

Neonatal Nursing Preceptorship Competency Framework



Name:

Preceptor:

Clinical Area:

Date Commenced:

Manager:

Date Completed:

Clinical Educator:



Welcome

Congratulations and welcome to the Neonatal 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 receive 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 assured 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 total supernumerary period of 4 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, we want everyone to focus on how we behave, what we deliver and to create a culture we can all be proud of.

Preceptorship

The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and develop full competence as they transition to autonomous professional (National preceptorship framework 2022)

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.
- Take responsibility for organising support 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 oral drug section in the Medicines Management Book within the first 3-weeks.

During your preceptorship you will be required to complete:

- SLOT analysis prior to the initial interview
- Preceptorship Induction Training days, Day 1 & Day 2
- Foundation in Neonates 12 Day course at Keele University
- Medicines Management Booklet & oral drug worksheet
- Competencies applicable to role
- NMC accountability session
- Intravenous Therapy Training
- Blood Transfusion Training E-Learning modules and face to face training with Blood Transfusion Practitioner
- Supervisors and Assessors Workshop
- Practice Assessor Course
- Preceptor Training
- 2-3 monthly progress meetings/interviews with preceptors/ 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.

Preceptorship Programme

Throughout your preceptorship period you will need to have regular meetings with your preceptor at least 2-3 monthly to ensure you are progressing and supported throughout your transition from student to qualified nurse. Please ensure you arrange these meetings with your preceptor.

First week (W/C.....) – You will attend the Trust Induction Training Day, an Adult Basic Life Support Training session and a Trust Preceptorship Induction Training for 2 days.

Next 3 weeks (Date.....) – You will be supernumerary. During this time, you will have the opportunity to spend some time in other areas of the Trust i.e. Transitional Care Unit, Outreach and Riverbank, the Children's Ward to help orientate you to the Paediatric Directorate, within the Women & Children's Division. The supernumerary period is flexible and based on your needs as well as the unit 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 the 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 on your first day and a member of the education team will arrange to meet you to complete the First Interview and Individual Learning Plan (ILP), please complete your SLOT analysis prior to this. The Educator at the end of the 3rd week will ensure you are ready for transition into the nursing numbers. You will have 7.5hrs allocated time to complete your E-Learning mandatory training as detailed on your ESR. You will also need to have completed the oral drug section in your Medicine Management Book.

By 2 months (Date.....) – Your preceptor or Clinical Educator will meet with you to ensure your needs are being met, that you are progressing with your competencies, that you are settling onto the unit and if you have any concerns. You may be able to have some of your competencies signed off too. Please ensure you have completed your Mandatory and Essential to Role Training. Your preceptor will also do a PDR (Professional Development Review)



at this point to discuss your objectives for the next 9 months. You will be allocated a further 1-week supernumerary period on TCU.

At 4 – 6 months (Date.....) – 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-month Interim review. Your progress with your ILP and competencies will be discussed with a plan of how you will achieve any outstanding competencies.

By 9 months (Date.....) – All your competencies should have been achieved as per agreed plan. You will meet with your preceptor to discuss these.

By 12 months (Date.....) – Congratulations you should have now completed your preceptorship programme. You will meet with a member of the Education Team to discuss any further training or development requirements you wish to pursue. We welcome you as a valued member of the Neonatal 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.

Induction Checklist

To be completed by the manager with the Preceptee, within first week and six weeks as detailed. To be saved in Preceptee's personal file.



Local Induction
checklist for New St.

Charter between preceptor and preceptee

Preceptee

I understand that my responsibilities as a newly registered practitioner and preceptee include:

Completing the organisation induction, local induction, statutory training and mandatory training

- Attending study days and all required learning and development to complete my preceptorship
- Observing and adhering to organisation values
- Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor
- Working collaboratively with my preceptor to share my reflections and identify learning and development needs
- Seeking feedback from others to inform my progress
- Owning my learning and development plan.

Name:

Signature:

Work area:

Date:

Preceptor

I understand that my responsibilities as a preceptor include:

- Providing support and guidance to the newly registered practitioner
- Acting as a role model and professional friend
- Facilitating introductions and promoting good working relationships
- Participating in all preceptorship activities including attending required training, and facilitating and documenting regular scheduled meetings
- Providing timely and appropriate feedback to the preceptee
- Liaising with manager about the preceptee's progress as appropriate
- Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources
- Completing and continuing my development as a preceptor.

Name:

Signature:

Work area:

Date:

Record of Sign-off Signatures

Name of Assessor	Designation	Signature	Date

SLOT analysis

A SLOT analysis is a simple tool to evaluate the preceptee's current stage of knowledge, skill and experience and to assess development needs along with opportunities and barriers.

<p>Strengths</p> <p><i>What do you do well? What knowledge, skills and experience do you have? Consider attitudinal strengths.</i></p>	<p>Learning Needs</p> <p><i>Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development.</i></p>
<p>Opportunities</p> <p><i>What development opportunities are available? Consider shadowing, training, working with others, and research.</i></p>	<p>Threats</p> <p><i>What are the barriers? Consider time, workload pressures, personal commitments and energy levels</i></p>

Setting Objectives

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

Initial Meeting

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	

Icebreaker questions

Tell me a little bit about yourself. What do you enjoy doing? What are you looking forward to about your new role? What do you think is going to be challenging? How much do you know about preceptorship?

Expectations

What are your expectations of your new role? What development do you expect? What level of support do you expect from your preceptor?

Checklist

Organisation induction

Clinical induction

Local induction

SLOT analysis*

Individual learning plan*

Comments/notes:

Actions:

Next meeting:

Preceptee signature:

Preceptor signature:

Individual learning plan (ILP)

The individual learning plan records development needs and agreed objectives. Objectives should be SMART (specific, measurable, achievable, realistic/relevant and time bound).

Name of preceptee			
Name of preceptor			
Date	Learning need	SMART objective	Support needed

Record of Training

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 your Electronic Staff Record (ESR) together with details of employment, payroll information, annual leave entitlement and your training record.

STATUTORY AND MANDATORY TRAINING REQUIREMENTS	How to book	To be completed by	Completed
Trust Induction	Pre-booked	One week	
Fire training – Face to Face (annually)	Part of induction	One week	
Adult Resuscitation – Face to Face (yearly)	Pre-booked	One week	
Neonatal Resuscitation (yearly)	Booked by ward	2 weeks	
IT clinical system training e.g. Badgernet, All scripts PAS, ICE requesting, ADT Whiteboard.(No access to clinical systems will be given until IT training is complete).	Pre-booked	4 weeks	
Infection Control – E-Learning (annually)	Complete via ESR	4 weeks	
Manual Handling – Face to Face (2 yearly)	Booked by ward	4 weeks	
Health & Safety – E-Learning (3 yearly)	Complete via ESR	4 weeks	
Information Governance – E-Learning (yearly)	Complete via ESR	4 weeks	
Equality & Diversity – E-Learning (3 yearly)	Complete via ESR	4 weeks	
Safeguarding Children Level 3 – E-Learning (3 yearly)	Complete via ESR	4 weeks	
Safeguarding Adults Level 2 – E-Learning (3 yearly)	Complete via ESR	4 weeks	
Conflict Resolution – E-Learning (3 yearly)	Complete via ESR	4 weeks	
Prevent Awareness – E-Learning (3 yearly)	Complete via ESR	4 weeks	
MCA & DOLS – E-Learning or Face to Face (3 yearly)	Complete via ESR	4 weeks	
Infant Feeding Induction (then yearly updates)	Pre-booked	4 weeks	
Developmental Care Induction (then yearly updates)	Pre-booked	4 weeks	
Family Integrated Care Induction (then yearly updates)	Pre-booked	4 weeks	
NMC - Accountability	Book via ESR	3 months	
Fit Mask Testing – F2F (2 yearly)	Book via Fusion	3 months	
Donning & Doffing/ Swabbing – E-Learning	via links provided	3 months	
New Born Blood Spot Training – E-Learning (2 yearly)	via eLfh	3 months	

Bereavement – E-Learning	Via eLfh	3 months	
Neonatal Specific Feeding Management Training - Face to face (3yearly)	Booked by ward	6 months	
Blood Transfusion – E-Learning & F2F (3 yearly)	Complete via ESR	6 months	
IV Therapy – Face to Face (3 yearly)	Book via ESR	6 months	
Aseptic Non Touch Technique – E-Learning (3 yearly)	Book via ESR	6 months	
Medical Devices Trained (then a yearly self assessment)	Booked via ward	6 months	
Supervisors Workshop training – F2F/Virtual (once only, then 2 yearly updates)	Book via ESR	9 months	
Practice Assessor Course – Wolverhampton Uni (once only)	Book via Practice Facilitators	12months	
Preceptor Training	Book via ESR	12 months	

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

Medical Devices Training Self-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: (trainers use only)
SLE Ventilator & CPAP & High Flow	H				
Fabian CPAP & High Flow	H				
Neopuff	H				
CFM	H				
Blood Gas Analyser	H				
Glucose analyser	H				
Infusion Devices 1.Braun Infusomat 2.Perfusor Space (Syringe Driver) Associated Drug library	H				
Resuscitaire and resuscitation Equipment	H				
Portable Oxygen	H				
Respiration Apnoea Alarms	H				
Incubators	H				
Transport Incubator	H				
Humidifiers	M				
Monitoring equipment 1. Phillips monitor 2. Nellcor monitor 3. Pulseoximeters 4. Thermometers	M				
Phototherapy	M				
Scales (Patient)	L				
Oxygen/air flow meters	L				
Suction	L				
Breast Pumps	L				
Please insert details of other devices in your area					
Name: Job Title: Signature: Date completed:					

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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Medicines Management

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

“The clinical, cost effective and safe uses 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.

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.

ALL medications administered to children **MUST** be checked by 2 registered practitioners. There is an Oral Drug worksheet in your main competency document for you to complete.

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.

Foundations in Neonatal Care Course

You will be enrolled onto the course within 6-9 months of starting. The course is over 12 study days, is accredited, requires completion of a competency document and an assignment. You can choose to complete it at Level 6 or 7. Below is an example of course content.

Foundations in Neonatal Care Course

Day One	<ul style="list-style-type: none"> • Module and Assignment launch • Introduction to literature searching and Library services • Maternal Factors • Medical Problems in Pregnancy • Academic Conduct • Plagiarism
Day Two	<ul style="list-style-type: none"> • Characteristics of a New-born Baby • What is Preterm Birth? • Characteristics of a Preterm Baby • Thermoregulation • Reducing Avoidable Term Admissions
Day Three	<ul style="list-style-type: none"> • The Energy Triangle • Hypoglycaemia • Respiratory Issues Physiology RSV NIV • Skin integrity and CPAP • Apnoea and Bradycardia
Day Four	<ul style="list-style-type: none"> • Infant Feeding to BFI Standards • Parents as partners • Introduction to FICare.
Day Five	<ul style="list-style-type: none"> • FICare -Practical Skills • Journal Club Workshop
Day Six	<ul style="list-style-type: none"> • Tutorials and Journal Club feedback Prep
Day Seven	<ul style="list-style-type: none"> • Therapies in Action Baby Experience • Attunement • Early feeding Development • Nutrient requirements and Brain growth • Importance of Breast milk and Colostrum, Human milk fortifiers and advancing feeds • Psychology Presentations
Day Eight	<ul style="list-style-type: none"> • Therapies- Practical handling • Transition from tube to suck feeding • Relationships between breathing, communication and feeding • Optimising Interactions • Life support to NLS principles

Day Nine	<ul style="list-style-type: none"> • Fetal Circulation and adaptation to Extra uterine life • Cardiac Anomalies • Screening- NHS New-born Blood Spot Screening E-LfH • Screening-Audiology • NHS New-born Infant Physical Examination (NIPE)
Day Ten	<ul style="list-style-type: none"> • Parenteral Nutrition • Jaundice and Phototherapy • Neonatal Surgical Conditions • Seizures/Neurology • Common Syndromes • Immunisations
Day Eleven	<ul style="list-style-type: none"> • Medicines Management Commonly used drugs in NNU • Caffeine • Pain Assessment Tools • Sepsis/Infection
Day Twelve	<ul style="list-style-type: none"> • Ethical Issues in Neonatal care • Clinical competency submissions, evaluation and presentation of certificates.



Shift Evaluation Record

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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Communication:

Other:

Learning Needs:

Patient Care Assessment

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

Patient Handover:	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"/>
Immediate Checks:	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: - Oxygen - Bag valve mask (correct size) - Mask & tubing - Working suction at an appropriate pressure - Yanker sucker & appropriate size catheters (if required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Alarm limits appropriately set - Patient parameters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Check name band insitu & apply if not already in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Introduces themselves to family	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory:	Observed for any signs of respiratory distress: - Tachypnoea - Respiratory rate - Subcostal recession - Intercostal recession - Sternal recession - Tracheal tug - Nasal Flaring - Head bobbing - Grunting	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"/>
Cardiovascular:	Monitoring of heart rate, using stethoscope and 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 use of thermometer	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"/>
Neurological/ Pain Assessment:	NPASS pain score used correctly	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"/>
	Recognises normal/abnormal tone	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Fluid Balance:	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"/> N/A <input type="checkbox"/>
	Correct calculation of fluid 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)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Nutrition:	Correct calculation of feeds	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Awareness of correct type of feed	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Awareness of correct additives	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Document the length /size of the gastric tube (NG or OG) onto SBAR	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Aspirates the gastric tube appropriately: - Before administering a feed / medication - Accurate assessment of pH (can describe the normal range – pH 1-5)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Awareness of feeding cues, selects appropriate feeding route	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Assesses/ records a Breast Feed correctly	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Awareness of ESLF, able to put into practice	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Administration of Medicines:	Patient chart checked for allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Right patient (check name band) Right drug Right time Right dose Right route	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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"/> N/A <input type="checkbox"/>
	Documents appropriately on PVD chart	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
General Patient Care:	Ensures bedding is clean, changes bedding appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Awareness of correct repositioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Uses the comfort score correctly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Awareness of/assesses Developmental Care needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Completion of skin assessment tool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Eye care undertaken appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Mouth care undertaken appropriately	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Plans care with patient / carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Understands what is Family Integrated Care & its benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Assessment of wounds/ CVL/ Line sites	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>



Ongoing Communication:	Any concerns reported appropriately to the nurse in charge or medical team	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appropriate communication with the baby and family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bedside Handover:	Effectively communicates during handover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Logical progression through handover (using SBAR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Documentation:	Accurate, structured evaluation of care completed in patient Badgernet	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:



2-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:

Interim meeting at 6 months

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	

Reflection and discussion

What has gone well? What challenges have you met? How have you overcome them? Consider use of reflection templates* and sharing of observations (it is recommended that five reflections are completed during the preceptorship period).

Review of development

What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Progression points?

Review of individual learning plan

Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.

Comments/notes:

Actions agreed:

Next meeting:

Preceptee signature

Preceptor signature

*Reflective template provided. Link to NMC reflective template for revalidation is:
<https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-accounts-form.doc>



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:

Final sign-off meeting

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	

Reflection and discussion

What has gone well? What challenges have you met? How have you overcome them?

Review of individual learning plan

What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Points of progression?

Review of individual learning plan

Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.

Comments/notes:

Preceptorship sign-off declaration

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily.

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

Forward this section to L&D team for registering onto your ESR

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?