Adapting a Preceptorship Framework into a Private Hospital Setting

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Key Message

Preceptorship programs are widely used to support newly qualified healthcare clinicians transition from student into professional practice.[1] However, within Australia these programs:

- Lack standardisation and definition [1,2]
- Fluctuate in structure and expected outcomes

This variability and inconsistency may impact preceptorship effectiveness creating mixed experiences for novices and new clinicians.[2]

Background

An extensive literature review identified the United Kingdom's (UK) National Health Service (NHS) Preceptorship Framework.[3] This framework was applicable as an:

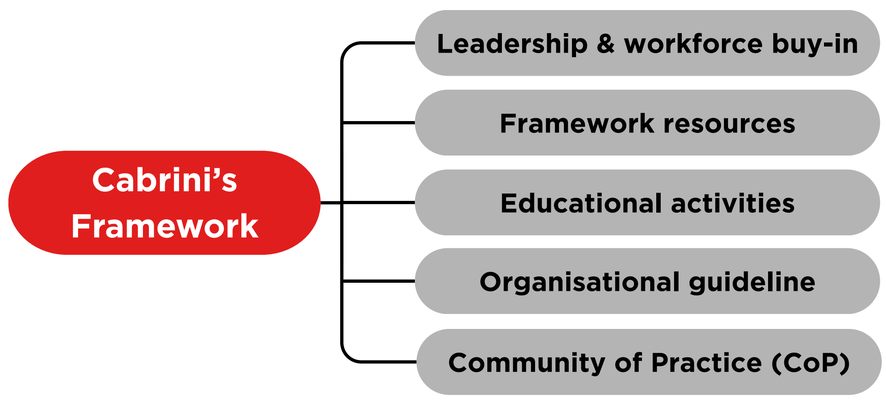
- Evidence-based program
- Potential to be adapted to an Australian, private acute-care context
- Supports a structured and high-quality approach to preceptorship

Aim

Introduce an evidence-based preceptorship framework at Cabrini Health to standardise a supportive, structured induction and orientation process for new nurses and midwives.

Approach

The NHS Preceptorship Framework[3] resources were thoroughly examined and adjusted to suit the requirements of Cabrini Health, with minor changes made to resources and supernumerary time. Adapting and implementing the framework required a multi-pronged approach including:



A pilot of the preceptorship framework was implemented at two Cabrini Health sites to determine the program's feasibility and adaptability.

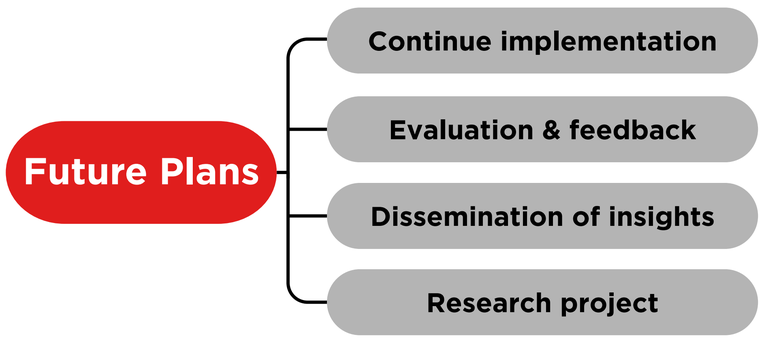
Discussion

Introducing a structured, evidence-based preceptorship framework demonstrated that standardisation is achievable in a private healthcare setting but requires organisational commitment, leadership support and effective change management. Feedback from the pilot highlighted both challenges and enablers including:

- Challenges in rostering
- Challenges in preceptor allocation
- Clear structure for preceptors and preceptees
- Positive use of resources

Conclusion

Overall, implementing a preceptorship framework could enhance staff transition into a new workplace and professional practice, while simultaneously building workforce capability in preceptors.[4] Following the pilot and initial rollout at Cabrini, we plan to:



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