



Paediatric Nursing Preceptorship Programme

PORTFOLIO FOR REGISTERED NURSES

Version: 2.7 September 2025

Review: August 2026

Preceptee Name	
NMC Number	
Named Preceptor	
Place of work	
Buddy (if applicable)	

This is a controlled document. Whilst this document may be printed, the electronic version posted on the PIER website is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the PIER website.

Introduction

Welcome and congratulations on qualifying and becoming a Registered Nurse within Wessex Paediatrics. We recognise this is an exciting time, it can also be overwhelming as you settle into your new role, work environment and start your registered nurse journey. In Wessex, we want you to feel happy and confident at work, so together, we have created a regional preceptorship programme to help you on this journey.

What is preceptorship?

The principle aim of preceptorship is to welcome and integrate newly registered professionals into their new team and place of work, help grow in confidence and begin the journey to becoming an accountable, independent, knowledgeable and skilled practitioner (Nursing and Midwifery Council 2020). At the point of registration, newly registered nurses and nursing associates have the knowledge, skills and behaviours required to join the professional register. Preceptorship then offers the structured support needed for new nurses, midwives and nursing associates to successfully convert this knowledge into everyday practice and gain confidence in their ability to use their knowledge and skills and consistently apply the code in daily practice (Nursing and Midwifery Council 2020).

The programme

A regional approach to deliver preceptorship is unique to Wessex and intends to deliver high quality knowledge and training through harnessing the expertise of educators and paediatric teams throughout the region. The Wessex paediatric nursing preceptorship programme is for all newly registered children's nurses and nursing associates working within paediatrics and is 12 months in duration. The programme aims to provide you with support and teaching that enhances your clinical experiences of looking after the Child and Young Person (CYP) and working as a registered nurse. This includes study days during the programme each of which are taught by experts in their field, accompanied by this portfolio for practice and the support of your work teams.

Development and Support

As part of your preceptorship programme, you will be allocated a period of induction. This period intends to allow you to become familiar with your clinical environment as well as attend and meet specific statutory and mandatory training that will help you maintain a safe working environment. This is the responsibility of your employing trust who will arrange this.

At the start of your preceptorship, you will also be allocated a preceptor within your first week in your clinical area by your manager or local education team. Please ensure you have a named preceptor. Some areas also have a buddy who works with you and your preceptor. These individuals will help ensure you are supported during your clinical shifts to achieve personal developmental needs. You should organise regular meetings with your preceptor, of which the initial meeting should take place within the *first 2 weeks* of starting in post. The purpose of these meetings is to identify your individual learning needs, set objectives, outline how these will be met in what time frames and what support will be needed. The frequency of meetings are bimonthly to support your development and learning needs. Within this the initial, midpoint and final meeting must be completed as a minimum to complete the programme. The final meeting will review the previous objectives set, achievement of all the competencies and have a career discussion to plan your future development.

As part of your preceptorship period, you are expected to demonstrate your developing competence through completing core nursing skills, competencies and reflective accounts. The intention of which is to provide evidence that you can use not only to identify and determine your personal development but also can be used within your appraisal and revalidation. You are expected, by the end of your 12 month programme, to have demonstrated you have completed the skills and competencies.

Whilst the whole team will support you with your educational and developmental needs, it is your responsibility to identify opportunities that will enable you to complete this document and develop your skills and knowledge. If at any point you do not feel able to achieve expected skills within the preceptorship programme, you must identify this as soon as possible to your preceptor, buddy, nurse educator or line manager.

Study Days

You will attend 8 study days which will cover a range of topics. Most of these days will be face to face, there is a possibility that a small number could be virtual which will be known in advance as far as is possible. This is a regional programme therefore study days will be hosted in different locations across the Wessex region. The initial study days for Oct 2025 cohort will be at Southampton General Hospital. From 2026 there will be some different locations for the study days. Please ensure you have planned for this in advance and made suitable travel arrangements. You will be allocated a 7.5 hour study day for each, some days may run for less than 7.5 hours and you will be expected to do self-directed study for the remaining time. This can be learning you feel is relevant to your needs, please discuss options with educators.

Attendance

You will be allocated into one of two groups by your education team or the programme lead. You will either be in Yellow group or Green group which will be outlined in your welcome letter. If you are unsure please liaise with your education team. The group you are allocated will determine which study day dates you will attend. These dates are fixed for the year and preceptees are not able to change the dates or change groups. The date for your group will be on the PIER website.

<https://www.piernetwork.org/paediatric-preceptorship-studydays.html>.

This therefore means you are not required to book onto the study days *however* it is your responsibility to ensure the study days are on your roster through liaising with your manager or the person who completes your off duty. The table below allows you to record the days you attend for your revalidation.

Topic	Date Attended

Don't forget information on the programme, including details of your study days, will be available via the PIER website: <http://www.piernetwork.org/paediatric-preceptorship.html> . This includes information about the location. Please check this regularly and thoroughly.

We would like to take this opportunity to wish you every success in your nursing career and we look forward to working with you all.

Wessex Nurse Educators and Mangers

Preceptorship Charter & Role descriptors

The Preceptee pledges to:	Preceptor and buddy pledges to:	Line manager and wider local paediatric team pledges to:	The Lead Nurse Educator for the preceptorship programme pledges to:
<ul style="list-style-type: none"> • Attend all allocated study days and participate in all learning opportunities, including employing trust induction. • Organise and attend meetings with preceptor at the agreed times and within the requirements of the National Framework (2022) • Work in collaboration with Preceptor to identify, plan and achieve learning objectives, including developing an individual learning plan and complete all documentation within required timeframes • Be open to, and give feedback on, personal progress and the WPNPP through completing evaluation forms post study days and end of the programme • Adhere to the NMC code, trust regulations & maintain professional behaviour at all times 	<ul style="list-style-type: none"> • Help orientate preceptee to clinical environment & facilitate integration into team to promote effective working relationships • Facilitate a supportive and inclusive learning environment by signposting to resources and actively planning learning opportunities • Use coaching skills to enable preceptee to develop clinically and professionally and to develop confidence • Act as a professional role model and advocate, understanding the scope & boundaries of the preceptee role • Participate in all preceptorship activities including attending required training for preceptors • Work collaboratively with Lead Nurses to arrange protected time to meet with preceptee (recommended minimum 8 hrs) 	<ul style="list-style-type: none"> • Welcome and integrate preceptee into the team and participate in orientation to the clinical area • Identify opportunities that own role and expertise can support preceptee in their skill and knowledge development • Provide constructive feedback on the preceptee's progress and performance to the Preceptor and Preceptee as necessary • Ensure all induction is completed and check preceptee is aware of local policies and ways of working • Encourage and support preceptorship champions in your organisation • Allocate a suitable preceptor to the preceptee – equivalent level or senior to preceptee, minimum 12 months post registration experience, has attended initial training. Ideally has 12 months experience in the clinical setting. 	<ul style="list-style-type: none"> • Liaise with and support individual trusts to identify preceptees and suitable preceptors. • Provide guidance and support to preceptees, preceptors and the wider paediatric team members across the region • Be a central point of contact for support to education teams and preceptors in the region including supporting trusts as required in ensuring preceptors receive support to undertake the role • Communicate information pertaining to the programme to all preceptees, preceptors and the wider paediatric teams • Facilitate group discussions and reflection during study days. Provide an introduction to clinical supervision on study days to support each trust to deliver clinical supervision locally

The Preceptee pledges to:	Preceptor and buddy pledges to:	Line manager and wider local paediatric team pledges to:	The Nurse Educator for the preceptorship programme pledges to:
<ul style="list-style-type: none"> • Acknowledge own limitations and seek information and support where necessary • Ensure all mandatory training is kept up to date as requested by employing trust • Provide completed preceptorship portfolio to line manager or educator by the end of the 12-month preceptorship period • Create professional relationships that facilitate integration into the team and preceptorship group • Participate in change management processes and quality improvement projects with support of preceptor and line manager • Participate in group discussions, activities, peer supervision & reflections during study days • Undertake clinical supervision with local team at employing trust 	<ul style="list-style-type: none"> • Facilitate regular meetings with preceptee to agree learning needs, develop individual learning plans, with regular review of objectives and progress • Provide support and clinical supervision to preceptees with support from line manager/local education teams • Provide timely and constructive feedback to preceptee on a regular basis • Have a good understanding of the national framework requirements and communicate these clearly to preceptee • Liaise with line manager to monitor preceptee's progress, addressing areas requiring further development through objective setting and regular review 	<ul style="list-style-type: none"> • Provide feedback to preceptorship programme lead on the preceptorship programme and information on named preceptors in trust as requested • Support preceptor and buddies in their roles • Provide and support a supernumerary period for the preceptee to settle into their employed environment (Minimum 2 weeks/75 hrs) • Facilitate and ensure preceptees receive regular clinical supervision in local trust to compliment group reflection and supervision on study days • Ensure protected time is allocated for meetings between preceptee and preceptor as per your organisations preceptorship policy. (Minimum of 8 hours per year for preceptor/preceptee, gold standard of 12 hours as per National preceptorship framework 2022) 	<ul style="list-style-type: none"> • Chair the Wessex nurse educator forum to allow discussions pertaining to developing and improving the preceptorship programme • Monitor & track completion rates • Measure the effectiveness and impact of preceptorship programme on retention. Evaluate programmes after each cohort • Promotion of the value and benefits of preceptorship across the region • Disseminate feedback and work with all paediatric educators to utilise data to inform and develop the programme • Ensure programme is operating within national standards for preceptorship • Liaise with other preceptorship leads

Preceptee Signature:	Preceptor Name & Signature:	Line Manager Name & signature:	Programme Lead Signature:
..... <i>J. Cleall</i>

PRECEPTOR / PRECEPTEE MEETINGS & LEARNING NEEDS ANALYSIS

**(IF YOU HAVE OTHER MEETINGS THAT COVER THE SAME
DISCUSSION PLEASE ATTACH COPY OF THIS INSTEAD OF
COMPLETING THINGS TWICE)**

This section has been structured using the National Preceptorship Framework (2022) to include templates for each meeting. It is recommended that preceptees have bi-monthly meetings with a preceptor which includes an initial, mid-point and final meeting. As a minimum preceptees must have completed an initial, mid-point and final meeting to complete this preceptorship programme.

Preceptor/Preceptee Meeting & Learning Needs Analysis

Initial Meeting –2 weeks of commencing preceptorship (Core requirement for completion of programme)

Date:

Discussion: What are you looking forward to about your new role? What do you think is going to be challenging? What development do you expect and what support might you need?

Individual learning plan: (use Individual Learning Needs Analysis): Objectives set should be SMART (specific, measurable, achievable, relevant, timely)

Learning Need	SMART objective	Support/ Resources needed

Signature of preceptor:

Date of next meeting:

Signature of preceptee:

Sign to confirm you have signed the charter on previous pages

Preceptor/Preceptee Meeting & Learning Needs Analysis

Strengths:

What do you do well? What are you confident about? What knowledge, skills and experience do you have?

Learning needs:

Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development

Opportunities:

What development opportunities are available. Consider shadowing, training, working with others, research

Threats:

What are the barriers? Consider time, workload pressures, personal commitments and energy levels?

Preceptor/Preceptee Meeting & Learning Needs Analysis

Meeting 2 -to be completed at **2 Months**

Date:

Reflection, discussion (use Individual Learning Needs Analysis) and review of ILP set during previous meeting:

Individual learning plan: (use Individual Learning Needs Analysis): Objectives set should be SMART (specific, measurable, achievable, relevant, timely)

Learning Need	SMART objective	Support/ Resources needed

Signature of preceptor: _____

Date of next meeting:

Signature of preceptee: _____

Preceptor/Preceptee Meeting & Learning Needs Analysis

Strengths:

What do you do well? What are you confident about? What knowledge, skills and experience do you have?

Learning needs:

Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development

Opportunities:

What development opportunities are available. Consider shadowing, training, working with others, research

Threats:

What are the barriers? Consider time, workload pressures, personal commitments and energy levels?

Preceptor/Preceptee Meeting & Learning Needs Analysis

Meeting 3 -to be completed at 4 Months

Date:

Reflection, discussion (use Individual Learning Needs Analysis) and review of ILP set during previous meeting:

Have the 0–3-month competencies been completed? YES / NO

If no please create a development plan within in the individual learning plan below

Individual learning plan: (use Individual Learning Needs Analysis): Objectives set should be SMART (specific, measurable, achievable, relevant, timely)

Learning Need	SMART objective	Support/ Resources needed

Signature of preceptor: _____

Date of next meeting:

Signature of preceptee: _____

Preceptor/Preceptee Meeting & Learning Needs Analysis

Strengths:

What do you do well? What are you confident about? What knowledge, skills and experience do you have?

Learning needs:

Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development

Opportunities:

What development opportunities are available. Consider shadowing, training, working with others, research

Threats:

What are the barriers? Consider time, workload pressures, personal commitments and energy levels?

Preceptor/Preceptee Meeting & Learning Needs Analysis

Mid-point Meeting –6 Months (Core requirement for completion of programme)

Date:

Reflection, discussion (use Individual Learning Needs Analysis) and review of ILP set during previous meeting:

Individual learning plan: (use Individual Learning Needs Analysis): Objectives set should be SMART (specific, measurable, achievable, relevant, timely)

Learning Need	SMART objective	Support/ Resources needed

Signature of preceptor: _____

Date of next meeting:

Signature of preceptee: _____

Preceptor/Preceptee Meeting & Learning Needs Analysis

Strengths:

What do you do well? What are you confident about? What knowledge, skills and experience do you have?

Learning needs:

Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development

Opportunities:

What development opportunities are available. Consider shadowing, training, working with others, research

Threats:

What are the barriers? Consider time, workload pressures, personal commitments and energy levels?

Preceptor/Preceptee Meeting & Learning Needs Analysis

Meeting 5 – To be completed at **8 months**

Date:

Reflection, discussion (use Individual Learning Needs Analysis) and review of ILP set during previous meeting:

Individual learning plan: (use Individual Learning Needs Analysis): Objectives set should be SMART (specific, measurable, achievable, relevant, timely)

Learning Need	SMART objective	Support/ Resources needed

Signature of preceptor:

Date of next meeting:

Signature of preceptee:

Preceptor/Preceptee Meeting & Learning Needs Analysis

Strengths:

What do you do well? What are you confident about? What knowledge, skills and experience do you have?

Learning needs:

Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development

Opportunities:

What development opportunities are available. Consider shadowing, training, working with others, research

Threats:

What are the barriers? Consider time, workload pressures, personal commitments and energy levels?

Preceptor/Preceptee Meeting & Learning Needs Analysis

Meeting 6 To be completed at **10 months**

Date:

Reflection, discussion (use Individual Learning Needs Analysis) and review of ILP set during previous meeting:

Individual learning plan: (use Individual Learning Needs Analysis): Objectives set should be SMART (specific, measurable, achievable, relevant, timely)

Learning Need	SMART objective	Support/ Resources needed

Signature of preceptor:

Signature of preceptee:

Preceptor/Preceptee Meeting & Learning Needs Analysis

Strengths:
What do you do well? What are you confident about? What knowledge, skills and experience do you have?

Learning needs:
Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development

Opportunities:
What development opportunities are available. Consider shadowing, training, working with others, research

Threats:
What are the barriers? Consider time, workload pressures, personal commitments and energy levels?

Final meeting –12 Months (Core requirement for completion of programme)

Date:

Purpose: This meeting should include a review of all competencies within the portfolio. By signing the bottom of the page both preceptee and preceptor confirm that this has been completed. It should focus on identifying future development needs and objectives for the NMC registrant's second year of registered practice.

Discussion & review of individual learning plan:

Future learning needs development plan:

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily – including all competencies & *minimum* of initial, midpoint and final meeting.

Name of preceptee		Signature:	
Name of preceptor		Signature:	
Organisation lead educator/manager		Signature:	
Work area:		Date:	

Record of additional meetings & discussions

Additional Meetings

Date:

Items discussed:

Actions:

Signature of preceptor:

Signature of preceptee:

Additional Meeting

Date:

Items discussed:

Actions:

Signature of preceptor:

Signature of preceptee:

0-3 MONTH CORE COMPETENCIES AND SKILLS

Please be aware the ✓ indicates a time frame for achieving that skill, skills can be signed off at anytime they are achieved during the 0-3 month, but all must be completed in this timeframe.

Adapted from:

- Department of Health NHS KSF framework (2004)
- Future nurse: standards of proficiency for registered nurses (Nursing and Midwifery Council 2018)
- An integrated career and competency framework for children and young people's endocrine nurse specialists (Royal College of Nursing 2019)
- A competence framework for orthopaedic and trauma practitioners (Royal College of Nursing 2019)
- RCN Competencies: Caring for infants, children and Young People Requiring Palliative Care, 2nd edition (Royal College of Nursing 2018)
- Children and young people's cardiac nursing (Royal College of Nursing 2021)
- Safeguarding children and young people: roles and competencies for healthcare staff, 4th edition. (Royal College of Nursing 2019)
- Career pathway and education framework for cancer nursing: a toolkit (Royal College of Nursing 2022)

0-3 month Core competencies and skills

Statutory & Mandatory Training					
The preceptee has demonstrates that they:	0-3 months	4-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Have completed all trust induction	✓				
Recognise the need to take responsibility to identify and maintain statutory and mandatory learning needs	✓				
Have completed Basic Life Support (BLS)	✓				
Have completed paediatric resuscitation course e.g. PILS	✓				
Have completed safeguarding children level 3 training	✓				
Have completed all other statutory and mandatory training	✓				

Basic patient care / skills					
The preceptee has demonstrates that they:	0-3 months	4-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Are familiar with and are aware of how to access local, regional and national guidance for infection prevention and uses this to inform and update their daily practice (including managing sharps injuries, communicable disease and waste management)	✓				
Demonstrates a clear understanding of, and the ability to undertake Aseptic Non Touch Techniques (ANTT) in practice	✓				
Can undertake bedside safety checks (to include): <ul style="list-style-type: none"> - Working O₂ and suction present, correctly assembled and with correct age appropriate size equipment - Environment is clean and clear of hazards - Appropriate safety equipment is available and working, e.g. cot sides - Call bell and emergency bell working 	✓				
Can accurately measure babies and CYP's height and weight and calculate body mass index recording each on the appropriate chart. Recognise normal healthy ranges act on parameters outside of the normal range for age.	✓				

0-3 month Core competencies and skills

Basic patient care / skills					
The preceptee has demonstrates that they:	0-3 months	4-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can interpret, document and escalate clinical observations appropriately using national PEWS (or trust PEWS if using)	✓				
Understand how to appropriately escalate care using SBARD to communicate concerns	✓				
Are familiar with emergency equipment though partaking in routine checking of the resuscitation (crash) trolley and other emergency equipment (including defibrillator)	✓				
Can identify appropriate sources of support for families, how they can be accessed and how they can give feedback on care	✓				
Can identify the correct equipment (including PPE) required for basic nursing care such as clinical observations, meeting nutritional needs and specimen collection	✓				
Can identify reasons why patients require barrier nursing and how to achieve this using PPE and Trust isolation procedures	✓				
Can explain the restrictions that apply to the CYP, family and other team members when a patient is isolated – including the use of communal areas	✓				
Demonstrates evidence-based hand hygiene	✓				
Can take swabs of skin/wounds, nose, throat & eyes without supervision	✓				
Can obtain faecal, rectal and urine samples without supervision	✓				
Safely decontaminate equipment and environment	✓				
Are aware of what Carbapenemase-Producing Enterobacteriaceae (CPE) is, its significance for patient care and how it is monitored through faecal/rectal sampling	✓				
Provide appropriate mouth care and oral hygiene as per Trust policy (especially when patient is NBM or enteral feeding tubes are being used)	✓				
Observe and assess comfort levels and take actions to support improved rest and sleep hygiene.	✓				

0-3 month Core competencies and skills

Basic patient care / skills					
The preceptee has demonstrates that they:	0-3 months	4-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Know how to access Trust safeguarding policy and where to go for support or help in relation to any safeguarding concerns	✓				
Can describe how to appropriately escalate any safeguarding concerns	✓				
Recognise and understand the roles of multiprofessional team members who they can work with to monitor and maintain CYP safety	✓				
Can monitor and protect patients at risk of abuse or neglect (including those with potential or actual mental health needs) Recognise signs of all forms of abuse	✓				
Aware of local childhood sexual exploitation risk assessment tools and escalation processes	✓				
Understand the processes involved in reporting any risk incidents of accident, injury or harm and any near misses	✓				
Can describe what to do in the event of: <ul style="list-style-type: none"> - a child or young person going missing - staff/patient/member of public experiencing harm - recognition of poor clinical practice 	✓				
Understand information governance principles when sharing information via the telephone, fax and email; including the potential risks associated	✓				
Understand and undertake appropriate patient admission and discharge from their clinical area as per local policy	✓				
Medicines Management					
Undertaken medicines management training with team at employing trust					
Undertake non intravenous medications competency with employing trusts and any other training/assessments as per trust policy					

0-3 month Core competencies and skills

Professional Practice					
The preceptee has demonstrates that they:	0-3 months	4-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Understand and act in accordance with the NMC Code at all times	✓				
Understand and apply the principles of courage, transparency and professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes	✓				
Demonstrate an understanding of, and the ability to challenge discriminatory behaviour	✓				
Can communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges	✓				
Understands and recognise cultural differences in communication styles	✓				
Follows NMC standards and local policy for clear and professional documentation	✓				
Understand their role and responsibilities in health promotion and employs this in daily practice when working with CYP and families	✓				
Understand the demands of professional practice recognising the importance of own health and wellbeing.	✓				
Engage in clinical supervision with preceptor/ Line Manager or appropriate personnel (e.g access to Professional Nurse Advocate support) in local trusts	✓				

Completion date: _____

Preceptor signature _____

Educator/ Line manager signature _____

4-12 MONTH CORE COMPETENCIES AND SKILLS

Please be aware the ✓ indicates a suggested time frame for achieving that skill, skills can be signed off at anytime they are achieved during the 4-12 months. But all must be completed in this timeframe.

Adaptation from:

- Department of Health NHS KSF framework (2004)
- Future nurse: standards of proficiency for registered nurses (Nursing and Midwifery Council 2018)
- An integrated career and competency framework for children and young people's endocrine nurse specialists (Royal College of Nursing 2019)
- A competence framework for orthopaedic and trauma practitioners (Royal College of Nursing 2019)
- RCN Competencies: Caring for infants, children and Young People Requiring Palliative Care, 2nd edition (Royal College of Nursing 2018)
- Children and young people's cardiac nursing (Royal College of Nursing 2021)
- Safeguarding children and young people: roles and competencies for healthcare staff, 4th edition. (Royal College of Nursing 2019)
- Career pathway and education framework for cancer nursing: a toolkit (Royal College of Nursing 2022)

4-12 month Core Competencies & Skills

Airway					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can recognise and appropriately manage a partially obstructed and obstructed airway	✓				
Use appropriate suction technique to clear nasal & oral secretions (including identifying the appropriate sized catheter & pressure settings). Understands the risks associated with suctioning	✓				
Can demonstrate care required by the patient with an established Tracheostomy, including: <ul style="list-style-type: none"> - Recognise need for suctioning - Demonstrate appropriate suction technique through Tracheostomy (including identifying correct catheter size and suction depth) - Change of Tracheostomy tapes - Care of Tracheostomy site (cleaning, dressings etc) - Planned Change of tracheostomy - Emergency change of tracheostomy - Understands and can discuss the emergency algorithm for tracheostomy patients 			✓		

Breathing					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can recognise signs of hypoxia and cyanosis in the CYP and the associated initial management	✓				
Manage administration of oxygen using a range of different delivery methods such as venturi and non-rebreathe mask	✓				
Take and interpret peak flow and pulse oximetry measurements		✓			
Perform nasopharyngeal aspiration (NPA) for sampling		✓			
Undertake chest auscultation and interpret findings			✓		
Identify the need for high flow oxygen delivery (e.g. optiflow/airvo) and set up and initiate this treatment when requested		✓			
Provide care to the patient receiving high flow oxygen (e.g. optiflow/airvo) including the documentation of oxygen concentration, flow and humidification temperatures delivered			✓		

4-12 month Core Competencies & Skills

Cardiovascular					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can identify when 12 lead ECG and 3 lead ECG recording would be clinically indicated or useful. Applies electrodes correctly.			✓		
Interpret normal ECG trace and common abnormal traces			✓		
Can identify who to contact if concerned an ECG is abnormal			✓		
Can describe & recognise the 4 most common arrhythmias (Asystole, PEA, VT & VF) and refers to correct treatment algorithm			✓		
Follow Trust policy in obtaining blood samples (once venepuncture training is completed and competency achieved) and understands the rationale of the safety elements involved			✓		
Can identify when blood sampling may be required and recognise abnormal results			✓		
Can identify when blood gas sampling may be required and begin to recognise abnormal results			✓		
Understands the physiology of shock, causes, signs and symptoms and the appropriate treatment pathways		✓			
Recognise signs and symptoms of anaphylaxis and has knowledge of the appropriate management and treatment algorithm	✓				
Can locate the nearest defibrillator and perform operational and safety checks	✓				
Can apply defibrillator pads appropriately and connect leads			✓		
Undertake blood transfusion training once IV competent as per trust requirements			✓		

Gastrointestinal Needs / Nutrition					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can locate and have read Trust and national guidelines for enteral feeding	✓				
Can identify reasons why a CYP would need enteral feeding - including conditions and treatments associated with requiring nutritional support	✓				
Can describe the route of the Nasogastric tube, ideal position of the tube tip and the clinical implications of incorrect NG placement	✓				

4-12 month Core Competencies & Skills

Gastrointestinal Needs / Nutrition					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can appropriately insert and check NGT position (including identifying correct equipment, how to measure length, check placement and secure the tube)	✓				
Observe, assess and optimise nutrition and hydration status determining the need for intervention and support.	✓				
Can demonstrate safe NG tube use – including positioning of patient, checking tube placement and how to troubleshoot when placement cannot be confirmed or tube becomes blocked	✓				
Understands clinical indications for the insertion of a gastrostomy tube – including the differences between a PEG and balloon gastrostomy	✓				
Can appropriately prepare, administer and dispose of prescribed enteral feeds via gravity and infusion pump	✓				
Can describe the care of gastrostomy enteral feeding tubes – including how to clean, rotate and troubleshoot any issues regarding the tube		✓			
Can describe what a stoma is and the common conditions and treatments that can lead to a formation of a stoma			✓		
Can explain the two main types of stoma that can be formed and the differences between them		✓			
Can identify clinical conditions a CYP may require Total Parenteral Nutrition (TPN)			✓		
Once IV competent can safely check and administer TPN according to Trust policy			✓		
Recognise signs of GI obstruction, perforation and acute abdomen and escalate concerns appropriately			✓		

4-12 month Core Competencies & Skills

Neurological

The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Understand the rationale for using AVPU and can undertake an assessment of patients using this scale	✓				
Understand the rationale for using GCS and can undertake an assessment of patients using this scale	✓				
Understand what seizures are (including common types of seizures)	✓				
Can identify common triggers for seizures and the local management of seizures	✓				
Can appropriately identify the CYP with altered neurological status and describe the appropriate management of abnormal findings		✓			
Are aware how to manage a CYP experiencing seizures according to local policy (including status epilepticus); to include recognition, safety, escalation, medication and documentation required			✓		

Pain

The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can describe different types of pain and the clinical factors that influence them	✓				
Can identify common analgesics prescribed for pain relief in clinical area	✓				
Explore appropriate non-pharmacological methods to manage pain					
Can identify specific nursing care needs of the patient with pain and/or receiving analgesia e.g. pain chart/scoring system, appropriate positioning to ensure comfort		✓			
Can identify and use specific documentation (tools) for assessment & management of patients experiencing pain/receiving analgesia		✓			
Can recognise a CYP experiencing withdrawal of or overdose of analgesia and how to manage this – including use of withdrawal charts/scoring system			✓		

4-12 month Core Competencies & Skills

Mental Health					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can recognise and assess signs of mental and emotional distress or vulnerability and signs of self-harm and/or suicidal ideation		✓			
Can administer basic mental health first aid	✓				
Aware of how to contact CAMHS both in and out of hours and provision of local services available	✓				
Can demonstrate appropriate de-escalation techniques with CYP, recognises when further measures are required and escalates this appropriately		✓			
Recognise and respond appropriately to behaviours that challenge through de-escalation and providing appropriate safe holding if appropriately trained			✓		
Has a basic understanding of the Mental Health Act and Mental Capacity Act, the assessment process and the legalities and rights of patients who are under section			✓		

Skin & Bone					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Understand the implications of compromised skin integrity and specialist practitioners that can be contacted to help manage concerns	✓				
Can identify and manage skin irritations and rashes. Identify & utilise documentation and tools used for monitoring skin integrity	✓				
Understand treatment strategies used to manage common dermatological conditions (e.g. eczema, cellulitis and urticaria)		✓			
Understand the reasons for using pressure relieving techniques and devices and treatments used for pressure sores		✓			

4-12 month Core Competencies & Skills

Skin & Bone					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Demonstrate and can explain the need for regular turning, monitoring of elimination and pain management when caring for an immobilised patient	✓				
Can explain what distal, proximal and midshaft factures are		✓			
Can explain what compartment syndrome is, signs and symptoms and how it is managed		✓			
Can conduct a full neurovascular assessment and understand reasons for abnormal findings (escalating appropriately) including: <ul style="list-style-type: none"> - Pain - Colour of limb and extremities - Temperature of limb and extremities - Pulses – can locate and palpate - Sensation - Perfusion - Movement – passive or active 		✓			
Can recognise early warning signs that necessitate the unplanned and immediate removal of a cast; including who to contact to split a cast		✓			
Can identify and explain the causes, signs & symptoms and management of the following common orthopaedic conditions; including: <ul style="list-style-type: none"> - Fractures - Hip dysplasia - Septic arthritis 			✓		
Can explain what a Thomas splint is and when it used			✓		
Understands common management strategies for common musculoskeletal injuries (including traction, slings and POP)			✓		
Can identify common mobility aids and where to access these locally			✓		

4-12 month Core Competencies & Skills

Surgical					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Complete appropriate pre-operative checks and appropriate preparation for the CYP and family undergoing surgical procedures	✓				
Understand the health and safety risks of delivering and collecting patients to and from theatre and identifies specific equipment and documentation that will ensure the patient remains safe	✓				
Demonstrates appropriate post-operative care, including the recognition of the frequency of observations, pain management, education needs of the CYP and appropriate escalation pathways in the event of changes to condition	✓				
Understand what VTE is and identify who are most at risk of this	✓				
Understand and employ prevention strategies for VTE in the CYP	✓				
Understands the rationale for early mobilisation post-operatively	✓				
Understands and demonstrate the principles of wound care – to include frequency of wound site check, cleaning and redressing of wound and the risks associated		✓			
Can identify the reasons a CYP may require a chest drain and the implications this will have (including safety issues)			✓		

Renal					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can explain what Acute Kidney Injury (AKI) is and patients at risk of AKI	✓				
Can identify pre-renal factors that cause AKI in the CYP	✓				
Can identify post-renal factors that can cause AKI in the CYP	✓				
Accurately records patient fluid intake and output on a fluid balance chart and calculate the patient's fluid balance correctly	✓				

4-12 month Core Competencies & Skills

Renal					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Appropriately identify frequency in which a patients fluid balance should be measured and calculated	✓				
Calculates fluid requirements for a neonate, infant, child and adult	✓				
Can accurately calculate a urine output in ml/kg/hour and its relevance to renal function	✓				
Recognise the importance of calculating urine output in mls/kg/hr. Understands the normal range and when to escalate changes	✓				
Can perform urinary catheter hygiene care following trust policy		✓			

Endocrine					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Undertake training on blood glucose and ketone meters	✓				
Can discuss the importance and rationale for blood glucose sampling. Aware of action & treatments to take if abnormal result	✓				
Can identify when blood glucose & ketone sampling is required for both diabetic and non-diabetic patients		✓			
Can explain what Diabetic ketoacidosis is, it's management and the nursing care required for mild, moderate and severe DKA		✓			
Can explain complications of DKA including recognition and management of such complications		✓			
Can describe the treatment for hyperglycaemia		✓			
Can describe the treatment for hypoglycaemia		✓			
Can explain what HbA1c is and its importance in diabetes management			✓		
Has knowledge of different types of insulin including when and how to administer		✓			

4-12 month Core Competencies & Skills

Oncology care skills					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Can describe what childhood cancer is	✓				
Can identify appropriate sources of written information for CYP & family with an oncological or haematological diagnosis		✓			
Can describe what neutropenia is		✓			
Can describe what febrile neutropenia is and which patients are at risk		✓			
Can identify what assessments are required for a CYP presenting with febrile neutropenia and the management of this oncological emergency					
Can identify different oncological emergencies and where to find information for the management of these		✓			
Can identify common physical side effects of chemotherapy, radiotherapy and immunotherapy and their impact on the CYP and family		✓			
Can identify common psychological side effects of chemotherapy and radiotherapy and their impact on the CYP/family		✓			
Can identify the social and economical impact childhood cancer has and what resources are available to manage these		✓			
Can identify how to escalate any questions or concerns regarding a CYP with an oncological or haematological condition appropriately		✓			
Are aware of tools available to triage the needs of oncology CYP/family over the telephone			✓		

Palliative care skills					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Understand what palliative care means and can describe patient groups often involved		✓			
Can articulate the difference in palliative care and end of life care		✓			
Can identify personnel responsible for meeting physical palliative care needs for CYP (locally and regionally)		✓			

4-12 month Core Competencies & Skills

Can identify personal responsible for meeting psychological palliative care needs for CYP (locally and regionally)		✓			
Understand what an Advanced Care Plan (ACP) is and how this is used to guide care of the CYP			✓		
Understand what a Symptom Management Plan (SMP) is and how this is used to guide care of the CYP			✓		
Recognise symptoms such as pain, distress, restlessness, agitation and manage in conjunction with SMP and multiprofessional team			✓		
Have an awareness of the processes that must be followed when a child dies for both expected and unexpected deaths			✓		

Completion date: _____

Educator/ Manager Signature _____

4-12 month Core Competencies & Skills

Community specific competencies

Community care skills					
The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Demonstrate an understanding of the local lone working policy and risk assessments.	✓				
Can describe the process of what to do in the event of challenging behaviour/ situations in the community		✓			
Can explain how to escalate care if a child deteriorates whilst in the community (including who to contact, available resources, continued ABCDE assessment with interventions where necessary and within means of community equipment, demonstrates understanding of equipment available in community)		✓			
Understand and undertake care planning for individual children and their specific diagnoses / needs		✓			
Recognise and understand the roles of multi-professional team members and the specific multi-disciplinary meetings relevant to your role (e.g., professionals' meetings, continuing health care professionals, consultants, GPs)		✓			
Understand the health education provided in the community and where you would find the resources to support with education / training		✓			
Demonstrates an understanding of Safeguarding processes in the community (including use of interagency referrals, who to contact for support, attendance of safeguarding meetings for example child in need/child in care)		✓			
Has knowledge of referral processes within community services		✓			

Community section written by R.Taylor, Community Children's Nurse HHFT

Section 4: Competency Reflections

REFLECTIONS

We have provided an example reflection to aid you in writing these reflections; we have specified the topics for reflections just to aid your learning around these topics. The layout is set as the NMC revalidation reflection forms so these can be used for revalidation your revalidation when the time comes.

To help guide your thinking when you are undertaking a reflective activity, whether as part of revalidation or as part of your everyday practice, you could consider the following questions:

- What key things did you take away or learn from this experience/feedback?
- How did you address any issues or problems that arose?
- What would you do differently, if anything, next time around?
- How has it impacted on your practice?
- Are there any changes you can quickly apply to your practice?
- Are you able to support yourself and other colleagues better?
- What can you do to meet any gaps in your knowledge, skills and understanding?

NMC Reflective Practice Guidance Sheet
<https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-practice-guidance.pdf>

Example Reflection Care of the Acutely Unwell Child or Young Person

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I was asked to help support a nurse who was looking after our chronic renal patient, requiring peritoneal dialysis (PD). The patient, who was four months old, was working hard to breath, looked mottled and shut down. She was also becoming quiet – this baby is usually always crying, so becoming quiet, whilst working hard and looking very pale, clammy, mottled, did not fill either of us with any joy that the crying had stopped. We were both experienced nurses, who are aware that sometimes this is not always a good sign.

We called for the renal doctors, who assessed, did a set of bloods (with a gas). Currently the patient was not on dialysis, as she only has it at night, but she is anuric. We gave a 10ml/kg bolus. She was tachycardic, and blood pressure was unobtainable. The register spoke with PICU as the co2 on the gas was high, along with potassium. We started the patient on airvo and were in the process of setting up the PD machine to start that so we could manage her fluid balance when PICU team arrived. We gave a second bolus of 10ml/kg as requested by PICU Consultant as patient was still low BP, tachycardic (which had responded for a short while to the first fluid bolus). Once they had assessed the patient, she was taken to PICU by the team, where she was intubated and placed back on PD.

What did you learn from the CPD activity and/or feedback and/or event or

Section 4: Competency Reflections

experience in your practice?

Managing a child who is anuric, but requires fluid can be quite worrying – especially when teams are involved who do not know the patient. Yes, fluid is the right thing to do....but if they are anuric – at some point that fluid can't go anywhere apart from stay in the body, which then causes further issues in managing the patient. I think because I have been involved in these situations before – I am aware that this dynamic can cause concern within me.

The other dynamic in the room was the different teams involved – sometimes PICU can give the impression that they know best – and absolutely they sometimes do. But then when it's a renal patient, renal team may arguably know best – and it is how you manage/hold those tensions, whilst working with both teams, whilst keeping your patient at the centre – advocating for them. The nurse, myself and the outreach nurse, felt that we were pushed out the way by the team, that our experience wasn't valued. When you are in a state of quite high emotions, adrenaline is running as you try to prevent any further deterioration and it is sometimes hard to push those to the side, and not let them get to you. We all spoke it through after – and whilst the Drs do know some of us, they also don't – they don't know our experience, we are nurses – and probably all look alike to them. Until they have worked with us, they are not aware of how capable we are, what we know, how good we are. It is a hard dynamic with the teams, and I guess it must be also hard for the doctors in a different way. I struggle not to take it personally – which is something that I need to remind myself.

How did you change or improve your practice as a result?

I don't want to ever be the person that pushes someone out the way – unless it is absolutely necessary (i.e. to save the patients life).

To let the Doctors know what my experience is, what my skills are, and not expect them to just know – because they won't.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Prioritise people – 1.1 – Treat people with kindness, respect and compassion – this is as relevant to how I treat other members of the team, as well as how I treat my patients.

Practise effectively – 8. Work cooperatively – respect the skills, expertise and contributions of colleagues. This is despite how I feel about them or the situation. 9. Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues. This means letting colleagues know what I can do.

R Oxley 2019

Section 4: Competency Reflections

Reflective account: Care of the Acutely Unwell Child or Young Person

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Section 4: Competency Reflections

Reflective account: Care of the Chronically Unwell Child or Young Person

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Section 4: Competency Reflections

Reflective account: Care of child or young person with Mental Health needs

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Section 4: Competency Reflections

Reflective account: Care of child/young person with life limiting or life-threatening needs

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Section 4: Competency Reflections

Reflective account: Human Factors

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Section 5 - References & Wider Reading

Human Factors

Brennan, P.A. and Oeppen, R.S. (2022) The role of human factors in improving patient safety. *Trends in urology & men's health*, 13 (3), 30-33.

Chartered Institute of Ergonomics & Human Factors (2019) *Human factors and health care evidencing the impact of human factors training to support improvements in patient safety and to contribute to cultural change*. Available from: <https://www.hee.nhs.uk> (Accessed 30th August 2023)

Clinical Human Factors Group – <https://chfg.org>

Forbat L, Teuten B, Barclay S (2015) Conflict escalation in Paediatric Services: findings from a qualitative study. *Archives of Disease in Childhood* 100 (8): 769-773

Mental Health

Care Quality Commission (2018) *Are we listening: a review of children and young people's mental health services*. London: Care Quality Commission.

Department of Health and Social Care (2022) *The government's response to the health and social care committee report: children and young people's mental health*.

NHS Digital (2022) *Mental health of children and young people in England – wave 3 follow up to the 2017 survey*. NHS Digital.

NHS (2019) *NHS Long term plan*. Chapter 3 – cyp mental health.

NHS, (2019) *NHS mental health implementation plan 2019/20 – 2023/24*. London: NHSE

Northover, G (2022) Children and young people's mental health services GIRFT programme national speciality report. London: NHS

NSPCC (2023) *Child mental health*. Available from: <https://learning.nspcc.org.uk/child-health-development/Child-mental-health>. (Accessed 24th August 2023)

Public Health England (2021) *Promoting children and young people's mental health and wellbeing A whole school or college approach*. London: PHE

Young Minds - <https://youngminds.org.uk/>

Respiratory

Clinical Skills Summaries (2022) *Croup*. Available from <https://cks.nice.org.uk/topics/croup/> (Accessed 30th August 2023)

National Institute for Health and Care Excellence (2021) *Bronchiolitis in children*. London: NICE

National Institute for Health and Care Excellence (2021) *Asthma: diagnosis, monitoring and chronic asthma management*. London:NICE

Royal College of Paediatrics and Child Health (2022) *National guidance for the management of children in hospital with viral respiratory tract infections*. RCPCH.

Acutely unwell patient

National Institute for Health and Care Excellence (2016) *Sepsis: recognition, diagnosis and early management*. London: NICE

National Institute for Health and Care Excellence (2019) *Fever in under 5s: assessment and initial management*. London: NICE

National Institute for Health and Care Excellence (2009) *Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management*. London: NICE

Resuscitation Council UK – <https://www.resus.org.uk>

Royal College of Paediatrics and Child Health (2015) *The management of children and young people with an acute decrease in conscious level*. London: RCPCH

Southampton Oxford Retrieval Team <http://www.sort.nhs.uk/home.aspx>

Spotting the Sick Child <https://spottingthesickchild.com>

Weiss S L, Peters M J, Alhazzani W et al. (2020) Surviving sepsis campaign international guidelines for the management of septic shock and sepsis-associated organ dysfunction in children. *Intensive Care Medicine*, 46, p. 10–67

Oncology

Cancer Research UK (no date) *Children's Cancers*. Available from: <http://www.cancerresearchuk.org/about-cancer/childrens-cancer> (Accessed 24th August 2023)

Children's Cancer and Leukaemia Group – <https://www.cclg.orh.uk>

Children with Cancer UK (2023) *Childhood Cancer Info*. Available from: <https://www.childrenwithcancer.org.uk/childhood-cancer-info/> (Accessed 24th August 2023)

Landier, W., Skinner, R., Wallace, W.H., Hjorth, L., Mulder, R.L., Wong, F.L., Yasui, Y., Bhakta, N., Constine, L.S., Bhatia, S., Kremer, L.C. AND Hudson, M.M (2018) Surveillance for long term effects in childhood cancer survivors. *Journal of Clinical Oncology*, 36 (21), p 2216-2222

Macmillan (2019) *Understanding children and teenagers reactions*. Available from: <https://www.macmillan.org.uk/cancer-information-and-support/diagnosis/talking-about-cancer/understanding-children-and-teenagers-reactions> (Accessed 24th August 2024)

Transitional Care

Care Quality Commission (2014) *From the pond into the sea: Children's transition to adult health services*. Gallowgate: CQC

National Institute for Health and Care Excellence (2016) *Transition from children's to adults' services for young people using health or social care services*. London: NICE

Together for short lives (2016) *Moving to adult services: what to expect. a guide for young people with life-threatening conditions making the transition to adult services*. Bristol: Together for Short Lives.

Long-term/Chronic Care

British Society for Paediatric Endocrinology and Diabetes – <https://www.bsped.org.uk>

Together for Short Lives (2018) *Hidden lives: tackling the social exclusion of families caring for a seriously ill child*. Bristol: Together for Short Lives.

Cystic Fibrosis Foundation <https://www.cff.org>

Cystic Fibrosis Trust <https://www.cysticfibrosis.org.uk>

National Institute for Health and Care Excellence (2015) (updated 2023) *Diabetes (type 1 and type 2) in children and young people: diagnosis and management*. London: NICE

National Institute for Health and Care Excellence (2022) *Epilepsies in children, young people and adults*. London: NICE

Palliative Care

Camara. C & Rosengarten, L. (2020) An introduction to the palliative care of children and young people. *British Journal of Nursing*, 29 (17), p

National Institute for Health and Care Excellence (2019) *End of life care for infants, children and young people with life-limiting conditions: planning and management*. London: NICE

NHS England (2023) *Specialist palliative and end of life cares services children and young people service specification*. London: NHSE

The Association of Paediatric Palliative Medicine master formulary (2020) 5th edition. Available from: <https://www.appm.org.uk> (Accessed 24th August 2023)

Together for Short Lives (2022) *Basic symptom control in paediatric palliative care*.

Together for Short Lives (2019) *Caring for a child at end of life*. Bristol: TGFSL

Together for Short Lives (2018) *A guide to children's palliative care: supporting babies, children and young people with life-limiting and life-threatening conditions and their families*. 4th edition. Bristol: Together for Short Lives.

Leadership

Kirkham, L (2020) Understanding leadership for newly qualified Nurses. *Nursing Standards* doi: 10.7748/ns.2020.e11589

NHS Leadership Academy – www.leadershipacademy.nhs.uk

The King's Fund (2023) *NHS leadership and culture: our position*. Available from <https://www.kingsfund.org.uk/projects/positions/NHS-leadership-culture>. (Accessed 24th August 2023)

Preceptorship

Health Education England (2015) *Health Education England Preceptorship Standards* Available from: <https://www.hee.nhs.uk/sites/default/files/documents/Preceptorship%20Standards%202015.pdf> (Accessed 31ST January 2022)

Jochim, V. and Rosengren, K. (2021) Nursing preceptorship, a supportive and reflective approach for promoting a healthy environment: a multi-methods design. *Nordic Journal of Nursing Research*, 42 (3), p 147-157

Lafrance, T. (2018) Exploring the intrinsic benefits of nursing preceptorship: A personal perspective. *Nurse Education in Practice* 33, p 1-3

NHS England (2022) *National preceptorship framework for nursing*. London: NHSE

Nursing and Midwifery Council (2020) *Principles for preceptorship*. London: NMC

O'Driscoll, M., Allan, H. and Traynor, M. (2022) '*Preceptorship: what works?*' *An integrative review*. London: Middlesex Univeristy

Patient Safety

NHS England (2022) *Safety culture: learning from best practice*. London: NHS England

NHS England (2019) *The NHS patient safety strategy* [NHS England » The NHS Patient Safety Strategy](#) (Accessed 22nd August 2023)

NHS Improvement (2019) *Patient safety collaboratives*

World Health Organization (2019) *Patient safety* [Patient Safety \(who.int\)](#) (Accessed 22nd August 2023)

