



Family Nursing  
& Home Care

## PRECEPTORSHIP PORTFOLIO

### COMMUNITY STAFF NURSE

### HEALTH VISITING TEAM

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	New to this role

*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	

<b>Contents</b>	<b>Page</b>
1. Introduction	4
2. Collecting and demonstrating evidence of achievement	5
3. Preceptorship Programme Timeline	7
4. Orientation and Induction Checklist	10
5. Policies and Procedures Checklist	12
6. Training Record	14
7. Competency Framework	18
Appendix 1: Preceptorship Agreement	28
Appendix 2: Meeting Discussion Template	29
Appendix 3: Objectives and Achievements Record	30
Appendix 4: Interim Probation Review Form	31
Appendix 5: End of Probation Review Form	32
Appendix 6: Preceptorship Final Meeting and Sign Off Declaration	33
Appendix 7: Preceptee Evaluation Form	35
Appendix 8: Preceptor Evaluation Form	37

## 1. Introduction

Community staff nurses work as a member of the Health Visiting team providing a service to children and their families as delegated by the Health Visitor (HV). They participate in the implementation of The Healthy Child Programme under the direction of the health visitor and may work in various community settings including the homes of families. They will need to develop the skills to be:

- Proactively interested in Public Health, prevention and early intervention
- Insightful when communicating
- Able to engage others and build partnerships
- Adaptable and influential
- Respectful of different values and has an holistic approach to care
- Supportive, with an adaptive communication style
- Able to demonstrate professionalism

They will be working closely with the HVs, Community Nursery Nurses (CNNs), as well as Early Years workers from agencies other than health, including Community Family Support Workers. They will also work in partnership with health colleagues to include School Nursing service, CAMHS, Adult Mental Health Services, Midwifery, Paediatrics, GP's and allied professionals, such as Speech Therapists, Occupational Therapists, Physiotherapists and Dieticians. CSNs will also work with voluntary groups, charitable groups and local authority organisations.

Partnership working is integral to the role in order to create effective outcomes for children and families. As such, the nurse must comply with FNHC guidelines on documentation, information sharing and consent. They must work with the ethos of engaging with family centred support, whilst always championing the voice of the child in the work they undertake and their subsequent actions and documentation.

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 Registered 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 registered 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 registered/new to role 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 National Induction Framework for Health Visiting and National Preceptorship Framework for Health Visiting (both Institute of Health Visiting 2015)
- 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 <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			
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
<a href="#">FNHC Staff Handbook</a> 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 <a href="#">CSDL 2016 Code of Practice</a>		
Confidentiality <a href="#">FNHC Confidentiality Policy</a>		
Data Protection <a href="#">FNHC Data Protection Policy</a>		
Delegation Policy Health Visiting Team Add hyperlink once policy on PDL		
Display Screen Equipment <a href="#">FNHC DSE Policy</a>		
Health and Safety <a href="#">FNHC Health and Safety Policy</a>		
Infection Control <a href="#">FNHC Hand Hygiene and use of PPE</a> <a href="#">FNHC Sharps Injury procedure</a> <a href="#">FNHC Sharps Safety Policy</a> <a href="#">FNHC Staff Infection Management</a>		

Infant Feeding Policy <a href="#">FNHC Infant Feeding Policy</a>		
Medicines <a href="#">FNHC Medicines Policy</a>		
Mobile Device Policy <a href="#">FNHC Mobile Device Policy</a>		
Safeguarding Adults and Children <a href="#">FNHC Safeguarding Policy Adults and Children</a>		
Safeguarding Restorative Supervision <a href="#">FNHC Safeguarding Restorative Supervision</a>		
Uniform and Dress Code <a href="#">FNHC Uniform and Dress Code Policy</a>		
Healthy Child Programme <a href="#">FNHC Healthy Child Programme SOPs</a>		
<b>Useful Links</b>		
<p><u>Institute of Health Visiting</u> <a href="http://www.ihv.org.uk">www.ihv.org.uk</a></p> <p>The Institute of Health Visiting is a UK Centre of Excellence supporting the development of universally high-quality health visiting practice</p> <p><u>Marsden Manual for Clinical Procedures</u> <a href="http://www.rmmonline.co.uk/">http://www.rmmonline.co.uk/</a></p> <p>This manual provides evidence-based clinical skills and procedures related to essential aspects of a patient's care.</p> <p>The password and user details for remote access are:  User: jerseygen2015  Password: jerseygen2015</p> <p><u>Hospital Library</u> Password for e-portal is Letmein*2</p> <p><u>Clinical Skills</u> <a href="https://clinicalskills.net/login?token=fnhc0101">https://clinicalskills.net/login?token=fnhc0101</a></p> <p>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.</p> <p>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.</p>		

## 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 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 Lead and Practice Development Nurse		
Specialist Nurses	Individual Specialist Nurses		

<b>Mandatory Training and Development</b>			
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		
Professional Writing and Recording	FNHC Education Team		
Safe Moving and Handling	FNHC Education Team		

Role-specific Training and Development			
Training	Access/ Contact Details	Date attended/completed	Nurse Signature
Ages and Stages Questionnaire (ASQ) & assessment	E learning iHV x3 modules		
Children's Oral Health Programme	iHV e-learning		
EMIS	Head of Information Governance and Systems EMIS Super User		
Graded Care Profile 2 (GCP2)	In-house trainers		
Healthy Child Programme (HCP)	E Learning See HV team lead and Education Lead for access.		
Immunisation	Immunisation e-learning iHV e-learning – via e-LfH Hub  Patient Group Directions (PGD) e-learning Virtual College  Green Book		
Jersey's Children First (JCF) - Essentials	On line – Virtual College <a href="#">JCF Values and Principles YouTube</a>		
Jersey's Children First – Role and Responsibilities of the Lead Worker	Email <a href="mailto:jerseyschildrenfirst@gov.je">jerseyschildrenfirst@gov.je</a>		
Jersey's Children First – Using and Sharing Chronologies	Email <a href="mailto:jerseyschildrenfirst@gov.je">jerseyschildrenfirst@gov.je</a>		
Maternal Early Childhood Sustained Home-Visiting (MECSH) Programme	FNHC MECSH Lead Online workbook		



Neuromuscular Training	<a href="https://www.rcpch.ac.uk/resources/recording-neuromuscular-disorders-online-learning">https://www.rcpch.ac.uk/resources/recording-neuromuscular-disorders-online-learning</a>		
NSPCC Baby Steps Programme	FNHC Baby Steps Team Lead		
Parental Mental Health	Mental Health Practitioner (MECSH)		
Safeguarding Level 2 (HCS) - if not already completed Level 3 (HCS)	Email <a href="mailto:HealthSafeguardingTeam@health.gov.je">HealthSafeguardingTeam@health.gov.je</a>		
UNICEF Baby Friendly Initiative	FNHC BFI Project Lead Resources: <a href="https://www.wizney.com/ihv/cap/module1/">https://www.wizney.com/ihv/cap/module1/</a>		
Weighing & measuring	Clinicalskills.net <a href="https://www.rcpch.ac.uk/resources/uk-who-growth-charts-guidance-health-professionals">https://www.rcpch.ac.uk/resources/uk-who-growth-charts-guidance-health-professionals</a>		

## 7. Competency Framework

The following competencies\*\* have been designed to support the Community Staff Nurse (Health Visiting) in the development of the clinical skills relevant to their role and provides a template for assessment of progress. Training needs and consequent evidence of learning should be tailored to the individual, according to their past experience and qualifications and in discussion with their mentor.

The nurse will work both under the delegated authority of the Health Visitor (HV) and within their scope of practice to undertake the direct delivery of care. They will support the achievement of the commissioned elements of the Healthy Child Programme\* and work to improve health outcomes across the 0-5 population in Jersey. These competencies should be read and used alongside the Health Visiting Team Delegation Policy.

Once deemed competent in all areas the nurse, as part of an appraisal and development plan, may choose to expand their skills further to meet the needs of the clients in the area that they work. The competencies should be reviewed on an annual basis as part of the staff appraisal process and further training needs and necessary experience will be identified.

\*The Healthy Child Programme (DofH 2009), provides a co-ordinated, integrated service to all children 0-5 years and their families. It emphasises integrated delivery and multi-agency collaborative working with the aim of providing a flexible, holistic “needs based” service.

\*\* Adapted, with kind permission, from the *Registered Community Staff Nurse – Children’s Services Competency Document* produced by North Somerset Community Partnership (updated July 2019) to support relevant staff working within the Health Visiting Team

Competency 1: Delivery of the Universal (Healthy Child Programme) Service			
Outcome Identified	Evidence of Achievement and Date	Preceptor Signature	Preceptee Signature
Utilise communication skills to deliver and review care that has been planned and agreed by the HV to address identified health needs at a universal service level			
Evaluate impact of pre-defined interventions, incorporating the voice of the child and demonstrating client involvement in care reviews			
Reflect on interventions, to assess for increasing service level and demonstrate recording of changes to care being captured on EMIS			
Work within sphere of competence and utilise the expertise of others when required			
Use the Family Health Needs Assessment (FHNA) to review the health needs of each family to determine and agree progress made towards agreed plans of care, to include review of child development, maternal mental health and parenting capacity			
Provide early intervention or referral to specialist agencies following assessment of need and work in partnership with Universal services to meet the needs of children and families			
Feed back changes to HV when care has been adjusted within sphere of knowledge and competence, or that a review by HV is required			
Work within a corporate caseload to participate in the delivery of the Healthy Child Programme			
Evaluate interventions of care for the child and family or to a wider group, make limited changes within sphere of knowledge and skills and delegate authority and oversee the work of any Community Nursery Nurse (CNN) providing support			

Ensure the HV is aware of changes and developments when review of a universal family indicates a change in circumstance			
Work in partnership with GPs, midwives, practice nurses, early years and family support workers and others			
Ensure that communication and referral systems are in place in teams to support best practice			
Ensure that clinical governance frameworks operate across organisational boundaries			
Contribute to a smooth transition to school health services			
Ensure the need to provide services and information in a way that promotes equality, diversity and access to clinical services			
Prioritise record keeping following NMC and FNHC guidelines for written and electronic records			
Participate in undertaking evaluating and implementing the findings of audit			
Be aware at all times of the impact of change in the family circumstances may have on the children within the family			
Be able to discuss a range of public health interventions relevant to the needs of the family and the developmental age of the child in line with current health protection policy. Signpost to services within the community			

<b>Competency 2: Universal Plus – Specific additional care packages for some families – some of the time</b>			
<b>Outcome Identified</b>	<b>Evidence of Achievement and Date</b>	<b>Preceptor Signature</b>	<b>Preceptee Signature</b>
Identify families whose care needs change and require specific additional Universal Plus services			
Use evidenced based tools to identify changes to the existing assessment of a client's emotional and physical health and wellbeing, make changes within their delegated authority and discuss any changes with the named HV			
Work within the Early Years frameworks following the prescribed plan of care, identifying and recording any amendments or progress being made either by the HV service or other partner agencies			
Demonstrate understanding of the barriers to care delivery and demonstrate a range of engagement and communication skills to address this			
Evaluate the impact of chosen interventions, incorporating the voice of the child and within the care plan and subsequent review; show client involvement within the whole process through skilled record keeping			
Ensure care plans reflect the use of evidence based tools and local safeguarding children guidance to determine an increase in service level need			
Demonstrate the ability to feedback accurate information to the delegator of care			
Using the Family Health Needs Assessment (FHNA) to review the health needs of each family to determine and agree progress made towards agreed plans of care and make limited changes within sphere of knowledge and skills and delegate authority			

Provide early intervention or referral to specialist agencies following assessment of need and work in partnership with universal services to meet the needs of children and families			
Identify and support families to address issues relating to child development, mental health and parenting capacity			
Show effective referral and delegation skills to a range of services when required, to ensure maximum potential of professional time is realised and where required work in collaboration to achieve this			
Feed back changes to HV when care has been adjusted within sphere of knowledge and competence, or that review by HV is required			
Delegate focused contacts to team members, monitor effectiveness and outcomes for children and families in line with delegation framework			
Oversee the work of any CNN providing support within agreed parameters supported via the delegation framework			
Be able to recognise the need to end ineffective interventions for self and others in a sensitive manner			
Identify need for further training and development			

Competency 3: Partnership Plus – Deliver ongoing additional support and intensive multi-agency packages of care			
Outcome Identified	Evidence of Achievement and Date	Preceptor Signature	Preceptee Signature
Identify families who in addition to the universal offer require specific integrated care packages for a defined period of time			
Assess vulnerability and identify safeguarding concerns relating to physical abuse, emotional abuse, sexual abuse and neglect in children and young people			
Have an awareness of risk factors which may include: <ul style="list-style-type: none"> <li>▪ Modern Slavery</li> <li>▪ FGM</li> <li>▪ County Lines</li> <li>▪ Radicalisation</li> <li>▪ Grooming</li> <li>▪ Domestic Abuse</li> <li>▪ Fabricated Illness.</li> <li>▪ Exploitation</li> </ul>			
Demonstrate the ability to work with families where there are safeguarding concerns			
Demonstrate a 'Think Family' approach, using each opportunity to sign post to the right services for family members			
Assess the impact of parental issues on children, young people, and the family including mental health, learning difficulties, substance misuse, and domestic abuse and violence; be able to consider the effect of mental capacity on parental ability			
Act immediately where a vulnerable child/young person is at risk, discuss with safeguarding team and refer to Children's Social Care with support			
Inform the Named HV of changes to care needs and identify if care remains within scope of practice			

Know what to do with important information; how it should be recorded, shared safely and with whom it should be shared and be able to recognise what could be a barrier to this			
Maintain contemporaneous records on EMIS that reflect the voice of the child, are factual and able to uphold clinical practice when/if required to form part of a report for legal reasons			
Write chronologies and reviews that summarise and interpret information about individual children and young people from a range of sources			
Identify and contribute to the delivery of care to children and young people in need			
Understand Safeguarding legislation, statutory and non-statutory guidance, as well as knowing the function of the Jersey Safeguarding Partnership Boards, their threshold documents, local FNHC policies and procedures			
Use a range of evidence based tools to support decision making, for example the neglect toolkit, ASQ, etc.			
Present child protection concerns at multi professional meetings under a delegated framework			
Know how to communicate both verbally and non-verbally with children and young people when they may be trying to tell you something			
Be persistent and consistent in your approach to meeting safeguarding requirements, notice what is happening, check with others things that have been identified and follow-up and escalate when required			



Be aware of how to improve child resilience and reduce risks of harm by promoting the Voice of the Child			
Place the child at the centre and promote the understanding of the child's everyday experience within the household and where possible reflect their ability to participate in planning their care			
Create unique collaborative partnerships with others who have the values and skills required to meet the needs of the families ensuring that we respect their professional roles			
Account for the diverse needs of the clients including, ethnicity and disability and ensuring that the participation of the family in the safeguarding process is promoted at all times			
Attend regular child protection one to one supervision and have the opportunity to discuss safeguarding concerns at the point where an issue has been identified with a member of the safeguarding team			
Participate in group supervision to reflect on cases and thematic learning from safeguarding			

Competency 4: Team Membership			
Outcome Identified	Evidence of Achievement and Date	Preceptor Signature	Preceptee Signature
Work as a member of a corporate team ensuring that he/she understands their role, responsibilities and accountabilities			
Demonstrates and works within the values of the organisation when working with both clients and colleagues			
Through proactive interest in Public health, prevention and early intervention, effectively manage a delegated caseload of clients within a corporate team			
Display personal and professional resilience by managing own roles and responsibilities and recognise when you need support to manage workload			
Participate in management and clinical/peer supervision and utilise support from Preceptor and management team			
Participate as an active team member by regular attendance and contribution to team meetings, professional development forums, and feeding back to other team members as necessary			
Use communication skills to ensure effective team working, safer lone working and support of all team members.			
Maintain own skills, knowledge and competence to deal with the duties or responsibilities delegated to them by the HV and remaining accountable for the evaluation and outcome achieved following delegation of work			
Participate in ongoing professional development and disseminate learning to team members			
Support students of all disciplines within the work place and comply with current standards for mentorship			

Undertake champion roles for areas of identified interest. Role model evidence-based clinical practice. Participate in audit of practice, ensuring that changes made as a result of audit outcomes are implemented into practice as necessary			
Discuss the challenges of providing health services to achieve equity of health outcomes for children, young people and their families across Jersey			
Fully understand and adhere to the FNHC HV Team Delegation Policy			
Reflect on both the barriers and ways in which to enhance effective clinical caseload management			
Evidence an understanding and underpinning rationale of the prioritisation of tasks			
Demonstrate an understanding of the concept of evidence based practice and analysis of how this is developed in practice			
Reflect on their role within public health and the importance of prevention and early intervention			
Evidence knowledge of appropriately planning, implementing and evaluating a clinical caseload in collaboration with the named HV			
Comply with statutory mandatory training			

## 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

<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 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 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. 2. 3.					
<b>Other comments:</b>  We would welcome any constructive feedback that you can provide to improve this process for future health visiting workforce:  Were there any other areas that could have been covered?  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**