

Preceptee Name:



Paediatric Nursing Preceptorship Programme

NURSE PORTFOLIO FOR NURSING ASSOCIATES

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Wessex Paediatric Nursing Preceptorship Programme Portfolio

Preceptee Name

NMC number

Workplace

Preceptor

Buddy

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Introduction

Welcome and congratulations on qualifying and becoming a Nursing Associate within Wessex Paediatrics. We recognise this is an exciting time, it can also be very stressful and overwhelming as you settle in to your new role, work environment and start your nursing associate 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 nurses and nursing associates 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 nursing associate. This includes study days during the programme each of which are taught by experts in their field, accompanied by this portfolio for practice.

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 healthy and 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 after the initial meeting are bimonthly with a final meeting at 12 months in which you 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 and 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 ward manager.

As a Registered Nursing Associate (RNA), individual trusts will have different policies on what skills are included in your job role. For each of the competencies in this document, you must check with your preceptor and Line manager which of these skills are or are not part of the RNA role at your trust. Please **do not** undertake any of

the skills which are not in your trust policies or job description. Your preceptor can mark skills as Not Applicable next to these competencies or as discussion only.

Study Days

You will attend 9 study days over the 12 months which will cover a range of topics. This is typically 1 per month however there are no study days in December or August. 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 2024 cohort will be at Southampton General Hospital. From 2025 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 which can be documented on the next page. 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 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

Self-Directed Study Log

Date	Hours	Topic

Preceptorship Charter

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"> • Take responsibility for identifying learning needs and opportunities. Develop an individual learning plan. • 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 • Acknowledge own limitations and seek information and support where necessary • utilise real-life experiences to develop clinical reasoning and critical thinking skills and document key learning events in reflective diary • Attend all allocated study days; including local trust induction and participate in learning opportunities 	<ul style="list-style-type: none"> • Help orientate preceptee to clinical environment & facilitate integration into team to develop 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/ supporting learners in practice • 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 • Support preceptor and buddies in their roles • 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"> • Provide guidance and support to preceptees, preceptors and the wider paediatric team members across the region • Communicate information pertaining to the preceptorship 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 • Provide relevant programme updates, support and related educational material through the use of email communications and/or social media • Update the PIER website regularly with study day information and important updates regarding the programme

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"> • Ensure all mandatory training is kept up to date as requested by employing trust • Organise and attend meetings with preceptor at the agreed time frames within this portfolio • 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 clinical 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 individual learning plans, review 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 and facilitate how to use feedback to develop further • Provide feedback to Preceptorship Lead on the programme • Seek feedback from preceptee, line manager and others on quality of all aspects of preceptorship role • Liaise with line manager about preceptee's progress as appropriate 	<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 • 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 Wessex 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 • 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 appropriate preparation to undertake the role • Promotion of the value and benefits of preceptorship across the region • Responsible for co-ordination, monitoring, evaluation and review of the programme • Undertake annual audit to measure impact and effectiveness of programme • Disseminate feedback and work with all paediatric nurse educators to utilise data to inform and develop the programme

Preceptee Signature:	Preceptor Name & Signature:	Line Manager Name & signature:	Programme Lead Signature: <i>J. Cleall</i>
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PRECEPTOR / PRECEPTEE MEETINGS & LEARNING NEEDS ANALYSIS

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

This section has been structured using the national preceptorship framework (2022) to include templates for an initial meeting 2 weeks after starting post, mid point and end point meetings between preceptee and preceptor with bi monthly meeting in between

Preceptor/Preceptee Meeting & Learning Needs Analysis

Initial Meeting – To be completed within **2 weeks** of commencing preceptorship

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:

Signature of preceptee:

Preceptor/Preceptee Meeting & Learning Needs Analysis

<p>Strengths: What do you do well? What are you confident about? What knowledge, skills and experience do you have?</p>	<p>Opportunities: What opportunities can build strength and develop your skills?</p>
<p>Aspirations: What do you want to achieve over the next year? What would you like to do differently in your practice? What skills and knowledge would you like to develop?</p>	<p>Resources/results? What resources do you need to meet you aspirations and opportunities?</p>

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: _____

Signature of preceptee: _____

Preceptor/Preceptee Meeting & Learning Needs Analysis

<p>Strengths: What do you do well? What are you confident about?</p>	<p>Opportunities: What opportunities can build strength and develop your skills?</p>
<p>Aspirations: What do you want to achieve over the next year? What would you like to do differently in your practice? What skills and knowledge would you like to develop?</p>	<p>Resources/results? What resources do you need to meet you aspirations and opportunities?</p>

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: _____

Signature of preceptee: _____

Preceptor/Preceptee Meeting & Learning Needs Analysis

<p>Strengths: What do you do well? What are you confident about?</p>	<p>Opportunities: What opportunities can build strength and develop your skills?</p>
<p>Aspirations: What do you want to achieve over the next year? What would you like to do differently in your practice? What skills and knowledge would you like to develop?</p>	<p>Resources/results: What resources do you need to meet you aspirations and opportunities?</p>

Preceptor/Preceptee Meeting & Learning Needs Analysis

Meeting 4 – to be completed at **6 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

<p>Strengths: What do you do well? What are you confident about?</p>	<p>Opportunities: What opportunities can build strength and develop your skills?</p>
<p>Aspirations: What do you want to achieve over the next year? What would you like to do differently in your practice? What skills and knowledge would you like to develop?</p>	<p>Resources/results: What resources do you need to meet you aspirations and opportunities?</p>

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:

Signature of preceptee:

Preceptor/Preceptee Meeting & Learning Needs Analysis

<p>Strengths: What do you do well? What are you confident about?</p>	<p>Opportunities: What opportunities can build strength and develop your skills?</p>
<p>Aspirations: What do you want to achieve over the next year? What would you like to do differently in your practice? What skills and knowledge would you like to develop?</p>	<p>Resources/results: What resources do you need to meet you aspirations and opportunities?</p>

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

<p>Strengths: What do you do well? What are you confident about?</p>	<p>Opportunities: What opportunities can build strength and develop your skills?</p>
<p>Aspirations: What do you want to achieve over the next year? What would you like to do differently in your practice? What skills and knowledge would you like to develop?</p>	<p>Resources/results: What resources do you need to meet your aspirations and opportunities?</p>

Preceptor/Preceptee Meeting & Learning Needs Analysis

Meeting 7 Final meeting – to be completed at 12 Months

Date:

Purpose: This meeting should include a review of all competencies within the portfolio and 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

Name of preceptee		Signature:	
Name of preceptor		Signature:	
Organisation lead		Signature:	
Work area:		Date:	

Preceptor/Preceptee Meeting & Learning Needs Analysis

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)
- Standards of proficiency for nursing associates (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)
- Career pathway and education framework for cancer nursing: a toolkit (Royal College of Nursing 2022)

0-3 month Core competencies and skills

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

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)	✓				
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 and clinically significant low/high readings	✓				

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
Demonstrates ability to interpret, document and escalate clinical observations appropriately using trust PEWS.	✓				
Understand how to appropriately escalate using SBAR to communicate concerns	✓				
Are familiar with emergency equipment though partaking in routine checking of the resuscitation (crash) trolley and other emergency equipment	✓				
Can identify appropriate sources of support for families and how they can be accessed and how they can give feedback on care received	✓				
Are able to identify the correct equipment (including PPE) required for basic nursing care such as clinical observations, meeting nutritional needs and specimen collection	✓				
Are able to 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	✓				
Are able to take swabs of skin/wounds, nasal, throat and eyes without supervision	✓				
Are able to obtain faecal and urine samples without supervision, interpreting findings and reporting as appropriate	✓				
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 monitor comfort levels and pain levels and 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	✓				
Are able to describe how to appropriately escalate any safeguarding concerns	✓				
Are able to recognise and understand the roles of multiprofessional team members who they can work with to monitor and maintain a CYP safety	✓				
Are able to recognise, monitor and escalate patients at risk of abuse or neglect (including those with potential or actual mental health needs) Recognise and escalate signs of all forms of abuse	✓				
Aware of local CSE risk assessment tools and escalation processes	✓				
Understand the processes involved in reporting any risks of accident, injury or harm	✓				
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 and 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 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)
- Standards of proficiency for nursing associates (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)
- 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
How to recognise a partially obstructed and obstructed airway and take appropriate action	✓				
Use appropriate suction technique to clear Nasal & oral secretions (including identifying the appropriate sized catheter & pressure settings).Understands the risks associated with suctioning	✓				
Can explain the care required by the patient with an established Tracheostomy, including: <ul style="list-style-type: none"> - Recognise why suctioning is required and when - Explain appropriate suction technique through Tracheostomy (including identifying correct catheter size and suction depth) - Assist RN or carer with Change of Tracheostomy tapes - Can care for Tracheostomy site (cleaning and applying dressing, creams etc) - Identify when change of Tracheostomy is required and who the appropriate people are to undertake this skill <p><i>N.B Check local policy for NA role in management of child with tracheostomy and discuss with Line Manager & preceptor which competencies are appropriate to discuss and which to demonstrate</i></p>			✓	Preceptor – Please mark if discussion or demonstration	
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 in the CYP					
Administer oxygen using a range of different delivery methods such as venturi, nasal cannulae and non-rebreathe mask					
Measure peak flow & pulse oximetry, identify normal parameters					
Perform nasopharyngeal aspiration (NPA) for sampling		✓			
Able to assist in setting up high flow oxygen delivery (e.g. optiflow/airvo) when requested		✓			
Contribute to the care of patient receiving high flow oxygen (e.g. optiflow/airvo) including the documentation of oxygen, flow and humidification temperatures delivered, with support/oversight from Registered Nurse			✓		

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
Undertake routine ECG recording			✓		
Can apply 3 lead ECG monitoring correctly			✓		
Identifies appropriate Healthcare professional to interpret ECG recording and cardiac monitor trace and when this should be sought.			✓		
Follow Trust policy in obtaining blood samples (once venepuncture training is completed and competency achieved) and understands the rationale of the safety elements involved			✓		
Understands the signs and symptoms of shock and the appropriate treatment pathways			✓		
Can discuss when blood gas sampling may be required			✓		
Can recognise the signs of a cyanotic child and the associated initial management	✓				
Are able to locate the nearest defibrillator and perform operational and safety checks	✓				
Recognise signs and symptoms of anaphylaxis and understands the initial emergency management					

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 has read Trust and national guidelines for enteral feeding	✓				
Can identify reasons why a CYP would need enteral feeding - to include 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	✓				
Can explain how to appropriately check NGT position (including approved evidence-based methods, identifying correct equipment, check placement and secure the tube).	✓				

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
Observe, monitor 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 <i>N.B. check local policy for NA role in caring for a CYP with a nasogastric tube and confirm with preceptor if discussion or demonstration is appropriate</i>	✓			Preceptor – Please mark if discussion or demonstration	
Understands clinical indications for the insertion of a gastrostomy tube – including the difference of a PEG and button tube	✓				
Can appropriately prepare, administer and dispose of prescribed enteral feeds via gravity and infusion pump <i>N.B check local policy for NA role in caring for a CYP with a NGT/Gastrostomy and confirm with preceptor if demonstration or discussion is appropriate</i>	✓			Preceptor – Please mark if discussion or demonstration	
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 and the differences		✓			
Can identify clinical conditions a CYP may require Total Parenteral Nutrition (TPN) as well as the appropriate setting and healthcare professional to administer			✓		

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 AVPU and can undertake an assessment of patients using this scale	✓				
Can appropriately identify the deviations in normal parameters for both AVPU and GCS assessments and appropriate actions to take	✓				
Are aware of how to manage a CYP experiencing seizures according to local policy to include escalation, safety, medication and documentation required			✓		

4-12 month Core Competencies & Skills

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 observational or 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) that should be used for 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			✓		

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 escalate 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 and recognises when further measures are required and escalate this appropriately		✓			
Recognise and respond appropriately to challenging behaviour through use of appropriate de-escalation techniques			✓		
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.			✓		

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
Understand the implications of compromised skin integrity and specialist team members that can be contacted to help manage concerns	✓				
Can identify and manage skin irritations and rashes. Identify documentation and tools used for monitoring skin integrity	✓				
Understand treatment strategies used to manage common dermatological conditions (eczema, cellulitis and urticaria)		✓			
Understand the reasons for using pressure relieving techniques and devices and treatments used for pressure sores and demonstrates safe use of each.		✓			
Demonstrate and can explain the need for regular turning, monitoring of elimination and pain when caring for an immobilised patient	✓				
Can explain what distal, proximal and midshaft fractures are		✓			
Can explain what compartment syndrome is, signs and symptoms and when to escalate this for further assessment and management		✓			
Can conduct a full neurovascular assessment and understand reasons for abnormal findings (escalating appropriately): <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 of the following common orthopaedic conditions; including the signs and symptoms and management: <ul style="list-style-type: none"> - Fractures - Hip dysplasia Septic arthritis			✓		

4-12 month Core Competencies & Skills

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			✓		

Surgical

The preceptee has demonstrates that they:	4-6 months	6-9 months	9-12 months	Achieved (sign) Preceptee/Preceptor	Date
Demonstrate appropriate pre-operative checks and appropriate preparation for the CYP and family	✓				
Understand the health and safety risks of delivering and collecting patient 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, in conjunction with RN, and appropriate escalation pathway 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	✓				
Understand the prevention strategies for the CYP with a VTE	✓				
Understands the rationale for early mobilisation post-operatively	✓				
Understands the principles of wound care – to include frequency of wound site check, clean and redress wound and the risks associated. Undertakes basic wound care using evidence-based techniques		✓			
Can identify the reasons a CYP may require a chest drain and the implications this will have (including safety issues)			✓		

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
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 CPY	✓				
Accurately records patient fluid input and output on a fluid balance chart and calculate the patient's fluid balance correctly	✓				
Appropriately identify frequency in which a patients fluid balance should be measured and calculated	✓				
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 and understands the normal range	✓				
Appropriately identify a frequency in which a patients fluid balance should be measured and calculated	✓				

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 machines	✓				
Can discuss the importance and rationale for blood glucose sampling. Aware of action & treatments to take if abnormal result	✓				
Can identify when blood glucose 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- severe DKA		✓			
Are able to describe the treatment for hyperglycaemia		✓			
Are able to describe the treatment for hypoglycaemia		✓			
Can explain what the HbA1c is and its importance in diabetes management			✓		

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 oncology CYP and family		✓			
Can describe what neutropenia is		✓			
Can identify what febrile neutropenia is and the associated treatment		✓			
Can identify different oncological emergencies and where to find information for the management of these		✓			
Can identify common physical side effects of chemotherapy and radiotherapy and their impact on the CYP/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 the resources available to manage these		✓			
Can identify how to escalate any questions or concerns regarding a CYP with an oncological condition appropriately		✓			
Are aware of tools available to triage the needs of the oncology CYP/family over the telephone and the most appropriate Healthcare professional to complete this triage assessment			✓		

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 explain the difference between palliative and end of life care		✓			
Can identify personal responsible for meeting physical palliative care needs (locally and regionally)		✓			
Can identify personal responsible for meeting psychological palliative care needs (locally and regionally)		✓			

4-12 month Core Competencies & Skills

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 monitor 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 death			✓		

Completion date: _____

Educator/ Manager Signature _____

REFLECTIONS

Section 4: Competency 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 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

Section 4: Competency Reflections

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

Reflection 1 - 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?

Section 4: Competency Reflections

Reflection 2 - 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?

Section 4: Competency Reflections

Reflection 3 – 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?

Section 4: Competency Reflections

Reflection 4 - Care of the 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?

Section 4: Competency Reflections

Reflection 5 – 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?

SECTION 5

REFERENCES / WIDER READING

Section 5: References/Wider Reading

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