



# Children's Nursing Preceptorship Initial Competency Framework



Name: .....

Preceptor: .....

Clinical Area: .....

Date Commenced: .....

Manager: .....

Date Completed: .....

Clinical Educator: .....



## Welcome

Congratulations and welcome to the Children's Team part of the Women & Children's Division at Worcestershire Acute Hospitals NHS Trust!

We sincerely hope that your transition into the Trust is a smooth one. To do this you will have a structured supernumerary period that will enable you to settle into this new environment. You will be supported throughout; with your named preceptors and Clinical Educators on hand to guide you.

Whilst you are supernumerary you will have plenty of supported opportunities in which to observe and begin learning new skills. Please be reassured that you will be supported until such time you feel confident, this will be discussed at each of your interviews.

We provide a comprehensive preceptorship period, with a supernumerary period of 3 weeks, with regular reviews, shift observations and teaching sessions to help support you with your progression throughout the year.

This booklet contains your initial record of training, progress reports and clinical competencies for you to complete during your preceptorship period.

We hope you enjoy your new role

**The Clinical Education Team**



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We are here to support you in your new role in our Trust.

## Trust Signature Behaviours

# Our Behaviours



Do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together

Making the Trust a better place for our staff, our patients and our local community is the ultimate goal of 4ward, so we want everyone to focus on how we behave, what we deliver and create a culture we can all be proud of.



## Preceptorship Programme

**First 3 weeks** – For the first 3 weeks you will be supernumerary. During this time you will have the opportunity to spend some time in other areas of the Trust i.e. Children’s Clinic, Accident & Emergency, Neonatal Care, Specialist Nurses to help orientate you to the Women & Children’s Division. The supernumerary period is flexible and based on your needs and the ward requirement (We discourage you from taking any annual leave in the supernumerary period, however, if you have pre-booked annual leave this will be honoured but please liaise with your Ward Manager). You will be working with your preceptors that include Band 6 and Band 5 nursing staff. Your preceptor will arrange a welcome discussion with you on your first day and a member of the education team will arrange to meet you at the end of the 3<sup>rd</sup> week to ensure you are ready for transition into the Nursing numbers. Please ensure you complete the medication questionnaire and drug calculation quiz in preparation for this meeting.

**By 3 months** – At 3 months your preceptor will meet with you to ensure your needs are met, that you are progressing with your competencies, you are settling onto the ward and there are no concerns. You may be able to have some of your competencies signed off too. Your preceptor will also do a PDR (Professional Development Review) at this point to discuss your objectives for the next 9 months.

**By 6 months** – By this time you will be expected to have progressed with your competencies with the aim of completing these by 9 months. You will meet with the education team at your 6 monthly review and progress against your competencies will be monitored and a plan put in place for how you will achieve the remaining competencies.



**By 9 months** – All your competencies should have been achieved by this time. You will meet with your preceptor to discuss these.

**By 12 months** – Congratulations you will have now completed your preceptorship programme and hopefully feel a valued member of the team. You will have another PDR completed and you will meet with a member of the education team and discuss any further training or development requirements you wish to pursue. We welcome you to the Children's Team. The education team is always here for your individualised support and guidance throughout your career, so please do not hesitate to contact us. Good luck in your new role.



## **Preceptorship**

The main aim of preceptorship is to welcome and integrate newly registered professionals into their new team and place of work. It helps these professionals translate their knowledge into everyday practice, grow in confidence and understand how to apply the Code in their day to day work. (NMC 2020)

A preceptorship period for nurses at the start of their careers will help them begin the journey from novice to expert. This will enable them to apply knowledge, skills and competencies acquired as students, into their area of practice, laying a solid foundation for life-long learning.

### **What does the preceptorship involve?**

The Preceptorship programme comprises of three main components:

1. Orientation to the clinical area
2. Support and supervision in the clinical area
3. Further development of the skills you have already acquired and development of new skills

### **Benefits for nurses and nursing associates:**

- Preceptorship offers the structured support needed to transition their knowledge into everyday practice successfully.
- It provides a lifelong journey of reflection and the ability to self-identify continuing professional development needs.
- A positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer.

### **Benefits for employers:**

- Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses, midwives, and nursing associates is important for delivering better, safe and effective care.

(NMC 2020)



## **What is a Preceptor?**

*“A Preceptor is a person, generally a staff nurse, who teaches, counsels, inspires, serves as a role model and supports the growth and development of an individual (the novice) for a fixed and limited amount of time, with the specific purpose of socialising the novice into the new role”. (Morrow 1984, cited in O’Malley et al 2000)*

### **Responsibilities of the Preceptor:**

- Act as a professional role model at all times; demonstrating professional attitude, wearing correct uniform and carrying out all duties in line with best practice.
- To understand the Preceptee’s level of education and practical experience
- To identify Preceptee’s current learning needs
- To act as a resource to identify learning opportunities and facilitate the practitioner’s professional development
- To help the Preceptee apply knowledge to practice
- To understand how Preceptee’s integrate within a new practice setting, and what problems this may present.
- To provide support and guidance in a constructive manner.
- To document the Preceptee’s progress and plan future development through feedback and discussion.
- To escalate any concerns in a timely manner.

## **What is a Preceptee?**

*“A Preceptee is a Newly Qualified Nurse or someone new to that clinical area. His/her expertise may range from that of a novice to that of someone with a great deal of experience but not in a specific clinical area. They have a responsibility for identifying their own knowledge base and clinical competencies” (O’Malley et al 2000).*

### **Responsibilities of the Preceptee:**

- To work within sphere of competence at all times.





- To complete the required competencies contained in this workbook and negotiate clinical assessment as evidence of competence.
- To accept accountability for their nursing judgement and the care they provide.
- To identify and take responsibility for own professional learning and development, remaining flexible and organising off duty to facilitate attendance at study days.
- To utilise available resources appropriately to aid in their development.
- Takes responsibility for organising regular shifts and meetings with Preceptor.
- To respond positively to constructive criticism.
- To reflect on experience and use reflection to develop.
- To ask for help and support when required.
- To complete the required medication questionnaire and drug calculation quiz within the 3 weeks supernumerary period

**During your preceptorship you will be required to complete:**

- SWOB/T analysis prior to the initial interview
- Medicines Management questionnaire & drug calculations quiz
- Competencies applicable to role
- Regular progress meetings/interviews with preceptors and the education team.
- Shift reflections – you will have regular shift assessments throughout the preceptorship programme where you can provide reflection and receive feedback from your preceptor.
- Equipment training.



**Record of Sign-off Signatures**

Name of Assessor	Designation	Signature	Date



**Agreement**

Preceptee:	
Preceptor:	
Line Manager:	

**Period of Preceptorship**

Start Date: .....

**We agree to use this time to review progress and discuss Preceptee’s learning needs and objectives.**

Initial Meeting: .....

3 Month Review & PDR:.....

6 Month Review: .....

9 Month Review: .....

Final review & 12 month PDR:.....

We agree to support the paediatric preceptorship programme, agreed meetings and to review progress on these dates. We agree to review the documentation, learning outcomes and objectives set by the preceptor and Preceptee as required.

Preceptee Signature: .....

Preceptor’s Signature: .....

Date: .....



## Record of Training



**Worcestershire  
Acute Hospitals**  
NHS Trust

Completion of training is linked to your annual Professional Development Review (PDR). Please provide evidence below of attendance on study days and completion of e-learning. E-Learning can be accessed on you Electronic Staff Record (ESR) together with details of employment, payroll information, annual leave entitlement and your training record.

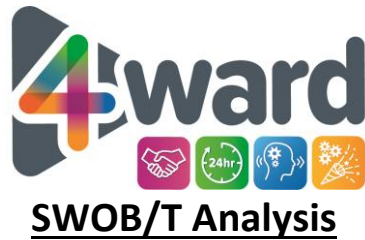
STATUTORY AND MANDATORY TRAINING REQUIREMENTS	Date of Completion
IT clinical system training e.g. Oasis, Bluespier, ICE requesting, ADT Whiteboard etc. No access to clinical systems will be given until IT training is complete.	
Trust Induction	
Fire training (annually)	
Infection Control (annually)	
Manual Handling (2 yearly)	
Health & Safety (3 yearly)	
Information Governance (yearly)	
Equality & Diversity (3 yearly)	
Safeguarding Children (must complete most appropriate level for the role) (3 yearly)	
Safeguarding Adults (must complete most appropriate level for role) (3 yearly)	
Resuscitation (yearly)	
Conflict Resolution (3 yearly)	
Blood Transfusion (2 yearly)	
Medical Devices	
Violence & Aggression	
Medicines Management	
WRAP/Prevent Radicalisation (3 yearly)	
NEWS 2 - Training	
Breast Feeding Support Training (yearly)	

**N.B. This is only to be used as a guide. Please use ESR for your up to date training records.**



## Medical Devices Training Assessment Tool

Medical Device	Level of risk H/M/L	Applicable to my practice? Y/N	I am familiar with all models used in my department and do not require training. Y/N	I require training in the use of this medical device. Y/N	Date of training
CPAP Devices	H				
AIRVO Devices	H				
Glucose analysers	H				
Infusion Devices 1.Braun Infusomat 2.Perfusor Space(Syringe Driver) 3.PCA	H				
Defibrillators	H				
Resuscitation Equipment	H				
Respiration Apnoea Alarms	H				
Incubators	H				
Humidifiers	M				
Monitoring equipment 1.Pulsoximeters 2.Vital Signs Monitor 3.Thermometers – Electronic	M				
Nutrition Feed pumps	M				
Peak Flow Meters	M				
Pressure relieving equipment	M				
Scales (Patient)	L				
Oxygen/air flow meters	L				
Suction	L				
Breast Pumps	L				
Any other equipment used:					



Please complete this self-assessment before your initial meeting with your preceptor to help identify and learning needs.

<b>What are your strengths?</b>	<b>What are your weaknesses?</b>
<b>What opportunities are there for you?</b>	<b>What barriers or threats are there?</b>

Your objectives are the things that you would like to achieve. Always agree your objectives with your preceptor. Objectives are easiest to agree if you keep them 'SMART'.

Once you have clear SMART objectives, it is time to break them down into manageable action points and record this information.

S



Your goal should be as SPECIFIC as possible and should answer the questions: What is your goal? How often? Where should it take place?

M



How will you MEASURE your goal? Measurement will give you feedback and hold you accountable

A



Are your goals ACHIEVABLE? Goals should push you but it is important they are achievable.

R



Is your goal and timeframe REALISTIC?

T



Do you have a TIMEFRAME listed in your SMART goal? This will help you be accountable and helps motivation



**Self-Care Kit**

It is more important than ever to stress the importance of taking individual responsibility for health. This includes for example, adopting a healthier lifestyle, staying active, eating healthily, only using alcohol in moderation and not smoking. (RCN 2020)

What would you put in yours?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

How could you help support others in your team with your care kit?

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.....





## Initial Meeting

**This must be completed with the first week of the preceptorship programme.**

Ensure all areas are discussed during your first meeting:

- Fire & evacuation procedure
- Action to be taken in the event of an emergency
- Shift patterns & how to request off duty
- Manual Handling Policy
- Infection Prevention & Control policy and procedures
- Health & Safety at work regulations
- Policies, procedures & guidelines and how to access them
- Protection of vulnerable individuals
- Policy for telephone enquiries on the unit
- Sickness and attendance policy
- How to report sickness absence
- Uniform Policy/Dress code (including PPE)
- How to use bleep system
- Information on car parking passes
- Relevant local patient documents – care plans, charts etc
- Available learning opportunities
- Any additional support required



**Date of meeting:** .....

Review job description, identify gaps in your knowledge and skills and how to meet these.

**Objectives:**

(for example: obtains Trust email address, computer login etc.)

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**Courses/Learning Opportunities:**

(For example: Bluespier/ICE/Oasis, Blood Glucose Monitoring etc.)

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**Preceptor Feedback:**

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**Preceptee Feedback:**

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.....  
.....

**Preceptee's signature:** .....

**Preceptor's signature:** .....



## Medicines Management

Medicines management has been defined by the Medicines and Healthcare Products Regulatory Agency (2004) as:

“The clinical, cost effective and safe use of medicines to ensure patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm.”

Medicines management is a vital part of nursing. Effective medicines management places the patient as the primary focus, therefore delivering better targeted care with better informed individuals. RCN (2020)

The RCN administration of medicines guidance advises the assessment and demonstration of competence prior to administering medicines. Assessment of competence in medicines administration should be assessed ideally by another registered nurse. The assessment should be carried out in the context of nursing practice and should draw upon the associated professional values.

The administration of medicines in a health care setting must be done in accordance with a prescription, Patient Specific Direction or a Patient Group Direction (RCN 2020).

In order to be able to do a Patient Group Direction qualified nurses **MUST** have read through the guidelines, answered the questionnaire and been assessed as competent.

Nursing associates are not able to operate under a Patient Group Direction (PGD), they will need a Patient Specific Direction (PSD) or a signed medication chart in order to administer medication (RCN 2020).

All staff responsible for the administration of medicine must adhere to Worcester Acute Hospitals NHS Trust medication policy, please make yourself familiar with this.

Please take the time to read Royal College of Nursing (RCN) Medicines Management – An overview for nursing prior to completing this assessment.

**ALL** medications administered to children **MUST** be checked by 2 registered practitioners.

Currently we do not book newly qualified nurses onto the IV therapy course until they have at least 6 months experience, and has been agreed with their preceptor.

**We ask all newly qualified nurses not to check medications together for at least the first 6 months post qualification.**

## Medication Questionnaire



1: Please list the 5 RIGHTS when administering medication:

- 1)
- 2)
- 3)
- 4)
- 5)

2: What MUST be checked before administering medications?

3: What is the formula for calculating medication volumes in children?

4: What is a Patient Specific Direction?

5: What is a Patient Group Direction (PGD)?

6: Who can do a PGD?

7: You are unable to read the prescription clearly, but your colleague can and they say to just prepare the medication. What would you do?

8: If you require a particular medication that is not available in your clinical area, what actions should you take?

- In working hours?
- Out of hours?

9: What is the trust policy on checking & recording of Controlled Drugs?

10: What actions should you take if controlled drugs are suspected as missing?

11: A drug administration error has occurred, please state the procedure you would follow.

12: How is the stock level of drugs maintained on Riverbank Unit?



13: How do you order non-stock drugs?

14: How do you order Controlled drugs?

15: How do you request TTO's?

16: Explain what is meant by an unlicensed medicine?

17: Explain the meaning of:

- Adverse reaction:
- Interaction:
- Contraindication:
- Anaphylaxis:

18: What signs and symptoms would indicate anaphylactic shock?

19: If you suspect an anaphylactic reaction what action would you take?

20: What is the emergency medication for anaphylaxis and where is it kept?

## **Drug Calculations**



1: A 4 year old child has been prescribed 240mg of paracetamol, How much should you give?

120mg/5mls:

250mg/5mls:

2: A 9 year old child is prescribed 375mg of paracetamol the preparation is 250mg/5mls. How much do you give?

3: A 10 year old child is prescribed 750mg of paracetamol. How much do you give?

4: A 5 year old weighing 20kg is on regular medication of Kepra 400mg BD. What is this medication?

Preparation is 100mg/ml, how much do you give?

5: A 9 year old child weighing 25kg has been prescribed 900mg IV Co-Amoxiclav. Is this the right dose?

6: A 4.2kg 6 week old baby presenting with pyrexia, irritability and mottled, is prescribed 210mg Cefotaxime TDS. Is this the right dose?

7: A 6yr old child allergic to penicillin is prescribed Tazocin IV. Can this be given?

8: A 2 yr old child weighing 13kg presenting with Croup has been prescribed 3mg Dexamethasone. Is this dose correct?

9: A 5 year old child has been prescribed 150mg of ibuprofen. Is this the right dose?

Suspension is 100mg/5mls. How much do you give?



10: A 7 year old child with leukaemia weighing 22kg has been prescribed 1.98g of Tazocin QDS is this the right dose?

11: A 2 year old child weighing 13kg is prescribed 165mg of Sodium Valproate. Is this the correct dose?

Suspension is 200mg/5mls. How much do you give?

12: A 8 year old child with severe cellulitis weighing 26kg has been prescribed 1500mg of flucloxacillin IV QDS, is this dose correct?

13: A 5 year old child with a fractured femur has been prescribed diazepam PO 5mg BD. Is this correct?

Suspension is 2mg/5ls. How much do you give?

14: A 3 year old child weighing 14kg has been prescribed 2.5mls of co-amoxiclav 250/62.5 oral. Is this the correct dose?

15: What is 0.02g in milligrams?

16: You have just given oral Flucloxacillin to a child, 5 minutes later Mum calls you saying they have a rash and difficulty breathing. What do you think is happening? What do you do next?

## **Fluid Calculations**

1: If your patient is on intravenous fluids what you should you do at the beginning of your shift?



- 2: How long can an intravenous infusion and line stay if there are no additives in the bag?
- 3: How do you calculate intravenous fluids rate for children?
- 4: Please calculate the daily volume and hourly intravenous fluid rate for a 3.1kg baby.
- 5: Please calculate the daily volume and hourly intravenous fluid rate for a 6.7kg baby.
- 6: Please calculate the daily volume and hourly intravenous fluid rate for a 12kg child.
- 7: Please calculate the daily volume and hourly intravenous fluid rate for a 17kg child.
- 8: Please calculate the daily volume and hourly intravenous fluid rate for a 26kg child.
- 9: Please calculate the daily volume and hourly intravenous fluid rate for a 33kg child.
- 10: Please calculate the daily volume and hourly intravenous fluid rate for a girl weighing 52kg.
- 11: A child weighing 3.5kg has been prescribed intravenous fluids at 8mls/hr is this correct?
- If no what would you do?
- 12: How often should you be reading the pump? What else should you be looking at and documenting when you are reading the pump?
- 13: A patient has a PVD and is only on once daily antibiotics. How often should the cannula be accessed?

## **Calculating Infusion Rates**

- 1: An intravenous drug needs to be infused over an hour, the volume of the drug is 60mls how many mls/hr would you set the pump at?





2: 20mls needs to be infused over an hour how many mls/hr should the pump be set at?

3: 40mls needs to go over half an hour how many mls/hr should the pump be set at?

4: 100mls needs to go over half an hour, how many mls/hr should you set the pump?

5: 50mls needs to go over 20mins how many mls/hr do you set the pump?

6: 10mls over half an hour?

7: 100mls over 15 minutes?

8: 20mls over 15 minutes?

9: 90mls over 20minutes?

10: 5mls over 10 minutes?

11: A nurse has just put up an infusion over 30 minutes, the child then complains of pain and you can see slight redness at the cannula site. What do you do?



**Clinical Assessment**  
**Oral Drug Administration**

Name of Preceptee: \_\_\_\_\_

NMC Number: \_\_\_\_\_

Practise	Date	Name of Drug	Preceptor Signature	Comments
1				
2				
3				
4				

**Please complete at least 3 practise sessions before clinical assessment.**



**Administration or Oral Medication**

**Preceptee Name:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

**Clinical Area:** \_\_\_\_\_

**Name of Assessor:** \_\_\_\_\_

Competence to be achieved	Date Achieved	Evidenced?	Preceptor's Signature
Wash hands			
Ensure preparation area clean and tidy			
Ensure access to BNF for Children			
Check drug chart – ensure patients name and hospital/NHS number is clearly identified			
Ensure allergy status is completed			
Ascertain if there are any once only medications to be administered			
Identify any regular medications to be administered noting: <ul style="list-style-type: none"> <li>a. The date</li> <li>b. The time</li> <li>c. The route</li> <li>d. When last administered</li> <li>e. Prescribers signature</li> </ul>			



Able to calculate and check correct dose of drugs			
Ensure adequate knowledge of medicines being administered (purpose, side effects, contra-indications)			
Uses appropriate communication with patients and family			
Ensure patients identity is checked against name and hospital/NHS number on prescription			
Ensure that the medication has been administered before the registered practitioners sign the chart and leave the patient			
Ensure the prescription is read in a logical and structured manner			
Consider any additional requirements that may be required when administering medication (blood glucose, blood pressure, blood results)			
Ensure the preceptee completes drug administration for all of their allocated patients			
Ensures any issues/concerns are raised to medical team in a timely manner			



Ensure correct documentation when and why a medication is omitted and appropriate action taken			
Ensure appropriate action taken when drugs from a previous time have not been documented as administered/not administered.			

I declare that I have assessed the above individual and found him/her to be competent as judged by the above criteria and in accordance with current Trust policies & procedures.

**Signature of Assessor:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I declare that I have read and understood the current WHAT medicines management policy and I am competent to undertake the administration of oral drugs at Worcester Acute Hospitals NHS Trust.

**Signature of Preceptee:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Endorsement of Clinical Educator:**

I confirm that \_\_\_\_\_ is not competent/competent to undertake Oral Drug Administration at WHAT.

**Signature of Clinical Educator:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Please ensure a copy of this paperwork is taken for training records.

**Medication Administration Competencies**

Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Signed
<b>The Preceptee has demonstrated that they:</b>						
Have read and understand the Trust medication policy						
Are aware of the patients/ families right to refuse medication and how to escalate this						
Can demonstrate an awareness of side effects/ contraindications of most regularly used medications on the ward						
Are familiar with using the BNF for Children/ Medusa						
Ensure medication doses and prescriptions are checked prior to administration						
Ensure the workspace is clean and prepared prior to preparation of medication						
Carry out correct checking of drug charts: Right Patient, Right Drug, Right Dose, Right Time, Right Route						
Can prepare and administer oral medications						
Demonstrates the ability to administering inhaled medication via spacer (including side effects)						
Demonstrates the ability to administer nebulised medication over correct time frame (including side effects)						



Can perform an accurate Peak Flow measurement in a stable CYP and can document this appropriately						
<b>Practice Based Learning Competencies</b>	<b>Date Achieved</b>	<b>Method of Assessment</b>				
<b>The Preceptee has demonstrated that they:</b>		<b>Observed</b>	<b>Reflection/ Activity</b>	<b>1:1 Discussion</b>	<b>Competent</b>	<b>Signed</b>
Are able to administer PR medication – correct preparation and positioning						
Can administer buccal medication and when this is required						
Can prepare and administer subcutaneous injection, ensuring CYP and family are adequately prepared prior to administration						
Can prepare and administer Intramuscular injection, ensuring CYP and family are adequately prepared prior to administration						
Can apply topical medication as prescribed						

**DATE:**

**NUMBER OF PATIENTS:**

**Supervisors name:**

**Signature:**

**Self Assessment:**

**Supervisor/Clinical Educator Assessment:**

Nursing Assessment:

Clinical Skills:

Response to patient's needs:

Organisation and prioritisation:

Observation & Paperwork:

Communication:

Other:

**Learning Needs:**



**DATE:**

**NUMBER OF PATIENTS:**

**Supervisors name:**

**Signature:**

**Self Assessment:**

**Supervisor/Clinical Educator Assessment:**

Nursing Assessment:

Clinical Skills:

Response to patient's needs:

Organisation and prioritisation:

Observation & Paperwork:

Communication:

Other:

**Learning Needs:**

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**Supervisor/Clinical Educator Assessment:**

Nursing Assessment:

Clinical Skills:

Response to patient's needs:

Organisation and prioritisation:

Observation & Paperwork:

Communication:

Other:

**Learning Needs:**

**DATE:**

**NUMBER OF PATIENTS:**

**Supervisors name:**

**Signature:**

**Self Assessment:**

**Supervisor/Clinical Educator Assessment:**

Nursing Assessment:

Clinical Skills:

Response to patient's needs:

Organisation and prioritisation:

Observation & Paperwork:

Communication:

Other:

**Learning Needs:**

**DATE:**

**NUMBER OF PATIENTS:**

**Supervisors name:**

**Signature:**

**Self Assessment:**

**Supervisor/Clinical Educator Assessment:**

Nursing Assessment:

Clinical Skills:

Response to patient's needs:

Organisation and prioritisation:

Observation & Paperwork:

Communication:

Other:

**Learning Needs:**

**DATE:**

**NUMBER OF PATIENTS:**

**Supervisors name:**

**Signature:**

**Self Assessment:**

**Supervisor/Clinical Educator Assessment:**

Nursing Assessment:

Clinical Skills:

Response to patient's needs:

Organisation and prioritisation:

Observation & Paperwork:

Communication:

Other:

**Learning Needs:**



### Core Competencies and skills

Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discus- sion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Can accurately complete admission paperwork, including orientating families on to the ward						
Can undertake bedside safety checks (to include): - 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 - Bedside checklist is completed and in patients folder						
Can undertake the measurement of a baby and CYP's height and weight, recording it on the appropriate chart						
Demonstrates the ability to perform, document and escalate (using appropriate communication tool) clinical observations appropriately using PEWS on the following: - Heart Rate - Respiratory rate and effort - Blood pressure - Temperature - Oxygen Saturations - Capillary refill time - AVPU						
Understand how to appropriately escalate using SBAR to communicate concerns						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Are familiar with emergency equipment through partaking in routine checking of the resuscitation trolley and other emergency equipment (including the defibrillator)						
Can identify appropriate sources of support for families and how they can be accessed and how they can give feedback on care received						
Can identify the correct equipment (including PPE) required for basic nursing care such as clinical observations, meeting nutritional needs and specimen collection.						
Can identify reasons why patients may 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						
Is able to obtain swabs from: <ul style="list-style-type: none"> <li>- Skin</li> <li>- Wounds</li> <li>- Eyes</li> <li>- Throat</li> <li>- Nasal</li> </ul>						
Has an understanding of basic respiratory physiology (completed diagram)						
Can understand pulse oximetry and the reason for rotating the probe site						
Can appropriately use equipment and patient positioning to maintain a patients airway						
Is able to recognise an obstructed or partially obstructed airway and takes appropriate action						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Is able to use appropriate sized catheter and suction technique to clear a patients secretions						
Can administer oxygen as required using most appropriate method for patient: <ul style="list-style-type: none"> <li>- Nasal cannula</li> <li>- Face mask</li> <li>- Non-rebreathe mask</li> <li>- Humidified headbox</li> </ul>						
Can identify need for and correctly use Bag Valve Mask (BVM)						
Is aware of when a patient may need further respiratory support CPAP/AIRVO and escalates concerns appropriately						
Is able to identify any changes in respiratory efficacy & effort and escalates concerns appropriately						
Demonstrates safe administration of inhaled medications						
Is able to perform nasopharangeal aspiration (NPA) using appropriate PPE and can complete ICE request form.						
Has an understanding of basic cardiovascular physiology (completed diagram)						
Is able to discuss the importance and rationale for blood glucose (BM) sampling and why it may be required for certain conditions: <ul style="list-style-type: none"> <li>- Diabetes/suspected diabetes</li> <li>- Suspected hypoglycaemia from reduced oral intake</li> <li>- Suspected sepsis or an unwell infant</li> </ul>						
Is able to locate the nearest defibrillator and aware of how to check its safe to use						





Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Can demonstrate where to apply defibrillator pads						
Is able to understand the rationale for blood transfusions (red blood cells & platelets)						
Can recognise the signs and symptoms of a transfusion reaction and the processes to be followed.						
Is able to understand the difference between Group & Save and Cross Match blood sampling						
Can follow the Trust policy in obtaining blood samples and understands the rationale of the safety elements involved						
Is able to identify when an ECG recording would be clinically indicated or useful						
Is able to apply 3 lead ECG monitoring correctly						
Is able to use all monitoring equipment used and can set alarm limits suitable for CYP age						
Is able to discuss and identify when blood gas sampling may be required						
Is able to recognise the deteriorating child and can initially manage and escalate appropriately						
Can explain the anatomy and function of the normal gastrointestinal system (completed diagram)						
Is able to identify common conditions that can lead to abnormalities in the gastrointestinal system						
Is able to locate and has read the Trust and national guidelines for enteral feeding						
Is able to identify reasons why a CYP may need enteral feeding e.g underlying conditions etc						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Is able to describe the correct procedure to measure the length of an NG tube and can explain the route of the NG tube and correct position of the tip.						
Can describe the clinical implications for incorrect NG tube placement						
Is able to appropriately measure, insert and secure nasogastric tube identifying correct equipment needed						
Is able to accurately aspirate and check pH prior to use and record results appropriately						
Can demonstrate safe NG tube use – positioning of patient, how and when to check NG tube placement and how to trouble shoot when placement can not be confirmed or tube is blocked.						
Ensures that the patients skin is inspected regularly to monitor for signs of irritation/pressure/sores etc.						
Is able to appropriately prepare, administer and dispose of prescribed enteral feeds via gravity feeding set						
Is able to appropriately prepare, administer and dispose of prescribed enteral feeds via feeding set & Nutricia pump						
Is able to describe care of gastrostomy enteral feeding tubes – including how to clean and troubleshoot any issues regarding the tube (oozing from site, over granulation etc)						
Can identify how to monitor bowel dysfunction and the main management of constipation or diarrhoea						
Can identify what a stoma is and the common conditions and treatments that may lead to requiring a stoma						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Can explain how to use AVPU, and can undertake an assessment of their patient using this scale						
Can explain how to complete a neurological assessment using Glasgow Coma Score						
Has an understanding of seizures, and can state common types of seizures.						
Is able to identify common types of seizures and is aware of guideline on how to manage seizures						
Is able to appropriately identify a patient with altered neurological status and describe the appropriate management						
Is aware of how to manage seizures according to Trust guidelines – escalation, medication and documentation						
Understands the role and structure of the nervous system						
Is able to identify common analgesics used for pain relief						
Can explain any changes in observations caused by pain						
Can accurately use the Lego pain tool, and manage effectively, escalating concerns as needed						
Is aware of the process to manage severe pain – PCA, and can complete paperwork appropriately						
Is aware of the signs of overdose of analgesia and how this should be managed						
Can understand the anatomy and physiology of skin (complete diagram)						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Is aware of the implication of compromised skin integrity and specialist team members that can be contacted to help manage the patients						
Has an awareness of common childhood dermatological conditions						
Is able to identify documentation and tools used for monitoring skin integrity						
Is aware of when pressure relieving devices and treatments should be used						
Is aware and has demonstrated the need for regular turning, pressure monitoring, and which patients require this						
Has an awareness of the musculoskeletal system (completed diagram)						
Can explain what distal, proximal and mid-shaft fractures are						
Has an awareness of compartment syndrome and how this is managed						
Is able to carry out a thorough neurovascular assessment: <ul style="list-style-type: none"> <li>- Pain</li> <li>- Colour of limb and extremities</li> <li>- Temperature of limb and extremities</li> <li>- Pulses</li> <li>- Sensation</li> <li>- Movement – passive or active</li> </ul>						
Can manage a child in a plaster cast and methods to take to prevent swelling etc – Bradford sling						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Is able to recognise early warning signs that may require immediate removal of the plaster cast and who to contact						
Can explain what skin traction is and how this should be managed on the ward						
Can identify common mobility aids and where to access these						
Is able to demonstrate correct pre-operative checks, including frequency of observations and appropriate preparation for the CYP and family						
Is aware of the health & safety risks of delivering and collecting a patient to and from theatre and identifies specific equipment and documentation that will ensure the patient remains safe						
Is able to demonstrate appropriate post-operative care, including frequency of observations, pain management, education needs and the escalation pathway						
Has an understanding of what VTE is and is aware of those most at risk						
Understands the prevention strategies for VTE in the CYP						
Understands the treatment strategies for the CYP with a VTE						
Understands the importance of early mobilisation post-operatively						
Understands the principles of wound care – frequency of wound site checks, cleaning and redressing of wounds and the risks associated.						
Has a basic understanding of the renal system (completed diagram)						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Has an awareness of what Acute Kidney Injury (AKI) is and patients at risk of AKI						
Is able to accurately record patients fluid input and output on a fluid balance chart and an calculate the patients fluid balance correctly						
Is able to accurately calculate a urine output in mls/kg/hr and understands the normal range						
Is able to identify a frequency in which a patients fluid balance should be measured and calculated						
Can identify situations when a urine sample may be required and can appropriately obtain urine sample for laboratory testing						
Is able to undertake urinalysis and accurately interpret and document the results, and escalate any concerns appropriately						
Is able to manage a Peripheral Vascular Device using appropriate paperwork						
Can correctly manage a child receiving intravenous fluids ensuring correct pump pressures, hourly phlebitis score checks, and appropriate documentation is completed						
Is able to correctly complete Bristol Stool Chart						
Is able to provide mouth care and oral hygiene, especially when patient is NBM or enteral fed.						
Is aware of the importance of hygiene, and ensures patients are aware of washing facilities and ensures patients have been given the opportunity for daily washes/showers						
Is able to explain what the endocrine system is (completed diagram)						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Has an awareness of the role of the endocrine system in maintain growth, metabolism, sexual function, mood etc						
Is able to describe what diabetes mellitus is and can describe the common signs and symptoms						
Is able to safely perform a blood glucose level using appropriate equipment						
Can identify normal blood glucose ranges and escalates any abnormalities appropriately						
Is able to explain appropriate treatment strategies for diabetes type 1						
Can explain what DKA is and how this should be managed						
Can describe the treatment for high blood glucose levels (hyperglycaemia)						
Can describe the treatment for hypoglycaemia						
Has an awareness of what HbA1c is and how this is important in the management of diabetes						
Can explain what neonatal jaundice is and how this should be monitored and managed – uses appropriate documentation						
Is able to correctly set incubator temperature for a child requiring phototherapy						
Understands the importance of accurate fluid balance for a baby receiving phototherapy						
Has an understanding of breastfeeding and how to support breast feeding mothers						
Is aware of how to cup feed a baby and support parents in this						



Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discussion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Has an awareness of childhood cancer and the most common conditions in children						
Is able to describe what neutropenia is						
Can identify what febrile neutropenia is and the associated management strategies						
Can identify common psychological side effects of chemotherapy and their impact on the CYP/family						
Is aware of the telephone algorithm and who to escalate the phone call to						
Has an awareness of what palliative care means and can describe patient groups often involved						
Understands what an advanced care plan (ACP) is and how this is used to guide care of the CYP						
Has an awareness of the processes that must be followed when a child dies						
Knows how to access the Trust safeguarding policy and where to go for support or help in relation to safeguarding concerns						
Knows how to complete a safeguarding referral, Family Front Door.						
Is able to monitor and protect patients at risk of abuse or neglect (including those with potential or actual mental health needs)						
Knows how to complete a CAMHS triage assessment tool						
Understands the processes involved in reporting any risks of accident, injury or harm						
Can describe what to do if: <ul style="list-style-type: none"> <li>- A child or young person goes missing</li> <li>- Staff/patient/member of public experiencing harm</li> <li>- Recognition of poor clinical practice</li> </ul>						





Practice Based Learning Competencies	Date Achieved	Method of Assessment				
		Observed	Reflection/ Activity	1:1 Discus- sion	Competent	Preceptor Signature
<b>The preceptee has demonstrated that they:</b>						
Understands information governance principles when sharing information via telephone, email or in person, and is aware of the risks associated.						
Knows how to update relevant teams also involved in patients care: diabetic nurses, dieticians, clinical nurse specialists etc.						
Can accurately complete Electronic Discharge Summary (EDS) prior to discharge						
Is able to carry out daily fridge checks – resets & escalates any abnormalities						
Is aware of the need to test Blood Glucose machine daily, and how this should be completed						
Is aware of the blood transfusion policy						
Has completed online and face to face blood transfusion competencies						
Is able to manage their time effectively and prioritises care accordingly						
Is able to complete all paperwork clearly and accurately						
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)						
Is aware of the importance of hand hygiene and has completed Trust hand hygiene competencies						
Is aware of the process of commode cleaning, and has completed their commode cleaning competencies						

### Patient Care Assessment

To be completed by Clinical Educator between weeks 4-8 of preceptorship

<b>Patient Handover:</b>	Notes made appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Further information asked for appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Accountable handover completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Workload prioritised appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Immediate Checks:</b>	Summary of overall appearance/ identifies and immediate concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Ensure IV lines are secure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Emergency Equipment: <ul style="list-style-type: none"> <li>- Oxygen</li> <li>- Bag valve mask (correct size)</li> <li>- Mask &amp; tubing</li> <li>- Non-rebreathe Mask (correct size)</li> <li>- Working suction at an appropriate pressure</li> <li>- Yanker sucker &amp; appropriate size catheters (if required)</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Alarm limits appropriately set <ul style="list-style-type: none"> <li>- Patient parameters</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Check name band is insitu & apply if not already in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Introduces themselves to patient and family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Respiratory:</b>	Observed for any signs of respiratory distress: <ul style="list-style-type: none"> <li>- Tachypnoea</li> <li>- Subcostal recession</li> <li>- Intercostal recession</li> <li>- Sternal recession</li> <li>- Tracheal tug</li> <li>- Nasal Flaring</li> <li>- Head bobbing</li> <li>- Grunting</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Observed for bilateral chest movement		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Observation of colour		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Assessment of oxygen saturations		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Cardiovascular:</b>		Monitoring of heart rate, cross check pulse with monitor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Blood pressure, ensuring correct size cuff is used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Capillary refill time assessed centrally	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Temperature – correct thermometer chosen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Appropriate management of temperature if outside normal parameters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Neurological/ Pain Assessment:</b>	AVPU/Glasgow Coma Score (GCS) as appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Pupils assessed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

	Identification of pain score	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Appropriate management of pain	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Fluid Balance:</b>	Maintain an accurate fluid balance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Identification of signs of dehydration/oedema	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Correct calculation of fluid requirement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Correct calculation of fluid being administered	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Assessment of urine output (mls/kg/hr)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Appropriate management of reduced urine output (< 1ml/kg/hr in a baby / small child)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Nutrition:</b>	Correct calculation of feeds	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Document the length / mark the length of the gastric tube (NG or OG)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Aspirates the gastric tube appropriately: <ul style="list-style-type: none"> <li>- Before administering a feed / medication</li> <li>- At least 4 hourly during a continuous feed</li> <li>- Accurate assessment of pH (can describe the normal range – pH 1-5)</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Administration of Medicines:</b>	Patient chart checked for allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Right patient (check name band)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Right drug		
	Right time		
	Right dose		
	Right route		
	Observes for signs of extravasation during administration of IV medication (if there are no signs of extravasation can describe the signs that would indicate an extravasation injury)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Documents appropriately on PVD chart	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>General Patient Care:</b>	Ensures bedding is clean, changes bedding appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Patient repositioned, encouraged to mobilise regularly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ensures care and comfort paperwork completed (2-4 hourly as agreed with patient/family)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Completion of Assessment for Infection paperwork	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Completion of pressure risk assessment tool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Moving & handling risk assessment checked/completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Eye care undertaken appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Mouth care undertaken appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Plan for personal cares agreed with patient / carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Assessment of wounds/ CVL/ Line sites	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Involves Play specialists appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Ongoing Communication:</b>	Any concerns reported appropriately to the nurse in charge or medical team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Appropriate communication with the child and family i.e. keep them updated with care / progress	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Bedside Handover:</b>	Effectively communicates during handover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Logical progression through handover (using accountable handover sheet)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Documentation:</b>	Accurate structured evaluation of care completed in patient notes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Bedside folder up to date, all appropriate paperwork completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Assessors Comments:**

**Pass      Refer**

**Action plan (if applicable)**

**Nurse Comments:**



**3 Month Review**

Date of Meeting: .....

**Progress / Completed Objectives:**

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**New learning objectives identified:**

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**Courses / Learning Opportunities:**

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Preceptor signature: .....

Preceptee signature: .....



## Professional Development Review (PDR)

To be completed at 3 month meeting

### PDR 1a – Reviewee Preparation Sheet

Please use this sheet to help you prepare for your PDR. You may use this sheet to make notes, and may wish to share some of the information (particularly to the first question) with your reviewer before you meet.

<b>What would make this PDR discussion meaningful for you?</b> <b>What role can your reviewer play in this?</b> <b>What role can you play in this?</b>	
<b>Have any personal details changed since your last PDR i.e. home address, telephone number and next of kin</b>	
Are your work contact details up to date (see Update My Details Systems)? <b>Yes:</b> no further action <b>No:</b> please access the system and update today	
<b>Are you/Do you have:</b>	N/A No Yes, Evidenced
<ul style="list-style-type: none"> <li>100% Compliant for your Mandatory and Statutory Training?</li> </ul>	
<ul style="list-style-type: none"> <li>In-Date DBS form (if appropriate for role/job) [see additional notes at the end of this form]</li> </ul>	
<ul style="list-style-type: none"> <li>Essential to Role Compliance (check ESR)</li> </ul>	
<ul style="list-style-type: none"> <li>Other, as relevant to role (e.g. valid professional memberships)</li> </ul>	
<b>Thinking about the last year and any objectives you have had -</b> <b>What has gone well over the last year/what have you achieved?</b>	
<b>How, through your work, you have put our patients first (Link to strategic objectives)</b>	
<b>And anything that has not gone so well? What has been challenging?</b>	



**People Managers: Considering the H&S aspects of your role, how well do you meet those requirements?**

--

**How are you demonstrating Quality Improvement within your role? What improvements have you made or contributed towards?**

--

**Consider some examples of how you have worked to the Trust Signature Behaviours**  
**We Do what We say we will do**

--

**No delays, every day**

--

**We listen, we learn, we lead**

--

**Work together, celebrate together**

--

1. Look at your job description; be prepared to talk about each area, is there anything you want to discuss or would like to be changed? Have examples ready to show how you meet the Trusts Signature behaviours.

2. Is there anything you would like to work on in the next year as an objective?

3. Is there any training you need to help you achieve your objectives? *Please refer to the Guidance Document for more details on different types of development and training you may want to consider.*

4. What are you hoping to achieve in your future job/career?



**Please ensure that you sign off the summary form (PDR 2) at the end of your appraisal meeting, or within 2 weeks of the meeting following your Reviewer having completed the paperwork.**

**Your Line Manager will ensure your PDR record is updated on ESR.**

**NOTES:**

Notes: Health and Safety Question

You should consider:

1. Have you identified all of the workplace health & safety hazards associated with your area(s) of responsibility?
2. Have you completed an Annual Workplace Risk Assessment of your work area(s)?
3. Have you ensured that all of your staff have been appropriately trained and are competent to safely use items of work equipment particularly medical devices?
4. Do you review, action and close health & safety accidents and near miss incidents in accordance with the Incident Reporting Policy?

**Notes: DBS**

Currently, DBS checks are completed as part of pre-employment checks when a new starter joins the Trust.

We currently do not do rolling DBS check for existing staff; however **staff with DBS checks required for their role** should complete and sign the section of the PDR form to self-declare as part of their PDR around unspent convictions. This should be witnessed by the line manager and placed on the personal file.

Also, for existing staff, a check should be completed when they change roles or department to see if an appropriate DBS check for the new post (enhanced or standard depending on role) was been completed in last 5 years. If one hasn't been done a new DBS check should be completed for added assurance.

Please contact the Recruitment or Safeguarding Team for further information and guidance.

**Notes: Quality Improvement – “Better Never Stops”**

Through our Strategy Pyramid we ask all staff to be involved in quality improvement. This may be within their role, by seeking ways to improve how the role is done and the positive impact it has on the service and patients, or by being involved with wider service improvements.

You may wish to think about projects your department may be involved with, such as Red2Green, Ward Accreditation etc. Equally you might think about something you have initiated within your role, such as how you manage your time, or your emails.

Consider how you are demonstrating that you are improving your job and what improvements have you made during the last 12 months.

What improvements have you contributed to as part of the team / department / organisation?

Equally, we want to know if you feel able to suggest or make improvements.





For queries around Quality Improvement, please see the team pages on the intranet or contact the team directly.

**Notes: Pay Increment**

From April 2021, pay increments will be dependent on if you are fully up to date with your PDR and Mandatory Training. ESR will send automatic reminder to you and your line manager at the relevant time and it will be up to you to ensure you are up to date.



**PDR 1b – Reviewer Preparation Sheet**

<b>Reviewee name</b>		<b>Date of PDR</b>	
<b>Reviewee job title</b>		<b>Date started in current role</b>	
<b>Department</b>		<b>Date of last re-view</b>	

Think about the part year and consider the questions below before the PDR Meeting. Also **review the job description and person specification** and check they are up to date and complete.

Please also refer to the PDR Guidance Document and Policy as part of your preparation, which has a section specifically to support reviewers in preparing for PDR meetings.

<b>What would make this PDR discussion meaningful for them?</b> <b>What role can the reviewee play in this?</b> <b>What role do you play in this?</b>
Check ESR/Evidence for items such as:
<ul style="list-style-type: none"> <li>• Mandatory Training Compliance (please see notes around pay increments)</li> <li>• In-Date DBS form (if appropriate for role/job, see notes)</li> <li>• Essential to Role Compliance (check ESR)</li> <li>• Other, as relevant to role (e.g. valid professional memberships)</li> </ul>
<b>Thinking about the last year and any objectives they had -</b> <b>What has gone well over the last year/what have they achieved?</b>
<b>And anything that has not gone so well? What may have been challenging?</b>
<b>Considering the H&amp;S aspects of their role, how well do they meet those requirements?</b>



<b>How are they demonstrating Quality Improvement within their role? What improvements have they made or contributed towards?</b>
<b>Consider some examples of how they have worked to the Trust Signature Behaviours</b>
<b>We Do what We say we will do</b>
<b>No delays, every day</b>
<b>We listen, we learn, we lead</b>
<b>Work together, celebrate together</b>
<b>What might be some objectives for next year (link to role, to team and to division objectives, as well as Trust Strategic Objectives)</b>
<b>What other questions would be helpful to ask in this meeting?</b>
<b>Check in about flexible working: Are they working flexibly (refer to Trust policy)</b>

**NOTES:**

Notes: Health and Safety Question

You should consider, if they are a people manager:

1. Have they identified all of the workplace health & safety hazards associated with their area(s) of responsibility?
2. Have they completed an Annual Workplace Risk Assessment of their work area(s), as appropriate?
3. Have they ensured that all of their staff have been appropriately trained and are competent to safely use items of work equipment particularly medical devices?
4. Do they review, action and close health & safety accidents and near miss incidents in accordance with the Incident Reporting Policy?

Notes: DBS



Currently, DBS checks are done as part of pre-employment checks when a new starter joins the Trust.

We currently do not do rolling DBS check for existing staff; however **staff with DBS checks required for their role** should complete and sign the section of the PDR form to self-declare as part of their PDR around unspent convictions. This should be witnessed by the line manager and placed on the personal file.

Also, for existing staff, a check should be completed when they change roles or department to see if an appropriate DBS check for the new post (enhanced or standard depending on role) was been completed in last 5 years. If one hasn't been done a new DBS check should be completed for added assurance.

Please contact the Recruitment or Safeguarding Team for further information and guidance.

#### Notes: Quality Improvement – “Better Never Stops”

Through our Strategy Pyramid we ask all staff to be involved in quality improvement. This may be within their role, by seeking ways to improve how the role is done and the positive impact it has on the service and patients, or by being involved with wider service improvements.

You may wish to think about projects your department may be involved with, such as Red2Green, Ward Accreditation etc. Equally you might think about something you have initiated within your role, such as how you manage your time, or your emails.

Consider how are they are demonstrating that they are improving their job and what improvements have they made during the last 12 months.

What improvements have they contributed to as part of the team / department / organisation?

Equally, we want to know if employees feel able to suggest or make improvements.

For queries around Quality Improvement, please see the team pages on the intranet or contact the team directly.

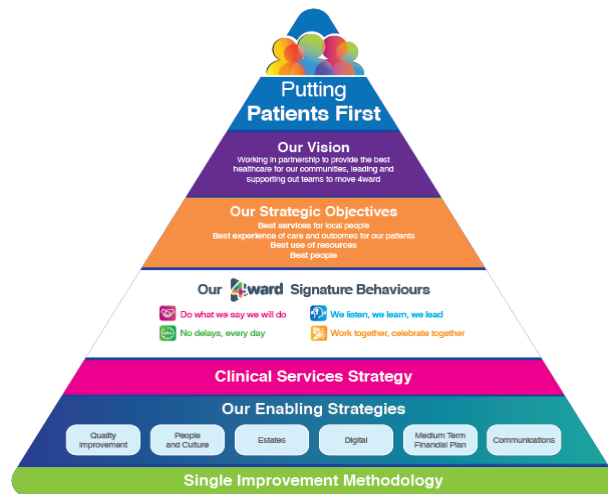
#### Notes: Pay Increment

From April 2021, pay increments will be dependent on if employees are fully up to date with your PDR and Mandatory Training. ESR will send automatic reminder to the employee and their line manager at the relevant time and it will be up to you to ensure they are up to date.

Please use the below form as a template to generate discussion, use more paper if required.

**Putting Patients First & 4Ward - Our vision and signature behaviours**

Our **purpose** is plain and simple. **Putting Patients First**. That's why we're all here. Our **purpose** and **vision** shape our **objectives**:






- **Best services for local people:** We will develop and design our services with patients, for patients. We will work actively with our partners to build the best, sustainable services which enable people in the communities we care for to enjoy the highest standards of health and wellbeing.
- **Best experience of care and best outcomes for our patients:** We will ensure that the care our patients receive is safe, clinically excellent, compassionate and an exemplar of positive patient experience. We will drive the transformation and continuous improvement of our care systems and processes through clinically-led innovation and best use of technology.
- **Best use of resources:** We will ensure that services - now and in the future - meet the highest possible standards within available resources for the benefit of our patients and the wider health and care system.
- **Best people:** We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about, and take pride in, putting patients first.

These objectives are underpinned by our **4ward signature behaviours** which remain firmly at the heart of everything we do.



**Our signature behaviours:**

-  Do what we say we will do
-  No delays, every day
-  We listen, we learn, we lead
-  Work together, celebrate together

*We do what we say we will do* by committing to an annual appraisal meeting

*No delays, every day* means we prioritise this meeting, as the manager and member of staff, as important to the work we do, professional development and team success.

*We listen* to feedback, *we* reflect on our journey over the last 12 months and what we have *learned*, and *we lead* by committing to ensure we meet the needs of the role through training, development and reflection.

We *work together* by taking time to prepare for the meeting and discuss the year ahead for our team and ourselves, and we *celebrate together* on how much has been accomplished for our patients, our Trust and our team.

What examples of how you have positively demonstrated the behaviours and worked together to achieve our shared goals can you bring to your appraisal?

<b>Name:</b> Print Name	<b>Job Title:</b>	<b>Department:</b>
<b>Date of Appraisal:</b>	<b>Date of last Appraisal:</b>	<b>Name and job role of Reviewer:</b> Print Name
<b>Reviewee's Reflection On Last Year</b> (e.g. What went well/ what didn't, any particular challenges or issues, what QI work has been undertaken etc.)		
<b>Reviewer's Reflection On Last Year</b> (e.g. What went well/ what didn't, any particular challenges or issues, what QI work has been undertaken etc.)		
<b>Objectives From Previous Year:</b> (What I have achieved in the last 12 months, has the objective been partially met, met or exceeded)		
<b>How has the reviewee delivered the Health &amp; Safety requirements relevant to their role?</b> (please share a few role-relevant examples, and refer to prep form notes)		



<b>LOOKING FORWARD: (What do I need to achieve in the next 12 months to meet Trust, Division &amp; Team objectives)</b>		
<b>Personal Objective:</b>	<b>Timescale:</b>	<b>Resource/support required:</b>

**PERSONAL DEVELOPMENT PLAN: ( What do I want/ need to learn in order to fulfil the requirements of my role, and contribute to the objectives agreed and Trust signature behaviours)**

<b>Area for Development</b>	<b>Action – (How will this be met?) <i>Please note that options can include; shadowing, mentoring sessions and coaches</i></b>	<b>What resources/ support will I need?</b>	<b>Time scales /completion date.</b>



<b>Name:</b>  <b>Print Name</b>	<b>Job Title:</b>  	<b>Department:</b>  
<b>Date of Appraisal:</b>  	<b>Date of last Appraisal: N/A</b>	<b>Name and job role of Reviewer:</b>  <b>Print Name</b>
<b>How has the reviewee delivered the Health &amp; Safety requirements relevant to their role? (please share a few role-relevant examples, and refer to prep form notes)</b>		
<b>LOOKING FORWARD: (What do I need to achieve in the next 12 months to meet Trust, Division &amp; Team objectives)</b>		
<b>Personal Objective:</b>	<b>Timescale:</b>	<b>Resource/support required:</b>





**PERSONAL DEVELOPMENT PLAN: ( What do I want/ need to learn in order to fulfil the requirements of my role, and contribute to the objectives agreed and Trust signature behaviours)**

Area for Development	Action – (How will this be met?) <i>Please note that options can include; shadowing, mentoring sessions and coaches</i>	What resources/ support will I need?	Time scales /completion date.



**6 Month Review**

Date of Meeting: .....

Progress / Completed Objectives:

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New learning objectives identified:

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Courses / Learning Opportunities:

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Preceptor signature: .....

Preceptee signature: .....



**9 Month Review**

Date of Meeting: .....

**Progress / Completed Objectives:**

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**New learning objectives identified:**

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**Courses / Learning Opportunities:**

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Preceptor signature: .....

Preceptee signature: .....





# Reflections

These can be used towards your revalidation



# REFLECTIVE ACCOUNTS FORM

Choose one of the following areas to reflect upon:

- Leadership, Management & Team Working

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?



## REFLECTIVE ACCOUNTS FORM

Choose one of the following areas to reflect upon:

- Communication & Interpersonal skills

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?



# REFLECTIVE ACCOUNTS FORM

Choose one of the following areas to reflect upon:

- Professional Values
- Quality Service & Improvement

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?





# REFLECTIVE ACCOUNTS FORM

Choose one of the following areas to reflect upon:

- Delivering Safe Care

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?

## Respiratory System

Please label the diagram below

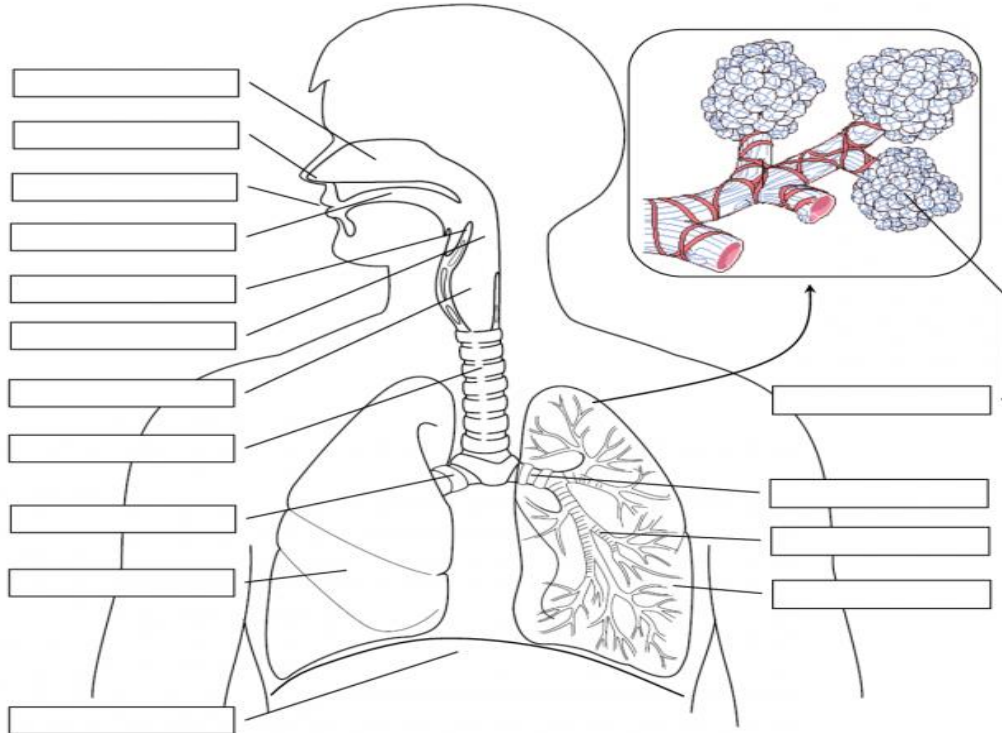
Chapter 3 – Human Body Systems  
 Science 8

**ACTIVITY – Label the Respiratory System**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Block: \_\_\_\_\_

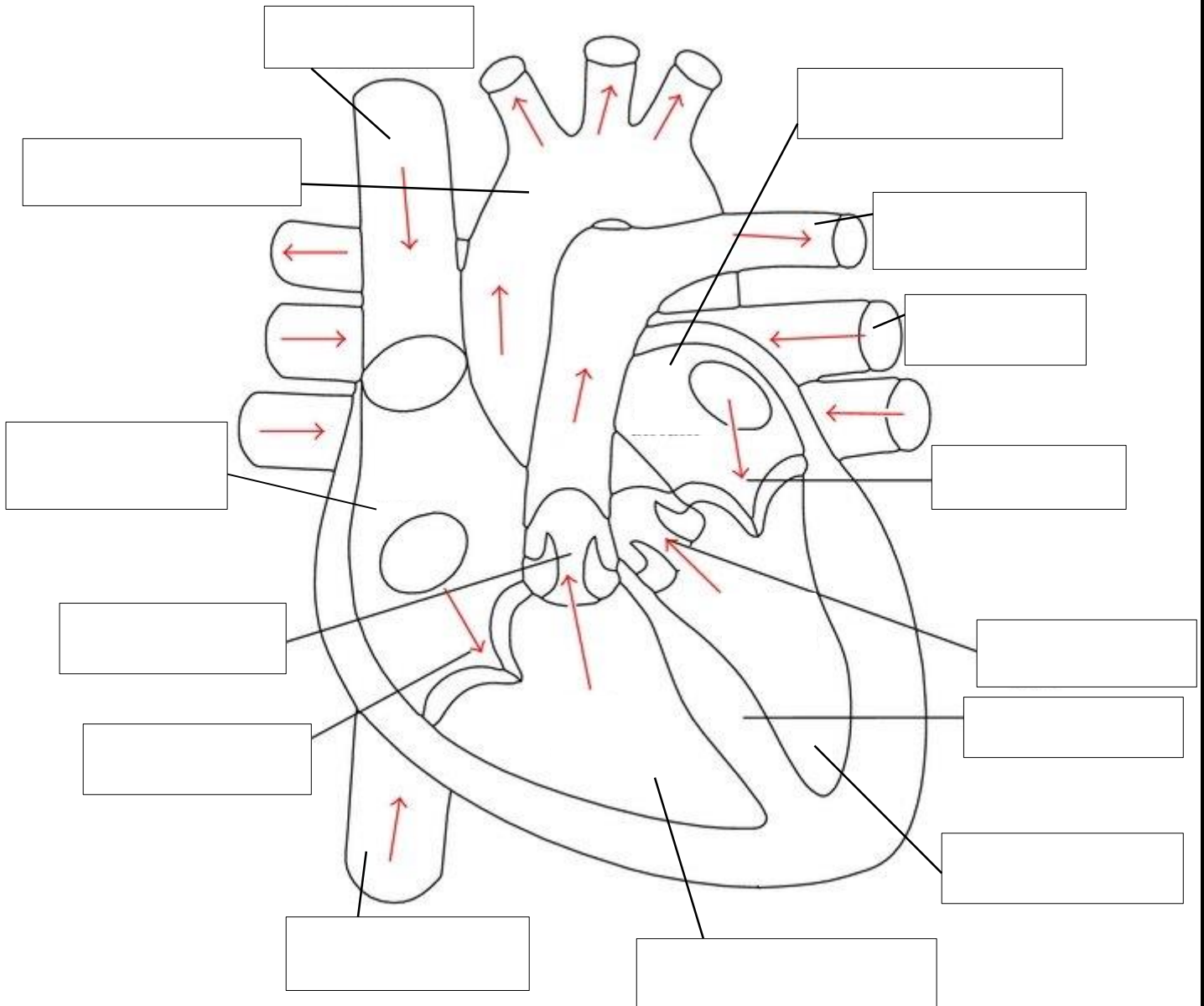
Label the diagram of the respiratory system below with the following parts, then colour your diagram.

- |                |                    |            |                  |             |
|----------------|--------------------|------------|------------------|-------------|
| left bronchus  | trachea            | mouth      | pharynx (throat) | diaphragm   |
| nose           | alveoli            | right lung | left lung        | oral cavity |
| right bronchus | larynx (voice box) | bronchiole | nasal cavity     | epiglottis  |



- |               |              |                |            |
|---------------|--------------|----------------|------------|
| Left Bronchus | Trachea      | Mouth          | Pharynx    |
| Diaphragm     | Nose         | Alveoli        | Right Lung |
| Left Lung     | Oral cavity  | Right Bronchus | Larynx     |
| Bronchiole    | Nasal Cavity | Epiglottis     |            |

**Cardiac System**



Right Atrium

Inferior Vena cava

Right Ventricle

Superior vena Cava

Pulmonary Artery

Left Atrium

Pulmonary veins

Aorta

Left Ventricle

Tricuspid Valve

Mitral Valve

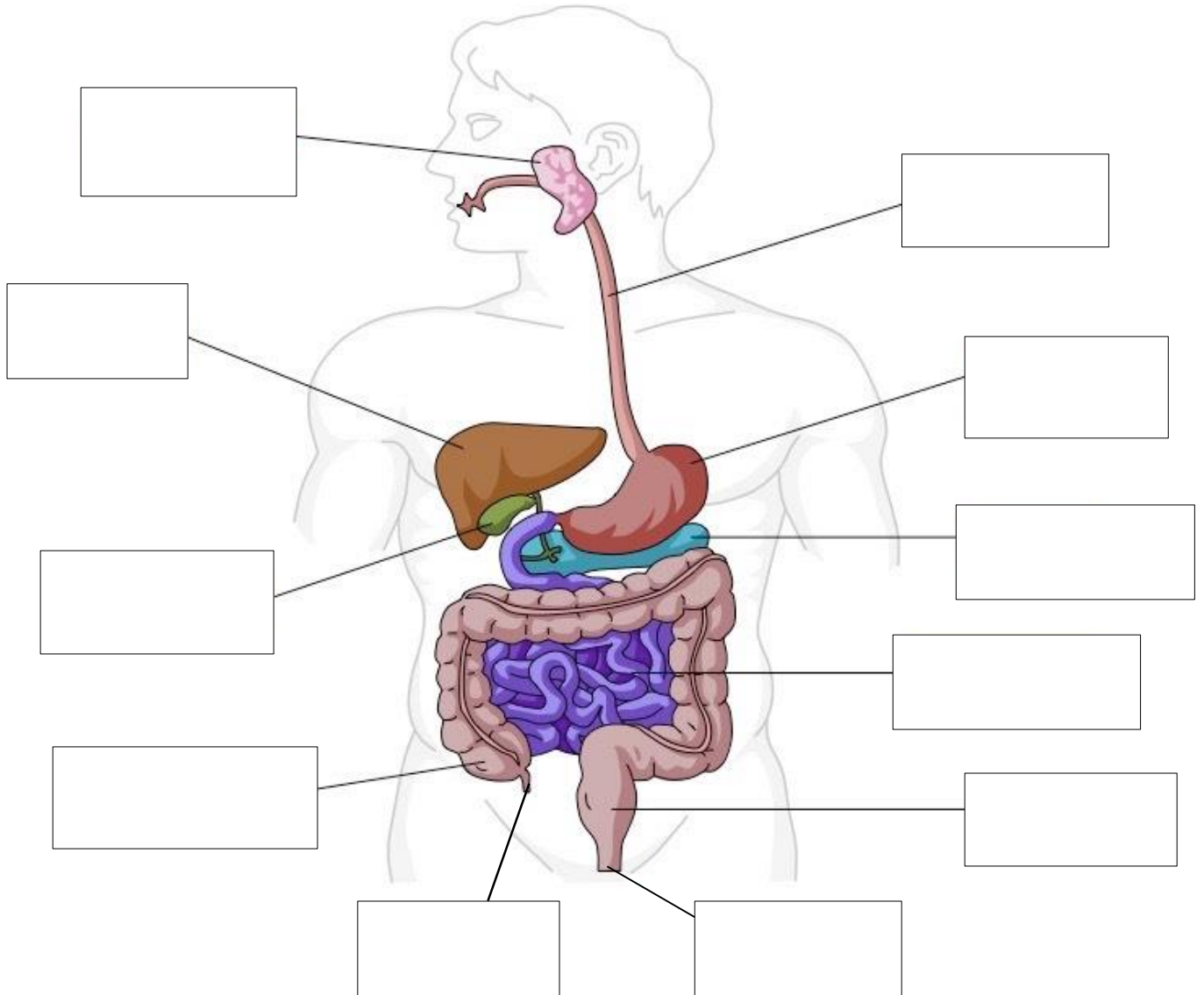
Aortic Valve

Septum

Pulmonary Valve

**Gastrointestinal System**

Please label the diagram below



Appendix

Oesophagus

Liver

Salivary Gland

Large Intestine

Rectum

Stomach

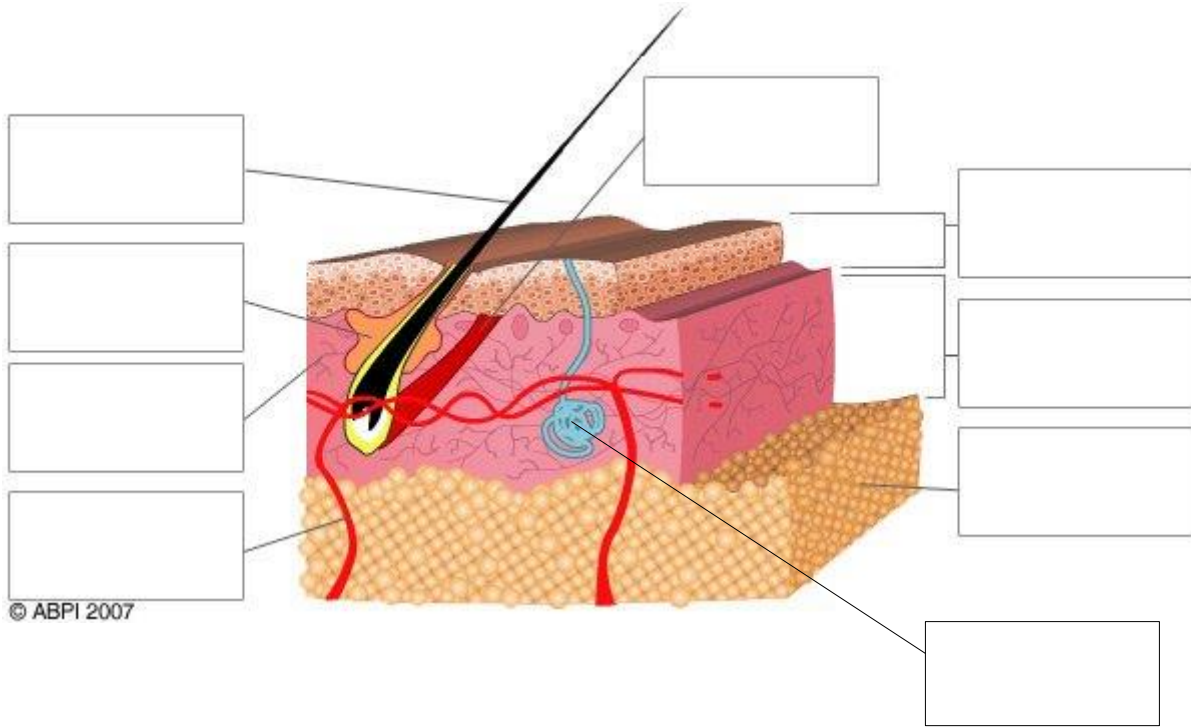
Pancreas

Gall Bladder

Small Intestine

Anus

Please label the diagram below



Sebaceous Gland

Hair

Muscle

Capillaries

Dermis

Blood Vessels

Subcutaneous Tissue

Epidermis

Sweat Gland

**The Musculoskeletal System**

[Empty box]

Paediatric Nursing  
Preceptorship

Wessex Paediatric Nurse  
Preceptorship Programme (WPNPP)

**Musculoskeletal Diagram**

Please label the diagram using the words below and show to your preceptor

[Empty box]

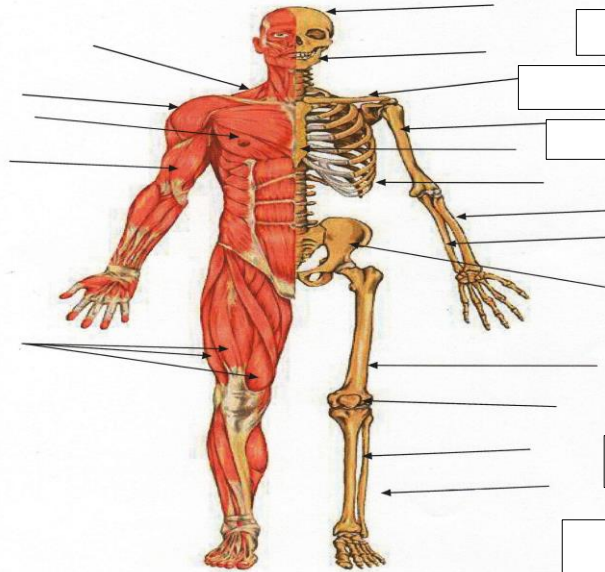
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Trapezius  
Biceps  
Humerus  
Ulna  
Tibia  
Fibula

Deltoid  
Clavicle  
Quadriceps  
Ribs  
Radius  
Patella

Mandible

[Empty box]

Femur

[Empty box]

Trapezius

Biceps

Humerus

Ulna

Tibia

Fibula

Deltoid

Clavicle

Quadriceps

Ribs

Radius

Patella

Mandible

Pectoralis

Sternum

Femur

Pelvis

Cranium

## The Renal System



Wessex Paediatric Nurse  
 Preceptorship Programme (WPNPP)

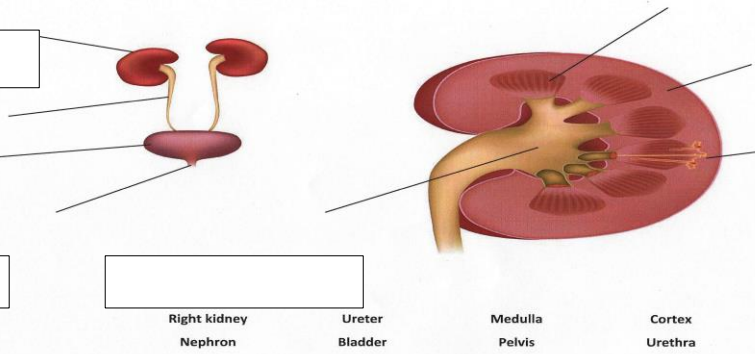
### Renal Diagram

Please label the diagram using the words below, bring to your Speciality Day 1 study day and show to your preceptor/educator  
 Please label the diagram using the words below and bring to your study day







Right kidney  
 Nephron

Ureter  
 Bladder

Medulla  
 Pelvis

Cortex  
 Urethra

Right Kidney

Ureter

Medulla

Cortex

Urethra

Bladder

Nephron

Renal Pelvis

## The Endocrine System

Please label the diagram below



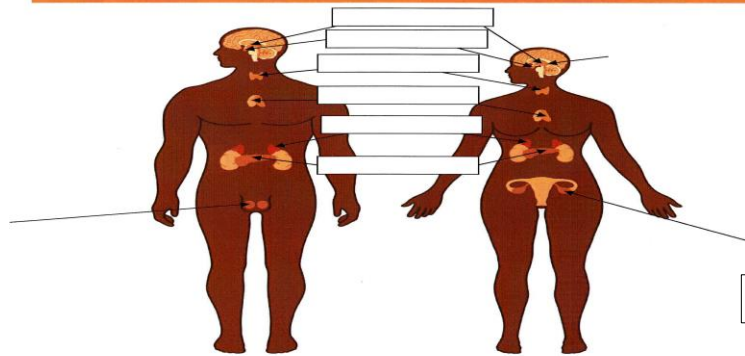
Wessex Paediatric Nurse  
 Preceptorship Programme (WPNPP)



### Endocrine System Diagram

Please label the diagram using the words below and show to your preceptor/educator

## ENDOCRINE SYSTEM





Thyroid and Parathyroid glands  
 Ovary  
 Testes

Pituitary Gland  
 Thymus  
 Pineal Gland

Adrenal Glands  
 Pancreas  
 Hypothalamus

Thyroid & Parathyroid Glands

Pituitary Gland

Adrenal Glands

Ovary

Thymus

Pancreas

Testes

Pineal Gland

Hypothalamus