A preceptorship toolkit for nurse managers, teams and healthcare organisations

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Introduction.

The Nursing and Midwifery Council (NMC) has published its new standards for proficiency for registered nurses and has identified the key areas which newly qualified nurses are expected to achieve on qualification and entry to registered nurse practice (NMC 2018). However, little is mentioned about the transition from student to newly qualified nurse (NQN) in the new standards. Over the years, the transition from student to NQN has been identified as being difficult and challenging (Kramer, 1974) and previously published literature (Whitehead et al 2013) supported this idea by identifying that NQNs need a supporting period on first commencing employment due to their need to develop confidence in their new role. Nurse managers are often responsible for support, managing and organising preceptorship and have been found to be pivotal in successful transition of the student nurse to NQN (Whitehead et al 2016) and so guidance for the development of preceptorship in Trusts and organisations could be considered helpful as outlined in the REPAIR report (HEE, 2018).

In the UK the preceptor role has been defined by the Nursing and Midwifery Council (NMC, 2008) as "the process through which existing nurses and midwives provide support to newly qualified nurses and midwives" (NMC, 2008, p. 46). Organisations provide preceptor support in a variety of ways to NQNs and the NMC stipulate that preceptorship support should enable new registrants to make the move to a practitioner who practises accountably and confidently in accordance with the Code (NMC 2015)

To facilitate this transition the NMC state that the " 'new registrant' should have learning time protected in their first year of qualified practice and have access to a preceptor with whom regular meetings are held " (NMC, 2006, p. 1).

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This paper briefly outlines the iterative process of the development of a toolkit to support preceptorship. This paper is intended as a practical guide and has been developed as a result of the findings of the research published in the papers cited below. The toolkit has therefore been generated from this research (Whitehead et al 2013,2016). It is suggested, that the toolkit may be useful to be adapted by nurse managers, teams or organisations to support the NQN in practice. The toolkit was developed following the undertaking of a literature review (Whitehead et al 2013) and case study research (Whitehead et al 2016). The review and research are only briefly referred to here as they have been discussed elsewhere.

The Literature.

The findings from the systematic review (Whitehead et al 2013) and other contemporary literature identified that managerial support is important in supporting NQNs (Robinson and Griffiths 2009, Higgins et al 2010, Whitehead et al 2013, Gellerstedt et al 2018). In essence, the fundamentals of this support require recognition of role (McCarthy and Murphy 2010); protected time for preceptor and preceptee (Carlson et al 2010) and some education for nominated preceptors to undertake the role. Robinson and Griffiths (2009) for example comment that preceptors received little preparation or training for the role and were uncertain of what was expected, whereas Tracey (2015) identified variance in preparation for the role. When preparation for the role is undertaken, it is varied including online preparation (Myrick et al., 2011) and interactive experiential approaches (Marks Maran et al 2013).

Edwards et al (2015) identify that it is the focus and investment surrounding the NQN in the preceptorship period which is helpful and which may support retention; although Robinson and Griffiths (2009) indicated that there was no link between preceptorship and retention of staff. The

importance of a preceptorship programme for NQNs has, however, been identified. Higgins et al. (2010) and Roxburgh et al. (2010) found that 80% of respondents on a preceptorship programme were planning to remain in their employment.

There is evidence to suggest that it is actually confidence not competence, that nurses lack on qualification (Fox et al., 2005; Forneris and Peden-McAlpin, 2009; Holland et al., 2010). In order to develop confidence and socialise into the profession, critical thinking skills and reflective skills are important (Gregory, 2007; Harrison et al., 2005), which can be supported and developed during a preceptorship period.

Case Study Research supporting the development of the Toolkit.

This paper discusses an evidence based toolkit and the research which supports it is outlined briefly here (Whitehead et al 2013, 2016). After undertaking a systematic review of the literature (Whitehead et al 2013), the team of university lecturers and hospital clinical educators identified the need to further research how preceptors were supported in practice and what were the expectations in preceptor's roles. The research project was funded by the employing NHS Foundation Trust and ethical approval was gained through usual clinical and university processes. The team of researchers were keen to find out what factors in the clinical area support or inhibit transition to NQN. The overall aim of this project was to develop an evidence-based toolkit which would enable an assessment of the support needs of an individual to be undertaken to provide a bespoke development plan to support their transition from student to newly qualified nurse. One of the unexpected outcomes of the research project was the partnership working between the university research team and clinical partners which developed throughout the project and continues to be effective (Beddingham and Whitehead, 2015).

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The project (Whitehead et al 2016) followed a case study approach, (Stake, 1995) and adopted a naturalistic methodology (Lincoln and Guba, 1985) and as such is not generalisable but it may be useful to anyone considering developing strategies to support the transition from student to NQN. Semi-structured interviews (n=10) and focus groups (n=5) were carried out with preceptors, clinical staff (sisters, matrons and senior matrons) and preceptees. The findings were analysed and disseminated (Whitehead et al., 2016). These findings have supported the construction and production of the toolkit outlined below to support and develop preceptorship in the organisation and team.

The Preceptorship Toolkit

It was identified in the literature review that any form of organisational support framework for NQNs is better than none (Whitehead et al., 2013). Therefore, the tools that have been developed are intended to provide a framework to assist nurse managers and employers of NQNs to devise the best possible system of support. The findings of the research (Whitehead et al., 2016) indicate that there are three levels of support required to optimise the transition from student to RN. The levels are:

1. The organisational support structure. This is the overall framework of support provided by the NHS Trust or other healthcare employer for all of its NQNs.
2. The “culture of support” within each of the areas (ward, department, community team etc.) where the NQN begins their career.
3. The way in which individual one-to- one preceptorship is facilitated and ensured.

Therefore, this is a toolkit to support these three levels throughout the organisation and team.

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There are four sections to the toolkit. How the toolkit is used in practice can be decided by the organisation. Each section provides a mechanism for improving preceptorship in different aspects of the preceptorship process. These four sections are identified and explained below.

1. The Organisational Support Tool (OST) (Fig 1)
2. The Managerial Support Framework (MSF) (Fig. 2)
3. Supernumerary Time Tool (Fig. 3)
4. The Local Culture of Support Tool (Fig. 4)

The Organisational Support Tool (OST)

From the literature reviewed (Whitehead et al 2013) and the outcomes of the case study research (Whitehead et al 2016) it was identified that there were factors which support preceptorship and thus the NQN in practice. These 11 factors have been organised into a continuum (Figure 1). The nurse manager or preceptor lead can use this tool to monitor the activities which support preceptorship in each factor are being addressed. The 'slider' as depicted by the arrow continuum in Figure 1, when moved to the right of the Figure, supports more strongly preceptorship from an organisational point. For example: Factor 1 identifies that a Managerial Support Framework (MSF) is important to support clinical education and preceptorship. Below this are four statements identified as 'a-d', which it is suggested would develop a managerial support framework. The nearer the slider to the right-hand statement, it is suggested the stronger the organisation is to achieving a MSF and thus stronger preceptorship. In the first statement here for example, (a) it is identified how important the Trust or Organisation Board endorsing and recognising a preceptorship policy is in supporting preceptorship and thus the NQN. In another example, 10, the organisation is encouraged

to consider the technological support processes in place to support preceptorship, for example is there a social media site for NQNs? This Organisational Support Tool can be used by the nurse manager or preceptor lead for the organisation, to monitor how each activity is being addressed in terms of achieving optimum conditions for transition to qualified practice for NQNs. The Organisational Support Tool could be adapted and customised accordingly.

Fig 1 here

Figure 1: Organisational Support Tool (OST)

Movement to right of continuum supports preceptorship more strongly

1. Managerial support framework (MSF) to support clinical education and preceptorship
a. No Preceptorship policy <……>Trust Board endorsed and recognised Preceptorship policy
b. No MSF <……> MSF
c. No Preceptor Lead <……> Preceptor Lead.
d. No Preceptor team <……> Preceptor team
2. Recognition and status of role of preceptors
a. Preceptorship not a recognised part of a role <……> Preceptorship a recognised part of role.
b. No financial or other incentive <……> financial or other incentive
c. No role elevating strategies (preceptor of the month /newsletter) <……> Role elevating strategies in place.
3. Protected time for Preceptor and Preceptee.

a. No time identified for Preceptorship <……..> Time identified in policy

b. No time identified for NQN <……> Time identified in policy

4. Preceptor selection and preparation

a. No guidance on selection and preparation provided <……..> Policy on criteria for selection and preparation.

b. No preparation or training <……..> Formal identified training required for Preceptors

5. Individualisation of preceptorship and successful preparation

a. Preceptor not identified on taking post <……> Preceptor named and identified prior to commencement of post

b. No support plan for NQN <……> Support plan devised and agreed by preceptor and NQN

c. No prediction of NQN's needs <……>Prediction of NQNs needs by use of supernumerary time tool

6.NQN has the right skills for the job

a. No partnership with University <……> Cooperative partnership with University

b. No skills alignment with University <……> matching of UG curriculum with Trust skills needs

c. No planned skills training for University <……..> Individualised skills training for NQN

d. No appropriate skills training planned <……..> necessary training and assessment at beginning of employment.

7. Culture of support in wards and departments supporting Preceptees.

a. No culture of support <……..> Culture of support in wards/departments developed by Trust

b. No Preceptor lead <…… …….> Preceptor lead roles in organisation

8. Peer support for Preceptees and Preceptors

a. No formal peer support for NQNs <……> Trust developed formal peer support

b. No Peer support for Preceptors < …… ……..> Formal peer support activities for Preceptors organised

9. Confidence and Resilience of Preceptees

a. No support for development of confidence and resilience of NQNs <……> Peer support mechanisms organised

b. No measurement of confidence and resilience < ……> Measurement and training organised

10. Technological Support Processes

a. No mechanisms to support processes < ……> Technological support for Preceptorship

11. Measurement tools for the outcomes of Preceptorship

a. Preceptorship outcomes not measured <……..> Policy designed to measure Preceptorship outcomes

b. No measurement tool used < ……..> Evidence based tool used to measure outcomes

The Managerial Support Framework (MSF)

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The Managerial Support Framework (MSF) describes a structure supported by the research evidence (Whitehead et al 2013,2016), to assure that the aspects of the toolkit are implemented and therefore, that support is provided for NQNs undergoing preceptorship. The research indicated that a structure of managerial support is required to ensure that the approaches agreed at organisational level are implemented. It was found that it is necessary to have nurse managers, supervisors and preceptors with preceptorship as an explicit part of their job description as well as workplace objectives in order to positively support NQNs. However, it is important that the preceptor role is identified as distinct from other roles that the preceptor may have eg practice supervisor and practice assessor which are particular to supporting student nurses (NMC 2018) as the NQN requires particular support through transition which is different from the support required by student nurses.

Fig 2 here

Figure 2: Managerial Support Framework The managerial support framework consists of three hierarchical levels. It is suggested that each level is provided with designated hours to undertake preceptorship tasks and support preceptorship. Each level supports and monitors the level below them.	
Preceptorship Lead (PL)	Normally full time managerial and strategic role supporting a team of educators
Ward/Department based preceptorship support facilitator (PSF)	This role would normally be part time but have a specific role descriptor and is supported and manged by the PL.
Preceptors	The preceptorship role is part of the clinical role of the nurse. These parts of their role and supported are monitored by the PSFs.

The Supernumerary Time Tool.

The research findings (Whitehead et al, 2013,2016) strongly support a period of time when NQNs are supernumerary to the established numbers on the ward, department or team. This provides time for the NQN to begin their transition into their new role and develop their role with confidence while being supported. The supernumerary time tool provides evidence-based guidance to suggest

what the individual needs of NQNs based on the findings of the research will be. This should be approached with caution and needs to be used in combination with discussion between the NQN and preceptor, as each NQN will have their individual needs assessed and supported by their preceptor and the workforce community (fig. 4). For example, the research findings (Whitehead et al 2013,2016) supported the hypothesis that NQNs who had their final placement in the ward or department where they commenced their first post would need less time to "settle in". Those who had completed their pre-registration programme with placements in the same hospital but not on the specific ward or department may need longer and those who had never had placements at the Trust would probably require the most support. As stated earlier, this is not universally the case. However, it is worthwhile to consider when supporting NQNs as individuals.

Fig 3 here

Figure 3: Supernumerary Time Tool
This is intended to support the prediction of the length of the supernumerary time a NQN may require dependent upon experience immediately prior to qualification**.**

Individual experience of NQN	Length of Supernumerary time on one ward or department	Length of Supernumerary time if rotated.
A local university student with final placement area on this or similar	2 weeks	2 weeks for each new area
Non-local university student with final placement on similar area	3 weeks	3 weeks for first rotation area and then 2 weeks for each new area
A local university student with final placement on dissimilar placement	3 weeks	3 weeks for first rotation area and then 2 weeks for each new area
Non-local university student with final placement on dissimilar area	4 weeks	4 weeks for first ward or department then 2 weeks for each new area

The Local Culture of Support Tool

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In this research (Whitehead et al 2013,2016) it was found that the "culture of support" on some wards and departments was in many ways more important than the overall organisational preceptorship framework, or even the individual one to one preceptorship support provided by the named preceptor for the NQN. NQNs identified that they were better supported if their ward or department had a culture promoting preceptorship. This was identified by NQNs as additional support for a period of time from the whole team to support transition. This was because their named preceptor could not always work on the same shift as them and the realities of practice meant that it was possible, they would be working in a different team or with other patients in a different part of the ward. The opposite of this is what Halpin (2015) has described in her research as "incivility" which leads to one of the most destructive stressors for the NQN (2015). Kelly and Ahern (2009) went further and described this behaviour by experienced nurses as "eating their young". Clearly, therefore, it would be advantageous to organisations, to foster a culture of support at ward and department level to counter the negative attitudes described by some researchers (Halpin 2015) and to encourage the supportive aspects described by the participants in this study as a culture of support (Whitehead et al., 2016).

Fig 4 here

Figure 4: Local Culture of Support Tool This is designed to provide wards and departments with evidence-based advice on optimum methods to support NQNs. The ward/department based PSF to complete this checklist for each NQN and discuss with ward manager / Trust PL if required.
Before each NQN commences, tick each of the following:
1. Make sure that there are enough preceptors to support NQNs when they arrive on duty.
2. Ensure that preceptors have completed Trust approved preparation course/training
3. Identify for each NQN a preceptor prior to them starting work.
4. Inform all staff that the NQN is a new worker and that they are 'learning the ropes'
5. Explain to ward team that the NQN responds best to a local 'culture of support' rather than leaving their integration into the team to their named preceptor

6. Encourage all staff to be tolerant of NQNs inexperience and advise them that if properly encouraged the NQN will become a more efficient and useful team member more quickly
7. Encourage the ward/department team to promote the integration of the NQN into the work routine by helping them to learn about the specific needs of patients and service users and about the multi-disciplinary team
At regular intervals check each of the following: a. Monitor the NQNs preceptorship progress towards independence in accordance with Trust policy and through reports from their personal preceptor
b. Monitor the NQNs integration into the ward/department (i) 2 weeks after starting work (ii) 1 month after starting work (iii) 3 months after starting work (iv) 6 months after starting work
If any of the above are not satisfactory discuss with the Trust PL and consider an action plan to resolve any issues. When preceptorship is agreed to be completed successfully by the ward/department the preceptor and the NQN inform the PL as per Trust policy.

Analysis and further development of the toolkit

The toolkit described above has been developed further and resulted in a practice-based version as outlined below

On completion of the research (Whitehead et al 2013,2016) and the development of the four sections of the toolkit, researchers considered how to implement the framework and toolkit into practice. In the spirit of collaboration in which the research was undertaken, key stakeholders within the Trust were asked to attend a workshop to feedback on the toolkit. The toolkit was presented and a critical review assessing the strengths, limitations, opportunities and challenges of using the toolkit was undertaken.

Participants were asked for their views on the strengths and limitations of the toolkit , including content, structure, appearance and usability. Opportunities and limitations for use were also considered in terms of potential for use, possible barriers for use, omissions, access and implementation in practice.

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The 3Ps of Preceptorship

As part of the iterative process of developing the toolkit, the data from the research study (Whitehead et al 2013, 2016) was reviewed and a conceptual framework to support its implementation was developed by the collaborative research team during the implantation of the research findings in practice (Whitehead et al 2013, 2016). (Figure 5).

The 3Ps of the Preceptorship framework utilises all elements of the original toolkit, applying the feedback from the critical analysis to simplify and clarify the requirements for a successful preceptorship and transition period for NQNs. Although the tools were developed locally, the requirements may be applicable to similar organisations and should be considered at each organisational level.

Utilisation of the toolkit and 3Ps framework

The organisational support tool developed from the research can be used together and applied to assess where an area is situated at the levels of Practice infrastructure, Preparation of the learning environment and Personalisation of preceptorship in the preceptorship framework.

A combination of all 3 levels of the framework can be utilised to develop a professional development plan for NQNs based on the assessment of individual learning needs and the strengths and constraints of the learning environment and the organisation.

For example:

- At level 1, Practice Infrastructure can be used to identify strengths and areas for development at an organisational level
- At level 2, Preparation of the learning environment to identify strengths and areas for development at ward or department level
- At level 3, Personalisation of preceptorship for managers and preceptors to identify strengths and development needs of preceptees to ensure correct knowledge and skill sets for effective service delivery
- Used horizontally each level forms a continual improvement tool
- Used vertically the framework forms a diagnostic tool to identify and develop bespoke preceptorship for individual NQNs

Figure 5. The 3 Ps of Preceptorship

Chesterfield Royal Hospital Preceptorship Framework

(Adapted from Whitehead et al, 2016)

This framework is intended to assist the Trust, matrons, preceptors and preceptees to devise the best possible system of support for successful transition. There are 3 levels of support and resources required: 1. **P**ractice infra-structure – the overall framework of support provided by the Trust for all of its preceptees. 2. **P**reparation of the learning environment – the 'culture of support' within the area that the preceptee begins their career. 3. **P**ersonalisation – the way in which individual preceptorship is facilitated and assured.

Level	Requirements	Examples of tools available
1. Practice Infrastructure *Organisational support structure*	• Governance and report structures • Leadership at all levels • Resources to support preceptorship • Supervision	• Preceptorship policy • Commissioning for Quality and Innovation Guidance in Nursing (CQINs) • Trust People strategy

		• Care Quality Commission Fundamental Standards • Department of Health Preceptorship Framework
2. Preparation of the learning environment *Culture of support*	• Recruitment and selection of preceptors • Recognition of role, responsibilities and status of preceptor • Feedback • Learning environment assessment • Learning resources – space, research materials, allocated time • Team working • Inter professional working and learning	• Supervision policy • Preceptor preparation and training • Appraisal • Preceptor handbook • Continuing Professional Development(CPD) portfolio • Preceptorship portfolio • Library services • Preceptorship management tool
3. Personalisation of preceptorship *Individual preceptorship is facilitated and assured*	• Recognition of preceptee status • Allocation of preceptor • Personal development plan agreed with matron and preceptor • Action learning sets • Clinical skills training • Supernumerary time	• Preceptorship portfolio • Individual strengths, limitations, opportunities, challenges (SLOC) analysis • Allocation of a preceptor • Job description • Preceptorship outcome measures • Feedback • Reflective discussions • Personal development plan • Supervision

Discussion and conclusion

It is an aim that this work is disseminated further through publication, conferences and networks nationally and internationally as it is important that implementation of the toolkit in practice is continuously refined incrementally and deliberately so that the toolkit remains current and evidence-based.

To appreciate if transitional support needs are similar in other contexts and the differences in in organisational support and learning environments, and how these differences affect provision of

preceptorship, this research could be repeated in other settings to evaluate the progress of the development of preceptorship across a range of health care organisations.

The research team envisage that the toolkit will facilitate employers to consider, develop or enhance their preceptorship support for newly qualified nurses and will provide NQNs with a tool to assess the quality of preceptorship provided by prospective employers which, given current market forces and challenges in recruitment and retention of nurses, could play a significant part in the choice of employer for NQNs.

This toolkit was devised from case study research carried out at an NHS Hospital Trust and was intended to be used to improve preceptorship at the Trust. However, it is hoped that the toolkit can be adapted for use with NQNs in other health care organisations.

Further research is needed on preceptorship for overseas NQNs, NQNs educated through an apprenticeship route, support for increasing numbers of NQNs and the challenges to provision of individualised preceptorship for this diverse community of nurses in transition. Current health care and educational context requires that the research is brought up to date in the light of changing expectations of NQN workforce (Health Education England, 2015, NHS England 2019) and national drivers such as the Shape of Caring Report (Health Education England, 2014) and the revised NMC standards for Registered Nurses (NMC 2018) which look set to change radically the future of nursing education and practice.

References

Beddingham, E. and Whitehead, B. (2015) 'Developing a collaborative research partnership', Nursing Standard, 29(40), pp. 44-47.

Carlson, E. Pilhammer, E. Wann-Hansson, C. (2010) 'Time to precept: supportive and limiting conditions for precepting nurses', Journal of Advanced Nursing, 66(2):432-441

Edwards, D; Howler, C; Carrier, J and Rees, C. (2015) 'A Systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse.' International Journal of Nursing Studies. 52, 1254-1268.

Forneris, S. and Peden-McAlpin, C. (2009) 'Creating context for critical thinking in practice: the role of the preceptor', Journal of Advanced Nursing, 65(8), pp. 1715-1724.

Fox, R., Henderson, A. and Malko-Nyhan, K. (2005) 'They survive despite the organizational culture, not because of it': A longitudinal study of new staff perceptions of what constitutes support during the transition to an acute tertiary facility', International Journal of Nursing Practice, 11, pp. 193-199.

Gellerstedt, L., Moquist, A., Roos, A., Karin, B., Gransjön Craftman, A. (2018) 'Newly graduated nurses' experiences of a trainee programme regarding the introduction process and leadership in a hospital setting—A qualitative interview study'. Journal of Clinical Nursing. 25. 1685-1694.

Gregory, M. (2007) 'Probation Training: Evidence from newly qualified officers', Social Work Education, 26(1), pp. 53-68

Halpin, Y. (2015) 'Newly qualified nurse transition: stress experiences and stress-mediating factors – a longitudinal study'. PhD Thesis, thesis. London Southbank University.

Harrison, J., Lawson, T. and Wortley, A. (2005) 'Mentoring the beginning teacher: developing professional autonomy through critical reflection on practice', Reflective Practice, 6(3), pp. 419-441.

Health Education England (2014) 'Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants'. (Online) Available from: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf (Accessed 29/06/16)

Health Education England (2015) Mind the Gap: Exploring the needs of early career nurses and midwives in the workplace. (Online) Available from: https://www.hee.nhs.uk/sites/default/files/documents/Mind%20the%20Gap%20Report_0.pdf (Accessed 28/06/16)

Health Education England. (2018) Reducing Pre-Registration Attrition and Improving Retention Report available from https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention accessed 30.01.20.

Higgins, G., Spence, R. and Kane, R. (2010) 'A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom', Nurse Education Today, 20, pp. 499-508.

Owen, P., Whitehead, B., Beddingham, E. and Simmons, M.

Holland, K., Roxburgh, M., Johnson, M., Topping, K., Watson, R., Lauder, W. and Porter, M. (2010) 'Fitness for practice in nursing and midwifery education in Scotland, United Kingdom', Journal of Clinical Nursing, 19 pp. 461-469.

Kelly, J. and Ahern, K. (2009) 'Preparing nurses for practice: a phenomenological study of the new graduate in Australia', Journal of Clinical Nursing, 18(6), pp. 910-918.

Kramer, M. (1974) Reality shock; why nurses leave nursing. Saint Louis: C. V. Mosby Co.

Lincoln, Y. S. and Guba, E. G. (1985) Naturalistic inquiry. Beverly Hills, Calif. ; London: Sage.

McCarthy, B., and Murphy, S. (2010) 'Preceptors' experiences of clinically educating and assessing undergraduate nursing students: an Irish context'. Journal of Nursing Management. 18(2):234-44-

Marks- Maran, D; Ooms, A; Tapping, J ;Muir, J; Philips, S and Burke, L. (2013) 'A Preceptorship Programme for Newly Qualified Nurses' Nurse Education Today 33. 1428-1434.

Myrick, F., Caplan, W., Smitten, J. and Rusk, K. (2011) 'Preceptor/mentor education: A world of possibilities through e-learning technology', *Nurse Education Today*, 31, pp. 263-267.

NHS England (2019) The Long Term Plan. [Online] https://www.england.nhs.uk/long-term-plan/ accessed 04.04.19.

Nursing and Midwifery Council (2006) Preceptorship Guidelines: NMC Circular 21/2006. London: NMC. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-21_2006.pdf.

Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice. London: NMC.

Nursing and Midwifery Council (2015). The Code. Professional Standards of Practice and Behaviour for nursing, midwifery and nursing associates. available at https://www.nmc.org.uk/standards/code/ accessed 12.12.19.

Nursing and Midwifery Council (2018) Standards of Proficiency for Registered Nurses. Available at: https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/ accessed 30.01.20.

Robinson, S. and Griffiths, P. (2009) Scoping Review: Preceptorship for Newly Qualified Nurses: Impacts, facilitators and constraints. London: KCL.

Roxburgh, M., Lauder, W., Topping, K., Holland, K., Johnson, M. and Watson, R. (2010) 'Early findings from an evaluation of a post-registration staff development programme: The Flying Start NHS initiative in Scotland, UK', *Nurse Education in Practice*, 10 pp. 76-81.

Stake, R. E. (1995) The art of case study research. Thousand Oaks ; London: Sage Publications.

Tracey, J.M and McGowan, IW. (2015) 'Preceptors views on their role in supporting Newly Qualified Nurses'. British Journal of Nursing. 24, 20. 998-1001.

Whitehead, B., Owen, P., Henshaw, L., Beddingham, E. and Simmons, M. (2016) 'Supporting newly qualified nurse transition: A case study in a UK hospital', Nurse Education Today, 36, pp. 58-63.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M. and Walker, C. (2013) 'Supporting newly qualified nurses in the UK: a systematic literature review', Nurse Education Today, 33(4), pp. 370-7.

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