Livewell Southwest

Health Visitor and School Nurse Preceptorship Guidance

Version No 2

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Document review history

Version No.	Type of change	Date	Originator of change	Description of change
0.1		August 2012	Clinical education lead for health visiting and school nursing	New document in line with national guidance
0.2		September 2012	Clinical education lead for health visiting and school nursing	Amendments following consultation
0.3		May 2013	Clinical education lead for health visiting and school nursing	Amendments following consultation
1	Ratified	May 2013	Policy Ratification Group	Minor amends.
2.0	Reviewed	February 2016	Clinical education lead for health visiting and school nursing	Minor amendments. Addition of 'phased allocation of complex work' all changes highlighted.

Health Visitor and School Nurse Preceptorship Guidance

1. Introduction

Completing the Specialist Community Public Health Nurse (SCPHN) qualification is the start of a journey of continuous learning, growth and professional development. This document aims to provide a framework to support newly qualified health visitors and school nurses to develop through a number of stages before they become expert.

Benner (1982) described the five levels of experience as:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

Newly qualified health visitors and school nurses are positioned as 'advanced beginners'

1.1 Purpose

The purpose of this guidance is: -

To share best practice in respect of supporting the transition of health visitors and school nurses moving into a new job role or work area.

To provide a framework for developing newly qualified health visitors and school nurses, to ensure safe, competent practice.

1.2 The Preceptorship Standard requires that:

- Systems are in place to identify all staff requiring preceptorship.
- Systems are in place to monitor and track newly registered practitioners from their appointment through to completion of the preceptorship period.
- Preceptors are identified from the workforce within clinical areas and demonstrate the required attributes.
- Organisations have sufficient numbers of preceptors in place to support the number of newly registered practitioners employed.

- Organisations ensure that their preceptorship arrangements meet and satisfy professional regulatory body and competency requirements.

- Organisations ensure that newly qualified health visitors and school nurses understand the concept of preceptorship and engage fully.

- An evaluative framework is in place that demonstrates benefits and value for money.

- Organisations publish their preceptorship framework facilitating transparency of goals and expectations.

- Organisations ensure that evidence produced during preceptorship is available for audit and submission for potential verification by the Nursing and Midwifery Council (NMC).

- Preceptorship operates within a governance framework.

1.3 Roles and Responsibility

The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

Line Manager: The line manager is the person responsible for supporting the preceptor and preceptee.

Preceptor: The preceptor is someone objective from outside of the team, who has responsibility for goal setting, signing off competencies and takes the role of critical friend. (Department of Health 2012)

Mentor: The mentor is an experienced member within the team who is responsible for practical day to day issues of supporting the newly qualified health visitor or school nurse through the preceptorship programme.

Roles and responsibilities

Line Manager	Preceptor	Preceptee
The line manager is the person responsible for supporting the preceptor and preceptee. Line managers should: - • Identify an appropriate preceptor and keep an active database of preceptors in their work areas. • As applicable release staff for preparation/updating for the role of preceptor. • Provide protected time for preceptor/preceptee review meetings. • Be aware of any special requirements the preceptee or preceptor may have so that positive consideration can be given in meeting their needs. • Ensure that the preceptor and preceptee are aware of the appropriate policies and procedures, which support and guide their practice.	Preceptor is the name given to the person supporting a new member of staff (preceptee). Preceptors should: - • Be identified and supported by their line manager. • Be an experienced member of staff with appropriate skills and attributes. • Be aware of any special requirements the preceptee may have so that positive consideration can be given in meeting their needs. • Direct the preceptee to the appropriate policies and procedures, which support and guide their practice. • Access support in order to fulfil the role of preceptor. • Identify and respond constructively to the learning needs of the preceptee.	Preceptee is the name given to the person being supported by an experienced colleague (preceptor). Preceptees should: - • Be informed of the name of their preceptor as soon as possible after appointment. • Be aware of their roles/responsibilities in the preceptorship period. • Be able to negotiate their learning needs and objectives in line with the needs of the department and as applicable their KSF outline. • Ensure the preceptor and line manager are aware of any special requirements they may have so that positive consideration can be given in meeting their needs • Ensure they have read and understand the appropriate policies and procedures which support and guide their practice

• Provide support and supervision of the preceptorship relationship and participate in at least one review meeting. • Have access to guidance and support from senior colleagues and training/education personnel. • Ensure that documentation pertaining to the preceptorship period is maintained. • Where preceptorship is linked to competency ensure that payroll is informed when a successful, completed contract is agreed at the end of the Preceptorship period. • Ensure that the process of Personal Development Plan (PDP) (including where a review of the Foundation Gateway) is carried out at the end of the preceptee's first 12 months in post. See 'appraisal for staff policy', available on Healthnet	• Be prepared and willing to teach the preceptee. • Recognise when to seek support and advice about the development and progress of the preceptee. • Know how to access support and help if they are concerned that the preceptorship pathway and relationship standards are not being met. • Be confident in giving constructive feedback and providing coaching opportunities. • Ensure their own support needs are being met through clinical supervision and/or other mode/s of structured support. See 'clinical supervision policy', available on Healthnet • Ensure trust induction completed within four weeks with completion of Personal Development Plan at week four. • Ensure Line Management supervision completed within 6/52	• Be proactive in achieving their learning objectives. • Have access to guidance and support from senior colleagues and training and education personnel. • Know how to access support and help if they are concerned that the preceptorship pathway and relationship standards are not being met. • Have realistic expectations about the agreed level of support and resources available to them during the preceptorship period. • Attend all planned learning events and ensure completion of the programme within the allotted timeframe

• Ensure that both preceptor and preceptee have access to clinical supervision and/or other mode/s of structured support. See 'clinical supervision policy', available on Healthnet	• Appraisal to be booked within first year **Please note that the preceptor role should not be seen in isolation from other facilitation roles. The skills required to act in the capacity of mentor, coach, facilitator and supervisor are equally applicable and transferable to the role of preceptor.**	

2. Guidance on managing the preceptorship period

Preceptors should be aware of the specific knowledge and skills required to work effectively in their own their work areas and also the core and specific dimensions and levels applicable to the preceptee's competency job outline. The following structure of support provides guidance on how the preceptorship might be managed.

2.1 Induction Period (For all Health Visitors and school nurses new to role/area)

2.1.1 A good well structured induction period is crucial to the role. The length of the induction period can vary from 2 to 4 weeks and may include mandatory and clinical training, visits to local agencies and organisations. The protection of time for the induction period is mandatory. This enables time for profiling the local area, getting to know the requirements of the caseload, understanding the Health Visitor role within that area. It is very important in order to ensure a reduction of the stress and anxiety that can be engendered in starting a new role or area that the induction period is both **protected and prioritised**. The plan for the induction period should be agreed by the preceptor and preceptee within the first week of work. The plan should include some short term objectives building on consolidated practice, a time frame and agreement reached between preceptee, preceptor and line manager.

2.1.2 The induction plan needs to include:

- Developing an understanding of local policies and procedures
- Being set up on e-mail and the organisations Information Technology system
- Find out about safeguarding and clinical supervision, make contact with their supervisors and book first supervision session
- All non-medical prescribers should ensure that they have a prescription pad and do all the necessary preparation in relation to their prescribing role

2.1.3 Preceptor and preceptee meet within the preceptee's first week in post to assess the preceptees learning needs in relation to: -

a) Job description of preceptee (and associated Knowledge and Skills Framework outline).

b) The specific skills and knowledge required (that fall outside the core programme) to work effectively and competently in the new area of practice. See corporate/local induction documentation to help ascertain what these are.

c) Review of preceptee's previous experience (knowledge and skills level) to help identify learning needs and set personal objectives. Use the 'Strengths, Challenges, Opportunities and Threats (SCOT) analysis form, in section 3 of this document.

d) Any special requirements the preceptee may have so that positive consideration can be given in meeting their needs.

e) Complete Personal Development Plan within four weeks which will be used to Inform preceptee's initial appraisal – see Organisation Induction pack for guidance as well as appraisal and management supervison policy v2:4

2.1.4 Preceptor and preceptee agree learning objectives based on the assessment of preceptees learning needs as above. It is essential that these objectives are SMART, i.e. **Specific, Measurable, Achievable, Realistic and Timely,** using a 'learning contract' model(section 3 of this document). Line manager, preceptor and preceptee discuss objectives and agree formally using the learning agreement, (see section 3 of this document), on how often and when the preceptor, preceptee and mentor will meet to review progress. This should include phased allocation of complex work including children subject to a child protection plan, not to exceed 2 families in the first 6 months of practice.

2.2 Preceptorship Months 1-6

2.2.1 The preceptor and preceptee should meet on a monthly basis either individually or in a group. The length, time and place of meetings should be agreed in advance. Protected time should be negotiated with the line manager. The preceptor and mentor should support the preceptee to work through the Community Public Health Nursing competency framework.

2.2.2 Records should be kept of all formal meetings and informal meetings may also be documented where appropriate. The line manager should monitor these meetings to ensure they are relevant and address any issues that arise. See meetings record/schedule in section 3 of this document.

2.2.3 If it is identified that the preceptee is not able to meet their objectives or that their progress is causing concern the preceptor, in partnership with the preceptee, should involve the line manager as soon as possible. A formal meeting should be arranged between the preceptee, preceptor and line manager to discuss progress and how areas of concern may be addressed. This meeting must be documented and a review date set in order to re-evaluate progress.

2.3 Preceptorship Month 6 –12 Group (for newly qualified health visitors and school nurses in first year of practice)

2.3.1 The preceptor and preceptee should continue to meet on a regular basis to review the preceptee's personal development plan and any outstanding objectives from their 6 month review.

Month 12

At the time of the 12 month review the line manager, preceptor and preceptee should review progress and agree that required learning has been achieved. See 'evidence' in section 3 of this document. Copies of all documentation pertaining to preceptorship should be filed in the staff member's personal file.

2.4 Preparation for Preceptors

- Preceptors new to the role will be invited to attend a preparation workshop prior to working with a preceptee.

- Preceptors can access support and advice via their line managers and Clinical Education Lead for Health visiting and School nursing.

3. Monitoring Compliance

- Managers are expected to take action to ensure preceptees are inducted appropriately and as per organisation guidance.

- A Preceptorship Agreement will be completed by the line manager as indicated in Preceptorship guidance.

- Line managers will monitor compliance via completion of Personal Development Plan and staff appraisal as indicated in the Appraisal and Management Supervision Policy.

- CT&D, manager & placement development manager will monitor staff completing the programme by reviewing ESR records at 6 monthly intervals.

4. Resources

This section contains resources to formalise preceptorship and includes:

Preceptorship Agreement – A form to document agreed preceptorship support arrangements between preceptee, preceptor and line manager.

SCOT Analysis Form – A form to encourage reflection to help the preceptee and preceptor to identify learning needs and set Specific, Measurable, Attainable, Results-focused Time-focused (SMART) objectives.

Preceptorship Meeting Schedule/Record – A form to document when meetings have taken place and what has been discussed.

Learning Contract – Example of SMART learning objectives for illustration purposes only.

Evidence – A brief guide about what type of evidence might be used to demonstrate competency.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 20th April 2016

Appendix A

Preceptorship Agreement

A copy of this agreement should be kept by the line manager, preceptor and preceptee

Preceptee ……..
Preceptor ……
Line manager ……

Period of Preceptorship

This should be agreed at the first meeting in week one between preceptor, preceptee and line manager

Start date……

Progress review dates……..

Preceptorship final review date……..

Preceptor/Preceptee agree to meet on a ……basis*

(*Frequency of meetings should be reviewed with the preceptor, preceptee and line manager during the first four weeks of the preceptorship period)

Appendix B

Strengths, Challenges, Opportunities, Threats (SCOT) Analysis Form.

Strengths	Challenges	Opportunities	Threats

Appendix C

Learning Contract

Learning contract between…….. and …….

Learning objectives	Resources	Time Scale	Evidence of Achievement	Review date

Signatures: ……..…… (Preceptee) Date……
……. (Preceptor) Date……

Appendix D

Preceptorship Meeting Schedule/Record

Date…….Length of meeting……
Review of preceptorship development plan completed Yes No New/revised preceptorship development plan agreed Yes No
Other issues discussed
Clinical supervision (has access to and/or has attended) Yes No
Child Protection supervision (has attended) Yes No
Time and date of next meeting……
Signed Preceptee…….
Preceptor……..
Line manager (if present) ……..
Photocopy as required. The preceptor and preceptee should both keep copies. These must be available for the line manager to review as required. Completed documentation should be filed in the preceptee's personal file.

Appendix E

Evidence

What is Evidence?

Information that a preceptee provides to demonstrate achievement of learning objectives and competency in their role.

The five rules of evidence are:

- **Validity** – Does it meet the needs of the dimension/level/indicator/ it is being used towards?
- **Authenticity** – Can it be attributed to the preceptee?
- **Sufficiency** – Is there enough evidence to demonstrate achievement of learning objectives?
- **Currency** – Is the evidence up to date and relevant?
- **Reliability** – Does it accurately reflect the knowledge and skills required?

Examples of evidence might include:

- Reflective accounts/diary
- Statements from others based on direct observation of day-to-day activities
- Work products e.g., care plans, etc. Please note that any paperwork related to patients/clients should be anonymised to protect confidentiality
- Team meetings – minutes or notes which identify preceptee's participation
- Questions and answers – written documentation
- Audit or service evaluation type activity
- Certificates of completion, e.g. corporate Induction, in house training days, competencies

All evidence should demonstrate how learning has impacted on practice

All policies are required to be signed by the Lead Director.

Equal Opportunities and Diversity

Livewell Southwest seeks to make diversity an integral part of its operations by creating an environment where differences between staff are welcomed. These differences include, but are not limited to, ethnic, racial or national background or origin; skin colour, gender, or gender status, age, racial origin, sexual orientation, partnership or family status, mental or physical disability, religion or beliefs or other difference.