



# Paediatric Nursing Preceptorship Programme

## SUPPORTIVE PORTFOLIO REGISTERED NURSES & NURSING ASSOCIATES

Version: 2.7 September 2025

Review: August 2026

**THIS IS FOR PRECEPTees WHO ARE EMPLOYED BY A TRUST THAT IS USING THE NATIONAL NURSING COMPETENCIES FOR BABIES, CHILDREN AND YOUNG PEOPLE IN HOSPITAL (Paediatric Critical Care Society) AS A REGISTERED TRIAL SITE**

**If you employing trust is not a pilot site for the national nursing competencies use the full Wessex Paediatric Nursing Preceptorship Programme portfolio**

<b>Preceptee Name</b>	
<b>NMC Number</b>	
<b>Named Preceptor</b>	
<b>Place of work</b>	
<b>Buddy (if applicable)</b>	

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## **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.

<b>Topic</b>	<b>Date Attended</b>

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"> <li>• Attend all allocated study days and participate in all learning opportunities, including employing trust induction.</li> <li>• Organise and attend meetings with preceptor at the agreed times and within the requirements of the National Framework (2022)</li> <li>• 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</li> <li>• Be open to, and give feedback on, personal progress and the WPNPP through completing evaluation forms post study days and end of the programme</li> <li>• Adhere to the NMC code, trust regulations &amp; maintain professional behaviour at all times</li> </ul>	<ul style="list-style-type: none"> <li>• Help orientate preceptee to clinical environment &amp; facilitate integration into team to promote effective working relationships</li> <li>• Facilitate a supportive and inclusive learning environment by signposting to resources and actively planning learning opportunities</li> <li>• Use coaching skills to enable preceptee to develop clinically and professionally and to develop confidence</li> <li>• Act as a professional role model and advocate, understanding the scope &amp; boundaries of the preceptee role</li> <li>• Participate in all preceptorship activities including attending required training for preceptors</li> <li>• Work collaboratively with Lead Nurses to arrange protected time to meet with preceptee (recommended minimum 8 hrs)</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome and integrate preceptee into the team and participate in orientation to the clinical area</li> <li>• Identify opportunities that own role and expertise can support preceptee in their skill and knowledge development</li> <li>• Provide constructive feedback on the preceptee's progress and performance to the Preceptor and Preceptee as necessary</li> <li>• Ensure all induction is completed and check preceptee is aware of local policies and ways of working</li> <li>• Encourage and support preceptorship champions in your organisation</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with and support individual trusts to identify preceptees and suitable preceptors.</li> <li>• Provide guidance and support to preceptees, preceptors and the wider paediatric team members across the region</li> <li>• 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</li> <li>• Communicate information pertaining to the programme to all preceptees, preceptors and the wider paediatric teams</li> <li>• 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</li> </ul>

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

<b>Preceptee Signature:</b>	<b>Preceptor Name &amp; Signature:</b>	<b>Line Manager Name &amp; signature:</b>	<b>Programme Lead Signature:</b>
.....	.....	.....	..... <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		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:

# CORE COMPETENCIES AND SKILLS

**These cover areas specific to newly registered nurses which are not detailed in the National Nursing Competencies (Paediatric Critical Care Society).**

**Please be aware the ✓ indicates a time frame for achieving that skill.**

Adapted from:

- Department of Health NHS KSF framework (2004)
- Future nurse: standards of proficiency for registered nurses (Nursing and Midwifery Council 2018)
- Safeguarding children and young people: roles and competencies for healthcare staff, 4<sup>th</sup> edition. (Royal College of Nursing 2019)
- Career pathway and education framework for cancer nursing: a toolkit (Royal College of Nursing 2022)

### 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 if appropriate to role	✓				
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
Can identify appropriate sources of support for families, how they can be accessed and how they can give feedback on care	✓				
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 MDT 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"> <li>- a child or young person going missing</li> <li>- staff/patient/member of public experiencing harm</li> </ul>	✓				

- recognition of poor clinical practice					
<b>Medicines Management</b>					
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					

<b>Professional Practice</b>					
<b>The preceptee has demonstrates that they:</b>	<b>0-3 months</b>	<b>4-9 months</b>	<b>9-12 months</b>	<b>Achieved (sign) Preceptee/Preceptor</b>	<b>Date</b>
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	✓				
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** \_\_\_\_\_

## ADDITIONAL SKILLS

**CHECK WITH YOUR WORKPLACE MANAGER OR EDUCATOR IF YOU ARE REQUIRED TO COMPLETE THIS SECTION  
PRECEPTES WORKING WITHIN ONCOLOGY OR WITHIN A REGIONAL PAEDIATRIC ONCOLOGY SHARED CARE UNIT SHOULD COMPLETE THIS SECTION.**

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			✓		

**Completion date:** \_\_\_\_\_

**Preceptor or Manager Signature** \_\_\_\_\_

## 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

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