Appendix III

Unit/ Ward Induction Program

Program Guidelines

Introduction

Nurses working in a new area of practice are required to develop skills and accept new responsibility. It is a challenging but be a stressful experience to nurses. A well-structured ward/unit induction program enables nurses to meet the expected competency requirements in the new working unit.

Aims

The guidelines aim to provide direction for development of a well-structured ward/unit induction program for all nurses to a new area of practice. Therefore, the new staff can be supported to have successful adaptation to a new environment and function as competent nursing team members in the working unit.

Objectives

The ward/unit induction program guidelines are formulated:
1. to outline the guiding principles of implementing and evaluating the program
2. to provide guidance to ward/unit managers, preceptors and inductees about their roles within the program
3. to meet the educational needs of new staff and facilitate them taking up their roles and responsibilities in a new area of practice
4. to strengthen the development plan of new staff in maximizing their potential of career development
5. to ensure provision of quality service to clients through role modeling of the preceptors to inductees

Target Groups

RNs who are fresh graduates or newly recruited, and RNs who have been transferred to a new area of practice.

Guiding Principles of Developing Ward/ Unit Induction Program

The following principles are intended to guide the development of ward/unit induction program, which is to enable nursing practice to be dynamic, relevant and responsive to the changing needs of patients as well as to enhance staff development.

1. Each ward/ unit has to update the checklist for own induction training program in accordance with the hospital and department direction, service needs and staff development. Examples of the aspects are as follows:
   - General orientation e.g. mission, policy and structure of department, physical setting, human resources management and work routine
   - Job description and responsibilities
   - Client care management and clinical/therapeutic procedures
   - Building therapeutic and caring relationship with clients
   - Application of knowledge and skills in practice
   - Promoting quality of care maintaining safety
   - Preparing self to take up challenges and accept increasing responsibility
- Maximizing potential to plan for professional development
- Participating as effective team member
- Application of legal and ethical principles

2. The period of induction program can range from weeks to months depending on the nature and requirements of individual clinical area.

3. A named preceptor should be assigned to inductee with the ratio of 1:1 and not more than 1:2 at any one time. During the period of induction program, it is preferably for the preceptor working with inductee at the same duty. However, other preceptors may be assigned at times due to staffing and management issues.

4. Preceptor should maximize available resources to support learning activities that can be by various means e.g. demonstration, reflective and experiential learning, case discussion, classroom learning, on-line learning.

5. In addition to the induction program, inductee is encouraged and facilitated to participate in educational activities for enhancement of core competencies of RNs e.g. CNE programs provided by KCC, HAHO or institutes.

6. To enhance learning effectiveness, learning contract should be set up by preceptor and inductee.

7. Appropriate training record should be kept to monitor the progress and effectiveness of program.

8. During the induction period, regular meetings should be held between the named preceptor and inductee to review and follow through the progress.

Selection of Preceptors
It is recommended that a preceptor should be a registered nurse of a minimum of 2 years. Preferably s/he should have spent a minimum of 12 to 18 months in the ward/unit.

Other criteria of selecting staff to be a preceptor, s/he should:
- appreciate roles of preceptor;
- be able to set priorities, seek guidance when appropriate;
- be competent in clinical skills and assessment skills;
- demonstrate skills in teaching;
- demonstrate leadership ability and problem-solving skills; and
- be proficient in communication, interpersonal and counseling skills.

Roles and Responsibilities

Inductee
- Abide by Code of Professional Conduct
- Utilize available resources to increase knowledge base
- Develop initiative in identifying and meeting learning needs
- Set goals with preceptor to meet learning needs
- Seek guidance and support from preceptor whenever necessary
- Assume increasing responsibilities for client with guidance of preceptor
- Evaluate effectiveness of induction program and preceptor

Preceptor
- Facilitate inductee to adapt the unit/hospital culture
- Set goals and make learning contract with inductee to meet learning needs
- Plan learning activities, and determine daily assignment and goals with inductee’s learning needs
- Serve as a role model to demonstrate integration of theory into practice
- Give coaching and guidance if necessary
- Monitor inductee’s performance and give feedback
- Meet inductee and ward/unit manager regularly to evaluate progress and set new goals if necessary
- Evaluate effectiveness of induction program and performance of inductee
- Pursue continuing education to enhance self and professional development

Ward/Unit Managers
- Ensure a well-structured ward/unit induction program for all new staff
- Review and update the program to meet service needs and enhance staff development
- Involve preceptor in the review and revision of the induction program
- Provide opportunities for potential staff to be trained up as preceptors
- Coordinate scheduling of preceptor and inductee
- Provide a supportive environment, and assist preceptor in adopting appropriate learning activities and making use of available resources
- Provide opportunities for sharing with preceptors of other units

Program Maintenance and Monitoring
1. Regular meetings between preceptors and ward/unit managers to review and update the program
2. Review inductees’ evaluation on preceptors and program
3. Evaluate the performance of inductees by CCSDR to monitor the effectiveness of the program
4. Monitor program with the support of Central Nursing Division

Remarks:
- In addition to ward/unit induction program, fresh graduates and newly recruited RNs should receive hospital induction program.
- Fresh graduates and newly recruited RNs would undertake clinical rotation and preceptorship program run by the hospital

References
Hospital Authority (2006). Preceptorship program for newly recruited university-nursing graduates. Revised paper. NTSDC Paper 22/3(i). Hong Kong: Hospital Authority