The journey to implementing a multi professional preceptorship practices?

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Abstract

The Preceptorship Framework for Nurses, Midwives and Allied Health Professions (AHP) (DH 2010) has been implemented across England now since March 2010. This has facilitated a number of NHS organisations to introduce structured preceptorship programmes that enable novice health care practitioners to make the transition from student to an autonomous health care practitioner. This paper provides an overview of what is known about the experiences of newly qualified practitioners and how preceptorship might ameliorate the stresses of the transitional period within a multi/interprofessional context

Key Messages

1. Preceptorship can be developed and delivered through a variety of different approaches
2. Preceptorship programmes can encourage multi/inter professional learning
3. Meaningful preceptorship programme require a robust infrastructure and support from senior management

Key words: Nurses, preceptorship, practices

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LITERATURE REVIEW

We have known for a long time that the move from the role of student into health professional has been described as stressful for most newly qualified practitioners. Kramer (1974) introduced the concept of ‘reality shock’ to describe the stress and bewilderment experienced by newly qualified nurses (NQNs) in the United States (US) when their undergraduate preparation and expectations of work did not match the real world of practice. This disillusionment led to many leaving work within the first year. Kramer’s work is acknowledged as seminal and triggered research into the transitional experiences in nursing in the US (Allanach & Jennings 1990) and later in the UK (Gerrish 2000, Amos 2001, Evans 2001, Whitehead 2001 Bradley 1999, Maben et al 2006). Recent UK studies confirm that many newly qualified nurses continue to feel overwhelmed and vulnerable (Bick 2000, Eraut et al 2003) and unprepared for practice (Amos 2001, Maben et al 2006).

The transitional experiences of new nurses are consistent with those described by other professions. Morley (2009a) describes the challenges faced by new occupational therapists. Other allied health professions (AHPs) describe a similar journey, for example in speech and language therapy (McCartney et al 1993, Bebbington 1996), physiotherapy (Tryssenaar & Perkins 2001) and podiatry (Mandy and Tinley 2004). Within nursing, preceptorship has been used to ease the transitional experience for many years.

Preceptorship was adopted in nursing in the United States (US) to counter reality shock in new practitioners (Kramer 1974) and was later introduced in the UK as part of the nurse education reforms (Morton-Cooper and Palmer 1993, Clark et al 1997, Allen 1999, Bowles 1995). Preceptorship is advocated as a way of supporting staff working in emotionally demanding environments in nursing (Morton-Cooper & Palmer 1993, 2000) and in midwifery (Hobbs & Green 2003).

The move towards introducing preceptorship in the UK can be traced for two decades. In 1993, the United Kingdom’s Central Council for Nursing, Midwifery and Health Visiting (UKCC) issued a policy statement advising that newly qualified nurses should have an initial period of preceptorship. The drivers were twofold. There was a push to alleviate the transitional challenges of new practitioners in order to reduce attrition. There was also concern about the fitness to practice of new entrants in the context of a strengthening governance agenda that emphasised public safety and accountability. There was emerging evidence that preceptorship supported the transition of new practitioners (Clark et al 1997, O’Malley 2000). However when the Nursing and Midwifery Council (NMC) reissued guidelines in 2003, preceptorship remained a recommendation for sound professional practice rather than a requirement. The NMC rejected the option of having “a probationary year which would enable a student to adjust to new responsibilities in their first post (NMC 2005) but strengthened its statement by strongly recommending preceptorship, as enshrined in the standards to support learning and assessment in practice (NMC 2006).

In 2004, the role of preceptorship for new practitioners was strengthened with the introduction of the new NHS employment contract. Agenda for Change (Department of Health 2005) made it a requirement for new nurses and most allied health professionals. At the time there was no guidance on how preceptorship would be implemented or exploration of how it could be developed as a tool to improve the transitional experience, skill-base and retention of new practitioners.

In response to this, the Department of Health initiated a project to develop a Preceptorship Framework for Nurses. The rationale for this was spurred through the publication of ‘High Quality Care For All’(DH 2008a), which set out a vision for nursing that included:

1. Finding meaningful ways to improve the quality of nursing care
2. Modernising nursing educational pathways
3. Retaining the best candidates to nursing...
Furthermore, the DH (2008a) stated that:

“A foundation period of preceptorship for nurses at the start of their careers will help them begin the journey from novice to expert. This will enable them to apply knowledge, skills and competence acquired as students, into their area of practice, laying a solid foundation for life-long learning”.

As a result, the development of a Preceptorship Framework for Nurses was initiated and subsequently developed by a variety of stakeholders. The overall intention of the Framework (DH 2010) was that preceptorship marks the beginning of the individual’s career as a UK registered nurse. Due to the generic nature of The Framework it was extended in March 2010 to encompass AHPs and midwives.

A central element to the development of the Framework (DH 2010) involved a scoping exercise across a number of different professions and countries to identify existing learning strategies to support new practitioners. Diagram 1 identifies the findings
As can be seen from Diagram 1, there were a variety of practices that were intended to help novice professionals adopt to the responsibilities that are inherent to holding a licence to practice. As a result of this information, it was important that the Preceptorship Framework (DH 2010) was flexible enough to accommodate the variety of models and practices that came to light. The adoption of a flexible approach resulted in an unexpected benefit, in that the Framework (DH 2010) could be adapted for AHP and midwives as well as nurses.

Anecdotal information from conferences where preceptorship practices have been shared and celebrated, provide evidence that preceptorship is not only now better understood, but it is also seeming to aid interprofessional learning. A number of different professionals are coming together to share their preceptorship programmes. A practice that is central to current thinking of the NHS (DH 2011)
The government has pushed for interprofessional education (IPE) at undergraduate level as a means to modernise services, facilitating permeable boundaries between health and social care professions, greater teamwork, flexible working and new roles for the last decade (DH 2000a, DH 2000b). Although there is growing evidence that pre-qualifying IPE can modify attitudes and perceptions, build knowledge and skills and pave the way for collaborative practice (Miller et al, 2006, Barr et al, 2005), implementation has been patchy. Miller et al (2006) argue that opportunities for interprofessional learning after qualification will need to be offered in a working environment in order to have any impact on practice. The introduction of preceptorship in an inter-professional context may be an important element during the formative early years of practice to build the skills and attitudes for collaborative practice and teamwork. Furthermore, if the anticipated benefits of preceptorship are to be realised, NHS organisations need to develop a robust infrastructure to support implementation and to acknowledge that transitional challenges differ between professional groups. Whilst the Preceptorship Framework (DH 2010) facilitates organisations to develop both robust and flexible preceptorship practices, commitment from senior management would appear crucial. Morley (2009b) and others (Morton-Cooper & Palmer 2000, Kaviani and Stilwell 2000, Graduate Nurse Guidelines 2003, Miller & Blackman 2003) stress that successful delivery of preceptorship is affected by the way the managers perceived the programme. Limited managerial direction and leadership have been reported to lead to ineffective implementation and minimal perceived benefits.

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