

Queensland Health
Preceptor Program for
Nursing Transition Support

Framework



Queensland Government
Queensland **Health**

Foreword

Queensland Health is committed to providing a supportive learning environment for new employees. This Framework is a blueprint for the enhancement of formal systems for supporting new employees in a learning environment. It acknowledges that staff commencing in a new setting will experience a period of time (known as transition) before they are confident and competent in the new range of knowledge, skills and attitudes required.

Transition support is promoted for all new employees, acknowledging that individuals will require different levels of transition support. Nurses requiring transition support may include:

- new graduates demonstrating beginning level competence after completion of a pre-registration or pre-enrolment course, and entering the workforce for the first time;
- new graduates from specialist post-graduate courses such as midwifery and mental health;
- nurses returning to practice after an absence of five or more years; and
- nurses moving to new practice settings.

Sharing knowledge and experience by enabling and supporting each other in learning, is integral to the improvement of the standards of care and the satisfaction of both staff and patients / clients of Queensland Health.

This Framework supports the concept of 'preceptorship' as a model of transition support for nursing staff. It is supported by Preceptor Training Modules and a Resource Manual, which Districts may use when preparing preceptors for their primary role in the provision of transition support.

The Framework has been developed to assist Districts to implement best practice standards for transition support for new staff. While the Framework is written primarily for nurses, the principles are relevant and applicable to all staff.

(Dr) R.L Stable
Director-General

March 2001

Queensland Health Preceptor Program for Transition Support

© The State of Queensland, Queensland Health, 2001

Copyright protects this publication. Except for purposes permitted by the Copyright Act, reproduction by whatever means is prohibited without the prior written permission of Queensland Health. Inquiries should be addressed to Queensland Health, GPO Box 48, Brisbane Q 4001.

Table of Contents

FOREWORD.....	I
ACKNOWLEDGEMENTS.....	IV
GLOSSARY OF TERMS.....	V
OVERVIEW.....	1
BACKGROUND.....	1
DESCRIPTION.....	1
MODEL.....	2
FRAMEWORK.....	3
AIM.....	3
EXPECTED OUTCOMES	3
SCOPE OF PROGRAM	3
RELATIONSHIP TO EXISTING PRECEPTOR PROGRAMS	4
PRECEPTOR MODEL/PHILOSOPHY	5
SELECTION AND PREPARATION OF PRECEPTORS.....	7
IMPLEMENTATION	7
PRECEPTOR TRAINING MODULES	8
OBJECTIVES.....	8
LEARNING OUTCOMES	8
MODULES	9
RESOURCE MANUAL.....	10
REFERENCES.....	12
APPENDIX 1.....	13
QUEENSLAND NURSING COUNCIL’S POSITION STATEMENT ON TRANSITION SUPPORT PROCESSES	13

Acknowledgements

The following people were involved in the development the Queensland Health Preceptor Program for Nursing Transition Support Framework:

- Members of the Preceptor Program Working Group:
 - Janice Berry, Acting Clinical Nurse Consultant, Mt Isa Hospital
 - Sue Cadigan, Nurse Educator, Royal Brisbane Hospital
 - Leanne Chandler, Nursing Project Officer, Health Advisory Unit
 - Jodi Cooper, Clinical Nurse, Princess Alexandra Hospital
 - Robyn Fox, Nurse Educator, Royal Brisbane Hospital
 - Matthew Henderson, Clinical Nurse, Townsville Hospital
 - Linda McCormack, Project Officer, Employment Relations
 - Lorraine McMurtrie, Professional Development Educator, Bayside Health Service District
 - Elspeth Macdonald, Clinical Nurse Consultant, Charters Towers Hospital
 - Gillian Nasato, Clinical Nurse Consultant, Royal Brisbane Hospital
 - Catherine Pearson, Principal Project Officer, Health Advisory Unit
 - Monica Seth, Acting District Manager, Banana Health Service District
- Members of the Queensland Health Preceptor Program for Nursing Transition Support Reference Group
- Members of the Ministerial Taskforce Implementation Group
- Sue Norrie, Principal Nursing Adviser

Glossary of Terms

Mentor	someone who provides an enabling relationship that facilitates another's personal growth and development. The relationship is dynamic, reciprocal and can be emotionally intense. Within such a relationship the mentor assists with career development and guides the mentoree through the organisational, social and political networks. (Morton-Cooper & Palmer, 1993)
Peer-Assisted Learning (the learning cell)	a dyadic unit in which the partners mutually teach and learn from each other. (Alexander, L.T. ; Gur, R; Gur, R; & Patterson, L. 1974)
Preceptee	a newly employed or transferred registered / enrolled nurse who participates in a preceptorship program. (Preceptor Working Group, 2000)
Preceptor	an identified experienced practitioner who enhances learning by teaching, instructing, supervising and role modelling. (Morton-Cooper & Palmer, 1993)
Transition	Error! Not a valid link.. (Mielnik, 1998)

Overview

Background

Nursing recruitment and retention is a global, National and State concern. In 1998, the Queensland Minister for Health commissioned a Taskforce to review workforce issues and the recruitment and retention of nurses in Queensland. The report of the Taskforce was launched in November 1999.

The Taskforce explored issues surrounding transition of new staff to new settings and found that the element of support is critical to its success. The Taskforce also found that the transition support processes in place in Queensland Health facilities were not always effective. Data collected for the Taskforce report found that the success of transition processes was characterised by:

- a supportive, nurturing culture;
- involvement in and ownership of the process throughout the organisation;
- central coordination and responsibility for a structured process;
- formal policies to support the preceptor process especially rostering and preceptor support; and
- a planned process of evaluation to inform change and provide valid outcome measures.

Description

This program provides a framework for Districts to use when implementing best practice standards for transition support for new staff. It has been designed to facilitate the provision of a supportive environment for any nursing staff member commencing in or moving to a new practice setting and provides direction for policy development, preceptor selection and preceptor preparation. The model found on the following page depicts the phases, incorporated in the Queensland Health Preceptor Program for Transition Support, and the elements which include:

- preceptor selection;
- preceptor preparation;
- induction;
- orientation; and
- performance management.

The time frame for a preceptee to reach the successful transition phase will vary between preceptees depending on the individual learning needs identified.

The Program comprises three (3) components:

1. **Framework** – This section provides the background to the program, the context of the program and guidelines for policy development and implementation.
2. **Preceptor Training Modules** – This section provides the educational framework guidelines for the preparation of preceptors.
3. **Resource Manual** – This section provides resources which may be useful when conducting preceptor training programs and implementing transition support processes.

TRANSITION TO PRACTICE

FACILITY

SELECTION OF PRECEPTORS
PREPARATION OF PRECEPTORS
PREPARATION OF STAFF
PROGRAM PLANNING

ORIENTATION OF PRECEPTEE

SUPERNUMERARY TIME

- WORKING WITH PRECEPTORS
- INCREASING RESPONSIBILITY

ESTABLISHMENT OF PRECEPTOR/PRECEPTEE R'SHIP
IDENTIFICATION OF PRECEPTEE NEEDS

PERFORMANCE MANAGEMENT

PERFORMANCE FEEDBACK TO PRECEPTEE
REGULAR PRECEPTOR/PRECEPTEE MEETINGS
SUPPORT FROM ALL STAFF

SUCCESSFUL TRANSITION

PRECEPTEE FUNCTIONS AS AN INTERDEPENDENT
MEMBER OF THE HEALTH CARE TEAM

PREPARATION
PHASE

PREPARATION
PHASE

TRANSITION
PHASE

TRANSITION
PHASE

CONSOLIDATION
PHASE

CONSOLIDATION
PHASE

FUNCTIONING
PHASE

FUNCTIONING
PHASE

1. Framework

The Framework for the Queensland Health Preceptor Program for Transition Support (Preceptor Program) adopts a preceptorship model and is based on the Queensland Nursing Council's position statement on Transition Support Processes (Appendix 1).

Aim

The aim of the Preceptor Program is to provide a supportive network of experienced staff that will facilitate the socialisation and assimilation of new staff into Queensland Health facilities.

Expected Outcomes

On implementation of the Preceptor Program there will be:

- District policies which reflect the Queensland Nursing Council position statement on Transition Support Processes;
- District programs which meet the standards and outcome measures endorsed by the Queensland Nursing Council;
- Preceptors who meet the selection criteria and who are appropriately prepared;
- Preceptor training programs which cover the core content areas and meet the learning outcomes prescribed in this document; and
- Zonal processes to support and facilitate transition support processes for nursing staff.

Scope of Program

This program incorporates the success factors identified in the Taskforce Report and the standards for transition support developed by the Queensland Nursing Council. It has been developed for implementation in all Queensland Health facilities and is designed to provide the environment necessary to support new nursing staff assimilate into their new practice environment. As outlined by the Queensland Nursing Council Position Statement on Transition Support Processes, these nurses may include:

- new graduates demonstrating beginning level competence after completion of a pre-registration or pre-enrolment course, and entering the workforce for the first time;
- new graduates from specialist post-graduate courses such as midwifery and mental health;
- nurses returning to practice after an absence of five or more years; and
- nurses moving to new practice settings.

It is important to acknowledge that individuals from each of the above categories will require different levels of transition support. Preceptor programs will need to be tailored, based on the experience and level of learning of the preceptee. This is supported by the Queensland Nursing Council's position statement on Transition Support Processes.

While the knowledge and skills covered are useful across a range of roles, this program has not been designed to prepare clinical teachers / supervisors / facilitators for undergraduate students. The focus of this program is on the support processes for employees of Queensland Health, however the principles and knowledge covered are transferable to other applications.

Relationship to Existing Preceptor Programs

It is acknowledged that a number of transition support programs are conducted throughout the State however, there is no consistency in the standard of these programs (Queensland Health, 1999; Queensland Nursing Council, 1999). The purpose of this program is to provide that standardisation.

This Framework provides guidelines, standards and outcomes for the review of transition support programs (eg. preceptorship) currently provided by Districts/facilities. These guidelines can also be used for the development of new transition support programs. The Preceptor Training Modules provide guidelines and outcomes for the review and/or development of preceptor preparation programs provided by Districts/facilities.

Transition

Transition for the purposes of this program, has been adapted from the definition by Mielnik (1998) and is defined as *the period of learning and adjustment in which the new staff member acquires the skills, knowledge and values required to become an effective member of the health care team*. It has been identified (Ministerial Taskforce on Nursing Recruitment and Retention, 1999; Queensland Nursing Council, 1999) that transition support is an integral part of workforce planning and that there is a direct relationship between the implementation of programs such as this and the retention of staff.

The Standards and Outcome Measures developed by the Queensland Nursing Council provide guidance for the implementation and review of transition support programs.

Standards

- Individual needs assessment is undertaken with each nurse and used in developing a transition support plan;
- Orientation to the workplace is a component of transition support;
- Preceptors are appropriately prepared for their roles and are provided with on-going support;
- Education support for integration into the new role is accessible to the nurse;
- Resources are provided for transition support processes at a District / Zonal level;
- Key stakeholders, such as preceptors, participants in the process, representatives from the health service agency and the education providers, contribute to the planning, implementation and/or review of transition support processes; and
- Evaluation of transition support processes is undertaken to inform change.

Outcome Measures

- The nurse is confident in fulfilling role requirements and consistently demonstrates competence for practice against the minimum competency standards for registration, enrolment and/or endorsement;
- Transition support enables the nurse to effectively apply and consolidate knowledge and skills learned in their educational program;
- Transition support needs of the nurse are effectively managed through the identification and promotion of professional behaviours;
- Ongoing support is provided to mentors/preceptors to ensure role effectiveness;

Queensland Health Preceptor Program for Transition Support

- Employers and peers acknowledge the contribution of mentors/preceptors to nursing and the nursing service in the health care agency; and
- Quality improvement initiatives inform the implementation and review of transition support processes.

Preceptor Model/Philosophy

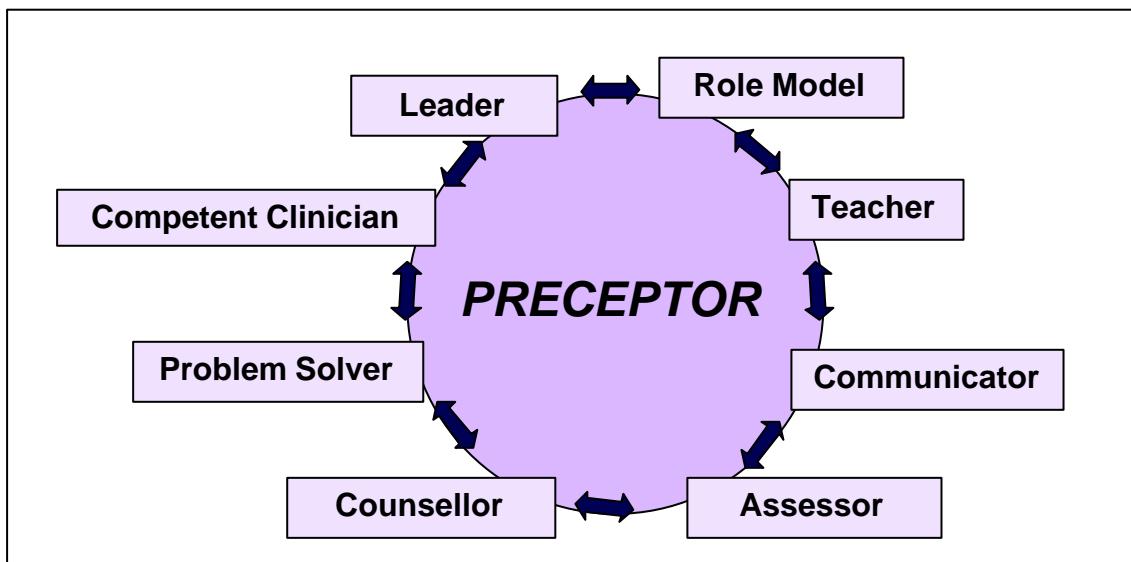
Preceptorship is the framework being used to ensure the transition support processes utilised by Queensland Health meet best practice standards. Preceptorship is a form of educational relationship which is intended to provide access to an experienced and competent role model. It is a means to build a supportive teaching and learning relationship, a smooth transition from learner to accountable practitioner and enjoys a central element of support:

- between colleagues;
- for learning; and
- for the person who is undergoing the critical development transition phases in his/her career.

A Preceptor for the purposes of this program is defined as *an identified experienced practitioner who enhances learning by teaching, instructing, supervising and role modelling* (Morton-Cooper & Palmer, 1993). The preceptor assists new employees to:

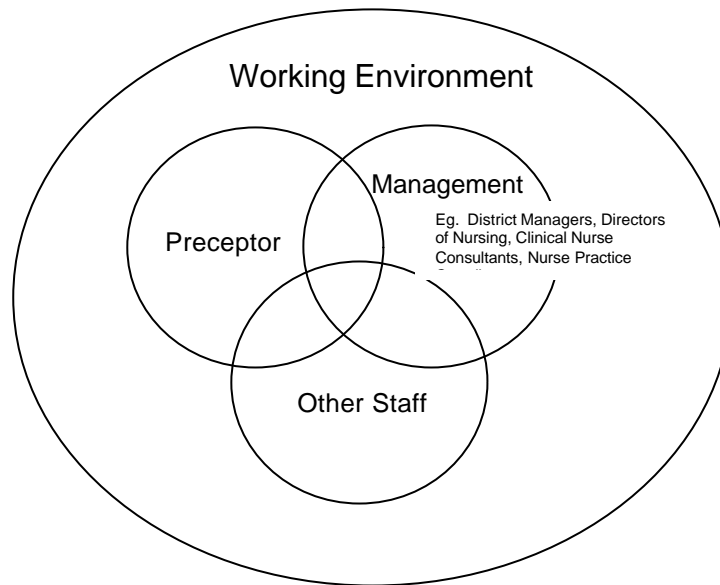
- apply theory to practice with a particular group of patients/clients;
- set priorities, organise and evaluate their own patient/client care; and
- work as an independent member of the team as soon as possible.

The role of the Preceptor is multi-faceted. The diagram below illustrates how these roles are interlinked:

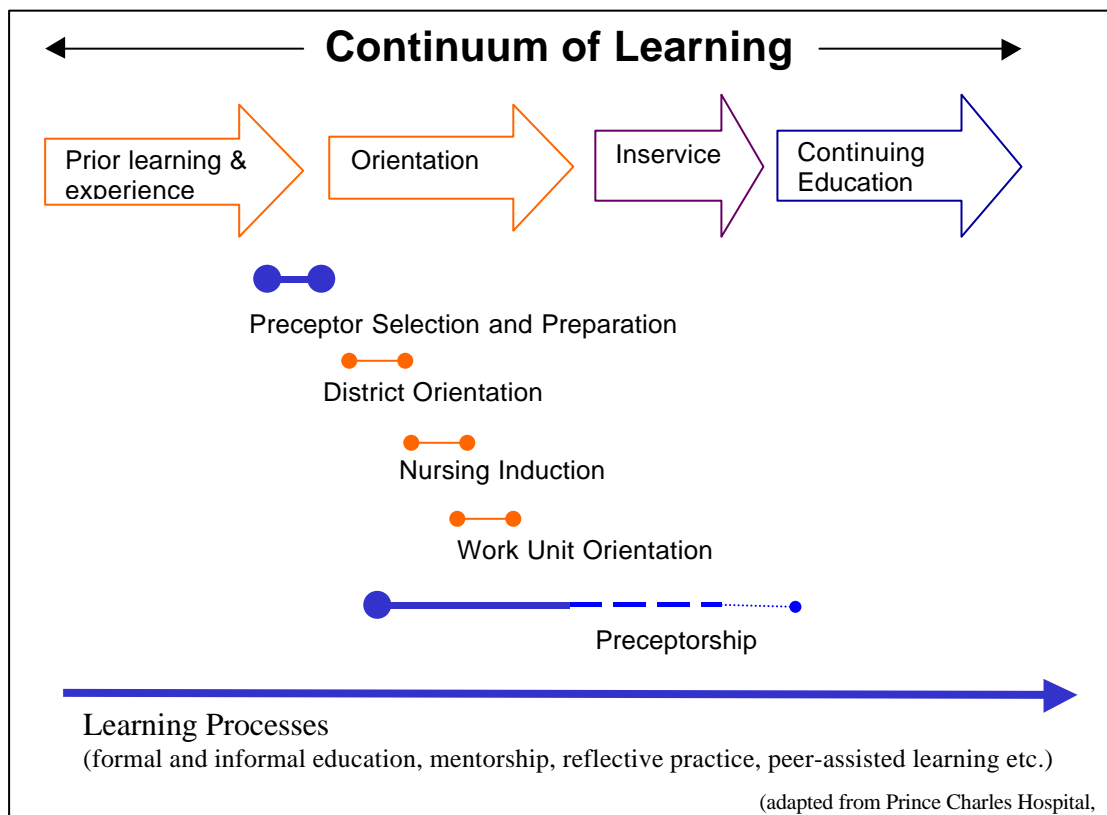


It needs to be acknowledged that preceptors may perform one or more of these roles at any one time. The particular role(s) the preceptor's fulfil will be dependent on the needs of the preceptee and the responsibilities they have in their own work area unit. Critical to the success of this framework is the selection, preparation and support of the preceptors themselves. The following model depicts how successful transition support of the preceptee is dependent on preceptors, management and other staff working together.

Influences on the Preceptee During Transition



Preceptorship is one process through which the new employee will learn. The diagram below depicts where preceptorship fits in relation to the continuum of learning. It acknowledges that prior to preceptorship commencing, the preceptor selection and preparation processes need to be completed. It also acknowledges that preceptorship extends beyond the meeting of orientation needs and that preceptees may concurrently be involved in other learning processes.



The ● depicts the fact that each of these components has a definite starting and ending point. They are not continual. Preceptorship must end but the ending point will vary between preceptees.

Selection and Preparation of Preceptors

It is important that preceptors are able to demonstrate the attributes necessary to fulfil the roles and responsibilities expected of them. It is also important that they are adequately prepared for their role and provided with ongoing support in line with the Queensland Nursing Council's position statement on transition support processes.

The following criteria are those required of a preceptor:

- Demonstrated interest in being a preceptor
- Demonstrated clinical competence
- Registered or Enrolled nurse
- Demonstrated ability to socialise new staff into the workplace
- Demonstrated participation in, or commitment to, performance management
- Demonstrated commitment to the enhancement or development of leadership skills
- Commitment to teaching and learning
- Minimum of 2 years clinical experience (at the discretion of the DON or delegate)

Implementation

Policies to support the implementation and maintenance of this program are essential for its success. Policies for transition support should include management's role and responsibilities and reflect the Queensland Nursing Council's position statement on Transition Support Processes. It is important that the roles and responsibilities of the preceptor are acknowledged in the work context.

Preceptoring should be shared among preceptors, ensuring that one preceptor is not overwhelmed with supporting all new staff.

This program will meet the preparation requirements for preceptors and provide guidelines for management's role in the implementation of best practice standards for transition support.

2. Preceptor Training Modules

The Preceptor Training Modules for this program are designed to assist trainers when providing preceptors with the preparatory knowledge and skills necessary to fulfil their role. New preceptors will need support to develop, apply the principles covered and become effective in their role.

The modules have been designed so that they can be modified by facilities to meet their specific practice requirements. While time frames for the delivery of this component are not fixed, it is imperative that the standards are maintained and learning outcomes achieved.

Existing preceptor training programs were reviewed to identify common themes related to content. These themes form the basis of the Training Modules of the Preceptor Program. The modules centre around the following eight core content areas:

- Concept of preceptorship (definitions / roles / responsibilities)
- Adult learning
- Assessment (learning needs / performance)
- Communication (providing feedback / debriefing / assertiveness / conflict management)
- Socialisation (values clarification / reality shock)
- Leadership (performance management)
- Teaching (teaching principles / teaching skills / designing ward level orientation)
- Strategies for effective preceptoring

Objectives

While each module has specific learning outcomes, there are some overall objectives of the preceptor training program. At the conclusion of the preceptor training program it is expected that participants will be able to:

- Demonstrate a working knowledge of how new staff integrate into clinical practice and how to assist with this process;
- Demonstrate a working knowledge of how to support the socialisation of new staff members into their new environment;
- Set, with new staff, objectives for learning to assist with this transition program;
- Help new staff apply knowledge to practice;
- Assist new staff to become independently functioning members of the health care team as quickly as possible; and
- Assist new staff in adapting to their new role requirements.

Learning Outcomes

Each module has specific learning outcomes. While training methods and teaching strategies may vary from facility to facility, the prescribed learning outcomes must be achieved.

Modules

Seven modules provide the educational content required for preceptor preparation. Each module has specific learning outcomes.

Module 1 Preceptorship

This module introduces the concept of preceptoring; explores preceptorship in relation to other models (eg. buddying, mentorship; peer assisted learning etc.); explores the roles and responsibilities of preceptors; identifies the benefits and challenges of preceptoring; and identifies resources available for effective preceptoring.

Module 2 The Preceptee

This module focuses on the preceptee. It explores the variables which influence the requirements of different preceptees; explores reality / culture shock and clarifies values from the perspective of the preceptee; and identifies the role of the preceptor in minimising the adverse effects of these.

Module 3 Adult Learning

This module introduces adult learning principles in relation to the roles of the preceptor. It explores the application of these principles in the clinical environment.

Module 4 Teaching Effectively

This module introduces the preceptor to the skills required when teaching in the clinical environment. It provides the participants with the opportunity to practise these skills in a non-threatening environment.

Module 5 Assessing Performance

This module identifies methods of assessing performance; the principles of providing effective feedback; and the role of the preceptor in relation to performance management.

Module 6 Interpersonal Skills for Health Professionals

This module provides participants with the communication skills required to effectively fulfil the roles of the preceptor.

Module 7 Strategies for Effective Preceptoring

This module identifies and explores issues surrounding the implementation of a preceptorship model.

3. Resource Manual

This section provides a range of resources which may be used when conducting preceptor training programs or implementing transition support processes; not all resources may be appropriate to your setting – they are provided as a guide only and may be modified as necessary.

The resources provided include:

- Transition Support Policies used in some facilities/Districts
- Suggested program timetables for Preceptor Training Workshops
- Session plans (with suggested timeframes)
- Suggested methods of delivery
- Learning activities (activities participants may complete in relation to a module)
- Teaching activities (ways of delivering the content in a workshop)
- Overhead transparency (OHT) masters
- Powerpoint presentations
- Reference material

Notes on Session Plans

The session plans are provided as suggestions / guidelines only. Facilitators are encouraged to utilise strategies and formats that they are familiar with / have found successful. Facilitators who do not have an education background may find the provided session plans, learning activities, overhead transparencies etc. useful when conducting workshops.

The main objective of the program is to achieve the learning outcomes regardless of the methods and material employed.

The modules have been developed to enable flexible delivery where possible. The content of some modules can be covered through learning activities which participants complete either prior to or following actual face-to-face (workshop) contact. Suggested learning activities have been included in the resource manual. Completion of these activities will result in shortened session times during the workshop; time will still need to be allocated in the workshop to identify and discuss any issues raised.

The times allocated within the session plans are meant as guides – some activities / sessions may need more time; some may need less depending on the group and the discussion which is generated.

Variables Influencing the Workshop

The size and experience of the group will influence the:

- processes used to facilitate the workshop
- amount of time different activities will take

Queensland Health Preceptor Program for Transition Support

For example:

1. If the participants all know each other then you will not need an introductory activity to commence the workshop.
2. The number of participants in the workshop will influence the amount of time it will take for some activities (eg. a group with fewer participants will complete activities in a shorter time frame than one with a large number of participants).
3. A group with fewer participants may not allow you to use some activities (eg. some activities require minimum numbers for maximum effectiveness).

Teaching Strategies

Teaching strategies have been suggested within each session plan. These are suggestions only and can be replaced / modified as the facilitator wishes or time permits (eg. if time is short, then there may not be time for some of the small group work suggested).

References

Alexander, L.T; Gur, R; Gur, R; & Patterson. 1974. L. Peer-Assisted Learning in **Improving Human Performance Quarterly**, vol 3,4, pages 175-186.

Meilnik, L. 1998. *Preceptorship – The Bridge?*, paper delivered at **The Graduate Year : Visions and Realities**. RCNA : Canberra.

Morton-Cooper, A. and Palmer, A. 1993. **Mentoring and Preceptorship : A guide to support roles in clinical practice**. Blackwell Science : London.

Queensland Health. 1999. **Ministerial Taskforce on Nursing Recruitment and Retention**.

Queensland Nursing Council. 1999. **Assessment against Queensland Nursing Council standards of new graduate transition support in selected health care agencies in Queensland**. Research conducted for the Ministerial Taskforce on Nursing Recruitment and Retention. Unpublished.

Queensland Nursing Council. 2000. **Position Statement : Transition Support Processes**.

Appendix 1



QUEENSLAND NURSING COUNCIL

POSITION STATEMENT

TRANSITION SUPPORT PROCESSES

INTRODUCTION

The purpose of this position statement is to provide guidance for the review and/or implementation of individually focussed transition support processes for nurses entering or returning to the workforce. These nurses may include:

- new graduates demonstrating beginning level competence after completion of a pre-registration or pre-enrolment course, and entering the workforce for the first time;
- new graduates from specialist post-graduate courses such as midwifery and mental health;
- nurses returning to practice after an absence of five or more years; and
- nurses moving to new practice settings¹.

Transition support enables nurses to effectively apply knowledge and skills gained through educational processes. During the transition period the nurse requires support until they gain confidence in their practice and in effectively applying contemporary knowledge and skills in the practice setting.

Appropriate support for these nurses within the work environment can result in a high level of job satisfaction for both the nurse and the experienced nurses acting as preceptors or mentors who provide guidance and support during the transition period. In order to maximise the effectiveness of transition support processes it is necessary to provide support for both groups.

Transition support is an integral part of workforce planning.

STANDARDS AND OUTCOME MEASURES FOR THE IMPLEMENTATION AND/OR REVIEW OF TRANSITION SUPPORT PROCESSES

STANDARDS

- Individual needs assessment is undertaken with each nurse and used in developing a transition support plan.
- Orientation to the workplace is a component of transition support.

¹ While the level of support for nurses moving between practice settings is not as great as for those entering or returning to the workforce, individual needs assessment is still necessary to establish appropriate levels of support. There are core nursing knowledge and skills that are transferable between practice settings. If the move was dependent on acquiring specialist knowledge and skills for example, there would need to be additional support beyond orientation to the new setting.

Queensland Health Preceptor Program for Transition Support

- Mentors and preceptors are appropriately prepared for their roles and are provided with on-going support.
- Education support for integration into the new role is accessible to the nurse.
- Funding and other resources for transition support processes are available in public and private sector workforce planning.
- Key stakeholders, such as preceptors, participants in the process, representatives from the health service agency and the education providers, contribute to the planning, implementation and/or review of transition support processes.
- Evaluation of transition support processes is undertaken to inform change.

OUTCOME MEASURES

- The nurse is confident in fulfilling role requirements and consistently demonstrates competence for practice against the minimum competency standards for registration, enrolment and/or endorsement².
- Transition support enables the nurse to effectively apply and consolidate knowledge and skills learned in their educational program.
- Transition support needs of the nurse are effectively managed through the identification and promotion of professional behaviours.
- Ongoing support is provided to mentors/preceptors to ensure role effectiveness.
- Employers and peers acknowledge the contribution of mentors/preceptors to nursing and the nursing service in the health care agency.
- Quality improvement initiatives inform the implementation and review of transition support processes.

Compiled June 2000

Note – for review following completion of the project to undertake a systematic review of undergraduate clinical education, nursing curricula and transition support for new graduates.

² The relevant competencies are: RN and EN – ANCI National Competencies for the Registered and Enrolled Nurse; Midwifery endorsement – ACMI Standards for the Practice of Midwifery; Mental Health Nurse Endorsement – ANZCMHN Competencies for Mental Health Nursing