



Family Nursing
& Home Care

PRECEPTORSHIP PORTFOLIO DISTRICT NURSE (ADULTS)

| | |
|-------------------------------|--|
| Name | |
| Allocated Clinical Area(s) | |
| Preceptorship Start Date | |
| Preceptorship Completion Date | |

Preceptorship Details

| Preceptorship Entry Criteria | |
|------------------------------|--------------------------|
| Newly Qualified | Return to Practice |
| New to NMC from outside UK | New part of NMC register |

Please tick applicable criteria above

| | |
|-------------------------------|--|
| Placement 1: | |
| Preceptor Name | |
| Preceptor Contact Details | |
| Clinical Area Manager | |
| Clinical Area Contact Details | |

| | |
|-------------------------------|--|
| Placement 2: | |
| Preceptor Name | |
| Preceptor Contact Details | |
| Clinical Area Manager | |
| Clinical Area Contact Details | |

| Contents | Page |
|---|------|
| 1. Introduction to the Preceptorship Programme | 4 |
| 2. Collecting and demonstrating evidence of achievement | 4 |
| 3. Preceptorship Programme Timeline | 7 |
| 4. Orientation and Induction Checklist | 10 |
| 5. Policies and Procedures Checklist | 12 |
| 6. Training Record | 15 |
| 7. Skills Development: NMC Future Nurse Annex A: Communication and relationship management skills | 19 |
| NMC Future Nurse Annex B: Nursing Procedures | 24 |
| Queen's Nursing Institute (QNI) Transition to District Nursing Service Toolkit | 33 |
| Appendix 1: Preceptorship Agreement | 36 |
| Appendix 2: Meeting Discussion Template | 37 |
| Appendix 3: Objectives and Achievements Record | 38 |
| Appendix 4: Interim Probation Review Form | 39 |
| Appendix 5: End of Probation Review Form | 40 |
| Appendix 6: Preceptorship Final Meeting and Sign Off Declaration | 41 |
| Appendix 7: Preceptee Evaluation Form | 43 |
| Appendix 8: Preceptor Evaluation Form | 44 |

1. Introduction to the FNHC Preceptorship Programme

District nursing services are often the lynchpin of care provided to the patient at home. District nursing staff are now caring for patients with much greater dependency and acuity as hospital stays have been shortened and patients are discharged at an earlier stage in their recovery. Patients will often have long term conditions, multiple pathologies, frailty and reduced mobility. Depending on patient's needs, care will be shared with other agencies, such as other Registered Providers, GPs, hospice and other allied health professionals and this requires the use of excellent communication skills. Staff need to be resilient, and adaptable, to cope with uncertainty and be able to deliver care in sometimes less than optimal circumstances and in unpredictable situations. It is essential to be confident in lone working and making autonomous decisions, often without recourse to immediate backup.

In order to meet these challenges, Family Nursing & Home Care (FNHC) recognises the benefits of a Preceptorship programme that not only supports newly qualified practitioners in professional and personal development but also in terms of retention and recruitment. Therefore it also offers this programme to assist the transition of Return to Practice nurses, experienced practitioners newly appointed to FNHC and existing practitioners undergoing role transition within the organisation.

All preceptees must read the FNHC Preceptorship Policy prior to commencing the Preceptorship programme. The Preceptorship Programme facilitates the structured transition of newly registered nurses and midwives who fulfil the entry criteria for Preceptorship, as defined by the Nursing & Midwifery Council (NMC) Principles for Preceptorship (2020). The programme is designed to develop skills, values and behaviours whilst also developing the confidence of newly registered nurses and midwives.

2. Collecting and Demonstrating Evidence of Achievement

All preceptees will take ownership and responsibility for their learning and proactively engage in setting objectives for development. Depending on clinical fields and areas of practice, professional development may be dependent on a blended approach of both pre-set objectives and preceptee/preceptor driven objectives.

Personal and professional objectives should align to:

- The NMC Code (2018b)
- The NMC Future Nurse Standards of Proficiency (2018a)
- QNI Transition to District Nursing Toolkit
- The practitioner's job description
- FNHC Organisational descriptors (Fig 1)

These descriptors are based on the FNHC Strategic Priorities 2019-23 and provide a structure for the setting of objectives. It is not anticipated that people will need to have objectives/ evidence of working towards each of these individually; they are designed as a guide for the appraisal process.

Figure 1 FNHC Organisational Descriptors



Evidence examples

The following are some examples the preceptee could use to demonstrate achievement of objectives.

| | |
|---|---|
| <ul style="list-style-type: none"> • Certificate of training • Completion of workbooks • Reflections (NMC templates must be used) NMC Reflective Account form • Peer observations • Professional feedback • Patient/client feedback NMC Practice-related feedback log | <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of clinical audit <input type="checkbox"/> Clinical supervisor feedback <input type="checkbox"/> Assignments <input type="checkbox"/> Literature reviews <input type="checkbox"/> Publications <input type="checkbox"/> Teaching evaluation forms <input type="checkbox"/> Nursing/Midwifery <input type="checkbox"/> documentation Professional Portfolio <input type="checkbox"/> Reports <input type="checkbox"/> Examinations |
|---|---|

Collecting and demonstrating evidence is the responsibility of the preceptee and can be undertaken in a number of ways depending on the opportunities and level of confidence. Throughout the preceptorship year, there will be opportunities for preceptees to attend learning events to support development and learning.

Any evidence used must not contain any information, which may identify any service user, patient or client. All personal details of service users, clients or patients must be redacted appropriately to maintain confidentiality.

3. Preceptorship Programme Timeline

3.1 Pre-commencement

Prior to commencement of employment, the preceptee is expected to complete the following:

- ✓ Preceptee to introduce themselves to the line manager and preceptor
- ✓ Preceptee is aware of start date, shift times and off duty.
- ✓ Preceptee has accessed and read the Preceptorship Policy.
- ✓ Preceptee has received a copy of the FNHC Staff Handbook and is familiar with the contents (also see section 5)
- ✓ An individualised supernumerary period has been allocated and is evident on the rota.

3.2 Week 1 - Initial Meeting between Preceptor and Preceptee

- ✓ Discuss the Preceptorship process, the Preceptorship portfolio and how it will be completed
- ✓ Complete Preceptorship Agreement (Appendix 1)
- ✓ Agree support network and mechanisms
- ✓ Discuss first week orientation / induction programme
- ✓ Discuss any personal learning objectives and document using template (Appendix 3)
- ✓ Set a date for next meeting/review
- ✓ Record discussion and actions agreed using template (Appendix 2)

3.3 Week 4 – Review Meeting between Preceptor and Preceptee

- ✓ Review and discuss progress to date
- ✓ Review and update personal learning objectives (Appendix 3)
- ✓ Review and document evidence of learning
- ✓ Set a date for next meeting/review
- ✓ Record discussion and actions agreed using template (Appendix 2)

3.4 Week 12 – Review Meeting between Preceptor and Preceptee

- ✓ Review and discuss progress to date
- ✓ Review and update personal learning objectives (Appendix 3)
- ✓ Review and document evidence of learning
- ✓ Set a date for next meeting/review
- ✓ Record discussion and actions agreed using template (Appendix 2)
- ✓ Complete Interim Probation Report template (Appendix 4) and feedback to preceptee's Line Manager (or Line Manager will complete)

3.5 Week 18 – Review Meeting between Preceptor and Preceptee

- ✓ Review and discuss progress to date
- ✓ Review and update personal learning objectives (Appendix 3)
- ✓ Review and document evidence of learning
- ✓ Set a date for next meeting/review
- ✓ Record discussion and actions agreed using template (Appendix 2)

3.6 Week 24 – Review Meeting between Preceptor and Preceptee

- ✓ Review and discuss progress to date
- ✓ Review and update personal learning objectives (Appendix 3)
- ✓ Review and document evidence of learning
- ✓ Set a date for next meeting/review
- ✓ Preceptor to record discussion and actions agreed using template (Appendix 2)
- ✓ Preceptor to complete End of Probation Report template (Appendix 5) and feedback to preceptee's Line Manager (or Line Manager will complete)

3.7 Weeks 25 to 52 - As required/agreed Review Meetings between Preceptor and Preceptee

- ✓ Review and discuss progress to date
- ✓ Review and update personal learning objectives (Appendix 3)
- ✓ Review and document evidence of learning
- ✓ Set a date for next meeting/review
- ✓ Record discussion and actions agreed using template (Appendix 2)

3.8 One Year- End of Preceptorship Review Meeting between Preceptor and Preceptee

- ✓ Review and discuss progress to date
- ✓ Review personal learning objectives (Appendix 3)
- ✓ Review and document evidence of learning
- ✓ If all portfolio elements have been achieved to a satisfactory level, preceptor and preceptee to complete Final Meeting and Sign Off Declaration (Appendix 6) to confirm end of preceptorship period
- ✓ Preceptee and Preceptor to complete evaluation forms (Appendices 7&8) and forward to FNHC Preceptorship Lead/Education Department

4. Orientation and Induction Checklist

| Description | Preceptor Signature | Preceptee Signature | Date |
|--|---------------------|---------------------|------|
| Introduction to immediate colleagues | | | |
| Tour of work area & building and car parking arrangements | | | |
| Fire Procedures (fire drill, fire alarm, fire exits and assembly point) | | | |
| Fire Extinguishers (location of equipment/extinguishers) | | | |
| Fire Wardens | | | |
| First Aiders and First Aid Box | | | |
| Location of nearest defibrillator | | | |
| Catering facilities (kitchen; tea/coffee making) | | | |
| Communications: Notice boards, newsletters, website, email, team meetings | | | |
| Use of equipment/supplies ie photocopier/scanner/stationery | | | |
| Job role/duties discussed | | | |
| FNHC Strategy and Business Plan/Organisational Structure | | | |
| Location of FNHC policies and procedures | | | |
| Absence notification (sickness reporting/sickness pay/sickness certificates) | | | |
| Hours of work/record keeping/time sheets/mileage forms/annual leave requests/off duty requests | | | |
| Issue of: <ul style="list-style-type: none"> ➤ Uniforms/Clinical equipment ➤ Mobile telephone/IPad/laptop ➤ Car parking permits | | | |
| Multi-disciplinary team working (including referrals to HCS, JHC etc.) | | | |

| Description | Preceptor Signature | Preceptee Signature | Date |
|---|---------------------|---------------------|------|
| Access to FNHC personal email account and HCS/MyStates website/MyView | | | |
| Access to H&CS Infection Control Website | | | |
| Use of Personal Protective Equipment | | | |
| Is aware of how to apply for study leave | | | |
| Can access H&CS Nursing and Midwifery Higher Education Website | | | |
| Internal mail system including emails | | | |
| Explanation of appraisal and probationary processes | | | |
| Registered with Virtual College and can access platform of learning | | | |
| Awareness of Safeguarding processes and reporting mechanisms for both Adults and Children | | | |
| NEWS2 and escalation | | | |
| Understands NMC requirements for revalidation and the themes of the NMC Code (2018) | | | |
| Is aware of Wellbeing website and the support services available | | | |

5. Policies and Procedures Checklist

Below are a list of policies which the preceptee must familiarise themselves with. This list is not exhaustive and there may be additional policies pertinent to the preceptee's area of practice.

| Policy / Procedure | Preceptee Signature | Date |
|---|---------------------|------|
| FNHC Staff Handbook Includes: Adverse Weather Alcohol, Drugs & Gambling Annual leave Anti-bullying & harassment Capability Disciplinary Equal opportunities Flexible working Gifts & inducements Grievance Redundancy Sickness and Disability Whistle Blowing | | |
| Capacity and Self Determination (Jersey) Law 2016 Code of Practice CSDL 2016 Code of Practice | | |
| Confidentiality FNHC Confidentiality Policy | | |
| Data Protection FNHC Data Protection Policy | | |
| Display Screen Equipment FNHC DSE Policy | | |
| Health and Safety FNHC Health and Safety Policy | | |

| Policy / Procedure | Preceptee Signature | Date |
|--|---------------------|------|
| Infection Control FNHC Hand Hygiene and use of PPE FNHC Sharps Injury procedure FNHC Sharps Safety Policy FNHC Staff Infection Management | | |
| Management and Recognition of the Deteriorating Patient FNHC NEWS2 policy | | |
| Medicines FNHC Medicines Policy | | |
| Mobile Device Policy FNHC Mobile Device Policy | | |
| Safeguarding Adults and Children FNHC Safeguarding Policy Adults and Children | | |
| Safeguarding Restorative Supervision FNHC Safeguarding Restorative Supervision | | |
| Uniform and Dress Code FNHC Uniform and Dress Code Policy | | |
| District Nursing Services Patient Pathway (EMIS) FNHC DN Patient Pathway | | |
| Delegation of Nursing Tasks to Non-Registrants by District Nursing Teams FNHC DN Delegation to Non-Registrants | | |
| Useful Links | | |
| Marsden Manual for Clinical Procedures http://www.rmmonline.co.uk/ This manual provides evidence-based clinical skills and procedures related to essential aspects of a patient's care. The password and user details for remote access are: User: jerseygen2015 Password: jerseygen2015 | | |

Hospital Library Password for e-portal is Letmein*2

Clinical Skills <https://clinicalskills.net/login?token=fnhc0101>

The content is reviewed and updated on a regular basis and the easy to follow content can be used to support care planning and education.

Each clinical member of staff will be provided with an individual log-in and the site can be added to iPads. If you require a log-in or have forgotten your details, contact the FNHC Education Department.

6. Training Record

To be regularly reviewed and updated throughout preceptorship programme

| Corporate Induction Programme – full day | | | |
|--|--|-------------------------|-----------------|
| To be completed during first 6 months for all new FNHC employees | | | |
| Subject | Speaker | Date attended/completed | Nurse Signature |
| Welcome to Organization & Role of the Committee | Committee member/CEO | | |
| Finance & Corporate Services Overview | Finance Director or Nominee | | |
| Fund Raising Overview | Fund Raising Officer | | |
| Human Resources | HR Officer | | |
| Quality and Governance Overview including Assure | Quality & Governance lead or Nominee | | |
| Hub & Data Protection Overview | Head of Information Governance & Systems | | |
| Clinical Effectiveness & Audit | Clinical Effectiveness Lead | | |
| Safeguarding | FNHC Safeguarding Lead | | |
| Child and Family Services Overview | Operational :Lead or Nominee | | |
| Adult Services Overview | Operational :Lead or Nominee | | |
| Rapid Response and Reablement Overview | Operational :Lead or Nominee | | |
| Home Care Overview | Operational :Lead or Nominee | | |
| Education Overview | Education and Practice Development Nurse | | |
| Specialist Nurses | Individual Specialist Nurses | | |

| Mandatory Training and Development To be completed during first 6 months for all new FNHC employees | | | |
|--|---------------------------|-------------------------|-----------------|
| Training | Access/ Contact Details | Date attended/completed | Nurse Signature |
| ASSURE Incident Reporting System | FNHC Education Team | | |
| Basic Life Support (Adult & Paediatric) Anaphylaxis & Use of AED | FNHC Education Team | | |
| Capacity/Deprivation of Liberty Safeguards (DOLS) | FNHC Education Team | | |
| Children's Rights Awareness | On line – Virtual College | | |
| Communication & De-escalation Skills | FNHC Education Team | | |
| Conflict Resolution | On line – Virtual College | | |
| Customer Care | On line – Virtual College | | |
| Display Screen equipment (DSE) and Workstation | On line – Virtual College | | |
| Equality, Diversity & Human Rights | On line – Virtual College | | |
| Fire Safety | On line – Virtual College | | |
| Health, Safety & Welfare | On line – Virtual College | | |
| Infection Prevention & Control – Clinical | On line – Virtual College | | |
| Information Governance Awareness | On line – Virtual College | | |
| Lone Worker | FNHC Education Team | | |
| Mental Health, Dementia & Learning Disabilities | On line – Virtual College | | |

| Role-specific Training and Development | | | |
|--|--|-------------------------|-----------------|
| Training | Access/ Contact Details | Date attended/completed | Nurse Signature |
| ANTT Clinical Skills / Wound Care /Catheter Care | FNHC Specialist Nurses Clinical Leadership Team | | |
| Catheter Best Practice & Continence Assessment | FNHC Specialist Nurse | | |
| EMIS | Head of Information Governance and Systems | | |
| Leg Ulcer Management Part A & B | FNHC Specialist Nurse | | |
| Moving and Handling in the Workplace | On line – Virtual College | | |
| Moving and Handling People | FNHC Education Team | | |
| National Early Warning Score (NEWS2) | On line via this link NEWS2 Register as NHS employee using FNHC e-mail | | |
| Professional Writing and Recording | FNHC Education Team | | |
| Safeguarding Level 3 (HCS) | Email HealthSafeguardingTeam@health.gov.je | | |
| Sepsis | FNHC Sepsis Champion | | |
| Stoma Care | FNHC Specialist Nurse | | |

| Training | Access/Contact details | Date attended/completed | Nurse Signature |
|--|--|-------------------------|-----------------|
| Intravenous Drug Administration (IVDA) | FNHC Education Team Click on this link to access course workbook HCS IVDA Workbook | | |
| Venous Blood Sampling & Cannulation | FNHC Education Team Click on this link to access course workbook HCS VBS & Cannulation Workbook | | |
| McKinley Syringe Driver | On line register on the link below to access to the training BD e-learning portal (not compatible with tablet devices) | | |
| Glucometer | Clinical Area Champion | | |

7. Skills Development

Future Nurse Annex A: Communication and relationship management skills

The NMC (2018) 'Future Nurse' skills (Annex A and B) are skills that the NMC identify will need to be demonstrated at the point of registration. The preceptee will be required to identify those skills needed in their area of practice and be able to demonstrate these. Those skills needing further support and development may be set as an objective using the objective template. Not all skills will be relevant to the preceptee's area of practice.

This Annex identifies those that you need to develop in order to practice in your chosen area.

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 1.Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care | | | | |
| 1.1 actively listen, recognise and respond to verbal and nonverbal cues | | | | |
| 1.2 use prompts and positive verbal and nonverbal reinforcement | | | | |
| 1.3 use appropriate non-verbal communication including touch, eye contact and personal space | | | | |
| 1.4 make appropriate use of open and closed questioning | | | | |
| 1.5 use caring conversation techniques | | | | |
| 1.6 check understanding and use clarification techniques | | | | |
| 1.7 be aware of own unconscious bias in communication encounters | | | | |
| 1.8 write accurate, clear, legible records and documentation | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 1.9 confidently and clearly present and share verbal and written reports with individuals and groups | | | | |
| 1.10 analyse and clearly record and share digital information and data | | | | |
| 1.11 provide clear verbal, digital or written information and instructions when delegating or handing over responsibility for care | | | | |
| 1.12 recognise the need for, and facilitate access to, translator services and material. | | | | |
| 2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care | | | | |
| 2.1 share information and check understanding about the causes, implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, diabetes, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis | | | | |
| 2.2 use clear language and appropriate, written materials, making reasonable adjustments where appropriate in order to optimise people`s understanding of what has caused their health condition and the implications of their care and treatment | | | | |
| 2.3 recognise and accommodate sensory impairments during all communications | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|--|----------------|---------------------|---------------------|---------------------|
| 2.4 support and manage the use of personal communication aids | | | | |
| 2.5 identify the need for and manage a range of alternative communication techniques | | | | |
| 2.6 use repetition and positive reinforcement strategies | | | | |
| 2.7 assess motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use | | | | |
| 2.8 provide information and explanation to people, families and carers and respond to questions about their treatment and care and possible ways of preventing ill health to enhance understanding | | | | |
| 2.9 engage in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity. | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions | | | | |
| 3.1 motivational interview techniques | | | | |
| 3.2 solution focused therapies | | | | |
| 3.3 reminiscence therapies | | | | |
| 3.4 talking therapies | | | | |
| 3.5 de-escalation strategies and techniques | | | | |
| 3.6 cognitive behavioural therapy techniques | | | | |
| 3.7 play therapy | | | | |
| 3.8 distraction and diversion therapies | | | | |
| 3.9 positive behaviour support approaches | | | | |
| 4. Evidence-based, best practice communication skills and approaches for working with people in professional teams | | | | |
| 4.1 Demonstrate effective supervision, teaching and performance appraisal through the use of: | | | | |
| 4.1.1 clear instructions and explanations when supervising, teaching or appraising others | | | | |
| 4.1.2 clear instructions and check understanding when delegating care responsibilities to others | | | | |
| 4.1.3 unambiguous, constructive feedback about strengths and weaknesses and potential for improvement | | | | |
| 4.1.4 encouragement to colleagues that helps them to reflect on their practice | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 4.1.5 unambiguous records of performance | | | | |
| 4.2 Demonstrate effective person and team management through the use of: | | | | |
| 4.2.1 strengths based approaches to developing teams and managing change | | | | |
| 4.2.2 active listening when dealing with team members' concerns and anxieties | | | | |
| 4.2.3 a calm presence when dealing with conflict | | | | |
| 4.2.4 appropriate and effective confrontation strategies | | | | |
| 4.2.5 de-escalation strategies and techniques when dealing with conflict | | | | |
| 4.2.6 effective co-ordination and navigation skills through: | | | | |
| 4.2.6.1 appropriate negotiation strategies | | | | |
| 4.2.6.2 appropriate escalation procedures | | | | |
| 4.2.6.3 appropriate approaches to advocacy | | | | |

Future Nurse Annex B: Nursing procedures

The NMC (2018) 'Future Nurse' skills (Annex A and B) are skills that the NMC identify will need to be demonstrated at the point of registration. The preceptee will be required to identify those skills needed in their area of practice and be able to demonstrate these. Those skills needing further support and development may be set as an objective using the objective template. Not all skills will be relevant to the preceptee's area of practice.

This Annex identifies those that you need to develop in order to practice in your chosen area.

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|--|----------------|---------------------|---------------------|---------------------|
| Part 1: Procedures for assessing people`s needs for person centred care | | | | |
| 1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages: | | | | |
| 1.1 mental health and wellbeing status | | | | |
| 1.1.1 signs of mental and emotional distress or vulnerability | | | | |
| 1.1.2 cognitive health status and wellbeing | | | | |
| 1.1.3 signs of cognitive distress and impairment | | | | |
| 1.1.4 behavioural distress based needs | | | | |
| 1.1.5 signs of mental and emotional distress including agitation, aggression and challenging behaviour | | | | |
| 1.1.6 signs of self-harm and/or suicidal ideation | | | | |
| 1.2 physical health and wellbeing | | | | |
| 1.2.1 symptoms and signs of physical ill health | | | | |
| 1.2.2 symptoms and signs of physical distress | | | | |
| 1.2.3 symptoms and signs of deterioration and sepsis | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|--|----------------|---------------------|---------------------|---------------------|
| 2. Use evidence-based, best practice approaches to undertake the following procedures: | | | | |
| 2.1 take, record and interpret vital signs manually and via technological devices | | | | |
| 2.2 undertake: Venepuncture: Cannulation: Blood sampling: Interpreting normal and common abnormal blood profiles: Venous blood gases: | | | | |
| 2.3 manage and interpret blood glucose monitors: | | | | |
| 2.4 accurately measure weight and height: calculate body mass index and recognise healthy ranges and clinically significant low/high readings: | | | | |
| 2.5 undertake a whole body systems assessment including Respiratory: Circulatory: Neurological: Musculoskeletal: Cardiovascular: Skin status: | | | | |
| 2.6 undertake chest auscultation and interpret findings | | | | |
| 2.7 collect and observe Sputum: Urine: Stool: Vomit: Undertaking routine analysis and interpreting findings | | | | |
| 2.8 measure and interpret blood glucose level | | | | |
| 2.9 recognise and respond to signs of all forms of abuse | | | | |
| 2.10 undertake, respond to and interpret neurological observations and assessments | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|--|----------------|---------------------|---------------------|---------------------|
| 2.11 identify and respond to signs of deterioration and sepsis | | | | |
| 2.12 administer basic mental health first aid | | | | |
| 2.13 administer basic physical first aid | | | | |
| 2.14 recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support | | | | |
| 2.15 recognise and respond to challenging behaviour, providing appropriate safe holding and restraint | | | | |
| Part 2: Procedures for the planning, provision and management of person-centred nursing care | | | | |
| 3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 3.1 observe and assess comfort and pain levels and rest and sleep patterns | | | | |
| 3.2 use appropriate positioning and pressure relieving techniques | | | | |
| 3.3 take appropriate action to ensure privacy and dignity at all times | | | | |
| 3.4 take appropriate action to reduce or minimise pain or discomfort | | | | |
| 4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 4.1 observe, assess and optimise skin and hygiene status and determine the need for support and intervention | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|--|----------------|---------------------|---------------------|---------------------|
| 4.2 use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown | | | | |
| 4.3 assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing | | | | |
| 4.4 identify and manage skin irritations and rashes | | | | |
| 4.5 assess needs for and provide appropriate oral, dental, eye, and nail care and decide when an onward referral is needed | | | | |
| 4.6 use approved techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures | | | | |
| 4.7 use approved techniques when managing wound and drainage processes | | | | |
| 4.8 assess, respond and effectively manage pyrexia and hypothermia | | | | |
| 5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 5.1 observe, assess and optimise nutrition and hydration status and determine the need for intervention and support | | | | |
| 5.2 use contemporary nutritional assessment tools | | | | |
| 5.3 assist with feeding and drinking and use appropriate feeding and drinking aids | | | | |
| 5.4 record fluid intake and output and identify, respond to and manage dehydration or fluid retention | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 5.5 identify, respond to and manage nausea and vomiting | | | | |
| 5.6 insert, manage and remove gastric tubes | | | | |
| 5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes | | | | |
| 5.8 manage the administration of IV fluids | | | | |
| 6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 6.1 observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids | | | | |
| 6.2 select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with self-catheterisations when required | | | | |
| 6.3 undertake bladder scanning | | | | |
| 6.4 manage bladder drainage | | | | |
| 6.5 assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention | | | | |
| 6.6 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate | | | | |
| 6.7 undertake stoma care identifying and using appropriate products and approaches | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|--|----------------|---------------------|---------------------|---------------------|
| 7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 7.1 observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment approaches | | | | |
| 7.2 use a range of contemporary moving and handling techniques and mobility aids | | | | |
| 7.3 use appropriate moving and handling equipment to support people with impaired mobility | | | | |
| 7.4 use appropriate safety techniques and devices | | | | |
| 8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 8.1 observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate interventions | | | | |
| 8.2 manage the administration of oxygen using a range of routes and best practice approaches | | | | |
| 8.3 take and interpret peak flow and oximetry measurements | | | | |
| 8.4 use appropriate nasal and oral suctioning techniques | | | | |
| 8.5 manage inhalation, humidifier and nebuliser devices | | | | |
| 8.6 manage airway and respiratory processes and equipment | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 9.1 observe, assess and respond rapidly to potential infection risks using best practice guidelines | | | | |
| 9.2 use standard precautions protocols | | | | |
| 9.3 use effective aseptic, non-touch techniques | | | | |
| 9.4 use appropriate personal protection equipment | | | | |
| 9.5 implement isolation procedures | | | | |
| 9.6 use evidence-based hand hygiene techniques | | | | |
| 9.7 safely decontaminate equipment and environment | | | | |
| 9.8 safely use and dispose of waste, laundry and sharps | | | | |
| 9.9 safely assess and manage invasive medical devices and lines | | | | |
| 10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions | | | | |
| 10.1 observe, and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression | | | | |
| 10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices | | | | |
| 10.3 assess and review preferences and care priorities of the dying person and their families and carers | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|----------------|---------------------|---------------------|---------------------|
| 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health | | | | |
| 10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death | | | | |
| 10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols | | | | |
| 11.Procedural competencies required for best practice, evidence-based medicines administration and optimisation | | | | |
| 11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications | | | | |
| 11.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them | | | | |
| 11.3 use the principles of safe remote prescribing and directions to administer medicines | | | | |
| 11.4 undertake accurate drug calculations for a range of medications | | | | |
| 11.5 undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product | | | | |
| 11.6 exercise professional accountability in ensuring the safe administration of medicines to those receiving care | | | | |

| Skill Identified | Applicable Y/N | Date of Achievement | Preceptor Signature | Preceptee Signature |
|---|-------------------|------------------------|------------------------|------------------------|
| 11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment | | | | |
| 11.8 administer medications using a range of routes | | | | |
| 11.9 administer and monitor medications using vascular access devices and enteral equipment | | | | |
| 11.10 recognise and respond to adverse or abnormal reactions to medications | | | | |
| 11.11 undertake safe storage, transportation and disposal of medicinal products | | | | |

Queen's Nursing Institute (QNI) Transition to District Nursing Service Toolkit

To help nurses to make the transition into the community, the QNI has developed a new educational online resource, updated in 2016. It is designed for nurses that are new to a community nursing role. The toolkit discusses a whole range of issues that may be encountered when nursing people in their own homes.

This table below gives an overview of outcomes to be achieved, but every practitioner is different and individuals will complete at their own pace.

It is designed to be used alongside the [QNI Transition to District Nursing](#) full document, which includes practical tools, links to websites and wider reading, handy reference charts and tables.

| Aim | Date achieved | Evidence e.g. discussion, exercises, activities, reflection etc. | Preceptor Signature | Preceptee Signature |
|---|---------------|--|---------------------|---------------------|
| Chapter 1 - What is community nursing? | | | | |
| Provide a brief overview of the history of community nursing in the UK. | | | | |
| Consider historical attitudes of community nursing and how these feelings may still resonate in community nursing today | | | | |
| Outline the different roles and responsibilities of professionals in the community setting | | | | |
| Consider what skills you may need to work in the community nursing setting | | | | |
| Chapter 2 - Making the transition from hospital to community | | | | |
| Develop an understanding of the community setting as a work environment | | | | |
| Identify the support available to you as a community nurse and whilst undertaking this resource | | | | |
| Introduce 'Reflection' as a learning tool and consider some models of reflection | | | | |
| Think about how you would like to record your reflections whilst doing this resource | | | | |

| Chapter 3 - Working safely | | | | |
|--|--|--|--|--|
| Explore some of the legislation that protects nurses working in the home setting | | | | |
| Discuss 'rights of entry' | | | | |
| Consider your own personal safety when working in the community | | | | |
| Chapter 4 - Patient focus | | | | |
| Define Long Term Conditions and their impact on the patient | | | | |
| Consider the role of the community nurse when caring for patients with Long Term Conditions and Palliative care | | | | |
| Develop an understanding of integrated approaches to care in the community setting and the resources and networks available for this group | | | | |
| Chapter 5 - Mid- point reflection and progress check on identified skills development | | | | |
| Reflect upon the experience of the on-line resource so far | | | | |
| Ensure reflective diary is up to date | | | | |
| Re-visit additional skills that you may need to achieve in order to work in the community setting | | | | |
| Chapter 6 - Team working and working with other professionals | | | | |
| Explore the benefits of working as a team member | | | | |
| Recognise the importance of working with other professionals in the community | | | | |
| Understand the importance of various forms of communication in the community setting for effective patient care - | | | | |
| Ensuring we have the right staff, with the right skills in the right place | | | | |

| Chapter 7 - Working with Vulnerable People | | | | |
|---|--|--|--|--|
| Define vulnerability and consider groups at risk | | | | |
| Identify various forms of abuse | | | | |
| Raise awareness of systems that protect vulnerable people and how to 'raise concerns' | | | | |
| Chapter 8 - Carer Support | | | | |
| Consider the role of the carer and the impact that carers have in the community | | | | |
| Explore nurses reactions to carers and highlight partnership caring | | | | |
| Look at ways to enhance the carer experience | | | | |
| Chapter 9 – The Future- Personal and professional development | | | | |
| Raise awareness of the political climate in which the NHS now exists | | | | |
| Consider the Department of Health (2013) strategy for the future of District Nursing | | | | |
| Understand the impact of the Jersey Care Model on District Nursing Services | | | | |
| Explore some of the impact these changes will have on practice | | | | |
| How do you keep up to date? | | | | |
| Chapter 10 - Developing your Career in District Nursing | | | | |
| Consider your confidence and competence in District nursing | | | | |
| Start to consider your own personal development plan | | | | |
| Career planning | | | | |

Appendix 1 Preceptorship Agreement

Preceptorship Agreement

Preceptee

I, _____ commit to fulfilling my responsibilities as a newly registered practitioner and preceptee.

This includes:

- Completing all organisation and local induction, statutory and mandatory training
- Attending study days and doing all required training 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

Signature:..... **Date:**.....

Preceptor

I, _____ commit to fulfilling my responsibilities as a preceptor.

This includes:

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

Signature:..... **Date:**.....

Appendix 2 Meeting Discussion Template

Preceptorship Meeting Record

Preceptee:.....Preceptor:.....

Date.....Week:

Discussion:

Actions agreed:

| | | | |
|---------------------|--|---------------------|--|
| Preceptor Signature | | Preceptee Signature | |
| Date | | Date | |

Appendix 3 Objectives and Achievements Record

| No. | Objective | Support / Resources Required | Evidence of Achievement | Date Achieved |
|-----|-----------|------------------------------|-------------------------|-----------------------|
| | | | | |
| | | Timescale | | Signature of Assessor |
| | Date | | | |
| | | | | |
| | | Timescale | | Signature of Assessor |
| | Date | | | |
| | | | | |
| | | Timescale | | Signature of Assessor |
| | Date | | | |
| | | | | |
| | | Timescale | | Signature of Assessor |
| | Date | | | |
| | | | | |
| | | Timescale | | Signature of Assessor |
| | Date | | | |
| | | | | |
| | | Timescale | | Signature of Assessor |
| | Date | | | |

Appendix 4 Interim Probation Review Record

| PROBATION – INTERIM REVIEW | | | |
|--|--|--------------|------------------------|
| Name | | Joining date | |
| Department & Grade | | Team/Group | |
| Please attach list of agreed objectives for the review period and other relevant documentation. The following must be discussed:- | | | |
| Overall standard of work (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Attitude towards work and colleagues (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Ability and knowledge to do the job (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Specific training areas identified (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Conduct, attendance and punctuality during review period (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Potential areas of concern (if any issues are raised it must be made clear to the employee that they may be asked to leave before Final Probation review if there is not an acceptable improvement within 4 weeks) (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Overall comments on performance during review period | | | |
| | | | |
| Relevant induction training has been completed and all forms submitted to HR <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Initials (Employee) |
| Final Review scheduled for | | | |
| Date of Review | | | |
| List of objectives prepared and explained | | | |
| Final Review date agreed (Must take place within 5 working days following the 22nd week of employment) | | | |

Signed:

Staff Member:

Date:

Signed:

Line Manager/Operational Lead

Date:

Please forward completed form to the Human Resources Department

Appendix 5 End of Probation Review Record

| PROBATION – 26 WEEK REVIEW | | | |
|--|--|---------------------|--------------------------------|
| Name | | Joining date | |
| Department & Grade | | Team/Group | |
| Please attach list of agreed objectives for the review period and other relevant documentation. The following must be discussed:- | | | |
| Overall standard of work (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Attitude towards work and colleagues (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Ability and knowledge to do the job (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Specific training areas identified (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Conduct, attendance and punctuality during review period (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Potential areas of concern (if any issues are raised it must be made clear to the employee that they may be asked to leave before Final Probation review if there is not an acceptable improvement within 4 weeks) (Please type your comments below) | | | |
| | | | Initials (Employee) |
| Overall comments on performance during review period | | | |
| | | | |
| Relevant induction training has been completed and all forms submitted to HR <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Initials (Employee) |
| Final Review scheduled for | | | |
| Date of Review | | | |
| List of objectives prepared and explained | | | |
| Final Review date agreed (Must take place within 5 working days following the 22nd week of employment) | | | |

Signed:

Staff Member:

Date:

Signed:

Line Manager//Operational Lead

Date:

Please forward completed form to the Human Resources Department

Appendix 6 Preceptorship Final Meeting and Sign Off Declaration

Preceptorship Final Meeting and Sign Off Declaration

| | |
|---|--|
| Preceptee Name: | |
| Preceptor Name: | |
| Date of Meeting: | |
| Review of previous development objectives: | |
| | |
| Reflection on what has gone well and any challenges: | |
| | |

Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Time bound

PRECEPTORSHIP SIGN-OFF DECLARATION

This is to confirm that the preceptee has completed all aspects of the preceptorship programme to a satisfactory standard and the preceptorship period is now complete.

Date of completion:.....

Preceptee

Name:.....**Signature:**.....

Preceptor

Name:.....**Signature:**.....

Operational/Management Lead:

Name:.....**Signature:**.....

Once completed please send a copy to:

FNHC Preceptorship Lead/Education & Development Team

Human Resources Department

Operational Lead

Appendix 7 Preceptee Evaluation Form

Preceptee Evaluation Form Candidate ID:

Please complete the evaluation form on completion of your Preceptorship Programme and send to **FNHC Preceptorship Lead/Education & Development Team**

All replies are anonymous and will be collated and used to develop the FNHC Preceptorship programme.

| Question | Yes | No |
|---|-----|----|
| 1. Do you feel you were prepared for the FNHC Preceptorship Programme? | | |
| If no please clarify: | | |
| 2. Do you feel you had enough support throughout your FNHC Preceptorship Programme? | | |
| If no please clarify: | | |
| 3. Do you feel you had enough time with your preceptor to complete the requirements of the Preceptorship Portfolio? | | |
| If no please clarify: | | |
| 4. Do you feel the information you were given was sufficient for you to understand the requirements of the Preceptorship Programme? | | |
| If no please clarify: | | |
| 5. Do you think the duration of the FNHC Preceptorship Programme was adequate to complete the objectives in the portfolio? | | |
| If no please clarify: | | |
| 6. What did you like about the FNHC Preceptorship Programme? | | |
| 7. How do you feel the FNHC Preceptorship Programme could be improved? | | |

Thank you for taking the time to complete this questionnaire.

If you would like to discuss any aspect of preceptorship further than please contact the

FNHC Education & Development Team

Appendix 8 Preceptor Evaluation Form

Preceptor Evaluation Form

Candidate ID:

Please complete the evaluation form on completion of your Preceptorship Programme and send to **FNHC Preceptorship Lead/Education & Development Team**

All replies are anonymous and will be collated and used to develop the FNHC Preceptorship programme.

| Question | Yes | No |
|---|-----|----|
| 1. Do you feel you were provided with enough information about the FNHC Preceptorship Programme? | | |
| If no please clarify: | | |
| 2. Do you feel you had enough support to enable you to undertake your role as a Preceptor? | | |
| If no please clarify: | | |
| 3. Do you feel you had enough time with your Preceptee to complete the requirements of the Preceptorship Portfolio? | | |
| If no please clarify: | | |
| 4. Do you feel the information you were given was sufficient for you to understand the requirements of the Preceptorship Programme? | | |
| If no please clarify: | | |
| 5. Do you think the duration of the Preceptorship Programme was adequate to complete the objectives in the portfolio? | | |
| If no please clarify: | | |
| 6. What did you like about the FNHC Preceptorship Programme? | | |
| | | |
| 7. How do you feel the FNHC Preceptorship Programme could be improved? | | |
| | | |

Thank you for taking the time to complete this questionnaire.

If you would like to discuss any aspect of preceptorship further than please contact the

FNHC Education & Development Team