



London Association Mental Health Nursing Practice (LAMP)

London Mental Health Trusts

Preceptorship Programmes (Nursing)

A comparative Study

Executive Report

December 2015

Author: Betsy Scott

LAMP Project Lead

07971 541288

betsy.scott2@elft.nhs.uk

www.lampmentor.london

Background to comparative study:

The London Association of Mental Health Nursing Practice (LAMP) was launched on the 29th November 2013. The Association was formed to provide a forum to allow staff who were involved in the support of mentors and student nurses in mental health settings, to undertake collaborative work to resolve operational issues and challenges that were common across our respective areas. The Associations aim is to maintain a quality improvement agenda to ensure student nurses have the best experience possible, also that the work of the Mentors and their gatekeeping and professional safe guarding role in developing the future nursing workforce is recognised and supported.

LAMP is also there to develop a bottom up approach. Where members may find a glass ceiling impedes them circulating information about valuable work being undertaken in their Trusts due to the competitive nature of publishing in journals that have an academic research focus.

Since its launch the LAMP project work committee has found it more productive to work on a theme across one project year, within a framework of appreciative inquiry, the issue of preceptorship, its delivery and if it was effective was a topic being frequently discussed and the decision was made to make preceptorship the project theme for the project year 2015/16.

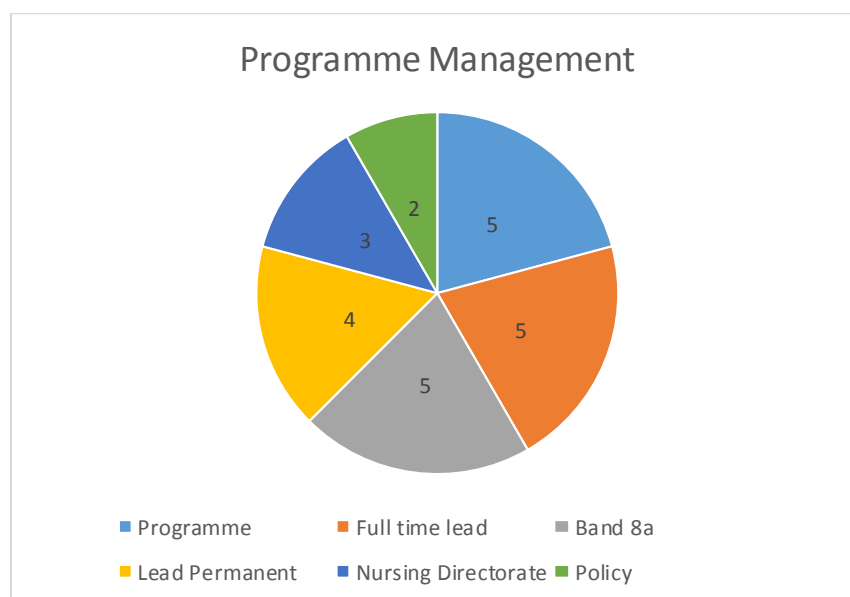
The project members representing the 9 mental health Trusts that make up some of the LAMP membership, decided a comparative study should be undertaken to compare our respective programmes. The aim was to identify areas of excellent practice that could be adopted across London, also to identify gaps in our respective programmes that required a future action plan that we could collaborate on.

Methodology:

A questionnaire was developed and circulated to the members of the LAMP project committee

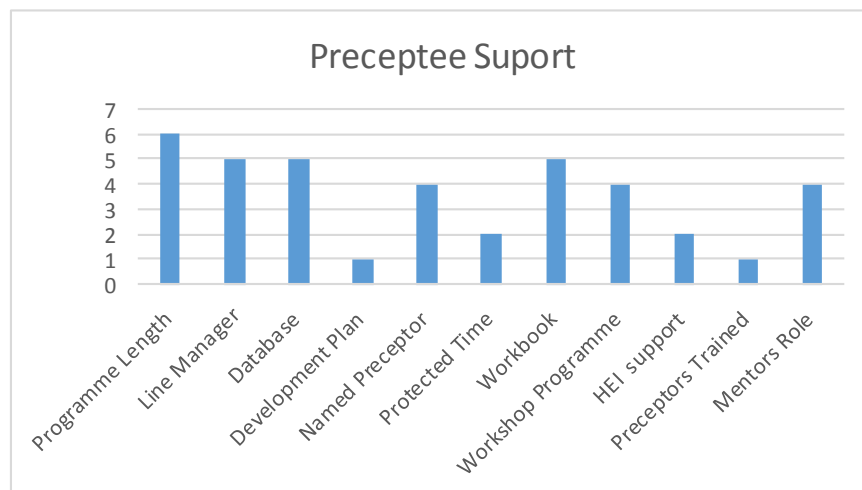
Results: The questionnaire was divided into 3 sections

Section 1: management



- All five Trusts who responded ran a preceptorship programme specific to Nursing.
- 3 Trusts employed a full time preceptorship lead. 2 Trusts the lead for preceptorship was part of the PEFs role* (**the title of pef is not exclusive. This represents the person with responsibility for pre-registration nurse training issues*).
- The agenda for change pay band was band 8a for 2 of the respondents. The others were a band 7.
- All posts were permanent.
- All posts reported to their respective Nursing Directorate.
- 4 Trusts had a preceptorship policy. 1 Trust was in the process of writing one.

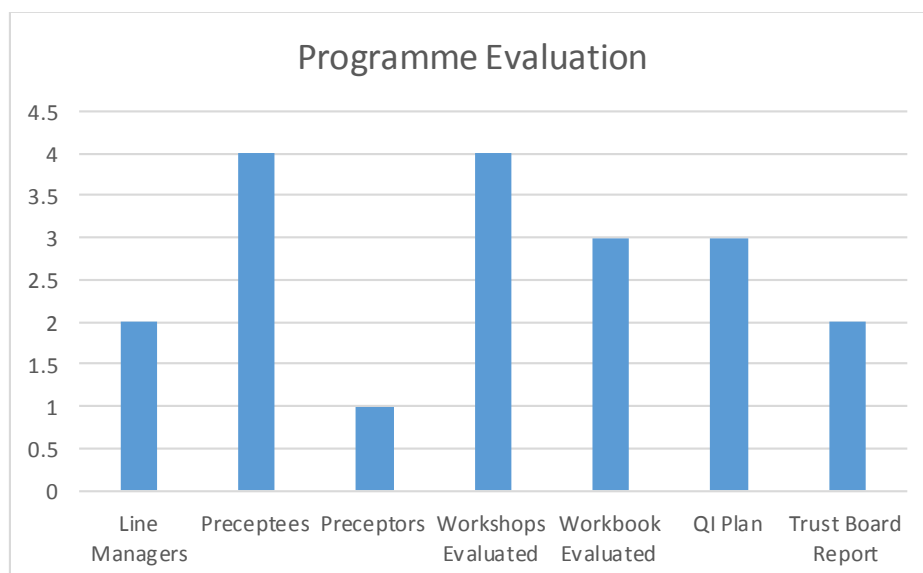
Section 2: Preceptee Support



- All Trusts ran their preceptorship programmes for a minimum of 6 months. One Trust allowed preceptees to take up to a year to complete the workbook competencies.
- All Trusts reported that registration for the programme was via the new registrant's line manager informing the PEF or the preceptorship lead of their new starters.
- All Trusts reported that a preceptees details were recorded on a database.
- 2 Trusts reported they also kept a register of preceptors via a database. 3 Trusts did not keep any database. Allocation of a preceptor was via the clinical lead/ line manager.
- None of the Trusts tracked the career pathway of the preceptee past preceptorship or whether the new staff nurse had remained with the Trust. One Trust maintained a record of staff who had left the Trust during the preceptorship programme.
- 1 Trust started the preceptorship programme with an individual development plan for the preceptee. 4 Trusts indicated they did not. From the responses received the indication is this was seen as the remit of the clinical manager, with an assumption made that this was happening as part of the appraisal and management supervision programme.

- 4 Trusts reported that the preceptee was supported in practice with the allocation of a named preceptor who the clinical lead allocated. 1 Trust reported there was a team approach to supporting the preceptee completing their workbook. But a named preceptor was still allocated to monitor progress.
- 2 Trusts reported that preceptors were given protected time in addition to managerial supervision sessions to meet their preceptee. 2 Trusts reported protected time was not given. 1 Trust did not know. From the information given, it was assumed where Trusts were allocating protected time, meetings between preceptor and preceptee were taking place. There was no audit pathway in place to monitor this.
- All 5 Trusts reported that the preceptee was expected to complete a workbook and the workbook was competency based.
- All 5 Trusts reported evidence of progress through the preceptorship programme was via successful completion of the preceptorship workbook.
- 4 Trusts reported they ran a programme of workshops for preceptees over a 3 – 6 month period. 1 Trust reported they have moved from a workshop format to using action learning sets.
- 2 Trusts delivered the workshops in collaboration with an HEI. One of the modules attracted 15 credits at degree level. Preceptees attending could opt out of submitting the academic piece of work required to attract academic credits.
- 1 Trust reported that their preceptors are trained and attend a module at their HEI. 4 Trusts reported preceptors were not given training for this role.
- 4 Trusts reported that preceptors have to be qualified mentors. 1 Trust reported that any first level nurse within a team could be a preceptor.

Section 3: Programme Evaluation and Quality Improvement



- 2 Trusts reported that programme evaluation questionnaires was sent on a regular basis to individual line managers. 2 Trusts did not send manager evaluation forms. 1 Trust did a programme review on a 3 year cycle.
- 4 Trusts reported a programme evaluation questionnaire was sent to individual preceptees. 1 Trust undertook a review of their programme every three years but it was not indicated who was involved in this review.
- 4 Trusts reported preceptors were not asked to evaluate the preceptorship programme. 1 Trust reported an evaluation questionnaire was sent to preceptors.
- None of the Trusts asked their preceptees to evaluate the preceptors allocated to them.
- 4 Trusts reported the preceptees were asked to evaluate the workshops.
- 3 Trusts reported the preceptees were asked to evaluate the workbook. 2 Trusts reported there was no evaluation of the workbook undertaken.
- 3 Trusts reported that from the evaluations a quality improvement plan is devised and was incorporated into their organisations quality improvement strategy. 2 Trusts reported that issues identified from their evaluations were addressed but actions did not form part of their Trusts quality improvement strategy.
- 2 Trusts reported that an annual report on their preceptorship programme is presented at Trust Board. 3 Trusts reported that preceptorship issues are not reported up to board level.

Conclusions:

All London Trusts were supporting a preceptorship programme in their Trusts.

All Trusts that responded to the questionnaire used a workbook or a portfolio to assess a preceptees progress through the programme.

The workbooks used were based on a competency model where a level of competency had to be achieved. Some were formally scored. For example one Trust expected preceptees to score a minimum of 3 out of 5.

The workbooks were supported by a programme of workshops over a maximum period of 6 months. One Trust reported a move away from a workshop model to action learning sets.

The majority of Trusts that responded specified that preceptors should have undertaken the mentor training, however only one Trust provided additional training for the role of preceptor.

Preceptors were not approached to evaluate a Trusts preceptorship programme.

Line managers informed the preceptorship lead of new registrants for the programme.

All Trusts maintained a database of preceptees. This information was not used to track new registrants career pathways or if they remained in employment within the Trust.

Only one Trust reported starting an individual's preceptorship programme with a training needs analysis/ individual development programme, other Trusts felt this was the remit of the line manager and something that occurred alongside preceptorship. Preceptorship leads

did not have a role in training needs identified in individual appraisals; this seemed to be partly due to time constraints and workload of the PEF/preceptorship lead role.

All Trusts reported that a named preceptor was allocated by the line manager for the clinical area. Where protected time was given, it was assumed by the preceptorship lead, this time was being used effectively. The preceptorship leads did not monitor this, it is not known if line managers recorded this time in their manpower returns.

There were no interprofessional preceptorship programmes running at the time this project was undertaken, in the trusts that responded to the questionnaire.

Shortcomings of the Study:

Lack of response to requests for information.

It did not address the cost of delivering a preceptorship programme.

Workbooks were based on a competency model. The study did not address what happened if a preceptee failed to complete the workbook.

Recommendations:

There should be some formal standardisation across all preceptorship programmes, for example on length of programme.

There continues to be an identified preceptorship lead in the Trust with protected time to manage the programme.

Preceptorship Programmes should be reported at board level in all Trusts.

A cost analysis should be undertaken to ascertain the cost of delivering preceptorship programmes.

Preceptorship data should be used to track the career pathways of new registrants to identify areas where retention may be an issue. Example retaining staff in acute inpatient settings.

Preceptors should be invited to evaluate their Trusts preceptorship programme.

A user needs analysis should be undertaken with Trust preceptors to identify what support they require/ would like.

The role of the preceptor should be part of the mentor training modules run by partner Higher education Institutes.

Mentor updates should include something on preceptorship and supporting the new registrant.

There should be a feedback information system to Universities on areas of competency weakness identified in new registrants so pre-registration curriculums or training in clinical practice can be strengthened where necessary. Example Medicines management. Care planning.

Human Resource systems should be sensitive enough to identify Nurses who are new registrants to the profession.

A new registrant's preceptorship programme should incorporate a training needs analysis, a copy should be forwarded to the preceptorship leads so a thematic analysis could be undertaken to identify problem areas that occur on a regular basis. Example, administering a depot.

In addition to clinical skills, programmes should also focus on the development of the new registrant in areas of confidence and leadership, review what evidence they are benchmarking their own practice to, what contribution they can make to quality improvement within their immediate area of practice and within the wider Trust?

Preceptorship leads across the mental health Trusts in London should continue to meet and share details of their preceptorship programmes so cross fertilisation of good ideas continues, for example, the proposal by one trust for an interprofessional preceptorship programme.



Participating LAMP Members:

Oxleas NHS Foundation Trust

West London Mental Health NHS Trust

Barking Enfield & Haringey Mental Health NHS Trust

Camden & Islington NHS Foundation Trust

East London NHS Foundation Trust



