neonatal preceptorship programme. Nurses in all other units were only able to access more generic programmes provided by their local Trust (Edwards 2012). The senior nurses within the Network felt that this was inappropriate given the specialist demands on neonatal practice to ensure the delivery of high quality care according to recognised best practice (Department of Health, 2009, Royal College of Nursing 2012, 2015).

There is very little literature about the value of neonatal specific programmes. Evaluative studies of two neonatal programmes (Ramudu et al., 2006 and Square, 2010) were reported from outside

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of the UK where the context of the programmes was quite different. Two U.K. publications (Riley, 2013 and Hancock, 2002) specifically recognised neonates as a specialty, in need of a dedicated training programme. Similar needs have been identified in other specialist areas including Nephrology (Singer, 2006), Operating Theatres (Persaud, 2008) and Critical Care (O’Kane, 2011; Nyhagen and Strom, 2016).

A Programme Director (KE) was therefore appointed to develop and implement a bespoke network based programme for all preceptees in their first year of practice. This was achieved through the support of the Thames Valley and Wessex Operational Delivery Network [ODN] and Health Education Wessex. The programme was embedded within the Wessex School of Paediatrics and Child Health as an initiative towards delivering a high quality educational Programme as practiced for paediatric trainees and to facilitate greater possibilities for multi-disciplinary team based learning and development.

A dedicated Facebook group was created to provide a platform for virtual learning and a meeting space for preceptees. This platform facilitated the delivery of a blended learning approach as has been used by other educators (Killam et al., 2013) whilst providing peer support across a wide geographical location (Dalton et al., 2007). In addition to this initiative the programme also provided more traditional didactic teaching at ten dedicated study days. All preceptees were given the opportunity to undertake a clinical placement in an alternative designated unit to that in which they had been employed to strengthen professional relationships across the Network and maximize opportunities to develop a wider range of nursing skills from within alternative settings (Ramudu et al., 2006). Multi-professional working with paediatric trainees was achieved through joint simulation activities and joint working on patient safety projects in advance of attendance at a patient safety day where preceptees were given an opportunity to present their projects. Many of the preceptees’ patient safety works were subsequently implemented. These included the introduction of a blood transfusion care bundle and a prostin care bundle. Programme content was underpinned by a rigorous competency framework adapted from the Knowledge Skills Framework [Knowledge Skills Framework 2004] and RCN Core Clinical Neonatal Framework (Royal College of Nursing, 2012, 2015). The curriculum for the study days was mapped against the RCN competency framework at foundation level.

Methods

To evaluate the effectiveness of the programme we developed and implemented a questionnaire for the pilot group of nurses who first participated in the programme. A mixed-method questionnaire was designed to collect both quantitative and qualitative data.

Two nurse preceptorship experts from outside of the network provided content and construct validity, and an expert in questionnaire design provided feedback to help refine the structure of each question. Face validity was assessed using preceptorship graduates from a different region to provide additional feedback.

The questionnaire contained a mixture of Likert-style questions, yes/no questions, multiple choice answers and spaces for free text comments. Likert-scale questions were in the form of statements about the programme inviting preceptees to agree or to disagree according to a rating scale.

Questionnaires were sent in electronic format using the ‘Typeform’ platform, which was compatible for completion using mobile devices (<https://kimle61.typeform.com/to/gq8Vm3>). Nurses were given three weeks to complete the survey and were given weekly reminders. All nurses were advised that participation was voluntary and anonymous. Data were stored on a password protected

computer.

Survey findings were evaluated by the programme director and grouped according to the following themes; (1) protected time for preceptorship training, (2) quality of training, (3) usefulness of social media, (4) usefulness of completing patient safety projects, (5) the value of placement in an alternative unit and (6) the value of the programme in supporting a career choice in neonatal nursing.

Results

The questionnaire was completed by all nurses (n = 11) with 72% (8) using a mobile device to do this. Key findings are described according to the main themes that were identified as integral to the delivery of the programme on a regional basis:

Provision of time for preceptorship training

This theme was grouped into three elements: supernumerary time during orientation, release from units to participate in preceptorship activities and ongoing support after orientation.

Ninety one percent (10) of preceptees were allocated supernumerary time within the first weeks of starting work and found this of value;

“Having supernumerary time allowed me to have time to think about what I needed to learn and set my first objectives”

One preceptee did not receive any supernumerary time. The experience of the preceptee who did not get supernumerary time is described;

“I was counted in the numbers from the day I started. I had covered some bank shifts on the unit before which meant I was familiar with the unit, however I feel supernumerary time would have helped me.”

All preceptees were introduced to a named preceptor, but emerging themes within the data were the barriers and challenges in being able to engage with these individuals. Fifty five percent (6) did not work with their preceptor at the intended frequency of at least twice a month because of either conflicting rosters, preceptorship not being seen as a priority, or conflicting workload demands;

“We were allocated time to work together and could set aside time to talk through any concerns”

“During my preceptorship my preceptor and I had to meet outside of the unit in our own time to talk through situations and anxieties. It was not made clear to the roster team how we had to work together.”

Time with preceptors was sometimes not prioritized after orientation and ongoing support within units was variable with 27% (3) dissatisfied about the amount of ongoing support received after orientation;

“After my orientation period I was allocated just like normal staff, so I was rarely allocated time with my preceptor.”

“We need more supportive staff, not only during our supernumerary time, but especially after it.”

Quality of learning opportunities

Specific questions in relation to clinical skills, leadership skills

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