



Paediatric Nursing Preceptorship Programme

NURSE PORTFOLIO: PART 1

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Paediatric Nursing Preceptorship Programme

Portfolio: Part 1

Name

NMC number

Workplace

Preceptor

Preceptor NMC number

Buddy

Dear

Congratulations on qualifying and becoming a registered nurse (child). We recognise at this exciting time, it can also be very stressful and overwhelming as you settle in to your new role, work environment and continue 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.

Information on the programme, including details of your study days, will be available via the PIER website: <http://www.piernetwork.org/paediatric-preceptorship.html> . Please check this regularly and use the private Preceptee Facebook group to ensure you have up to date programme information.

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 programme aims to provide you with support and teaching that enhances your clinical experiences through providing opportunities to practice and develop skills relevant for looking after the Child or Young Person (CYP).

During your preceptorship, you will be allocated to a bespoke programme that involves the delivery of study days hosted by different care teams in the region. It is hoped that the use of different organisations to deliver your preceptorship will provide you with an opportunity to build on your professional relationships and understanding of child health services in Wessex.

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.

At the start of your preceptorship, you will also be allocated a preceptor and buddy within your first week in your clinical area. These individuals will help ensure you are supported during your clinical shifts to achieve personal developmental needs; it is recommended you organise regular meetings (at least bimonthly) with your preceptor.

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 at a **level 2** (or above).

Whilst the whole team will support you with your developmental needs, it is your responsibility to identify opportunities that will enable you to do this. 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 or nurse educator.

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.

Best wishes

The Wessex Paediatric Nurse Educators Group



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Definitions

Buddy	an individual, identified by the preceptee, who helps support and identify learning opportunities for the preceptee. They do not hold responsibility for signing off any competencies or preceptorship paperwork
Child or Young Person (CYP)	an individual below the age of 18 years
Human Factors	the environmental, organisational and individual characteristics that influence health and safety and impact upon care delivery
Lead Nurse Educator for Preceptorship	an individual who possess ultimate responsibility to facilitate the deliverance of the regional preceptorship programme through identifying and working with members of the wider healthcare team to meet the needs of the preceptee and national recommendations
Local Nurse Educator	a nurse who is employed by your Trust to oversee and deliver education and training to all nursing staff
New registrant	an individual whose name is held on a section of the NMC register for the first time
Preceptee	an individual who is newly qualified in their registration point on the NMC register and are within their preceptorship period
Preceptor	an individual, identified by the employer, who possesses the responsibility for supporting, identifying learning opportunities and for signing off any competencies for the preceptees
Preceptorship	a period of time agreed by their employer in which new registrants are guided and supported to build on clinical skills and knowledge that help their transition from student to registered practitioner
Statutory and Mandatory training	training that is determined necessary by law or an organisation to ensure that employees have the knowledge to maintain a healthy and safe working environment
Supernumerary	allocated time in which an individual is not counted in the nursing numbers. The duration of supernumerary may vary according to individual needs
SWOT	a structured approach that uses the acronym for helping individuals to identify the strengths, weaknesses, opportunities, and threats that may impact upon the outcome of planned change
SNOB	a structured approach that uses the acronym for strengths, needs, opportunities, and barriers that may impact upon achieving and supporting the developmental needs of an individual
Wessex	an area on the South coast of the United Kingdom that extends between Hampshire, Dorset and Wiltshire and includes healthcare teams in Basingstoke, Chichester, Dorchester, Isle of Wight, Poole, Portsmouth, Salisbury, Southampton and Winchester
Wider healthcare team	any individual who is employed within child health services to deliver care to children and young people in the region

SECTION 1: LOCAL INDUCTION

Section 1: Local Induction

This checklist must be completed by the end of the preceptees 1st day, and is to ensure that the preceptee is familiar with:

Hospital and Department layout – to include key Trust and team members and their roles	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Local shift patterns and how to request off duty	Preceptor/Buddy:	Date:
	Preceptee:	Date:
How to report sickness/absence	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Own job role (and has signed a contract with Trust)	Preceptor/Buddy:	Date:
	Preceptee:	Date:
How to obtain an appropriate Trust ID badge – to include preceptorship badge holder	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Trust uniform/dress code – to include the use of PPE and how to access related Trust policy	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Information on any relevant car parking or travel permits	Preceptor/Buddy:	Date:
	Preceptee:	Date:
How to use bleep system and Trust emergency number	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Relevant local patient document - to include care plans, observation charts, fluid charts and risk assessments, pain and sedation, skin integrity and nutrition	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Communication systems - to include phone system, Trust and NHS email, the bleep system, intranet and any programme used to document patient care	Preceptor/Buddy:	Date:
	Preceptee:	Date:
Emergency procedures (fire and first aid)	Preceptor/Buddy:	Date:
	Preceptee:	Date:

SECTION 2: INITIAL PRECEPTOR / PRECEPTEE MEETING

Section 2: Initial Preceptor/Preceptee Meeting and Individual Learning Needs Analysis

Date:

Items discussed (use Individual Learning Needs Analysis):

Actions:

Signature of preceptor:

Signature of preceptee:

Section 2: Initial Preceptor/Preceptee Meeting and Individual Learning Needs Analysis

Strengths:

What do you do well? What are you confident about?

Needs:

What would you like to do better?

	Essential			Desirable	
	1	2	3	4	5
1.					
2.					
3.					

Opportunities:

Are there any learning opportunities available? What is happening in your part of the profession?

Barriers:

What barriers might stop you from taking the opportunities and developing and how can you overcome them?

Tool adapted from the Salford Royal NHS Foundation Trust/NW HEE Preceptorship Self-Assessment Tool (2016)

SECTION 3: CORE COMPETENCIES AND SKILLS

Adapted from:

- Department of Health NHS KSF framework (2004)
- RCN Core Competences for nursing children and young people (2012)
- NMC Standards for Competence (2014) Department of Health NHS KSF framework (2004)
- RCN Core Competences for nursing children and young people (2012)
- Competences: An education and training framework for paediatric dermatological nursing (RCN 2012)
- Competences: an integrated career and competency framework for children's endocrine nurse specialists (RCN 2013)
- Competences: A competence framework for orthopaedic and trauma practitioners (RCN 2013)
- Competences: Palliative care for children and young people (RCN 2012)
- NMC Standards for Competence (2014)
- Children and young people's cardiac nursing (RCN 2014)
- Career and education framework for cancer nurse (RCN 2017)

Section 3: Core competencies and skills

C1: Communication Communicate with a range of people on a range of matters				
Level 1	Level 2	Level 3	Level 4	Level 5
✓ Establishes and maintains communication with CYP/ family to enable informed choices and participation with care, identifying fundamental barriers effecting communication	✓ Establishes and maintains communication with CYP/family appreciating developmental and cultural differences that enable informed choice and participation. Can identify communication barriers and appropriate solutions	<input type="checkbox"/> Establishes and maintains communication with CYP/family about difficult on complex matters. Identifies complex communication barriers effecting communication and appropriate solutions	<input type="checkbox"/> Establishes and maintains effective communication with CYP/ family and groups about difficult or complex and potentially stressful topics. They identify complex barriers effecting communication and supports others to employ appropriate solutions	<input type="checkbox"/> Develops strategies to communicate effectively key messages/ information to the local community and population and leads the development of communication strategies that allow all barriers effecting communication
Preceptee signature: date:	Preceptee signature: date:	Preceptee signature: date:	Preceptee signature: date:	Preceptee signature: Date:
Preceptor signature: date:	Preceptor signature: date:	Preceptor signature: date:	Preceptor signature: date:	Preceptor signature: Date:

Section 3: Core competencies and skills

C3: Health, Safety and Security Monitor and maintain health, safety and security of self and others				
Level 1	Level 2	Level 3	Level 4	Level 5
✓ Aware of key health, safety and security principles of care and the implications for practice and upholds these principles in the clinical setting	✓ Knowledge of health, safety and security professional standards and legal framework and promotes maintenance of own and others' health, safety and security	<input type="checkbox"/> Contributes to the development and implementation of health, safety and security policy. Acts as a resource and role model for junior team members	<input type="checkbox"/> Participates in the development and implementation of policy/strategies and acts as a source of advice for the multidisciplinary team	<input type="checkbox"/> Formulates policy and care strategies and act as a prime source of authority on current thinking and develops a culture and environment that improves health, safety and security
Preceptee signature: date:	Preceptee signature: date:	Preceptee signature: date:	Preceptee signature: date:	Preceptee signature: date:
Preceptor signature: date:	Preceptor signature: date:	Preceptor signature: date:	Preceptor signature: date:	Preceptor signature: date:

Section 3: Core competencies and skills

C6: Equality and Diversity Support equality and value diversity				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>✓ Acts in accordance with legalisation and ensures own actions support equality, diversity and rights, reporting where discrimination occurs. Acknowledges own personal biases and prevents these from interfering with the delivery of quality of care</p>	<p>✓ Supports others' equality, diversity and rights, recognising impact personal behaviour can have and how to address this. Acknowledges own personal biases and prevents these from interfering with the delivery of quality of care</p>	<p><input type="checkbox"/> Promotes the understanding of the variation of others' equality, diversity and rights, identifies patterns of discrimination whilst acknowledging own personal biases and prevents these from interfering with the delivery of quality of care</p>	<p><input type="checkbox"/> Enables others to exercise their rights and promotes their equality and diversity, challenging individual discrimination whilst acknowledging own personal biases and prevents these from interfering with the delivery of quality of care</p>	<p><input type="checkbox"/> Leads and implements practices, policies and strategies which enable others to exercise their rights, promoting equality and diversity whilst challenging organisation discrimination. Acknowledges own personal biases and prevents these from interfering decisions</p>
Preceptee signature:	Preceptee signature:	Preceptee signature:	Preceptee signature:	Preceptee signature:
date:	date:	date:	date:	date:
Preceptor signature:	Preceptor signature:	Preceptor signature:	Preceptor signature:	Preceptor signature:
date:	date:	date:	date:	date:

Section 3: Core competencies and skills

HWB6: Assessment and Treatment Planning				
Contribute to the assessment of physiological and psychological functioning				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>✓ Identifies assessment tasks following delegation by care team and prepares self and CYP for the agreed assessment; accounting for risks</p>	<p>✓ Following discussions with care team, identifies appropriate assessment approaches for a range of patient needs and prepares self and CYP for the agreed assessments, accounting for risks and gives personal insight in to how CYP health and wellbeing needs might be met</p>	<p><input type="checkbox"/> Selects appropriate assessment approaches in line with CYP and family needs, evidence of effectiveness, resources available and identifies patients whose needs will not be met through current protocols and care pathways and makes referrals to relevant practitioners</p>	<p><input type="checkbox"/> Selects an appropriate range of assessment approaches in line with complex CYP and family needs, evidence of effectiveness, legislation and resources available and identifies patients whose needs fall outside current care pathways and undertakes referrals to relevant practitioners</p>	<p><input type="checkbox"/> Determines and plans a range of assessments based on evidence based practice, legislation and policies to highlight specific activities required. Uses modifications to standard care pathways and identifies necessary equipment Identifies patients whose needs will not be met through own expertise pathways and makes referrals to relevant practitioners</p>
<p>✓ Undertakes and records specified assessment tasks delegated in line with protocols and legislation and report's findings in an appropriate format</p>	<p>✓ Undertakes and records in an appropriate format, assessments as agreed with by the care team, following established protocols and legislation report's findings in an appropriate format</p>	<p><input type="checkbox"/> Prepares for, conducts, monitors and records assessments in line with evidence based practice, legislation and/or established protocols</p>	<p><input type="checkbox"/> Carries out and records assessments in line with evidence based practice legislation and established protocols, monitoring the CYP for changes and adjusting the approach following changing information or risks</p>	<p><input type="checkbox"/> Conducts and records complex assessments and uses information to feed in to wider support service planning</p>
Preceptee signature:	Preceptee signature:	Preceptee signature:	Preceptee signature:	Preceptee signature:
date:	date:	date:	date:	date:
Preceptor signature:	Preceptor signature:	Preceptor signature:	Preceptor signature:	Preceptor signature:
date:	date:	date:	date:	date:

Section 3: Core competencies and skills

Mandatory & Statutory Training						
The preceptee has demonstrates that they:	0-3 months	3-6 months	6-12 months	KSF point	Achieved (sign) Preceptee/Preceptor	Date
Have attended the Trust induction	✓			C2;C3; C5		
Recognise the need to take responsibility to identify and maintain mandatory and statutory learning needs	✓			C2;C3; C5		
Have completed Basic Life Support (BLS)	✓			C2;C3; C5		
Have completed paediatric resuscitation course e.g. PILS, PICLS	✓			C2;C3; C5		
Have completed child protection level 3 training	✓			C2;C3; C5		
Have completed Information Governance (IG) training	✓			C2;C3; C5		
Have completed conflict resolution training	✓			C2;C3; C5		

Section 3: Core competencies and skills

Basic patient care / skills						
The preceptee has demonstrates that they:	0-3 months	3-6 months	6-12 months	KSF point	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)	✓			C2;C3		
Can demonstrate an understanding of the chain of infection, the infection process and the body's defence mechanisms	✓			C2;C3;C5		
Demonstrates clear understanding of, and ability to undertake Aseptic Non Touch Techniques (ANTT) in practice	✓			C3;C5; HWB7		
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 	✓			C3;C5; HWB5		
Can undertake the measurement of a baby and CYP's height and weight, recording it on the appropriate chart	✓			C3;C5		
Demonstrates ability to perform, document and escalate (using appropriate communication tool) clinical observations appropriately using PEWS on the following: <ul style="list-style-type: none"> - Heart rate - Respiratory rate and respiratory effort - Blood pressure (manual and electronic) - Temperature - Oxygen Saturations (SpO₂) - Capillary refill time - AVPU 	✓			C1;C3;C5		
Understand how to appropriately escalates using SBAR to communicate concerns	✓			C1;C3;C5		
Are familiar with emergency equipment though partaking in routine checking of the resuscitation (crash) trolley and other emergency equipment (including the defibrillator)	✓			C3;C5		
Can identify appropriate sources of support for families and how they can be accessed and how they can give feedback on care received	✓			C1;C3;C4; C5;C6; G6		

Section 3: Core competencies and skills

Basic patient care / skills						
The preceptee has demonstrates that they:	0-3 months	3-6 months	6-12 months	KSF point	Achieved (sign) Preceptee/Preceptor	Date
Are able to identify the correct equipment (including PPE) required for basic nursing care such as clinical observations, meeting nutritional needs and specimen collection ¹	✓			C3;C5; HWB5; HWB7		
Are able to identify reasons why patients require barrier nursing and how to achieve this using PPE and Trust isolation procedures	✓			C3;C5; HWB5; HWB7		
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	✓			C1;C3;C5 HWB5; HWB7		
Are able to take swabs of skin/wounds and eyes without supervision	✓			C5; HWB7		
Are able to obtain faecal, rectal and urine samples with supervision	✓			C5; HWB7		
Are aware of what Carbapenemase-Producing Enterobacteriaceae (CPE) is, its significance for patient care and how it is monitored through faecal/rectal sampling	✓			C3;C5 HWB5; HWB7		
Provide appropriate mouth care and oral hygiene as per Trust policy (especially when patient is NBM or enteral feeding tubes are being used)	✓			C1;C3;C5; C6;HWB2; HWB7		
Know how to access Trust safeguarding policy and where to go for support or help in relation to any safeguarding concerns	✓			C1;C3;C5; HWB2		
Are able to describe how to appropriately escalate any safeguarding concerns	✓			C1;C3;C5; HWB2		
Are able to recognise and understand the roles of multiprofessional team members who they can work with to monitor and maintain a CYP safety	✓			C1;C3;C5; HWB2; HWB5		
Are able to monitor and protect patients at risk of abuse or neglect (including those with potential or actual mental health needs)	✓			C1;C3;C5; HWB2; HWB5		
Understand the processes involved in reporting any risks of accident, injury or harm	✓			C1;C3;C5; G6		

¹ Training and education on how to use equipment specific to your Trust will be identified and provided by your local team

Section 3: Core competencies and skills

Basic patient care / skills						
The preceptee has demonstrates that they:	0-3 months	3-6 months	6-12 months	KSF point	Achieved (sign) Preceptee/Preceptor	Date
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 	✓			C3;C4;C5; HWB7; G6		
Understand information governance principles when sharing information via the telephone, fax and email; including the potential risks associated	✓			C1;C3;C5		
Understand and undertake appropriate patient discharge from their clinical area as per local policy	✓			C1;C3;C5; HWB2;		

APPENDICES 1

PRECEPTORSHIP PLEDGE

Appendices 1: Preceptorship Pledges

The Preceptee pledges to:	Preceptor and buddy pledges to:	The wider paediatric team pledges to:	The Lead Nurse Educator for the preceptorship programme pledges to:
<ul style="list-style-type: none"> • take responsibility for identifying specific learning needs and opportunities • be open to, and give feedback on, personal progress and the preceptorship programme • ensure that clinical practice relates to evidence based research • always adhere to NMC and Trust regulations • 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 • participate in all Action Learning Sets (ALS)/clinical supervision 	<ul style="list-style-type: none"> • help orientate preceptee to clinical environment • agree individual learning needs with preceptee • provide support and recognise teaching opportunities that will facilitate the preceptees development • provide an environment that allows the preceptee to focus on skill acquisition and clinical reasoning • act as positive role model • facilitate integration of preceptee in to clinical team • develop working relationship with preceptee that enables open communication and trust • work collaboratively with Lead Nurses/Practice Educators to arrange clinical time away from clinical are 	<ul style="list-style-type: none"> • participate in the orientation of the preceptee to the clinical environment • identify opportunities that own role and expertise can support preceptee in their skill and knowledge development • provide any bedside and/or classroom teaching to preceptees as appropriate • support the preceptee in the development of their clinical skills and knowledge where necessary • provide constructive feedback on the preceptees progress and performance to the Preceptor and Preceptee as necessary • act as a positive role model • respect any preceptees inexperience and need for additional support and teaching 	<ul style="list-style-type: none"> • provide written and practical guidance and support to all preceptees, preceptors and the wider paediatric team members • communicate information pertaining to the preceptorship programme to all preceptees, preceptors and the wider paediatric team • deliver Action Learning sets to preceptees during preceptorship study days • provide relevant programme updates, support and related educational material through the use of social media • Chair the Wessex paediatric Nurse Educator forum to allow discussions pertaining to developing and improving the preceptorship programme • undertake annual audit of the programme

Appendices 1: Preceptorship Pledges

The Preceptee pledges to:	Preceptor and buddy pledges to:	The wider paediatric team pledges to:	The Nurse Educator for the preceptorship programme pledges to:
<ul style="list-style-type: none"> • identify a buddy to work in conjunction with the preceptor to support and achieve all preceptee learning and support needs • ensure all mandatory training is kept up to date as requested by employing Trust • provide completed preceptorship portfolio to line manager/educator by the end of the preceptorship period • commit time to attend all allocated study days; including Trust induction, local orientation and preceptorship • create professional relationships that facilitate integration in to the clinical team and preceptorship group • Participate in service improvement projects, and with support of preceptor and line manager, initiate any necessary change management processes 	<ul style="list-style-type: none"> • provide continual constructive feedback to preceptee in timely manner and facilitate how to use feedback to develop further • provide feedback to Preceptorship Programme Lead Nurse Educator on the preceptees progress and the preceptorship programme 	<ul style="list-style-type: none"> • support all preceptors and buddy's in their roles • provide feedback to Preceptorship Programme Lead Nurse Educator on the preceptorship programme 	<ul style="list-style-type: none"> • provide access to support and training to preceptors and their managers to ensure that they are prepared and supported in facilitating the preceptorship programme • disseminate feedback and work with all paediatric Nurse Educators to utilise data to inform subsequent programmes

APPENDICES 2

LEVELS OF CLINICAL COMPETENCE

Appendices 2: Levels of Clinical Competence

Level 1

Individual has no experience of the situation and lack confidence to demonstrate safe practice. They demonstrate the need for continual verbal and physical cues and practice that is prolonged and excludes signs of flexible judgement.

Level 2

Individual possesses prior experience of the situation and displays practice that is efficient and includes some skilful practice. They are guided by standards, local procedures and clinical orders and depend on expertise of others. There is clear evidence of knowledge development.

Level 3

Individual possesses 2-3 years of experience of the same or similar situations. They demonstrate efficient and coordinated care that includes considerable planning that includes conscious and analytical contemplation of any problems. They deliver care within an appropriate time frame without supporting cues.

Level 4

Individual demonstrates awareness of the situation in a holistic, wider context; including appreciation of short and long term care goals and needs. They exhibit development from typical events and how plans should be changed accordingly. They recognise expected and unexpected outcomes, displayed in quick decision making and the ability to prioritise attributes and aspects of the situation.

Level 5

Individual demonstrates an intuitive grasp on the situation that includes an accurate focus on the problem that does not involve wasteful consideration of a range of unfruitful, alternative solutions. They possess a deep understanding of the situation and their approach is flexible and includes analytical skills that allow them to effectively handle previously unknown situations/problems.

Adapted from Benner P, Tanner CA, Chesla CA (2009) *Expertise in Nursing Practice: Caring, Clinical Judgement, and Ethics*. (2nd ed.). New York: Springer Publishing Company.