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A preceptorship group programme has helped newly qualified nurses recruited to work in a mental health trust to develop their skills and confidence

Using group preceptorship to support novice nurses

In this article...

- Objectives of the preceptorship group
- Impact of the group on staff wellbeing
- Group development

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This article shares the experience of ward leaders in devising and facilitating a group programme to supplement the preceptorship of newly qualified nurses. The broad aims of the programme were to support the nurses in making the transition from novice to expert, to aid recruitment and retention of staff within acute inpatient areas, and to improve the standard and consistency of care provided.

Our experience suggests that all these aims were met, newly qualified staff felt supported in becoming competent, confident practitioners and the group played an important role in developing a healthy and supportive ward culture.

The Nursing and Midwifery Council strongly recommends a period of preceptorship when nurses who are newly registered in the UK or who have changed their area of practice start employment (NMC 2006). Additionally, the Department of Health recognises effective preceptorship as an intervention to improve recruitment (Sharples and Elcock, 2011).

In late 2011, there were 10 vacancies for registered mental health nurses across two acute inpatient areas run by Oxford Health Foundation Trust. At the time it was generally accepted across the trust that each ward could support only one or two preceptees at a time, although there was no written guidance related to this.

The senior team across the two wards, comprising a modern matron and two ward managers, discussed how to recruit effectively into the remaining six vacancies. Given the generally accepted rule about ward support for preceptees we agreed the lack of experienced nurses applying for these posts had to be addressed. We believed the risk to patient and staff safety associated with failing to recruit into these vacancies was greater than that associated with actively recruiting newly qualified staff. However, there would clearly be additional pressures on ward preceptors/managers when these staff were recruited; we decided to address this by developing a preceptorship group programme.

Preceptorship group

The trust already had a well-established preceptorship programme in place, in which all newly qualified nurses were allocated a preceptor to guide them through the core dimensions of the Knowledge and Skills Framework (DH, 2004) and assess them against the KSF competency standards relating to their job role after 12 months in post. An important method used to demonstrate understanding of, and competence in, the KSF core dimensions is the completion of a service improvement project within their workplace.

The aims of the preceptorship group programme were to:

- Provide newly qualified staff with frequent access to the senior leaders within the ward team to support their development
- Develop a health and supportive ward culture
- Support newly registered nurses to make the transition from novice to expert
- Improve the standard and consistency of care provided
- Improve recruitment and retention

5 key points

1. A preceptorship group programme can support individual preceptorship for newly qualified nurses.
2. Group preceptorship programmes can be designed to tie in with Knowledge and Skills Framework competencies.
3. These groups can enable newly qualified nurses to support each other and to manage service improvement projects.
4. Group participants report increasing confidence in their clinical work.
5. Group preceptorship can improve staff recruitment and retention.

Image: Group preceptorship for newly qualified staff helps to build supportive cultures.
important educational environment; the group programme supported this by setting learning objectives that the preceptees could then discuss and practise with their own ward teams. This helped set the agenda for individual meetings and gave preceptors clear guidance on how they should support the new staff.

Further sessions focused on identifying creative ways in which to meet group members’ personal development needs, and supported members in discussing issues relating to the six core competencies within the KSF. In discussing personal development, it was important to include aspects of wellbeing, so we developed a brief wellbeing check based on achieving a healthy work/life balance. This included four statements relating to how their clinical work affected other aspects of their lives. Group members were asked to raise their hands if they had:

» Gone home still thinking about an incident that happened at work;
» Had difficulty sleeping due to ruminating about work;
» Woken up at night and started thinking about work;
» Worried about going to work for fear of the consequences of a decision made on the previous shift.

The fact that these were common experiences again demonstrated to group members that they were not alone and could discuss these and similar issues with each other; senior staff were then able to lead a discussion about where junior staff could access support, including the benefits of professional and managerial supervision, peer group supervision, and support from ward leaders. The work/life balance questions were frequently repeated throughout the programme. On each occasion there would be fewer hands raised, and the group would attribute this to their growing confidence and competence as reasons for this.

Subsequent sessions continued to support the foundations of practice as stated within the KSF handbook, relating to competencies such as communication, health and safety (focusing on safe ward practice), quality and governance.

Health and wellbeing
Desirable health and wellbeing competencies for band 5 nurses relate to effective assessment, engagement and interventions with service users. As a way of exploring these, we developed a number of common scenarios that group members would be expected to manage; these included working with service users experiencing psychosis, depression and manic episodes, and involved clinically effective risk assessment, risk management and nursing interventions. The group agreed that the opportunity to discuss aspects of care delivery, in particular successful nursing interventions, with senior ward staff helped them to think more creatively about their nursing care on the ward. These were among the most positively evaluated sessions within the programme. Interestingly, when we considered providing these interventions earlier for the next cohort of preceptees, the first group felt it was important to have experienced some clinical exposure in order to get the best out of these sessions.

Service improvement
Using the KSF core competencies to critically evaluate an aspect of care and then improve care delivery, was a key objective of the group. The trust has a deep commitment to service development, and all staff are encouraged to become meaningfully engaged in improvement work through the Productive Care or Safer Care improvement initiatives promoted by the NHS Institute (2007), or through creative practice of their own. We used aspects of Productive Care to help group members to understand and engage in the improvement cycle, whereby they showed evidence of being able to evaluate care, and to manage and sustain an improvement. Previously, preceptees had been expected to manage a service improvement project individually, but the group provided a forum for working effectively with

**Objectives and core competencies**
The first session gave the 13 newly qualified staff members in the group an opportunity to jointly identify their fears and anxieties and consider how preceptorship could support their development. Higgins et al (2010) identified common fears for staff who were about to make the transition into professional practice. After being asked to identify their own fears and cross referencing these with the ones identified by Higgins et al, the group felt reassured that they were not alone in their fears and had a support network in place experiencing similar thoughts (Table 1).

The first session also focused on supporting the preceptees in discussions with their preceptors and managers about supporting their learning as individuals on the wards. It was important that the group programme supplemented the work of the ward teams, and did not replace the important aspect of forming new relationships and learning within their own clinical environments. Stuart (2007) argues that the clinical environment must become an

**BOX 1. GROUP SESSIONS PROGRAMME**

1. Introduction to preceptorship; the preceptorship group contract
2. Communication
3. Service improvement; introduction to Productive Ward; personal and people development
4. Service improvement group work
5. Safe practice
6. Updates on service improvement action plan
7. Quality; equality and diversity
8. Assessment and care planning to meet health and wellbeing needs
9. Protection of health and wellbeing
10. Provision of care to meet health and wellbeing needs
11. Assist in providing interventions and/or treatments
12. Preparation for presentations
colleagues to manage a change for those who preferred to work in that way. The longer-term objective remained to introduce service improvement concepts to new staff as a way to engage them more effectively in future change and improvement.

At the end of the programme, we organised a service improvement presentation day when group members were able to share their work with others, including the adult division head of nursing and the trust’s chief executive. Although some found this a daunting experience, all described how valued it made them feel as relatively junior members of the team that such senior trust staff had taken the time to show appreciation of their work. Improvement projects discussed on the day included effective engagement with carers, service-user debrief following an incident of restraint, teaching sessions for healthcare assistants, the management of physical health issues and a review of the role of the security nurse (a role specific to many mental health wards where the responsibility for environmental safety and security is allocated to one staff member).

Evaluation
Eleven of the sessions were evaluated; from 82 responses, 60 strongly agreed and 22 agreed that the sessions were facilitated in a way that helped them to feel at ease and supported their contribution to the group. In relation to the statement “The topics covered in the session were useful and will continue to support my development”, 58 strongly agreed and 24 agreed. Attendees were asked to comment on the most and least useful aspects of each session and for any general comments. Noticeably the comments changed from feeling supported by each other and the facilitators, to being more clinically confident as the programme progressed. Negative comments focused on not having enough time to learn and share with each other within the confines of the group.

Although the original aim of the programme was to support learning by reflection, many members of the group did comment that some structured learning would have been helpful. As a result of this feedback, the second cohort included teaching on incident management, preparation for Mental Health Act tribunals, effective mental state assessment and its communication to the wider multidisciplinary team. We believe new members of staff, who have experienced preceptorship in this way, have engaged more effectively with the transition to clinical supervision.

Of the 13 members of the first group programme, which started in September 2012, 10 have continued working for the trust and of those, four have progressed into more senior roles. We have successfully recruited nurses who expressed an interest in working for the trust due to listening to their peers talk about the support that they have received as newly qualified staff. The trust also actively promotes the preceptorship programme at recruitment fairs and this has resulted in successful applications from as far afield as Glasgow and Dublin.

Conclusion
The acute inpatient team in Bucks is currently supporting eight preceptors to make the transition to being competent practitioners using the group format; it has also been adopted by an additional five acute inpatient wards and the forensic division within the trust. These three programmes were evaluated together in April 2014 and the decision was made to continue developing the programme, including the introduction of action learning sets. These support the group to use their existing skills to help each other problem solve and find fresh approaches to challenges at work (Pedler and Abbott, 2013). To date, more than 50 newly qualified nurses have benefited from receiving support in this way, and further cohorts are planned.

Providing aspects of preceptorship by senior members of the ward team in a group format has resulted in a number of benefits. The wards have fewer vacancies, staff retention has improved and newly qualified staff report feeling supported as confident and competent members of the team. This improvement alone has resulted in more consistent and higher-quality care. In addition, staff who have been through the group programme noticeably engage more effectively than their peers in the management and leadership processes within the team than existing staff, who have not yet been exposed to this type of development programme; and they are more aware of additional opportunities to receive support from more senior team members. Facilitating the group gave senior ward staff an opportunity to set standards for the development of healthy and supportive cultures that we hope will become embedded within our wards.

References
Nursing and Midwifery Council (2006) Preceptorship Guidelines. tinyurl.com/NMC-preceptorship

TABLE 1: NEWLY QUALIFIED NURSES’ FEARS

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<thead>
<tr>
<th>Preceptees’ expressed fears</th>
<th>Fears identified by Higgins et al (2010)</th>
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<tr>
<td>● Being the decision maker</td>
<td>● Feeling terrified, scared to death, a sense of drowning or feeling overwhelmed</td>
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<td>● Risk assessing</td>
<td>● Loss of confidence with regard to skills and knowledge</td>
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<td>● Time management</td>
<td>● Worries around medication management</td>
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<tr>
<td>● Being responsible/accountable</td>
<td>● Being responsible and accountable</td>
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<tr>
<td>● Delegating</td>
<td>● Delegating care to students and healthcare assistants</td>
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<tr>
<td>● Being effective/consistent</td>
<td>● Managing expectations of the team you are joining</td>
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<td>● Understanding role boundaries</td>
<td>● Failing to provide safe care for patients/clients</td>
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<td></td>
<td>● Fears of litigation</td>
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<td>● Failing to maintain the standards taught at university</td>
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<td></td>
<td>● Prioritising care needs and time management</td>
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<td></td>
<td>● Decision making</td>
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