Preceptorship and newly qualified practitioners in the MDT

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Aim of today’s talk

✓ Explore issues for you related to preceptorship
✓ Discuss preceptorship in two projects:
  – AaRK
  – MSc project
✓ Lessons for MDT and newly qualified grads in MDT workforce
Explore issues for you related to preceptorship

With person next to you, identify issues related to preceptorship which are either a) positive or b) problematic

Share with larger group
The AaRK project
(Academic award and Recontextualising/Re-using Knowledge)

Project team:

✓ University of Surrey: Professor Helen Allan, Dr Khim Horton, Project Research Fellow Carin Magnusson.

✓ University of Salford: Professor Martin Johnson, Elaine Ball, Jill Windle

✓ Institute of Education; Professor Karen Evans
What is the purpose of this project?

✓ We are interested in how newly qualified nurses use the knowledge learnt in university to allow them to organise, delegate and supervise care on the wards when working with and supervising healthcare assistants

✓ Preceptorship – obviously related but not explicit focus of the study
  ✓ Nurses & managers refer to preceptorship but their learning appears to take place on the ward

✓ MDT – nurses refer to working with HCAs more than MDT members
  ✓ MDT not concept referred to when asking them about preceptorship or leadership or delegation, supervision and organisation skills
Background to nursing

- Introduction to all graduate entry to nursing - 2012
  - Curriculum changes
  - No longer at university
  - 50%-50% shared learning between university and clinical placements
- Key workforce issues
  - Increased delegation of care to healthcare assistants
- National priorities
- ‘crisis’ in nursing
National priorities

– Safety
  • Patient dependency ratios
  • Shortage of staff
  • Skill mix
    – Support workforce
    – Regulation of non-nursing workforce
    – HCAs/assistant practitioners
National priorities cont’d

– Caring/nursing?
  • Dignity/standards of care
– Education/training
– Recruitment/retention
  • Overseas recruitment
Evidence base for support workers

• Few robust studies on cost effectiveness of substituting roles
  – Medics/nurses
• Most evidence relates to qualified clinical staff not support workers
• Studies have mapped how HCAs are used
  – Overlap with nursing duties
Recent NIHR studies

- Balance of registered/unregistered staff not managed strategically by trusts
- HCAs reflect local population and have distinct contributions to make
- Higher level HCAs (band 4) are underused and fill skills gaps in ward areas
- [www.nhsconfed.org/Publications/Documents/SDO_Rese arch_Digest_Issue1.pdf](http://www.nhsconfed.org/Publications/Documents/SDO_Rese arch_Digest_Issue1.pdf)
Guidance on delegation reflects workforce changes & concerns

NMC Conduct (2008): delegation
NMC essential skills cluster: organisational aspects of care
Safe delegation (NMC 2008)
Why is the project important?

- Because of current changes in nurse education and the healthcare workforce it is highly relevant and timely to get a better understanding of how nurses, educated and trained today, deliver care when working with HCAs who deliver the majority of bedside care.

- The knowledge from this study will contribute to ensuring the safe and professional delegation of bedside care; and describe and assess the competencies that nurses need in evolving academic and healthcare contexts.
Study methods

✓ Ethnographic case studies in three sites using participant observation on shifts with newly qualified nurses working with HCAs.
✓ Interviews with NQNs, managers, HCAs.
Preceptorship

- Each trust has period of supernumerary status but in reality this is a period of working with a senior nurse largely on their own.
- Learning appears to be on the job with little recognition of effects of theory learnt at university on newly qualified work.
  - “Most useful was a lecture getting us to allocate and divide work in a bay”
  - “Leadership theories not that helpful”
  - “I want to wear my white coat again”