Mersey Care NHS Trust

**TRUST-WIDE CLINICAL POLICY DOCUMENT**

# Preceptorship Policy for Foundation Band 5 Staff Nursing and Allied Health

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| **Policy Number:** | **SA42** |
| **Scope of this Document:** | **All Staff** |
| **Approving Committee:** | **Executive Committee** |
| **Date Ratified:** | **April 2015** |
| **Next Review Date (by):** | **April 2018** |
| **Version Number:** | **2015 – Version 4** |
| **Lead Executive Director:** | **Executive Director of nursing** |
| **Lead Author(s):** | **Lead Nurse** |

**2015 – Version 4**

**Quality, recovery and wellbeing at the heart of everything we do**

Mersey Care NHS Trust

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# Preceptorship Policy for Foundation Band 5 Staff Nursing and Allied Health

## Further information about this document:

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| Document name | **Preceptorship Policy for Foundation Band 5 Staff Nursing and Allied Health** |
| Document summary | **Supporting newly qualified nurses and allied health professionals is critical if we are to deliver consistently high quality care to people who use our services. Ensuring that newly qualified Nurses are supported through the transition from student to qualified practitioner is an important organisational priority and this is reflected in this guideline. It has been recognised for many years that newly qualified practitioners may experience high levels of stress and role uncertainty when making the transition from student to qualified practitioner.** |
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| Published by<br><br>Copies of this document are available from the Author(s) and via the trust's website | **Mersey Care NHS Trust**<br>**8 Princes Parade**<br>**Princes Dock**<br>**St Nicholas Place**<br>**Liverpool**<br>**L3 1DL**<br>**Your Space Extranet: http://nww.portal.merseycare.nhs.uk**<br>**Trust's Website www.merseycare.nhs.uk** |
| To be read in conjunction with | |
| **This document can be made available in a range of alternative formats including various languages, large print and braille etc** | |
|  | |

## Version Control:

| | | Version History: |
|---|---|---|
| Version 4 | Circulated for approval to the Education Governance Committee | March 2014 |

**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

## SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

## EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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# 1 PURPOSE AND RATIONALE

## 1.1 Introduction

Supporting newly qualified nurses and allied health professionals is critical if we are to deliver consistently high quality care to people who use our services. Ensuring that newly qualified Nurses are supported through the transition from student to qualified practitioner is an important organisational priority and this is reflected in this guideline. It has been recognised for many years that newly qualified practitioners may experience high levels of stress and role uncertainty when making the transition from student to qualified practitioner. Kramer (1974) described this phenomenon, amongst nurses, as 'reality shock'.

The Regulatory body for nursing and midwifery has long recommended that new registrants should have a period of preceptorship on commencing employment, initially through the United Kingdom Central Council for Nursing and Midwifery Council (2006), which states;

The NMC strongly recommends that all "new registrants" have a period of preceptorship on commencing employment, this applies to those newly admitted to the NMC register who have completed a pre-registration programme in the UK for the first time, or have subsequently entered a new part of the register. New registrants also include those admitted to the register from other European Economic Area States other Nation States'.

The value and importance of preceptorship was recognised in A High Quality Workforce:

NHS Next Stage Review (DH2008), in which it is stated that:

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

Furthermore, whilst some allied health professionals – notably occupational therapists (RCSLT 2007) – also have preceptorship or competency frameworks for newly qualified staff in place, extending preceptorship arrangements more robustly for other professional groups has been considered (DH 2008, DH 2009) and agreed (DH 2010).

## 1.2 Purpose of policy

The preceptorship policy provide information for service managers, professional leads, line managers, preceptors, preceptees and other staff about the implementation of preceptorship in their area.

This policy sets out preceptorship arrangements for Band 5 entrants, appropriate others and their preceptor. It provides a common approach to promote consistency across service and care groups within the Trust to ensure that the appropriate support for newly qualified staff are in place for a period of up to 6 months.

# 2 OUTCOME FOCUSED AIMS AND OBJECTIVES

## 2.1 Policy Statement

The trust expects all employees to contribute to the support of staff who are newly qualified and that experienced qualified professional staff who provide preceptorship will commit to delivering their particular responsibilities.

Similarly, the trust expects that newly qualified staff will assume their responsibilities as a registered practitioner and commit to meeting the agreed requirements and outcomes set out for their period of preceptorship.

The preceptorship/preceptee relationship must be two-way if it is to be effective.

The preceptorship programme is not there to make up for short comings in pre registration education.

## 3 SCOPE

3.1 This preceptorship guideline applies to newly qualified professional staff joining the Trust on Pay Band 5 at the bottom of the incremental point and who have not worked in post at Band 5 or above in other NHS posts. For some staff groups such as nursing, and occupational therapy, Band 5 is the entry point for newly qualified staff and preceptorship is part of a professional framework to ease the transition from the role of student to qualified practitioner (adapted from UNISON 2006).

3.2 Newly qualified Band 5 physiotherapists, whilst not having a profession specific preceptorship framework, will also have a period of preceptorship. However, preceptorship can be applied to staff in other circumstances, for example those returning to practice.

## 4 DEFINITIONS

4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

Many definitions of preceptorship for nursing, and other professional groups, have previously been provided by various organisations and individuals

The Chief Nursing Officer and Chief Health Professions Officer (DH2010) conclude that the following definition best encapsulates preceptorship for newly qualified nurses, stating that preceptorship is:

‘A period of structured transition for the newly registered practitioner during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, value and behaviours and to continue on their journey of life-long learning.’

Unison (2006) states that the overall aim of preceptorship are to:

- Provide support during the early phase of taking up a Band 5 post.
- Facilitate the development of skills and professional behavior
- Assist new Band 5 entrants to identify evidence to support the achievement of their foundation Job Description and to work with their supervisor to identify and appropriate personal development plan.

**Preceptee**

- A preceptee is a newly registered practitioner entering practice for the first time or an appropriate other, as explained above.

**Preceptor**

- A preceptor is a registered practitioner with at least twelve months experience in the field of practice in which the preceptee is working and who has the necessary skills and knowledge to support and supervise, to teach, assess and appraise competence and confidence, to facilitate reflection and who acts at all times as an exemplary role model. The role model of a preceptor requires a different approach to that of a student mentor. A student mentor has to concentrate on assessment of competence whereas the preceptorship role is focused on supporting the newly qualified practitioner from student to autonomous professional.

**Preceptor Preparation**

- There is no single definition of what constitutes preceptor preparation and it will vary depending on the requirements for each profession, whilst, in nursing, there are no formal qualifications associated with being a preceptor it is expected that registrants who undertake the role of a preceptor may have completed a mentorship, sign off mentor or practice teacher programme – or equivalent (NMC2006). Managers and professional leads should be confident that adequate numbers of preceptors are suitable for the role.

- The Preceptorship Framework (DH 2010) states, within its standards for preceptorship, that;

'Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal'.

## 5 DUTIES

### 5.1 Duties, Roles and responsibilities

**The Executive Director of Nursing**

The Executive Director of Nursing is the trust board member with overall responsibility for the delivery of the trust's preceptorship programme for nurses and Allied Health Professionals.

They will be responsible for providing coordination and other contributions to the preceptorship process and assisting with the identification and tracking of newly qualified staff entering the trust, liaising with their line managers and the workforce directorate to ensure new nursing staff are entered onto the preceptor register with the name of their preceptee and their preceptorship period is tracked through to completion or termination.

**Allied Health Professions Lead**

The Allied Health Professions Lead is responsible for assuring the Executive Director of Nursing that preceptorship arrangements are provided for newly registered occupational therapists and other relevant allied health professionals, for example, speech and language therapists and physiotherapists.

The Lead Nurse is responsible for assuring the Executive Director of Nursing that preceptorship arrangements are provided for newly registered nurses.

**The Deputy Director of Nursing**

The Deputy Director of Nursing provides coordination and other contributions to the preceptorship process for nurses, other professions and liaise with pre-registration programme leads in the Trust's partner universities and ensuring that completing students are aware of the Trust's preceptorship arrangements. They maintain the Trust's register of nurses who fulfil the role of

mentor/sign off mentor for pre-registration nursing students, as the Trust expects that all mentors on the register will also act as preceptors – along with all other suitably experienced qualified staff.

**Ward/Team Managers**

Team Managers are responsible for newly qualified nursing staff taking up their post within their services are informed about this policy and procedure and the trust's preceptorship arrangements.

They are responsible for ensuing that an appropriate preceptor is identified for the incoming preceptee and that their preceptor role is monitored through supervision and their personal development review.

They are responsible for advising the modern matrons if it is not possible for a preceptor to be appointed so suitable alternative arrangements can be made to support the new member of staff.

**The Workforce Directorate**

The Workforce Directorate will put in place systems to ensure that the Trust identifies newly registered staff requiring preceptorship at the appointment stage – including those who will be subject to a Trust bank agreement rather than a substantive contract. The staff recruitment and appointment process will prompt line managers to identify the need for, and implementation of preceptorship.

The Workforce Directorate will alert PEFs on a monthly basis of the appointment of all newly registered staff, so that the Trust's database of preceptees can be accurately maintained.

**Preceptors**

The preceptor's responsibilities include;

- Ensuring that their practice is up to date and evidenced based.
- Willingly committing time to the preceptor role and the requirements attached to it.
- Assisting in the facilitation of the preceptee's pathway from student to newly qualified professional, who is competent and confident to practice safely and sensitively and provide quality care to service users both individually and as a member of a team.
- Provide constructive feedback on the preceptee's performance and development and addressing any concerns.
- Supporting the preceptee's achievement of the competencies, standards and learning outcomes that they must address as part of the trust's preceptorship programme and scrutinising and assessing the necessary evidence.
- Record formal discussions with the preceptee.
- It is important to note that the preceptor is accountable for his/her own actions (NMC2006).
- It is important for the preceptor having an understanding of the possible impact a disability may have for a newly qualified practitioner to undertake their role. They need to support the process of reasonable adjustments being put in place.

**Preceptees**

The preceptee is someone who has their own PIN

The preceptee's responsibilities include:-

- Adhering to the appropriate regulatory body's requirements. For example the Nursing and Midwifery Councils Code (NMC 2008) and the College of Occupational Therapy's Code of Ethics and Professional Conduct (COT 2005).
- Meeting with the preceptor in the first week of being in their clinical area, full time and regularly thereafter.
- Taking responsibility for their own learning.
- Committing time to the preceptorship process and to working collaboratively with the preceptor to identify and achieve learning needs and reflect on practice and experiences.
- Understanding the competencies, standards, learning outcomes and professional behavior to be addressed as part of the trust's preceptorship programme and collating evidence to demonstrate that they have been met.
- Recording formal discussions with the preceptor.
- Attending taught sessions, action learning sets, on-line learning and study days that are part of the preceptorship programme and other essential training days.
- Informing line manager and preceptor of any issues such as disability will impact on abilities to carry out role or learning required within the preceptorship period
- Undertaking local induction, the trust's induction programme and other mandatory training within six months of starting the preceptorship period.
- Providing feedback to enable preceptorship to develop further.
- Engaging in clinical and managerial supervision, which is considered to be separate from, but complementary to, preceptorship.

## 6 PROCESS / PROCEDURE

### 6.1 Principles

A number of key principles underpin the trust's approach to preceptorship:

- Equity of access
- All eligible staff will receive preceptorship
- All preceptors will be drawn from the appropriate profession, be suitable experienced and be clear about their role and responsibility as a preceptor.
- The guideline applies across all division and care groups.

The trust will continue to review and update such arrangements in line with recent and future statutory requirements, guidance and recommendation. (DH 2009, DH2010) to ensure that newly

qualified staff have a quality transitional experience, which is provided through well supported preceptors.

The trust expects there to be consistency in terms of the competencies and outcomes that preceptees are required to meet within the care groups and directorates and that they have equitable access to preceptorship regardless of age, race, sex, sexual orientation, transgender, disability, religion or belief and caring responsibilities as well as equitable experiences form the process.

6.2 **Procedure**

Preceptorship – A professional led activity through a specific trust programme or a profession led specific period of transitional support – will be provided for newly qualified Band 5 nurses and newly qualified registered professionals. The preceptorship period can range from 3 to 6 months. However this may vary according to individual competencies in negotiation with managers.

In support of learning and development Mersey Care encourage newly qualified registered professional staff to join the Edward Jenner programme. The Edward Jenner programme aims to improve the confidence and competence of clinicians as well as improving the quality and safety of patient care. Throughout this programme there are opportunities to reflect on experiences so that staff can use this learning as part of your continuing professional development.

The Edward Jenner programme is aimed at all clinicians who are newly qualified, new/returning to role and aspiring leaders. However, other healthcare staff (including managers, leaders and no-professional staff) may find it beneficial – particularly the tools, frameworks and concepts included.

- It is about share and individual leadership
- It is a flexible multi-professional resource
- It has been written by clinicians for clinicians
- It has the patient voice embedded within

This programme has been designed to be flexible, accessible and applicable to all newly qualified staff. With the support Mersey Care we hope that staff are able to use this programme to develop your skills as a leader.

The Edward Jenner programme has been developed by working with many partners, the majority of them being clinicians on the front line. The programme has been designed to support clinicians in clinical roles.

6.3 **Allocation of a preceptor**

Within their first full week in the clinical area the line manager of the service within which the preceptee works will ensure that a preceptor is allocated to the preceptee.

The preceptee will be allocated a preceptorship work book by the line manager.

The preceptor and preceptee will need as soon as practicable to discuss in detail the preceptorship programme and agree:

- The frequency of any formal support or supervision sessions

- Identify the areas that may require direct supervision (I.E Medication rounds) or where indirect supervision will suffice (I.E Documentation).

- Ways of accessing support if the preceptor is unavailable.

- How the preceptee and preceptor will work together to ensure that core competencies are met and the gathering of evidence

- The process of recording formal discussions.

6.4 **Supernumerary Status and Managing the Clinical Area**

During Trust induction for a period of one week newly qualified preceptees will have supernumerary status for 1 week The time spent in the clinical areas during this period will be spent familiarising themselves with the roles of colleagues and observing the routine and day to day work of the team, and familiarising themselves with the trust policies and procedures. Manager's preceptors and preceptee of allied health professionals will jointly agree when the preceptee will be responsible for designated caseload and designated interventions.

6.5 **Protected Time**

Protected time for the preceptor and preceptee to work and meet together must be agreed with the line manager and this must be sufficient to meet all the requirements of the preceptorship period and allow the preceptor / preceptee relationship to develop and strengthen. More time will arguably be required at the start of the preceptorship period and reducing as the preceptee develops. Records of meetings must be recorded.

6.6 **A Team Approach**

Preceptorship is everybody's business and the manager of the team or clinical settings should ensure that all members of the clinical team are aware of a member of staff undertaking preceptorship in order that support and guidance can be accessed from and provided by, all members of the team and to ensure the preceptor is also supported.

6.7 **Addressing Concerns**

Should either the preceptor or the preceptee have concerns about the behavior or performance of the other during the preceptorship period these must be documented and raised with the line manager and / or professional lead as soon as possible.

6.8 **Unforeseen Circumstances**

Where it is unavoidable that a preceptee moves to a different clinical area during the preceptorship period a new preceptor must be identified. A meeting must be held between the two preceptors and the preceptee to ensure that all information about progress to date is handed over and how any additional requirements relate to the new setting may be met.

If an existing preceptor is unable to continue with a preceptee due, for example, to a change of job, sickness absence or study leave then a new preceptor must be identified by the line manager as soon as possible to ensure continuity of the preceptorship process. The incoming and outgoing, should if possible, meet to ensure a smooth handover. A preceptee should not be without a preceptor for longer than two weeks.

## 7 CONSULTATION

7.1 The following staff / groups were consulted with in the development of this policy document:

(a) Education Governance Committee

(b) Steering Group represented by inpatient/community staff.

(c) Preceptee/practice education facilitators.

## 8 TRAINING AND SUPPORT

8.1 **Trust corporate and local induction and essential training**

8.2 Preceptees must familiarise themselves with the trust induction and essential training polices and discuss with their manager / supervisor / preceptor their participation in the corporate induction, local induction and begin to plan attendance at essential training events that remain outstanding that are appropriate to their role and clinical setting.

8.3 **Preceptorship Progression**

The preceptee will maintain a preceptorship work book that provides reflective accounts and captures evidence that demonstrates working towards, or meeting, the required standards, competencies or outcomes. This should be regularly discussed and reviewed, with the outcomes recorded, by the preceptee and preceptor during the six month preceptorship period.

At the end of the six month preceptorship period a review should be held. There should be no 'surprises' to the preceptee as they will have been given regular feedback on their performance.

If the preceptee has not been provided sufficient evidence that they have met the required standards, the line manager will record which of the standards or performance criteria have not yet been achieved, provide detailed feedback to the preceptee. At this point, human resources advice and support should be sought and consideration be given to either extend the preceptorship period or follow the trust competency policy.

On the successful completion of preceptorship the member of staff will continue to engage in regular management / clinical / professional supervision and other learning and continuing professional development opportunities, in order to address the objectives identified in their personal development review, and other requirements set out in the trust's performance management policy and plan.

## 9 MONITORING

9.1 All preceptees will be requested to provide feedback following preceptorship period to the ward manager.

9.2 Annual audit of all preceptees by team/ward managers to be returned to the Deputy Director of Nursing for review of compliance.

## 10 SUPPORTING DOCUMENTS

10.1 **References**

Department of Health (2004) The knowledge and Skills Framework and the Development Review Process

Department of Health (2005, 2009) Agenda for Change, Terms and conditions Handbook. London. Department of Health

Department of Health (2008) A High Quality Workforce: NHS Next Stage Review. London. Department of Health.

Department of Health (2009) Preceptorship Framework for Nursing. London: Department of Health

Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. London: Department of Health.

Nursing and Midwifery Council (2008) Preceptorship Guidelines. NMC Circular 21/2006. London Nursing and Midwifery Council

Unison (2006) Preceptorship Policy. London. www.unison.org.uk/file/A3974.pdf

Edward Jenner Programme – Leadership Foundations – NHS Leadership Academy 2010/2013

**Appendix A**

# Location of Preceptorship Workbooks

Paper copies of the workbooks can be obtained from the Ward Managers

Mersey Care NHS Trust

# Preceptorship Framework

**Name: ----------**

**Ward / Area: ----------**

**Date of commencement: ----------**

**Preceptor: ----------**

**Link to Preceptorship Policy**

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# Welcome to Mersey Care NHS Trust

## Introduction

Preceptorship supports the transition of registered/qualified Nursing and Midwifery, Allied Health Professional, Heath Visitor and overseas practitioners who are new or returning to the NHS to develop and confidence to function as an effective independent health care professional who is able to deliver high quality evidence based care for patients, clients and service users.

Mersey Care will ensure newly registered/qualified practitioners have an identified preceptor with the skills to facilitate the learning experience including reflection, communication and interpersonal skills to actively listen, be available and accessible to assist in making and articulating decisions and judgements in practice.

The framework will provide effective support for newly registered/qualified practitioners through a structured and managed approach which requires staff to outline their development needs and work towards using past experience to make judgments and decisions which refine skills and improve performance in practice.

Mersey Care will develop preceptors to act as a resource to facilitate the newly registered/qualified practitioner's professional development including development of attitudes and behaviours that demonstrate and uphold professional values and beliefs in line with professional regulatory body requirements, in line with the values of the organisation and the values embedded in the NHS Constitution.

The purpose of this document is to act as a framework for your preceptorship, and as a medium for recording your achievements.

Your progress will be measured against a series of competencies, initially those developed at ward/team level then, later including a sub-set of the full Knowledge and **S**kills **F**ramework outline of competencies for that post.
These competencies reflect the skills and knowledge we believe you should be able to demonstrate by the end of your preceptorship period.

In your monthly reviews, you will collaboratively devise action plans with your preceptor and line manager to support you in reaching these competencies.

You will be supported by them to successfully reach the negotiated targets set in these action plans, before you can pass through the "accelerated" gateway of the pay scale at 6 months, and the "foundation" gateway at 12 months, see page 17.

This will only be achieved at each of these formal reviews, if you have demonstrated that your progress has been sufficient for you to achieve these competencies.

It is mandatory to compile a personal development portfolio, and evidence such as this document in supporting your achievement of competencies should be included, along with any other material demonstrating your progress. You will commence your PDP in your 4th month. Examples of this are provided in Mersey Care's Personal Development Portfolio.

The portfolio template can be found on Mersey Care's website:
Professional Development Portfolio - Mersey Care NHS Trust
The Preceptorship document, guide and most forms in use can be found in the shared folder.

**Department of Health** (2004) Knowledge and Skills Framework (NHS KSF) and the Development Review Process, London, HMSO.

Before your first formal review with your preceptor and line manager monthly, it is important that you take time to consolidate your learning, familiarise yourself with Mersey Care procedures, policies and guidelines and settle in to life on the ward.

To support you in this induction period, what follows is a series of checklists under a variety of themes of essential things that you will need to know about, and you are advised to work through the lists prior to your three-month review. The lists are not exhaustive, and some examples have been given of ward-based/team competencies, however it is expected that wards /teams preceptors will add their own.

Your preceptor and the ward/team will support you through this process. You should make notes in the spaces provided as you work through the checklists; – they can be added to your portfolio to demonstrate development and learning.
In support of your learning and development Mersey Care would encourage you to join the Edward Jenner programme.

## The Edward Jenner programme

The Edward Jenner programme aims to improve the confidence and competence of clinicians as well as improving the quality and safety of patient care. Throughout this programme there are opportunities for you to reflect on your experiences so that you can use this learning as part of your continuing professional development.

The Edward Jenner programme is aimed at all clinicians who are newly qualified, new/returning to role and aspiring leaders. However, other healthcare staff (including managers, leaders and no-professional staff) may find it beneficial – particularly the tools, frameworks and concepts included.

- It is about share and individual leadership

- It is a flexible multi-professional resource
- It has been written by clinicians for clinicians
- It has the patient voice embedded within

This programme has been designed to be flexible, accessible and applicable to you. With the support of your critical friend/and or employing organisation we hope that you are able to use this programme to develop your skills as a leader.

The Edward Jenner programme has been developed by working with many partners, the majority of them being clinicians on the front line. The programme has been designed to support clinicians in clinical roles.

**Programme details**

To register for this programme follow the link and complete the on-line application.
You will be given a user name and password account so you can log in and record your sessions.

There are 20 sessions and an introduction (http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=3) to the Edward Jenner Programme – Leaderships Foundations.

**Module 1**

1.1 Developing self-awareness
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=2)

1.2 Managing yourself
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=4)

1.3 Continuing Personal Development
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=5)

1.4 Acting with Integrity
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=6)

**Module 2**

2.1 Developing networks
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=7)

2.2 Building and Maintaining Relationships
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=8)

2.3 Encouraging Contribution
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=9)

2.4 Working within Teams
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=10)

**Module 3**

3.1 Planning
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=11)

3.2 Managing Resources
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=13)

3.3 Managing people
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=25)

3.4 Managing Performance
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=14)

**Module 4**

4.1 Ensuring Patient Safety
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=15)

4.2 Critically Evaluating
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=16)

4.3 Encouraging improvement and innovation
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=17)

4.4 Facilitating Transformation
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=18)

**Module 5**
5.1 Identifying the contexts for change
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=19)

5.2 Applying Knowledge and Evidence
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=21)

5.3 Making decisions
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=22)

5.4 Evaluating impact
(http://jenner.leadershipacademy.nhs.uk/mod/scorm/view.php?id=23)

# Mandatory Training Schedule

Please refer to Human Resources Policy 28 and the training needs analysis matrix.

| Training session | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| **Local Services Divisional Additional Training Requirements** | | | | |
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**Department/ Area Functioning**

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Philosophy, aims and objectives | | | | |
| Policies | | | | |
| Knowledge of patient group | | | | |
| Routines | | | | |
| Hospital / Trust policies | | | | |
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**Evidence/reflections**

# Security and Safety

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Knowledge of emergency procedures | | | | |
| Location of fire / disturbance alarms + phone | | | | |
| Use of area communication systems | | | | |
| Ward / Hospital geography | | | | |
| Handover security checks | | | | |
| Use of keys | | | | |
| Searching of areas and patients | | | | |
| Location of emergency equipment | | | | |
| Completion of risk management plans | | | | |
| Knowledge and understanding of Datix procedure | | | | |
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**Evidence and reflections**

## Supportive and Therapeutic use of Observations

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Communication to other team members | | | | |
| Reporting and recording of observations | | | | |
| Leave of absence procedure | | | | |
| Increased patient observation competence | | | | |
| Assessment incl use of START | | | | |
| Risk Assessment | | | | |
| Lone Working | | | | |
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**Evidence and reflections**

## Record Keeping and Care Planning

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Protocol for record keeping | | | | |
| (electronic health records) training | | | | |
| Knowledge of forms / location | | | | |
| Competence in care planning / template | | | | |
| Confidentiality | | | | |
| Production of reports to an acceptable standard | | | | |
| Knowledge of CPA process and documents | | | | |
| Knowledge of Model/framework for working i.e. MOHO for OTs | | | | |
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**Evidence and reflections**

## Multidisciplinary Working

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Attendance and contribution at Care Team | | | | |
| Taking minutes of meetings | | | | |
| Communication with other disciplines | | | | |
| Understands relationships and collaboration | | | | |
| Understanding of MDT roles | | | | |
| Attendance and contribution to CPA | | | | |
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**Evidence and reflections**

## Service user/carer engagement

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Knowledge of disorders | | | | |
| Demonstrate therapeutic relationships | | | | |
| Involvement in recreational/ therapeutic activity | | | | |
| Experience the full patient day | | | | |
| Collaboratively formulate needs | | | | |
| Named Nurse/ role | | | | |
| Care coordinator/ lead professional role | | | | |
| Holistic care planning | | | | |
| Demonstrate effective clinical decision making | | | | |
| Recovery focused approach | | | | |
| Understanding of equality and diversity when working with patients | | | | |
| | | | | |

**Evidence and reflections**

## Communication

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Knowledge of importance of communication | | | | |
| Demonstrates communication skills | | | | |
| Liaison with other departments / professionals | | | | |
| Uses communication media correctly | | | | |
| Lines of communication | | | | |
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**Evidence and reflections**

## Mental Health Act

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Knowledge of the Mental Health Act | | | | |
| Knowledge of the Code of Practice | | | | |
| Application of specific MHA sections | | | | |
| Legal position re searching / mail | | | | |
| Knowledge of the Capacity Act including 'Deprivation of Liberty' safeguards and 'Advance Directives' | | | | |
| Consent to treatment | | | | |
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**Evidence and reflections**

## Medicines Management and Physical Procedures

| Key Area | Date | Signed Preceptor | Signed Preceptee | N/A |
|---|---|---|---|---|
| Knowledge of medicine policy and procedures | | | | |
| Demonstrates safe administration | | | | |
| Legal aspects e.g. Forms T1 (consent / 2nd opinion), T7 (urgent treatment) etc. | | | | |
| Location of medicines / equipment | | | | |
| Recordkeeping re medicines / equipment | | | | |
| Physical observation + vital signs recording | | | | |
| Safe practice in the clinic area | | | | |
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**Evidence and reflections**

## Personnel Development Issues

| Key Area | Date | Signed | Signed | N/A |
|---|---|---|---|---|

| | | Preceptor | Preceptee | |
|---|---|---|---|---|
| Maintenance of a portfolio | | | | |
| Contribute to and record evaluations | | | | |
| Knowledge of evidenced based practice | | | | |
| Contribute towards PDR | | | | |
| Demonstrate motivation | | | | |
| Demonstrate team skills | | | | |
| Identify Supervisor (last month) of preceptorship | | | | |
| Demonstrate | | | | |
| Knowledge of Code of Ethics and Professional Conduct | | | | |
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**Evidence and reflections**

# Registered Nurse Band 5 – KSF Outline + Review Form

## Correct June / July 2006 Consistency Panel.

| CORE DIMENSIONS | 6 month Competency Level | Completed Date and Signature | Portfolio Evidence Reference | Foundation Competency Level | Completed Date and Signature | Portfolio Evidence Reference |
|---|---|---|---|---|---|---|
| 1. Communication | Level 1 | | | Level 2 | | |
| 2. Personal and people development | Level 1 | | | Level 2 | | |
| 3. Health, Safety and Security | Level 1 | | | Level 2 | | |
| 4. Service Improvement | Level 1 | | | Level 2 | | |
| 5. Quality | Level 1 | | | Level 2 | | |
| 6. Equality and Diversity | Level 1 | | | Level 2 | | |

## Comment

Mersey Care NHS
NHS Trust

# Equality and Human Rights Analysis

| |
|---|
| **Title**<br>Preceptorship policy |
| **Area covered:**<br>Trustwide |

| |
|---|
| **What are the intended outcomes of this work?**<br>To ensure the process to support newly qualified nurses and AHP's in in place and monitored across the Trust. |
| **Who will be affected?**<br><br>Nursing and AHP staff |

| **Evidence** |
|---|
| **What evidence have you considered?**<br><br>Policy<br>NMC guidance in writing the policy. |
| **Disability inc. learning disability**<br><br>Within the duties of preceptor and preceptee need to include the requirement to respond to disability issues that impact on the learning and work role are addressed. |
| **Sex**<br><br>See cross cutting |
| **Race**<br>See cross cutting |
| **Age** |

| |
|---|
| See cross cutting |
| **Gender reassignment (including transgender)**<br>See cross cutting |
| **Sexual orientation**<br>See cross cutting |
| **Religion or belief**<br>See cross cutting |
| **Pregnancy and maternity**<br>See cross cutting |
| **Carers**<br>See cross cutting |
| **Other identified groups**<br>*See cross cutting* |
| **Cross cutting**<br><br>Noted the Inclusion of the requirement to have equity of access with particular reference to all protected characteristics in within policy. |

| **Human Rights** | **Is there an impact?**<br>**How this right could be protected?** |
|---|---|
| **This section must not be left blank. If the Article is not engaged then this must be stated.** | |
| **Right to life (Article 2)** | Not engaged within this policy |
| **Right of freedom from inhuman and degrading treatment (Article 3)** | Not engaged within this policy |
| **Right to liberty (Article 5)** | Not engaged within this policy |
| **Right to a fair trial (Article 6)** | Not engaged within this policy |
| **Right to private and** | Not engaged within this policy |

| | |
|---|---|
| **family life (Article 8)** | |
| **Right of freedom of religion or belief (Article 9)** | Not engaged within this policy |
| **Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)** | Not engaged within this policy |
| **Right freedom from discrimination (Article 14)** | Not engaged within this policy |

| Engagement and involvement |
|---|
| No engagement for this policy |
| |
| |

| **Summary of Analysis** |
|---|
| **Eliminate discrimination, harassment and victimisation**<br><br>The inclusion of equity of access and support to staff who have disabilities which impact on their work life and learning is supportive to the elimination of discrimination. |
| **Advance equality of opportunity** |

The inclusion of equity of access and support to staff who have disabilities which impact on their work life and learning is supportive to equality of opportunity.

**Promote good relations between groups**

The inclusion of equity of access and support to staff who have disabilities which impact on their work life and learning is supportive to good relations.

**What is the overall impact?**

Addressing the impact on equalities

**Action planning for improvement**

See plan below

**For the record**

**Name of persons who carried out this assessment (Min of 3 ):**

Jayne Bridge -Senior Nurse
Meryl Cuzak –Equality and Human Rights Lead
Naomi Dixon – PEF

**Date assessment completed:**

20th March 2015

**Name of responsible Director:**

**Date assessment was signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

| Category | Actions | Target date | Person responsible and their Directorate |
|---|---|---|---|
| **Disability** | • Include the need for preceptors to understand and address issues of disability and reasonable adjustment in their role as a preceptor.<br>• Include the requirement for a precptee to inform the preceptor re any disability issues that impact on work and learning. | Completed March 2015 | Jayne Bridge. |