



Family Nursing  
& Home Care

## PRECEPTORSHIP PORTFOLIO SCHOOL NURSE

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

## Preceptorship Details

| Preceptorship Entry Criteria |                          |
|------------------------------|--------------------------|
| Newly Qualified              | Return to Practice       |
| New to Jersey                | 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 |  |

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## **1. Introduction to the FNHC Preceptorship Programme**

School nurses are registered nurses or midwives, some of whom also have a specialist qualification in community health and the health needs of school-aged children and young people (Specialist Community Public Health Nurses (SCPHNs)). The school nurse role has distinct characteristics which include the responsibility to work with both individuals and a population, which may mean providing services on behalf of a community or population without having direct contact with every individual in that community.

Within Family Nursing & Home Care (FNHC) school nurses function as both health promoters and health educators; working in partnership with many agencies, professionals and families to promote and protect the physical and emotional wellbeing of children and young people, in their developing years.

They work tirelessly to safeguard the needs of children and young people in Jersey, providing a fully confidential health service including, child immunisation programmes, advice on healthy eating, sexual health and substance misuse, as well as providing specific support for families with complex needs in the school setting. They deliver the Healthy Child Programme (5 to 19 years old).

In order to meet these challenges, 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 School 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. This Preceptorship Programme facilitates the structured transition of newly employed School Nurses 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 employed School Nurses.

## **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 Royal College of Nursing (RCN) Toolkit for School Nurses (2019)
- The NMC Code (2018)
- 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"><li>• Certificate of training</li><li>• Completion of workbooks</li><li>• Reflections (NMC templates must be used) <a href="#">NMC Reflective Account form</a></li><li>• Peer observations</li><li>• Professional feedback</li><li>• Patient/client feedback<br/><a href="#">NMC Practice-related feedback log</a></li></ul> | <ul style="list-style-type: none"><li>□ Evidence of clinical audit</li><li>□ Clinical supervisor feedback</li><li>□ Assignments</li><li>□ Literature reviews</li><li>□ Publications</li><li>□ Teaching evaluation forms</li><li>□ Nursing/Midwifery documentation</li><li>□ Professional Portfolio Reports</li><li>□ Examinations</li></ul> |
|--|---|

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 at the beginning of the preceptee's clinical placement and is evident on the rota. This may not be necessary if the preceptee has previously completed their SCPHN training and/or completed training placements with FNHC

#### **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"> <li>➤ Clinical equipment</li> <li>➤ Mobile telephone/IPad/laptop</li> <li>➤ Car parking permits</li> </ul> |                     |                     |      |
| Multi-disciplinary team working (including referrals to HCS etc.)   |                     |                     |      |
| Access to FNHC personal email account and HCS/MyStates website/MyView   |                     |                     |      |

| Description   | Preceptor Signature | Preceptee Signature | Date |
|---|---------------------|---------------------|------|
| 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 |                     |                     |      |
| 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 and procedures which the preceptee must familiarise themselves with. This list is not exhaustive and there may be additional policies and procedures pertinent to the preceptee's area of practice.

| Policy / Procedure  | Preceptee Signature | Date |
|---|---------------------|------|
| <a href="#">FNHC Staff Handbook</a><br>Includes:<br><br>Adverse Weather<br>Alcohol, Drugs & Gambling<br>Annual leave<br>Anti-bullying & harassment<br>Capability<br>Disciplinary<br>Equal opportunities<br>Flexible working<br>Gifts & inducements<br>Grievance<br>Redundancy<br>Sickness and Disability<br>Whistle Blowing         |                     |      |
| <a href="#">Building Blocks to Toilet Training presentation</a><br><a href="#">Building Blocks to Toilet Training parent handout</a><br><a href="#">Staff and parents questionnaire</a><br><a href="#">Ready for School questionnaire</a><br><a href="#">Staff questionnaire</a><br><a href="#">Toilet Training Workshop letter</a> |                     |      |
| Capacity and Self Determination (Jersey)<br>Law 2016 Code of Practice<br><br><a href="#">CSDL 2016 Code of Practice</a>   |                     |      |
| Confidentiality<br><a href="#">FNHC Confidentiality Policy</a>  |                     |      |
| Data Protection<br><br><a href="#">FNHC Data Protection Policy</a>  |                     |      |
| Display Screen Equipment<br><a href="#">FNHC DSE Policy</a>   |                     |      |

|   |  |  |
|---|--|--|
| Enteral Feeding CYP<br><a href="#">FNHC CYP Enteral Feeding Guidelines</a>  |  |  |
| Health and Safety<br><a href="#">FNHC Health and Safety Policy</a>  |  |  |
| Healthy Child Programme<br><a href="#">FNHC Healthy Child Programme SOPs</a>  |  |  |
| Infection Control<br><a href="#">FNHC Hand Hygiene and use of PPE</a><br><a href="#">FNHC Sharps Injury procedure</a><br><a href="#">FNHC Sharps Safety Policy</a><br><a href="#">FNHC Staff Infection Management</a> |  |  |
| Injectable Medicines Policy for CYP<br><a href="#">FNHC Injectable Medicines Policy CYP</a>   |  |  |
| Medicines<br><a href="#">FNHC Medicines Policy</a>  |  |  |
| Mobile Device Policy<br><a href="#">FNHC Mobile Device Policy</a>   |  |  |
| National Child Management Programme<br><a href="#">National Child Management Programme Operational Guidance</a>   |  |  |
| Safeguarding Adults and Children<br><a href="#">FNHC Safeguarding Policy Adults and Children</a>  |  |  |
| Safeguarding Restorative Supervision<br><a href="#">FNHC Safeguarding Restorative Supervision</a>   |  |  |
| School Nursing SOPs<br><a href="#">FNHC School Nursing SOPs</a>   |  |  |
| Uniform and Dress Code<br><a href="#">FNHC Uniform and Dress Code Policy</a>  |  |  |
| Vaccine Cold Chain Policy<br><a href="#">FNHC Vaccine Cold Chain Policy</a>   |  |  |
| Immunisation Practitioner Agreement & PGDs<br><a href="#">FNHC PGDs</a>   |  |  |

## 6. Useful Links

QNI Transition to School Nursing Service [QNI Transition to School Nursing Service](#)

Royal College of Nursing Toolkit for School Nurses [RCN Toolkit for School Nurses](#)

Dept. of Health [Healthy Child Programme 5-19 yrs old](#)

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 and Training Department.

## 7. 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 Organisation & 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 Re-ablement 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 |
| Jersey's Children First - Essentials                                   | On line – Virtual College   |                         |                 |
| Jersey's Children First – Using and Sharing Chronologies               | Email<br><a href="mailto:jerseyschildrenfirst@gov.je">jerseyschildrenfirst@gov.je</a>                   |                         |                 |
| Jersey's Children First – Role and Responsibilities of the Lead Worker | Email<br><a href="mailto:jerseyschildrenfirst@gov.je">jerseyschildrenfirst@gov.je</a>                   |                         |                 |
| EMIS   | Head of Information Governance and Systems  |                         |                 |
| Safeguarding Level 3 (HCS)   | Email<br><a href="mailto:HealthSafeguardingTeam@health.gov.je">HealthSafeguardingTeam@health.gov.je</a> |                         |                 |
| Patient Group Directions (PGD)   | On line – e-learning  |                         |                 |
| Safe Moving and Handling   | FNHC Education Team   |                         |                 |
| Professional Writing and Recording                                     | FNHC Education Team   |                         |                 |
| Ages and Stages Questionnaire (ASQ) & assessment                       | E learning x3 modules   |                         |                 |

## 8. Skills Development

The [Healthy Child Programme 5-19 yrs old](#) (DofH 2009) is an evidence based early intervention and prevention public health programme that lies at the heart of universal services for children, young people and families. Its 'universal reach' provides an opportunity to identify families that are in need of additional support, and children and young people who are at risk of poor outcomes. It sets out the good practice framework for prevention and early intervention services for children and young people and recommends how health, education and other partners, working together across a range of settings, can significantly enhance a child's or young person's life chances.

This table below gives an overview of aims/outcomes to be achieved, based on the core requirements of the Healthy Child Programme 5-19 years. The table can also be used alongside the Royal College of Nursing [RCN Toolkit for School Nurses](#) (2019). This Toolkit provides newly qualified, return to practice and new to area school nurses with information, examples of good practice, templates and useful websites to support and develop professional practice and aims to support school nurses in developing their roles in practice, management and leadership to improve health outcomes for children and young people in the school environment.

| Aim/outcome   | Date achieved | Evidence eg discussion, exercises, activities, reflection etc | Preceptor Signature | Preceptee Signature |
|---|---------------|---|---------------------|---------------------|
| <b>Outcome 1 – Review health status of children on entry to school</b>  |               |   |                     |                     |
| Assess children's health status   |               |   |                     |                     |
| Explain re: <ul style="list-style-type: none"> <li>• School Health Nursing Team and roles</li> <li>• Multi agency working</li> <li>• Voluntary services</li> <li>• Contact details</li> <li>• Confidentiality of information</li> </ul> |               |   |                     |                     |
| Assess and review children with additional needs  |               |   |                     |                     |
| Identify problems which may affect the child's ability to learn and access the school curriculum  |               |   |                     |                     |

|   |  |  |  |  |
|---|--|--|--|--|
| Where children's health conditions are identified before school entry, liaise with other professionals in health and education to support meeting the needs of the individual child within the educational setting. |  |  |  |  |
| <b>Outcome 2 - Undertake annual measuring of children in line with the National Child Measurement Programme (NCMP)</b>  |  |  |  |  |
| Weigh all children at Reception stage, year six and targeted children using recommended scales  |  |  |  |  |
| Input measurements for universal children onto Child Health database  |  |  |  |  |
| When requested, support parents/carers with feedback/ information for children and young people whose weight falls outside the BMI  |  |  |  |  |
| Offer Universal Plus brief interventions and referral with consent where children's weight falls outside BMI  |  |  |  |  |
| Provide individual support to Universal Plus children and their families  |  |  |  |  |
| As part of a Primary Prevention Programme, promote healthy lifestyles to schools and wider community  |  |  |  |  |
| <b>Outcome 3 – Respond appropriately to specific Health Assessments</b>   |  |  |  |  |
| Child with a child protection plan or child in need plan  |  |  |  |  |
| Child with complex needs  |  |  |  |  |
| Child with Early Help Plan  |  |  |  |  |
| Referral from another agency  |  |  |  |  |
| Parental request or self-referred   |  |  |  |  |

| <b>Outcome 4 – Enable parents and children to access support and information about management of continence</b>                                     |  |  |  |  |
|---|--|--|--|--|
| Provide parents/carers, children and young people with information and guidance   |  |  |  |  |
| Complete a Health Assessment for Children with continence needs where required  |  |  |  |  |
| Provide specialist nurse led individual assessment, advice and on-going support in a variety of community settings, providing equipment as required |  |  |  |  |
| <b>Outcome 5 – Enable children to access support and information about their emotional health and wellbeing</b>                                     |  |  |  |  |
| Promote emotional wellbeing during school years   |  |  |  |  |
| Work towards improving self-esteem, anger management, stress management, friendships and relationships  |  |  |  |  |
| Signpost or refer to specialist support where required and promote uptake of appropriate service<br>Ensure family centred approach                  |  |  |  |  |
| <b>Outcome 6 – Co-ordinate and deliver the childhood immunisation programme</b>   |  |  |  |  |
| Promote the uptake of immunisations offered to all children in target age ranges  |  |  |  |  |
| Support the Department of Public Health where there is an outbreak of communicable disease  |  |  |  |  |
| Share information about benefits and side effects of vaccinations to ensure informed consent from young people and parents/carers                   |  |  |  |  |

| <b>Outcome 7 - Enable children to access support and information about their personal hygiene, health and development</b> |  |  |  |  |
|---|--|--|--|--|
| Give information about basic personal hygiene and developmental changes as needs indicate                                 |  |  |  |  |
| Respond to individual referrals and offer support to meet individual need   |  |  |  |  |
| <b>Outcome 8 – Support children living with long term and life limiting conditions</b>                                    |  |  |  |  |
| Offer advice and support on health issues to children and young people with ongoing or specific health needs              |  |  |  |  |
| Offer advice to parents and carers  |  |  |  |  |
| Support training of school staff  |  |  |  |  |
| Refer to specialist services for training where appropriate.  |  |  |  |  |
| <b>Outcome 9 – Support parents and carers</b>   |  |  |  |  |
| Provide parenting guidance advice and support to parents and carers where required.                                       |  |  |  |  |
| <b>Outcome 10 - Contribute to improved sexual health outcomes of school aged young people</b>                             |  |  |  |  |
| Consider safeguarding issues  |  |  |  |  |
| Promote the message to delay onset of sexual activity   |  |  |  |  |
| Provide information and signposting of contraception including emergency hormonal contraception                           |  |  |  |  |
| Provide information and signposting for prevention of sexually transmitted infections                                     |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Provide wider holistic health advice   |  |  |  |  |
| <b>Outcome 11 - Safeguarding</b>   |  |  |  |  |
| Identify children and young people in need of support and protection, acting in compliance with the Jersey Safeguarding Partnership Board (JSPB) standards and procedures and FNHC Safeguarding Policy |  |  |  |  |
| Refer to Children and Families Hub where safeguarding concerns are identified  |  |  |  |  |
| Health Assessment to be completed by School Health Nurse and relevant information to be shared with Social Care Worker or key worker   |  |  |  |  |
| Engage with Early Help, MARAC and JMAPPA processes   |  |  |  |  |
| <b>Outcome 12 – Record Keeping and School Health Records</b>   |  |  |  |  |
| Records will be stored securely in order to maintain client confidentiality, in accordance with FNHC Data Protection and Caldicott Policy  |  |  |  |  |
| Records will be kept up to date in accordance with NMC Record Keeping: Guidance for Nurses and Midwives  |  |  |  |  |
| Records will meet Family Nursing and Home Care audit standards and policy  |  |  |  |  |
| Staff will attend Record Keeping Training as per FNHC Education and Training policy  |  |  |  |  |

## 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<br>(Employee) |
| Attitude towards work and colleagues (Please type your comments below)   |  |              |                        |
|  |  |              | Initials<br>(Employee) |
| Ability and knowledge to do the job (Please type your comments below)  |  |              |                        |
|  |  |              | Initials<br>(Employee) |
| Specific training areas identified (Please type your comments below)   |  |              |                        |
|  |  |              | Initials<br>(Employee) |
| Conduct, attendance and punctuality during review period (Please type your comments below)   |  |              |                        |
|  |  |              | Initials<br>(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<br>(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<br>(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   |  |                     |                                |
|--|--|---------------------|--------------------------------|
| <b>Name</b>  |  | <b>Joining date</b> |                                |
| <b>Department &amp; Grade</b>  |  | <b>Team/Group</b>   |                                |
| Please attach list of agreed objectives for the review period and other relevant documentation. The following must be discussed:-  |  |                     |                                |
| <b>Overall standard of work (Please type your comments below)</b>  |  |                     |                                |
|  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Attitude towards work and colleagues (Please type your comments below)</b>  |  |                     |                                |
|  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Ability and knowledge to do the job (Please type your comments below)</b>   |  |                     |                                |
|  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Specific training areas identified (Please type your comments below)</b>  |  |                     |                                |
|  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Conduct, attendance and punctuality during review period (Please type your comments below)</b>  |  |                     |                                |
|  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Potential areas of concern</b> (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) <b>(Please type your comments below)</b> |  |                     |                                |
|  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Overall comments on performance during review period</b>  |  |                     |                                |
|  |  |                     |                                |
| Relevant induction training has been completed and all forms submitted to HR <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                     | <b>Initials<br/>(Employee)</b> |
| <b>Final Review scheduled for</b>  |  |                     |                                |
| <b>Date of Review</b>  |  |                     |                                |
| <b>List of objectives prepared and explained</b>   |  |                     |                                |
| <b>Final Review date agreed</b> (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

|  |  |
|--|--|
| <b>Preceptee Name:</b>   |  |
| <b>Preceptor Name:</b>   |  |
| <b>Date of Meeting:</b>  |  |
| <b>Review of previous development objectives:</b>  |  |
|  |  |
| <b>Reflection on what has gone well and any challenges:</b>  |  |
|  |  |
| <b>Development plan:</b> 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 Health Visitor 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.

| Preceptee   | Strongly disagree | Disagree | Agree | Strongly Agree | Comments<br>Please give any examples |
|---|-------------------|----------|-------|----------------|--------------------------------------|
| I was able to link preceptorship with my personal learning objectives     |                   |          |       |                |                                      |
| I was able to identify my learning needs with my preceptor                |                   |          |       |                |                                      |
| Preceptorship is a partnership between preceptor and preceptee            |                   |          |       |                |                                      |
| Preceptorship enabled me to receive feedback from my preceptor            |                   |          |       |                |                                      |
| Preceptorship provided the opportunity for reflection                     |                   |          |       |                |                                      |
| 12 months is a suitable time period for preceptorship                     |                   |          |       |                |                                      |
| The preceptorship period allowed me to progress from expert to specialist |                   |          |       |                |                                      |
| I was able to benefit from my preceptor's knowledge                       |                   |          |       |                |                                      |
| I was able to benefit from my preceptor's experience                      |                   |          |       |                |                                      |
| I felt supported by my colleagues throughout the preceptorship period     |                   |          |       |                |                                      |
| My line manager supported my preceptorship programme                      |                   |          |       |                |                                      |
| The time allocated for preceptorship meetings is appropriate              |                   |          |       |                |                                      |

|   |  |
|---|--|
| <p><b>Other comments:</b></p> <p>We would welcome any constructive feedback that you can provide to improve this process for future health visiting workforce:</p> <p>Were there any other areas that could have been covered?</p> <p>Was there any duplication between this process and your line manager?</p> |  |
|---|--|

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 Preceptorship Lead/Education & Development Team**

## Appendix 8 Preceptor Evaluation Form

### Preceptor Evaluation Form

Candidate ID:

Please complete the evaluation form on completion of your Health Visitor 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.

| Preceptor  | Strongly disagree | Disagree | Agree | Strongly Agree | Comments<br>Please give any examples |
|--|-------------------|----------|-------|----------------|--------------------------------------|
| I have a sound understanding of how preceptorship relates to other forms of support within FNHC i.e. induction, clinical supervision |                   |          |       |                |                                      |
| I was able to plan the preceptorship programme in partnership with my preceptee  |                   |          |       |                |                                      |
| Preceptorship provided the opportunity for reflection as to how my preceptee was settling into their role                            |                   |          |       |                |                                      |
| 12 months is an appropriate length of time for preceptorship   |                   |          |       |                |                                      |
| I have observed my preceptee's progress from expert to specialist practitioner   |                   |          |       |                |                                      |
| Preceptee utilised their preceptor's knowledge with regard to FNHC   |                   |          |       |                |                                      |
| Preceptee utilise their preceptor's experience as a clinical practitioner  |                   |          |       |                |                                      |
| The preceptee has used preceptorship in addition to other forms of support within FNHC   |                   |          |       |                |                                      |
| My line manager is aware of my role as a preceptor   |                   |          |       |                |                                      |



|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>My line manager is supportive of my role as a preceptor</b>   |  |  |  |  |  |
| <b>Preceptorship provided time out for the preceptee to consider their learning needs at regular intervals</b>   |  |  |  |  |  |
| <b>The time allocated for preceptorship meetings is appropriate</b>  |  |  |  |  |  |
| <b>Please give examples of the three main issues that have been addressed during this preceptorship period.</b> (e.g. communication, team working, time management)  |  |  |  |  |  |
| 1.<br>2.<br>3.   |  |  |  |  |  |
| <b>Other comments:</b><br><br>We would welcome any constructive feedback that you can provide to improve this process for future health visiting workforce:<br><br>Were there any other areas that could have been covered?<br><br>Was there any duplication between this process and your line manager? |  |  |  |  |  |

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 Preceptorship Lead/Education & Development Team**