

# Preceptorship Book

Integrity • Trust • Empower • Respect • Care





# Welcome

Cygnets mission is simple: To provide superior quality healthcare that service users recommend to family & friends; clinicians prefer for those in their care; purchasers select for their clients; and employees are proud of.



As the Director of Nursing for Cygnets I would like to warmly welcome you into the organisation and the nursing profession. We will offer you a brilliant preceptorship experience and hope to be able to offer you a range of clinical and leadership opportunities as you grow into your role.

Health care and the nursing profession are facing many challenges, and recruiting, retaining and supporting newly qualified nurses is a key priority for the organisation, newly qualified nurses face many challenges and it is essential that we offer excellent preceptorship programs and tailored support that enable our nurses to grow, lead, and contribute to delivering our vision and nursing commitment.

**David Wilmott**

**Director of Nursing and Patient Experience**

**Welcome to Cygnets Health Care!** It's great to have you on our team. We now have an opportunity to contribute to your professional development, your learning, your skills acquisition and the development of your self-awareness as a professional and an individual. We welcome this opportunity and we take it very seriously.

As a service user centred organisation we need to ensure that Cygnets nurses are the best they can be, get the support they need and have the skills required to do the job well. You are our nurses of the future and we will make sure we provide you with the best start you can have on the first phase of your life-long professional journey.

Your future is our future.

**Caroline Harris-Birtles**

**Educational Lead**



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# Introduction

Cygnet Health Care have developed a comprehensive programme to help you consolidate your training and enhance your professional development. We are committed to developing newly qualified nurses through a preceptorship programme.

The competency stage of the programme is designed to take place during the first six months of employment with an emphasis on continued learning. During the second six months an action plan is designed to enhance identified strengths and to address areas of development.

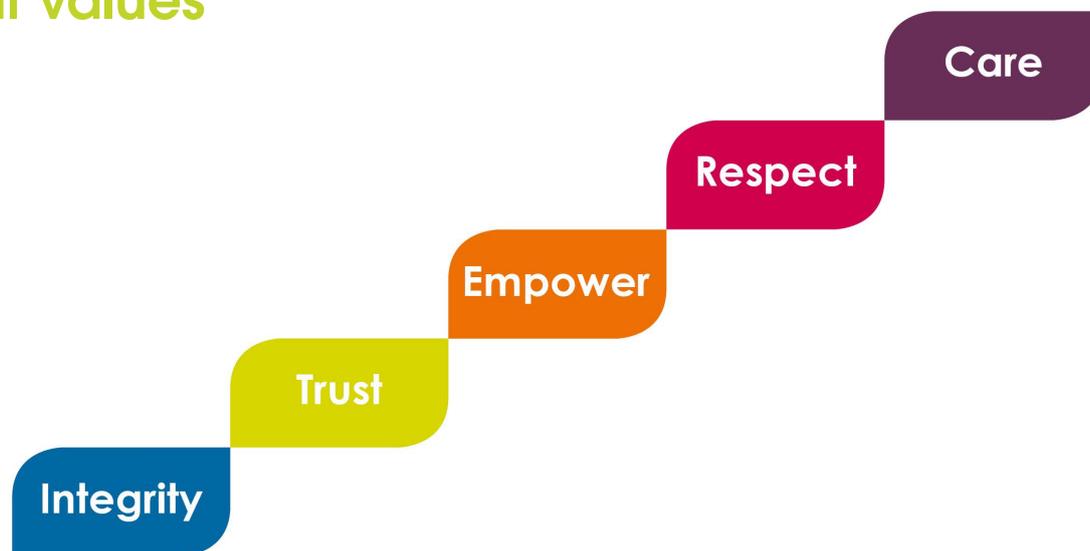
The preceptorship programme is designed to be flexible to your needs and to prepare newly qualified nurses for their professional role, to ensure the safety of staff, patients and others and to encourage best practice. Cygnet Health Care view preceptorship as a challenging and rewarding part of your nursing career and we wish you every success in completing the programme.



**Welcome to Cygnet Health Care, we are happy to have you on our team**

# Cygnnet Core Values

## Our Values



## Why have values?

Many organisations have values, however, true values come from the people within an organisation and how they behave.

In Cygnnet Health Care we are very proud of our culture; it is based on a shared understanding, vision and common language. Our values framework underpins our culture, helps us make decisions and ensures we are all pulling in the same direction to ensure we provide the highest quality of care to our service users.

Our values were developed by our staff through involvement in workshops and staff surveys, the staff representatives and ward managers have been pivotal in engaging all of our staff in the communication process to help bring the values to life.

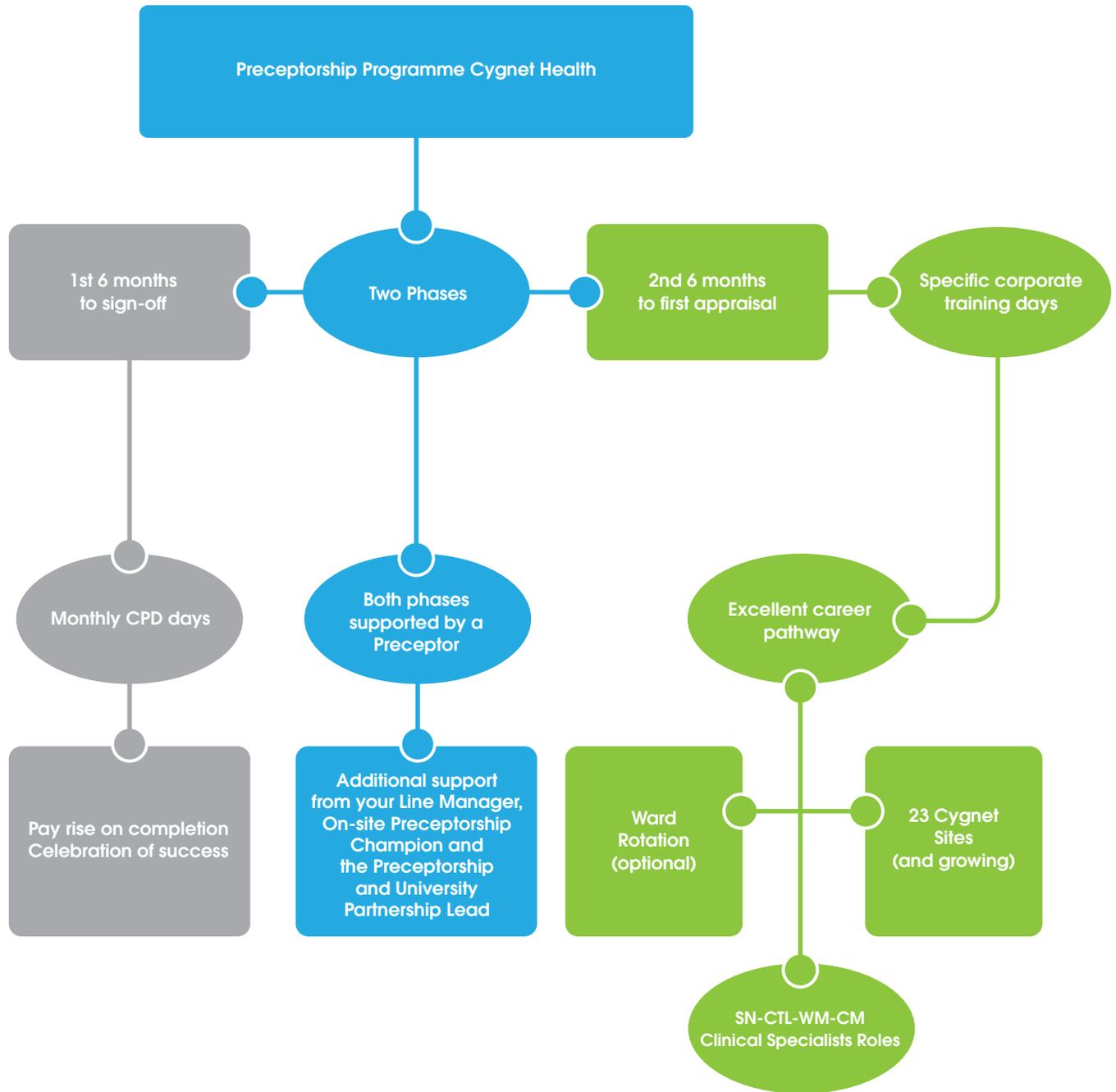
Cygnnet Health Care is part of Universal Health Services (UHS), the largest provider of behavioural health care in the United States of America; they too share the same vision.

Our values as defined by our staff, underpin our culture.

Values cannot be just a set of words and so our staff also identified, if we were truly living the values what would we expect to see, and hear, in terms of behaviour they came up with examples of, 'what good looks like' and 'getting it wrong'.

The personal commitment and enthusiasm from our hospital teams comes through in their actions. At Cygnnet, whether you are employed in a clinical or nursing role on the ward or supporting our service in a housekeeping, catering or administrative role, we all take the opportunity to reflect on what the values mean to us. This approach is also supported through the supervision and appraisal processes.

# Cygnnet Preceptorship Programme



# Cygnnet Preceptorship Programme

## DURATION:

This programme is split into two six-month periods. The first will be supported by documentation reflecting the Knowledge and Skills Framework and 7 appropriate competencies; this will guide and monitor your progress. The second 6 months will be guided by an action plan created between you and your preceptor. The action plan should include S.M.A.R.T objectives that aim to enhance the areas where you have shown real ability and strengths, and also address areas where it has been identified that development is required. This action plan will take you to your first appraisal at the end of your first year.

## SUPPORT:

You will be supported by everybody you work with, but specifically you will have an allocated, experienced and trained preceptor. This person will ideally have at least 18 months experience, and possess the necessary skills to coach and guide you through your preceptorship. They will be specifically trained to be the most effective preceptor possible. Every Cygnnet Health Care site has an on-site preceptorship champion and they will be an additional support to you and your preceptor. They will also have links with Cygnnet's Preceptorship and University Partnership Lead. There will be regular contact via email, telephone and face to face and you will have access to this person whenever you need them.

You will also have monthly clinical supervision, a minimum of one session per month and additional sessions when required. As a preceptee you will also have bi-monthly managerial supervision to ensure you are being supported and that you are being provided with everything you need. This will be provided by your line manager.



# Cygnets Preceptorship Programme

## CLINICAL PROFESSIONAL DEVELOPMENT:

Cygnets are dedicated to ensuring that all nurses employed by them are trained and knowledgeable and adhere to the requirements of revalidation. The preceptorship programme includes regular days for preceptees to engage in peer supervision, CPD and specialist training. There will also be training during your preceptorship that relates to the broader issues within the nursing profession. The programme will also include days for preceptees to get together from all of our hospitals, including educational, peer group supervision and fun events for learning and sharing experiences. Cygnets's people development manager also delivers appropriate and accredited training for nurses in relation to clinical supervision and appraisals.

## CAREER DEVELOPMENT:

Preceptees have the opportunity to experience many different specialisms, both on site at the hospital you work at or across the Cygnets group of 23 (and growing) sites in England. You will be offered the opportunity to experience each ward on site, as well as having your base ward. The career pathway available to you following completion of your preceptorship and after your second year of practice includes the following promotional opportunities:



In addition to this ladder of promotion there are specialist clinical training opportunities at every level; these will be identified in your annual appraisal.

# Cygnnet Preceptorship Programme

## REWARDS/AWARDS:

On completion of your preceptorship Cygnnet Health Care will celebrate your success. You will be awarded a pay increase, a completion certificate, a letter of congratulations, we will have a party, mark the occasion and acknowledge your success. We will then continue our investment in you as outlined above. You and your preceptor will develop the action plan for the next 6 months and there will be continued support to develop you to reach your first appraisal.



**YOUR FUTURE IS OUR FUTURE!**



# The purpose of the Preceptorship Book

The Cygnet Health Care preceptorship book is to be kept by you as a record of your achievements and used as a reflective learning journal, a diary, an information resource and as evidence and proof of you successfully meeting the seven competencies of the knowledge and skills framework. It will also serve as evidence that you have completed the first six month 'sign off' phase of your preceptorship programme, and that you and your preceptor created your second six month phase action plan with SMART targets to take you to your first appraisal.

It is intended to be used as an on-going document that you can continually update as you develop both personally and professionally. It is also a useful reference tool for the future and a resource for content for your NMC revalidation requirements.

The evidence you and your preceptor require for each competency will vary depending on the skill that requires assessing, environmental constraints, your opportunities and your drive and commitment. Listed below are some examples of types of evidence that could be used:

- 1) Direct Observation (covert or overt)
- 2) Questioning (verbal or written)
- 3) Witness Testimony
- 4) Open Discussion
- 5) Self-directed learning.
- 6) Action Learning sets
- 7) Preceptee CPD days
- 8) Practice related feedback
- 9) Written reflections

### Learning Journal/Notes Pages

This is designed to be a continual and ongoing journal for staff to use to record any incidents where they feel they may have questioned their own practice, where they may feel that their response to a situation was not the best one i.e. any incidents that serve as opportunities for self-reflection and critical analysis. If used correctly a learning journal can still be used to stimulate personal growth through clinical supervision or appraisals.

CPD PRECEPTEE AWAY DAYS ATTENDED		
DATE	SITE	SUBJECTS COVERED

# What is Preceptorship?

## Preceptorship is defined by the DOH as:

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

**Department of Health 2008**

## Preceptorship is defined by the NMC as:

*'A period of (preceptorship) to guide and support all newly qualified practitioners to make the transition from student to develop their practice further.'*

**Nursing and Midwifery Council 2006**

## Preceptorship is defined by the RCN as:

*"A foundation period for practitioners at the start of their careers which will help them begin the journey from novice to expert."*

**Royal College of Nursing 2010**

# What Preceptorship IS NOT

- intended to replace any mandatory training programmes
- intended to be a substitute for the performance management process
- intended to replace regulatory body guidance and codes of conduct
- an additional period in which another registrant takes responsibility and accountability for the newly qualified practitioners' actions
- formal coaching
- mentorship
- statutory or clinical supervision
- intended to replace induction to employment
- does not replace local induction procedure
- a distance or e-learning package to be completed in isolation



# Preceptorship - The Key Purposes

- P** programme to support professional development.
- R** refine skills, practices and behaviours.
- E** evaluate own specific learning needs.
- C** confidence development enabling autonomous practice.
- E** evidence based practice, research and implementation.
- P** professional implications/code of practice.
- T** transition from student to qualified practitioner.
- O** overcome feeling overwhelmed.
- R** revalidation.
- S** supported as a preceptee by a preceptor.
- H** help whenever needed.
- I** implementation of accountability and The Code.
- P** personal and professional development.

# Preceptorship Pledge

## Preceptee

**I commit to assume my responsibilities as a registered practitioner, including:**

- adherence to codes of professional practice
- ensuring that I understand the standards, competences or objectives set by my employer that are required to be met
- committing time to preceptorship
- working collaboratively with my preceptor to identify, plan and achieve my learning needs
- taking responsibility for my own learning and development
- providing feedback to enable preceptorship to develop further.

**Preceptee Signature**

**Date**

.....

## Preceptor

**I commit to delivering my responsibilities as a preceptor, including to:**

- commit to the preceptorship role and its responsibilities
- personalise the newly registered practitioner's learning and development needs and help him or her to identify key learning opportunities and resources
- commit time and provide constructive feedback to support the newly registered practitioner

**Preceptor Signature**

**Date**

.....

Knowledge and Skills

# Matrix for Preceptorship

NHS Equivalent Bands	Cygnat Nursing Roles i.e	Communication	Personal & People Development	Health, Safety & Security	Service Improvement	Quality	Equality & Diversity	Leadership & Management
5	Staff Nurse	3	3	3	2	2	3	2

This matrix and competency framework has been put together to provide you with a generic guide when completing preceptorship and links to job specific competency frameworks.

### Guidance for the preceptor

The numbers in the matrix above relate to the expected level of competence for the role of the preceptee you are preceptor for. The 7 competency sections are to guide you to making a subjective decision on whether you believe the preceptee you are preceptor for is meeting the competency levels as outlined in the Knowledge and Skills Framework. The actual competency descriptions and assessment checklists provide you, the preceptor, with some evidential prompts and information to make the assessment and to agree when a competency has been met to the level required this will help to inform your decision to 'sign off' the preceptee against each competency.

Roles and bands are examples and not entirely reflective of current roles and pathways.



# Communication

Communication – definition		Why it is important	
<p>This relates to effectively communicating the needs and requirements of service users and others to provide excellent care and service. Effective communication is a two way process. It involves identifying what others are communicating and the development of effective relationships as well as your own communication skills.</p>		<p>Communication underpins everything we do. Effective communication is a two way process which develops and cements relationships, keeps people informed and reduces the likelihood of errors and mistakes</p>	
Level 1 Communicate with a limited range of people on day-to-day matters. For example:	Level 2 Communicate with a range of people on a range of matters	Level 3 Develop and maintain communication with people about difficult matters and/or in difficult situations	Level 4 Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
<ul style="list-style-type: none"> <li>■ actively listens and asks questions to understand needs</li> <li>■ shares and disseminates information ensuring confidentiality where required</li> <li>■ checks information for accuracy</li> <li>■ presents a positive image of self and the service</li> <li>■ keeps relevant people informed of progress</li> <li>■ keeps relevant and up to date records of communication</li> </ul>	<ul style="list-style-type: none"> <li>■ uses a range of communication channels to build relationships</li> <li>■ manages people’s expectations</li> <li>■ manages barriers to effective communication</li> <li>■ improves communication through communication skills</li> </ul>	<ul style="list-style-type: none"> <li>■ identifies the impact of contextual factors on communication</li> <li>■ adapts communication to take account of others’ culture, background and preferred way of communicating</li> <li>■ provides feedback to others on their communication where appropriate</li> <li>■ shares and engages thinking with others</li> <li>■ maintains the highest standards of integrity when communicating with patients and the wider public</li> </ul>	<ul style="list-style-type: none"> <li>■ encourages effective communication between all involved</li> <li>■ develops partnerships and actively maintains them</li> <li>■ anticipates barriers to communication and takes action to improve communication</li> <li>■ articulates the company goals and focus which generates enthusiasm and commitment from both staff and SU/wider public</li> <li>■ is proactive in seeking out different styles and methods of communication to assist longer terms needs and aims</li> <li>■ is persuasive in putting forward own view and that of the organisation</li> <li>■ communicates effectively and calmly in difficult situations and with difficult people</li> </ul>
Think about what behaviours and actions are positive indications that demonstrate knowledge and skills of communication are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>■ positive service user, partners and colleague relationships</li> <li>■ positive service user, partners and colleague feedback</li> <li>■ timely and accurate performance</li> <li>■ accurate information given</li> <li>■ appropriate information given</li> <li>■ people feel communication in the company is effective and different parts of the company/unit communicate with each other</li> <li>■ people feel service user/resident confidentiality is respected</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>■ service user &amp; partner complaints about communication and unmet needs</li> <li>■ others not treated nor considered with respect</li> <li>■ over-reliance on email</li> <li>■ information given inaccurate</li> <li>■ information given inappropriate</li> <li>■ recipient not understood information given</li> <li>■ people do not feel service user/resident confidentiality is respected</li> </ul>	

# Assessment Checklist for Communication Competency

## COMMUNICATION

This relates to effectively communicating the needs and requirements of service users and others to provide excellent care and service. Effective communication is a two way process. It involves identifying what others are communicating and the development of effective relationships as well as your own communication skills.

### Level 3 Required:

- Identifies the impact of contextual factors on communication
- Adapts communication to take account of others' culture, background and preferred way of communicating
- Provides feedback to others on their communication where appropriate
- Shares and engages thinking with others
- Maintains the highest standards of integrity when communicating with patients and the wider public

### EVIDENTIAL PROMPTS: refer back to competency description if required.

- Demonstrates effective communication in various ways:
  - MDT Meetings
  - CPA Meetings
  - Tribunal Meetings
  - Service User group meetings
  - Team meetings
  - Service Users 1 to 1
  - Family and Friends of service users
  - Face to face meetings
  - Telephone conversations
  - Email communications both internal and external
  - Written communications
  - In challenging situations i.e. when de-escalation is required
  - In difficult situations i.e. when passing on bad news/disappointing information
  - Handing over to colleagues
  - Providing updates to wider team
  - Communicating with external visitors
  - Demonstrates good/active listening skills in all communications

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

**PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET:**

**PRECEPTEE SIGNATURE:**

# People & Personal Development

People & Personal Development - definition		Why it is important	
<p>This is about developing oneself using a variety of means and contributing to the development of others during ongoing work activities. This might be through structured approaches (e.g. appraisal and development review, mentoring, professional/clinical supervision) and/or informal and ad hoc methods (such as enabling people to solve arising problems and appropriate delegation)</p>		<p>Everyone needs to develop themselves in order for services to continue to meet the needs of patients, clients and the company.</p>	
Level 1 Contribute to own personal development. For example:	Level 2 Develop own skills and knowledge and provide information to others to help their development	Level 3 Develop oneself and contribute to the development of others	Level 4 Develop oneself and others in areas of practice
<ul style="list-style-type: none"> <li>■ identifies whether own skills and knowledge are in place to do own job</li> <li>■ prepares for and takes part in own appraisal</li> <li>■ identifies (with support if necessary) what development gaps exist and how they may be filled</li> <li>■ produces a personal development plan with appraiser</li> <li>■ takes an active part in learning/development activities and keeps a record of them</li> </ul>	<ul style="list-style-type: none"> <li>■ seeks feedback from others about work to help identify own development needs</li> <li>■ evaluates effectiveness of own learning/development opportunities and relates this to others</li> <li>■ identifies development needs for own emerging work demands and future career aspiration</li> <li>■ offers help and guidance to others to support their development or to help them complete their work requirements effectively</li> <li>■ offers feedback promptly</li> </ul>	<ul style="list-style-type: none"> <li>■ Assesses how well met last year's objectives and helps set this year's. Assesses self against K &amp; S matrix</li> <li>■ takes responsibility for meeting own development needs</li> <li>■ identifies development needs for others emerging work demands and future career aspiration</li> <li>■ enables opportunities for others to apply their developing knowledge and skills</li> <li>■ actively provides learning and development opportunities to others</li> <li>■ actively contributes to the evaluation of the effectiveness of others' learning/development opportunities and relates this to others</li> <li>■ ensures all employees managed have annual appraisals and personal development plans in place and comply with mandatory training</li> </ul>	<ul style="list-style-type: none"> <li>■ contributes to development in the workplace as a learning environment</li> <li>■ actively creates opportunities to enable everyone to learn from each other and from external good practice</li> <li>■ uses a coaching approach to encourage others to develop</li> </ul>
Think about what behaviours and actions are positive indications the that the knowledge and skills of development are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>■ identified development needs and feedback accepted positively</li> <li>■ people feel they have the knowledge and skills to do their jobs</li> <li>■ people feel there is strong support for learning and development in their area</li> <li>■ time and provision are made for on the job and informal development</li> <li>■ everyone has a PDP that they understand</li> <li>■ people feel responsible for developing their own expertise</li> <li>■ people feel they have opportunities to progress</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>■ staff defensive about development needs</li> <li>■ staff do not feel they have the knowledge and skills to do their jobs</li> <li>■ development frequently cancelled or senior staff too busy to offer informal development to others</li> <li>■ people do not feel there is strong support for learning and development in their area</li> <li>■ PDPs not completed or incomplete</li> <li>■ people feel development is done to them and it is not their responsibility</li> <li>■ development needs and training/development opportunities available do not match</li> </ul>	

# Assessment Checklist for People and Personal Development Competency

## PEOPLE AND PERSONAL DEVELOPMENT

This is about developing oneself using a variety of means and contributing to the development of others during ongoing work activities. This might be through structured approaches (e.g. appraisal and development review, mentoring, professional/clinical supervision) and/or informal and ad hoc methods (such as enabling people to solve arising problems and appropriate delegation)

### Level 3 Required:

- Assesses how well met last year's objectives and helps set this year's.
- Assesses self against K & S matrix
- Takes responsibility for meeting own development needs
- Identifies development needs for others emerging work demands and future career aspiration
- Enables opportunities for others to apply their developing knowledge and skills
- Actively provides learning and development opportunities to others
- Actively contributes to the evaluation of the effectiveness of others' learning/development opportunities and relates this to others
- Ensures all employees managed have annual appraisals and personal development plans in place and comply with mandatory training

### EVIDENTIAL PROMPTS: refer back to competency description if required.

- Can provide evidence of self-directed learning.
- Can provide evidence of keeping up to date. (journals, e-learning)
- Acknowledges the need to access supervision sessions.  
Is familiar with the term life-long learning.
- Demonstrates participation in reflective practice. (written reflections towards revalidation)
- Demonstrates evidence of teaching others (service users/colleagues provision of small talks, leaflet design, education sharing, display boards)
- Demonstrates evidence of providing supervision.
- Demonstrates evidence of meeting SMART targets
- Demonstrates evidence of being able to discuss recent learning during this assessment.

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

**PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET:**

**PRECEPTEE SIGNATURE:**

# Health, Safety & Security

Health, Safety and Security – definition		Why it is important	
<p>This focuses on maintaining and promoting the health, safety and security of everyone in the organisation or anyone who comes into contact with it either directly or through the actions of the organisation. It includes tasks that are undertaken as a routine part of one’s work such as moving and handling.</p>		<p>Everyone needs to promote the health, safety and security of SU’s and customers, the public, colleagues and themselves.</p>	
Level 1 Assist in maintaining own and others’ health, safety and security. For example:	Level 2 Monitor and maintain health, safety and security of self and others	Level 3 Promote, monitor and maintain best practice in health, safety and security	Level 4 Maintain and develop an environment and culture that improves health, safety and security
<ul style="list-style-type: none"> <li>■ follows company policies, procedures and risk assessments to keep self and others safe at work</li> <li>■ helps keep a healthy, safe and secure workplace for everyone</li> <li>■ work in a way that reduces risks to health, safety and security</li> <li>■ knows what to do in an emergency at work, knows how to get help and acts immediately to get help</li> <li>■ reports any issues at work that may put self or others at a health, safety or security risk</li> </ul>	<ul style="list-style-type: none"> <li>■ looks for potential risks to self and others in work activities and processes</li> <li>■ manages identified risk in the best way possible</li> <li>■ works in a way that complies with legislation and company policies and procedures on health, safety and risk management</li> <li>■ takes action to manage an emergency, calling for help immediately when appropriate</li> <li>■ reports actual or potential problems that may put health, safety or security at risk and suggests solutions</li> <li>■ supports and challenges others in maintaining health, safety and security at work</li> </ul>	<ul style="list-style-type: none"> <li>■ identifies and manages risk at work and helps others to do the same</li> <li>■ makes sure others work in a way that complies with legislation and company policies and procedures on health, safety and risk management</li> <li>■ carries out or makes sure others carry out risk assessments in own area. Checks work area to make sure it is free from risks and conforms to legislation and trust policies and procedures on health, safety and risk management</li> <li>■ takes the right action when risk is identified</li> <li>■ finds ways of improving health, safety and security in own area</li> </ul>	<ul style="list-style-type: none"> <li>■ evaluates the extent to which legislation and policies and procedures on health, safety and risk management have been implemented across the company, in own unit of work</li> <li>■ evaluates the impact of policies, procedures and legislation across the company and in own sphere of activity</li> <li>■ identifies the processes and systems that will promote health, safety and security in the company/unit</li> <li>■ regularly assesses risks and uses the results to make improvements and promote best practice</li> <li>■ takes appropriate action when there are issues with health, safety and security</li> <li>■ investigates any actual or potential health, safety or security incidents and takes the required action</li> </ul>
Think about what behaviours and actions are positive indications the that the knowledge and skills of this health, safety and security are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>■ company procedures are followed including for hand hygiene/ security</li> <li>■ confidential information is kept safe and secure</li> <li>■ work areas are clean and tidy</li> <li>■ health, safety or security risks or incidents are reported, at all levels</li> <li>■ behaviour is monitored and action taken when necessary</li> <li>■ incidents are handled appropriately and acted up immediately at all levels</li> <li>■ health, safety and security incidents are declining</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>■ legislation, policies and processes around health, safety and security are not followed</li> <li>■ confidentiality is breached</li> <li>■ incidents are not reported or not reported by staff at all levels</li> <li>■ there is not monitoring of compliance or monitoring exists but action is not taken when required</li> <li>■ people do not know what to do if an incident occurs</li> <li>■ health, safety and security incidents are increasing (which is not due to increased reporting)</li> </ul>	

# Assessment Checklist for Health, Safety & Security Competency

## PEOPLE AND PERSONAL DEVELOPMENT

This focuses on maintaining and promoting the health, safety and security of everyone in the organisation or anyone who comes into contact with it either directly or through the actions of the organisation. It includes tasks that are undertaken as a routine part of one's work such as moving and handling

### Level 3 Required:

- Identifies and manages risk at work and helps others to do the same
- Makes sure others work in a way that complies with legislation and company policies and procedures on health, safety and risk management
- Carries out or makes sure others carry out risk assessments in own area.
- Checks work area to make sure it is free from risks and conforms to legislation and trust policies and procedures on health, safety and risk management
- Takes the right action when risk is identified
- Finds ways of improving health, safety and security in own area

### EVIDENTIAL PROMPTS: refer back to competency description if required.

- Shows an understanding of the principles of risk assessment and management (components of accurate risk assessment and the importance of effective risk management).
- Demonstrates competency through completion of risk assessment and implementation of appropriate management plan.
- Shows an awareness of the issues and implications of nursing in a secure environment.
- Demonstrates competency through continual good practice (e.g. ensures the security checks are completed, act always to maintain the safety and security of the environment).
- Is able to give examples of situations where maintaining safety and security and the therapeutic nurse-patient relationship may conflict and how these conflicts may be overcome.
- Is aware of the location and is familiar with the contents of the following protocols: Pat down searches
- Is aware of the location and is familiar with the contents of the following protocols: Illicit drugs and alcohol
- Is aware of the location and is familiar with the contents of the following protocols: Contraband items
- Is able to give clear explanation of the action to take in the event of a serious breach of security.
- Shows a clear understanding of the company policy on handling violence and aggression and is familiar with local protocols on managing such behaviour.
- Demonstrates competence through the employment of de-escalation techniques when appropriate. (Interpersonal skills, communication – verbal and nonverbal).
- Shows a clear understanding of how to manage a critical incident involving violence and aggression.
- Always acts in the best interests of the patient and within professional boundaries.

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

**PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET:**

**PRECEPTEE SIGNATURE:**

# Service Improvement

Service Improvement - definition		Why it is important	
<p>This is about improving services in the interests of the users of those services and the public as a whole. The services might be services for service users or customers) or services that support the smooth running of the organisation (such as finance, estates).The services might be single or multi-agency and uni or multi-professional. Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service.</p>		<p>Everybody has a role in implementing policies and strategies and improving services users for users and partners</p>	
Level 1 Make changes in own practice and offer suggestions for improving services. For example:	Level 2 Contribute to the improvement of services	Level 3 Appraise, interpret and apply suggestions, recommendations and directives to improve services	Level 4 Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
<ul style="list-style-type: none"> <li>discusses with line manager changes that might need making to own work practice and why</li> <li>adapts own work and takes on new tasks as agreed and asks for help if needed</li> <li>helps evaluate the service when asked to do so</li> <li>passes on any good ideas to improve services to line manager or appropriate person</li> <li>alerts manager if new ways of working, policies or strategies are having a negative impact on the service given to users or the public.</li> </ul>	<ul style="list-style-type: none"> <li>discusses with team the likely impact of changing policies, strategies and procedures on practice. Also about changes the team can make and how to make them effective</li> <li>takes on new work and make changes to own work when agreed, requesting relevant help if needed</li> <li>supports colleagues in understanding and making agreed changes to their work</li> <li>evaluates own and others' work when needed</li> <li>make suggestions to improve the service</li> <li>constructively identifies where new ways of working, policies or strategies are having a negative impact on the service given to users or the public</li> </ul>	<ul style="list-style-type: none"> <li>identifies and evaluates potential improvements to the service</li> <li>discusses improvement ideas with appropriate people and agrees a prioritised plan of implementation to take forward agreed improvements</li> <li>presents a positive role model in times of service improvement</li> <li>supports and works with others to help them understand the need for change and to adapt to it</li> <li>enables and encourages others to suggest change, challenge tradition and share good practice with other areas of the trust</li> <li>evaluates the changes made and suggests further improvements where needed</li> <li>evaluates draft policies and strategies and feeds back thoughts on impacts on service users and the public.</li> </ul>	<ul style="list-style-type: none"> <li>involves and engages users of the service and others in discussions about service direction, improvements and the values on which they are based</li> <li>works with others to make sure there is a clear direction for values, strategies and policies and leads the way when interests are in conflict</li> <li>continually reviews the values, strategic plans and directions of the service to take account of changing circumstances</li> <li>works with others to develop strategic plans and business objectives for the service. These need to be consistent with values, realistic, detailed and take account of constraints</li> <li>communicates values, strategic plans and service direction to help all colleagues understand how they are affected. Also creates opportunities for people to contribute their views and ideas</li> <li>works with people affected by service improvements to evaluate the impact of the changes on the service. Feeds this information into ongoing improvements.</li> </ul>
Think about what behaviours and actions are positive indications the that the knowledge and skills of service improvement are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>staff at all levels question poor practice, process and behaviour</li> <li>staff at all levels feel they are involved in deciding on service improvements that affect them</li> <li>staff feel able to make suggestions that improve their work or their area</li> <li>staff feel they deliver a service to a standard that they are personally pleased with</li> <li>staff adapt to change</li> <li>consistently improving care and service are provided</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>staff do things the way they've always been done, without question</li> <li>staff feel that service improvement is "nothing to do with them"</li> <li>staff feel that they are not involved in decision making</li> <li>staff do not feel they deliver a service to a standard that they are personally pleased with</li> <li>staff struggle to adapt to change or openly resist it</li> <li>services are considered to be static or declining rather than improving</li> </ul>	

# Assessment Checklist for Service Improvement Competency

## SRVICE IMPROVEMENT

This is about improving services in the interests of the users of those services and the public as a whole. The services might be services for service users or customers) or services that support the smooth running of the organisation (such as finance, estates).The services might be single or multi-agency and uni or multi-professional. Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service.

### Level 2 Required:

- Discusses with team the likely impact of changing policies, strategies and procedures on practice.
- Discusses changes the team can make and how to make them effective
- Takes on new work and make changes to own work when agreed, requesting relevant help if needed
- Supports colleagues in understanding and making agreed changes to their work
- Evaluates own and others' work when needed
- Make suggestions to improve the service
- Constructively identifies where new ways of working, polices or strategies are having a negative impact on the service given to users or the public

### EVIDENTIAL PROMPTS: refer back to competency description if required.

- Demonstrates the ability and assertiveness to question poor practice, process and behaviour
- Communicates a belief and willingness that they feel they are involved in deciding on service improvements that affect them
- Feels able to make suggestions that improve their work or their area
- Communicates that they feel they deliver a service to a standard that they are personally pleased with
- Demonstrates an ability to adapt to change
- Demonstrates a willingness by making suggestions to contribute to improving care and services provided. I.e. Team meetings, supervision and appraisal.

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

**PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET:**

**PRECEPTEE SIGNATURE:**

# Quality

Quality - definition			Why it is important
<p>This relates to maintaining high quality in all areas of work and practice, including the important aspect of effective team working. Quality can be supported using a range of different approaches including codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. This dimension supports the governance function in organisations – clinical, corporate, financial, information, staff etc.</p>			<p>Quality is a key aspect of all jobs as everybody is responsible for the quality of their own work. It underpins all the other dimensions in the knowledge &amp; skills matrix</p>
Level 1 Maintain the quality of own work. For example:	Level 2 Maintain quality in own work and encourage others to do so	Level 3 Contribute to improving quality	Level 4 Develop a culture that improves quality
<ul style="list-style-type: none"> <li>■ works as required by the company and professional policies and procedures</li> <li>■ works within the limits of own competence and area of responsibility and refers any issues that arise beyond these limits to the relevant people</li> <li>■ works closely with own team and asks for help if necessary</li> <li>■ uses company resources efficiently and effectively thinking of cost and environmental issues</li> <li>■ reports any problems, issues or errors made with work immediately to line manager and helps to solve or rectify the situation.</li> </ul>	<ul style="list-style-type: none"> <li>■ follows company and professional policies and procedures and other quality approaches as required. Encourages others to do the same. Maintains professional registration if has one</li> <li>■ works within the limits of own competence and area of responsibility and accountability. Gets help and advice where needed</li> <li>■ works to support the team. Can be counted on when people ask for help or support</li> <li>■ prioritises own workload and manages own time to ensure priorities are met and quality is not compromised</li> <li>■ uses company resources and effectively and encourages others to do the same</li> <li>■ monitors the quality of work in own area and alerts others to quality issues, reporting any errors or issues to the appropriate person.</li> </ul>	<ul style="list-style-type: none"> <li>■ promotes quality approaches making others aware of the impact of quality</li> <li>■ understands own role, its scope and how this may change and develop over time in developing a high quality organisation</li> <li>■ reviews effectiveness of own team and helps and enables others to work as a team</li> <li>■ prioritises own workload and manages own time in a manner that maintains and promotes high quality</li> <li>■ evaluates the quality of own and others' work in own area and raises quality issues and related risks with the appropriate people</li> <li>■ supports changes in own area that improves the quality of systems and processes</li> <li>■ takes appropriate action when there is a persistent problem with quality.</li> </ul>	<ul style="list-style-type: none"> <li>■ initiates, implements, supports and monitors quality and governance systems and processes</li> <li>■ alerts others to the need to improve quality. Ensures others maintain professional registration</li> <li>■ is an effective member of the organisation. Works with others to develop and maintain high quality services</li> <li>■ role models quality delivery</li> <li>■ enables others to understand, identify and deal with risks to quality</li> <li>■ actively promotes quality in all areas of work</li> <li>■ responsible for continually monitoring quality and takes effective action to address quality issues.</li> </ul>
Think about what behaviours and actions are positive indications that the knowledge and skills of quality are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>■ people are confident in asking for support where necessary and feel well supported</li> <li>■ people respond positively when colleagues ask for help and support</li> <li>■ people feel encouraged to report errors and near misses</li> <li>■ when errors and quality issues occur the focus is on resolving the issue and learning from it</li> <li>■ there is a no-blame culture</li> <li>■ resources are used effectively</li> <li>■ people adapt to changing priorities and changing quality systems</li> <li>■ high quality care and services are delivered and improving</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>■ people do not feel they can ask for help or support and do not feel well supported</li> <li>■ people do not make time to help and support others when asked</li> <li>■ when errors and quality issues occur the focus is on blaming someone else</li> <li>■ resources are wasted</li> <li>■ people struggle to cope with or moan about changing quality systems or processes</li> <li>■ care and services are not considered to be high quality or are declining in quality</li> </ul>	

# Assessment Checklist for Quality Competency

**QUALITY**

This relates to maintaining high quality in all areas of work and practice, including the important aspect of effective team working. Quality can be supported using a range of different approaches including codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. This dimension supports the governance function in organisations – clinical, corporate, financial, information, staff etc.

**Level 2 Required:**

- Follows company and professional policies and procedures and other quality approaches as required.
- Encourages others to do the same.
- Maintains professional registration if she/he has one
- Works within the limits of own competence and area of responsibility and accountability.
- Gets help and advice where needed
- Works to support the team.
- Can be counted on when people ask for help or support
- Prioritises own workload and manages own time to ensure priorities are met and quality is not compromised
- Uses company resources and effectively and encourages others to do the same
- Monitors the quality of work in own area and alerts others to quality issues, reporting any errors or issues to the appropriate person.

**EVIDENTIAL PROMPTS: refer back to competency description if required.**

- Understands the concepts of 'Professional Accountability'.
- Understands the concepts of 'Moral Accountability'.
- Understands the concepts of 'Personal Accountability'.
- Demonstrates a sound working knowledge of the NMC code of professional conduct.
- Demonstrates a good understanding of the Moral, Ethical, Professional and Legal issues associated with consent.
- Has read or demonstrates a willingness to do so:
- Clinical Policy Manual/Health/ Safety Manual/ Mental Health Act procedures/Departmental protocol file
- Can offer clear explanation of the key elements of the following policies, protocols and procedures:
- Untoward Incidents (policy)/Nursing Observation (protocol)/Safeguarding (protocol)/Management of Clinical Risk (protocol)/ Management of needle stick injury (protocol)/Rapid Tranquillisation (protocol)/Management of clinical emergency (the unconscious patient – Policy)
- Contraband items (protocol)Access to illicit drugs and alcohol (protocol)

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

**PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET:**

**PRECEPTEE SIGNATURE:**

# Equality & Diversity

Equality & Diversity – definition		Why it is important	
<p>It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone (SU’s customers; work colleagues; employees, people in other organisations.</p>		<p>This is a key aspect of all jobs and of everything that everyone does. It underpins all aspects in the KSF. Successful organisations are the ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages, bodily appearances; classes; castes, creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with or without responsibilities for dependants. Where diversity and equality are not integral to the organisation, discrimination may occur.</p>	
Level 1 Act in ways that support equality and value diversity. For example:	Level 2 Support equality and value diversity	Level 3 Promote equality and value diversity	Level 4 Develop a culture that promotes equality and values diversity
<ul style="list-style-type: none"> <li>■ acts in accordance with legislation, policies, procedures and good practice</li> <li>■ treats everyone with dignity and respect</li> <li>■ allows others to express their views even when different from one’s own</li> <li>■ does not discriminate or offer a poor service because of others’ differences or different viewpoints.</li> </ul>	<ul style="list-style-type: none"> <li>■ challenges bias, prejudice and intolerance if appropriate or brings it to the attention of a manager</li> <li>■ uses plain language when carrying out duties</li> <li>■ aware of the impact of own behaviour on others.</li> </ul>	<ul style="list-style-type: none"> <li>■ interprets equality, diversity and rights in accordance with legislation, policies, procedures and good practice</li> <li>■ actively acts as a role model in own behaviour and fosters a non-discriminatory culture</li> <li>■ promotes equality and diversity in own area and ensures policies are adhered to</li> <li>■ manages people and applies internal processes in a fair and equal way.</li> </ul>	<ul style="list-style-type: none"> <li>■ actively promotes equality and diversity</li> <li>■ monitors and evaluates the extent to which legislation and policies are applied</li> <li>■ monitors and act on complaints around equality and diversity</li> <li>■ actively challenges unacceptable behaviour and discrimination</li> <li>■ supports people who need assistance in exercising their rights.</li> </ul>
Think about what behaviours and actions are positive indications the that the knowledge and skills in these areas are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>■ Service user, partners, colleagues and staff feel fairly treated</li> <li>■ people feel confident in speaking up if they feel there is bias in a system or process or if they feel they have witnessed bias, prejudice or intolerance</li> <li>■ staff understand what diversity is and why it is important.</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>■ high level of staff and patient or wider public complaints about unfair treatment, bias or discrimination</li> <li>■ policies and procedures only exist in writing with little application in day to day activity</li> <li>■ bias in the application of processes affecting equality of outcome</li> </ul>	

# Assessment Checklist for Equality & Diversity Competency

## EQUALITY AND DIVERSITY

It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone (SU's customers; work colleagues; employees, people in other organisations).

### Level 2 Required:

- Challenges bias, prejudice and intolerance if appropriate or brings it to the attention of a manager
- Uses plain language when carrying out duties
- Aware of the impact of own behaviour on others.
- Actively acts as a role model in own behaviour and fosters a non-discriminatory culture
- Promotes equality and diversity in own area and ensures policies are adhered to

### EVIDENTIAL PROMPTS: refer back to competency description if required.

- Demonstrates an ability to communicate with service users and carers in a way that is accessible to them.
- Communicates a knowledge and ability to make reasonable adjustments in the way they do their work to take account of the needs of disabled people.
- Communicates an understanding of the role that spiritual and religious beliefs play in health care and peoples experiences of health services.
- Ensuring that all service users receive care in a way that takes account of their individual needs.
- Demonstrating practice and behaviours that treat everyone with dignity and respect at all times.

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET::

PRECEPTEE SIGNATURE:

# Leadership & Management

Leadership & Management – definition		Why it is important	
<p>This relates to the development and promotion of the values and goals of the organisation/ unit through the effective leadership and management of the organisation its people and its processes.</p>		<p>The behaviours and actions of our leaders and managers define how we work in our organisation. Through excellent leadership and management we know what is expected of us, we feel confident that we will be supported and we are reassured that the organisation is doing all it can to deliver the best quality services to service users.</p>	
Level 1 Focus on goals for self. For example:	Level 2 Manage a small team and lead by example	Level 3 Lead across teams and contribute to the culture of leadership	Level 4 Set the direction and tone of the organisation
<ul style="list-style-type: none"> <li>■ exhibits self-belief and believes in own ability to deliver</li> <li>■ focuses on the achievement of goals for the organisation’s benefit as well as own benefit</li> <li>■ makes effective decisions based on all available information</li> <li>■ prepared to face a challenge and stand up for own professional viewpoint</li> <li>■ driven by the needs of service users.</li> </ul>	<ul style="list-style-type: none"> <li>■ takes ownership and prepared to be held accountable</li> <li>■ role models ethical behaviours</li> <li>■ makes the most of current opportunities to make improvements</li> <li>■ develops and communicates standards and expected levels of performance</li> <li>■ delegates effectively and develops team members</li> <li>■ supports the evaluation of KPIs in own delivery area.</li> </ul>	<ul style="list-style-type: none"> <li>■ establishes a culture of team work and cooperation</li> <li>■ able to influence and persuade with own team and senior people</li> <li>■ able to work comfortably in a complex work environment</li> <li>■ is able to spot and encourage potential</li> <li>■ creates a climate of support but holds people to account</li> <li>■ sets stretching and challenging goals in area of responsibility and drives the evaluation of KPIs.</li> </ul>	<ul style="list-style-type: none"> <li>■ interprets likely change for the organisation and sets direction for the future</li> <li>■ sets stretching and challenging goals for the organisation and drives the evaluation of KPIs</li> <li>■ makes partnerships both internally and externally and is influential within them</li> <li>■ focuses own and others’ energy to where it will make a difference.</li> </ul>
Think about what behaviours and actions are positive indications that the knowledge and skills of these areas are present and those that warn that they are absent			
<p><b>Positive indications:</b></p> <ul style="list-style-type: none"> <li>■ goals and targets met at individual and organisation levels</li> <li>■ staff feel well led</li> <li>■ staff feel they get clear feedback about how they are doing and how this fits in with the organisation</li> <li>■ service user focused</li> <li>■ values and culture defined is upheld and demonstrated</li> <li>■ ensures the organisation is prepared for the future and has impact on the customer and health sectors.</li> </ul>		<p><b>Warning signs:</b></p> <ul style="list-style-type: none"> <li>■ staff not clear about what is expected of them or how they fit into the organisation</li> <li>■ staff do not feel they get clear feedback about how they are doing</li> <li>■ values and culture demonstrated don’t reflect those written</li> <li>■ staff don’t feel “heard”</li> <li>■ lack of engagement and development</li> <li>■ blame culture</li> <li>■ organisation lacks influence and impact with customers and health sector.</li> </ul>	

# Assessment Checklist for Leadership & Management Competency

## LEADERSHIP AND MANAGEMENT

This relates to the development and promotion of the values and goals of the organisation/ unit through the effective leadership and management of the organisation its people and its processes.

### Level 2 Required:

- Takes ownership and prepared to be held accountable
- Role models ethical behaviours
- Makes the most of current opportunities to make improvements
- Develops and communicates standards and expected levels of performance
- Delegates effectively and develops team members
- Supports the evaluation of KPIs in own delivery area.

### EVIDENTIAL PROMPTS: refer back to competency description if required.

- Shows a sound understanding of the responsibilities on the nurse in charge.
- Is aware of the location of the local protocol outlining the responsibilities of the nurse in charge and is familiar with its contents.
- Demonstrates competency through active participation and is able to take on responsibility of the nurse in charge and carry out duties accordingly.
- Demonstrates competency through active participation in clinical handovers (contribution is professional, relevant, detailed and accurate).
- Demonstrates competency through successful delegation of staff members, ensuring a safe working practice for staff and a safe environment for patients/others.
- Sows a clear understanding of the principle of the named nurse system (government guidelines, NSF, Patients' charter) and is familiar with the company policy.
- Demonstrates competency through active participation in named nurse duties and carries these out to required standard.
- Is able to demonstrate competency through active participation (regularly prioritising tasks and coordinates staff with regards to environmental constraints).
- Demonstrates effective time management and organises own workload accordingly.
- Uses a proactive approach to staffing and resource issues where possible. Where a reactive approach is required resources are managed as effectively as possible (skill mix)
- Accepts own limitations and is prepared to seek help and guidance / feedback when needed.
- Demonstrates the ability to learn through self-reflection, evaluation and critical thought.

**RECORD OF EVIDENCE AND HOW EVIDENCE CAN BE PROVIDED:** i.e. Journal entry/self-reflection, verbal or written/ observation/service user/relative/carer testimonials/Colleague testimonials/Questioning/Open discussion

**PRECEPTOR SIGNATURE AND DATE ASSESSED AND COMPETENCY MET:**

**PRECEPTEE SIGNATURE:**



# Medication Competency

<b>Name:</b>	<b>Designation:</b>
<b>Ward:</b>	<b>Date:</b>

Preceptee nurses with an active PIN are legally qualified to administer medication, however, good practice requires each preceptee nurse to undergo an assessment of administration of medication in phase 1 of the preceptorship programme.

**MONTH ONE (to identify a baseline)** and to be completed in first month

This is in addition to the Ashtons on-line training which should be completed **BEFORE THE PRECEPTEE ADMINISTERS MEDICATION**. The assessment should include practical observations of the preceptee organizing and taking control of the medication round and learning about and understanding the medications being administered on their ward..

Month one will provide a baseline for what is known and not known. This information should be used to guide actions taken with the preceptee in relation to medication ordering, administration, storing and transporting in the first 6 months of preceptorship. There should be a clear and significant improvement by month five all competencies should be fully met.

Where there are competencies that are not achieved support will be provided to attain the required development and a further assessment completed. In this case the preceptee nurse should not administer medication without a second qualified nurse until they have successfully completed the assessment to a safe and competent level.

Ordering and Storage of Medicines		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee can talk through the process of ordering, receiving, recording receipt and storage/checking of non-controlled drugs.		
The preceptee can talk through the process of ordering, receiving, recording of receipt and storage/checking of controlled drugs.		
Preparation for Administration of Medicine		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee assembles all equipment, documentation and medication to prevent interruptions during the administration process.		
The preceptee assembles all equipment, documentation and medication to prevent interruptions during the administration process.		

# Medication Competency

Administration		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee correctly identifies the patient.		
The preceptee correctly identifies the prescribed medication.		
The preceptee knows the therapeutic uses of the medication prescribed.		
The preceptee knows the therapeutic dose range of the medication prescribed.		
The preceptee knows the form of medication prescribed.		
The preceptee knows the strength of the medication being administered.		
The preceptee demonstrates their ability to complete accurate drug calculations.		
The preceptee correctly identifies the timing with which the medication is to be administered.		
The preceptee correctly identifies the frequency with which the medication should be administered.		
Preparation for Administration of Medicine		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee correctly identifies the route by which the medication is to be administered.		
The preceptee checks that the prescription is signed.		
The preceptee checks the expiry date of the medication to be administered.		
The preceptee checks that the label on the medication to be administered is clear and unambiguous.		
The preceptee checks that the administration of the medication is within the start and stop dates prescribed.		
The preceptee ensures that the patient has a T2/T3 form where required, before administering the medication.		
The preceptee checks that the T2/T3 form is accurate and valid.		
The preceptee checks that the patient is not allergic to the medication being administered.		
The preceptee watched the patient take the administered medication.		
The preceptee clearly documents that the medication has been administered.		

# Medication Competency

Depot Administration		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates hygiene/safety standards in the drawing up and administration of the medication.		
The preceptee demonstrates hygiene/safety standards in the disposal of equipment used to administer the medication.		
The preceptee requests a second qualified nurse to witness administration of medication.		
The preceptee clearly documents that the injection has been given, (ensuring that the correct number of days have been calculated until the next administration) the site in which it was given (and when the injection is next due in case of a depot injection eg).		

Controlled Drugs		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates knowledge of the different schedules of controlled drugs.		
The preceptee demonstrates knowledge of the role of the Accountable Officer.		
The preceptee demonstrates their knowledge of the legal requirements and storage of controlled drugs.		
The preceptee demonstrates their knowledge of the procedure for administration/recording of controlled drugs and the role of the witness.		
The preceptee demonstrates their knowledge of the procedure to be followed in the event that controlled drugs require disposal.		
The preceptee demonstrates their knowledge of the procedure to be followed in the event of any discrepancies in stock levels of controlled drugs.		

Knowledge		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates their knowledge of Drug Legislation (eg Medicines Act 1968)		
The preceptee demonstrates knowledge of the effectiveness of the medication to be administered.		
The preceptee demonstrates their knowledge of the side effects, interactions, precautions and contra-indications of the medication to be administered.		

# Medication Competency

Knowledge		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates their knowledge of the procedure to be followed in the event of an adverse reaction to a medication.		
The preceptee has read and understood the local policies and procedures with regard to all aspects of medication administration.		
The preceptee demonstrates knowledge of the required actions with regard to accidental loss or damage to medication.		
The preceptee demonstrates knowledge of the required actions where a patient is non concordant.		
The preceptee demonstrates their knowledge of the process/actions required where a medication administration error occurs.		
The preceptee demonstrates their knowledge of the professional guidelines for the administration of medicines (NMC).		
The preceptee demonstrates their knowledge with regard to the process of accepting verbal orders and the circumstances within which this is acceptable/safe practice.		
Outcome of Assessment		
Has the preceptee demonstrated safe practice in all areas?	Yes	No
Is there any action required?	Yes	No
If yes, please state what action is required:		
What is the timescale for this action?		
Declaration		
Preceptee Nurse Signature:		
Print Name:		
Assessors/Preceptor Signature:		
Print Name:		

# Medication Competency

<b>Name:</b>	<b>Designation:</b>
<b>Ward:</b>	<b>Date:</b>

Each preceptee nurse should undergo two assessments of administration of medication in phase 1 of the preceptorship programme in month 1 and month 5.

**To be completed in MONTH FIVE  
(when there should be a significant improvement when compared with month one).**

This is in addition to the Ashtons on-line training which should be completed **BEFORE THE PRECEPTEE ADMINISTERS MEDICATION**. The assessment should include practical observations of the preceptee organizing and taking control as lead nurse of the medication round.

Month one will have provided a baseline for what is known and not known. This information should be used to guide actions taken with the preceptee in relation to medication ordering, administration, storing and transporting. There should be a clear and significant improvement by month five when all competencies should be fully met.

Where there are competencies that are not achieved support will be provided to attain personal development and a further assessment completed. In this case the preceptee nurse should not administer medication without a second qualified nurse until they have successfully completed the assessment to a safe and competent level.

Ordering and Storage of Medicines		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee can talk through the process of ordering, receiving, recording receipt and storage/checking of non-controlled drugs.		
The preceptee can talk through the process of ordering, receiving, recording of receipt and storage/checking of controlled drugs.		
Preparation for Administration of Medicine		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee assembles all equipment, documentation and medication to prevent interruptions during the administration process.		
The preceptee assembles all equipment, documentation and medication to prevent interruptions during the administration process.		

# Medication Competency

Administration		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee correctly identifies the patient.		
The preceptee correctly identifies the prescribed medication.		
The preceptee knows the therapeutic uses of the medication prescribed.		
The preceptee knows the therapeutic dose range of the medication prescribed.		
The preceptee knows the form of medication prescribed.		
The preceptee knows the strength of the medication being administered.		
The preceptee demonstrates their ability to complete accurate drug calculations.		
The preceptee correctly identifies the timing with which the medication is to be administered.		
The preceptee correctly identifies the frequency with which the medication should be administered.		
Preparation for Administration of Medicine		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee correctly identifies the route by which the medication is to be administered.		
The preceptee checks that the prescription is signed.		
The preceptee checks the expiry date of the medication to be administered.		
The preceptee checks that the label on the medication to be administered is clear and unambiguous.		
The preceptee checks that the administration of the medication is within the start and stop dates prescribed.		
The preceptee ensures that the patient has a T2/T3 form where required, before administering the medication.		
The preceptee checks that the T2/T3 form is accurate and valid.		
The preceptee checks that the patient is not allergic to the medication being administered.		
The preceptee watched the patient take the administered medication.		
The preceptee clearly documents that the medication has been administered.		

# Medication Competency

Depot Administration		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates hygiene/safety standards in the drawing up and administration of the medication.		
The preceptee demonstrates hygiene/safety standards in the disposal of equipment used to administer the medication.		
The preceptee requests a second qualified nurse to witness administration of medication.		
The preceptee clearly documents that the injection has been given, (ensuring that the correct number of days have been calculated until the next administration) the site in which it was given (and when the injection is next due in case of a depot injection eg).		

Controlled Drugs		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates knowledge of the different schedules of controlled drugs.		
The preceptee demonstrates knowledge of the role of the Accountable Officer.		
The preceptee demonstrates their knowledge of the legal requirements and storage of controlled drugs.		
The preceptee demonstrates their knowledge of the procedure for administration/recording of controlled drugs and the role of the witness.		
The preceptee demonstrates their knowledge of the procedure to be followed in the event that controlled drugs require disposal.		
The preceptee demonstrates their knowledge of the procedure to be followed in the event of any discrepancies in stock levels of controlled drugs.		

Knowledge		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates their knowledge of Drug Legislation (eg Medicines Act 1968)		
The preceptee demonstrates knowledge of the effectiveness of the medication to be administered.		
The preceptee demonstrates their knowledge of the side effects, interactions, precautions and contra-indications of the medication to be administered.		

# Medication Competency

Knowledge		
Competency	Safe Practice Demonstrated	Notes
	Yes	
The preceptee demonstrates their knowledge of the procedure to be followed in the event of an adverse reaction to a medication.		
The preceptee has read and understood the local policies and procedures with regard to all aspects of medication administration.		
The preceptee demonstrates knowledge of the required actions with regard to accidental loss or damage to medication.		
The preceptee demonstrates knowledge of the required actions where a patient is non concordant.		
The preceptee demonstrates their knowledge of the process/actions required where a medication administration error occurs.		
The preceptee demonstrates their knowledge of the professional guidelines for the administration of medicines (NMC).		
The preceptee demonstrates their knowledge with regard to the process of accepting verbal orders and the circumstances within which this is acceptable/safe practice.		
Outcome of Assessment		
Has the preceptee demonstrated safe practice in all areas?	Yes	No
Is there any action required?	Yes	No
If yes, please state what action is required:		
What is the timescale for this action?		
Declaration		
Preceptee Nurse Signature:		
Print Name:		
Assessors/Preceptor Signature:		
Print Name:		



## Key Skills of

# Mental Health Nursing

- The delivery of care that is centered around the promotion of positive relationships focused on social inclusion, human rights and recovery.
- The provision of evidence-based psychological, psychosocial and other complex therapeutic interventions to meet people's physical, psychological, emotional, social and spiritual needs.
- Understanding of, and effective application of current mental health legislation, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives.
- Working collaboratively across multi-professional and multi-agency boundaries respecting and involving others contribution to care.
- The use of communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.
- The use of a range of interpersonal approaches to create and sustain therapeutic relationships and therapeutic environments of care.
- The delivery of therapeutic interventions and support for people experiencing critical and acute mental health problems.
- Assessing and managing risk, and supporting the therapeutic management of positive risk taking and least restrictive practice.
- The delivery of a range of psychological, psychosocial, physiological and pharmacological interventions, including medicines management and prescribing.
- The provision of care management, coordinating inputs from a range of other services and agencies.
- Contributing to the management of mental health care environments by giving priority to actions that enhance people's safety.
- The provision of therapeutic interventions for a range of challenging situations.
- Adopting a public health approach to nursing care and intervention.
- Providing advocacy support where appropriate, and facilitating access to advocacy services.

Revised in March 2015 and in October 2018 to incorporate the new nursing associates.

# 'THE CODE'

## What you need to know about the new NMC code of conduct

The Code contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research.

The Nursing and Midwifery Council (NMC) can take action if registered nurses or midwives fail to uphold the Code. In serious cases, this can include removing them from the register.

The Code is central to the revalidation process as a focus for professional reflection. It will give the Code significance in a nurse's professional life, and raise its status and importance for employers. The Code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Four themes describe what nurses and midwives are expected to do:

- prioritise people
- practise effectively
- preserve safety, and
- promote professionalism and trust.

There have been changes in healthcare and society since the previous Code was published in 2008. The revised Code reflects these changes with new requirements on:

### Fundamentals of care

This covers the essential aspects of caring for a patient, including making sure that a patient has adequate access to nutrition and hydration.

### The duty of candour

Nurses and midwives should be open and honest with colleagues, patients and healthcare regulators when things go wrong.

### Raising concerns

Nurses and midwives should raise concerns without delay if they are aware of a threat to patient safety or public protection.

### Delegation and accountability

Nurses and midwives should make sure that they delegate tasks and duties appropriately, and that those to whom they delegate complete tasks to the required standard.

### The professional duty to take action in an emergency

Nurses and midwives should take action in an emergency when off-duty, within the limits of their competence.

### Social media use

Nurses and midwives should use social media responsibly, in line with NMC guidance.

The Code also makes clear that responsibility for those receiving care lies not only with the nurse or midwife providing hands-on care, but also with those nurses and midwives working in policy, education and management roles.

The Code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.



# THE FOUR 'P's

## FOUR THEMES BROUGHT TOGETHER IN ONE CODE

### **Prioritise people**

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

### **Practice effectively**

You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay and to the best of your abilities, on the basis of the best evidence available and best practice. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

### **Preserve safety**

You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

### **Promote professionalism and trust**

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public.

# What is Revalidation?

All nurses and midwives will have to revalidate to maintain their registration with the NMC.

Taking effect from April 2016, revalidation is straightforward and will help nurses and midwives demonstrate that they practise safely and effectively. The new process replaces the current Prep requirements and nurses and midwives will have to revalidate every three years when they renew their place on the register.

Revalidation builds on existing renewal requirements by introducing new elements which encourage nurses and midwives to reflect on the role of the Code in their practice and demonstrate that they are 'living' the standards set out within it.

## **The requirements for revalidation include:**

- 450 practice hours or 900 if revalidating as both a nurse and midwife
- 35 hours CPD including 20 hours participatory learning
- Five pieces of practice related feedback
- Five written reflective accounts
- Reflective discussion
- Health and character declaration
- Professional indemnity arrangements
- Confirmation

Revalidation will help to encourage a culture of sharing, reflection and improvement amongst nurses and midwives and will be a continuous process that nurses and midwives will have to engage with throughout their career. It will allow nurses and midwives to demonstrate that they practice safely and effectively, strengthening public confidence in the nursing and midwifery professions.

Revalidation is about promoting good practice across the whole population of nurses and midwives. It's not an assessment of a nurse or midwife's fitness to practice.

# Revalidation Requirements



# Revalidation - Warning!

## BE AWARE!

You must apply for renewal/revalidation by the first day of the month your fee expires. You can apply during the 60 day notice period the NMC gives you, but you must apply no later than the 1st day of that month.

**If you do not apply by the first day of that month, you will be removed from the register!**

You will have to apply to go back on the register

This can take up to 6 weeks

During those 6 weeks you cannot work as a registered nurse, because you will not legally be one

## REVALIDATION IS YOUR RESPONSIBILITY

1. Sign up to NMC online!  
[www.nmc.org.uk/nmc-online](http://www.nmc.org.uk/nmc-online)
2. Find out your renewal date
3. Read the guidance and supporting revalidation resources on:  
[www.nmc.org.uk/revalidation](http://www.nmc.org.uk/revalidation)

# Congratulations!

## Hooray!

You have completed your first 6 months and achieved the required competency levels as outlined in the Knowledge and Skills Framework.

## Well done!

You and your preceptor should meet and discuss your progress. You will now both agree and create an action plan, with S.M.A.R.T objectives, (Specific, Measurable, Achievable, Focused and Time Bound) that will guide your focus through the next 6 months to your first appraisal. The action plan should include S.M.A.R.T objectives that relate to the following:

1. Continued efforts towards further developing the 7 competencies.
2. A development plan to enhance the areas that you have shown real strength and skills within.
3. A development plan for those areas that maybe you need to learn more about and improve your knowledge and performance in.
4. A development plan for your journey along your career pathway.
5. A plan for a small project for you to complete that is of a particular interest to you and to your service user group. This plan should be small enough to be completed in 6 months.



# Congratulations!

# Setting Objectives that Work

Objectives that work are summed up in the acronym **SMART**.

They should also be formulated in positive terms.



## Must Read Policies

You can find suggestion for SMART objectives for lots of roles on Share Point (CH35.07)

### **S** is for Specific

- Unless objectives are clear, employees have little chance of achieving them.
- Describe/ outline exactly what it is that you want to happen

### **M** is for Measurable

- There must be an agreed method of monitoring performance and establishing whether or not an employee has met objectives.
- Such measurements may be quantitative, e.g. sales targets, qualitative, e.g. measured by customer satisfaction, or expressed in terms of deadlines.
- Potential ambiguities in the monitoring criteria should be identified and eliminated, e.g. are sales to be net of returns?

### **A** is for Achievable

- Easy-to-meet objectives are unlikely to stretch employees or the organisation.
- If objectives are too difficult to achieve they can have a de-motivating effect
- Imposed objectives tend to have a de-motivating effect.
- Employees involved in setting their own objectives are likely to be more committed to their achievement.

### **R** is for Relevant

- Objectives should be within an employee's capability and control
- The manager and the employee may have differences of opinion about the employee's capability.
- They should always be relevant to the scope of the individuals work

### **T** is for Time-framed

- Dates for reviewing progress should be set and the objectives themselves should either have deadlines or relate to a particular period.
- Time frames should be achievable but stretching none the less

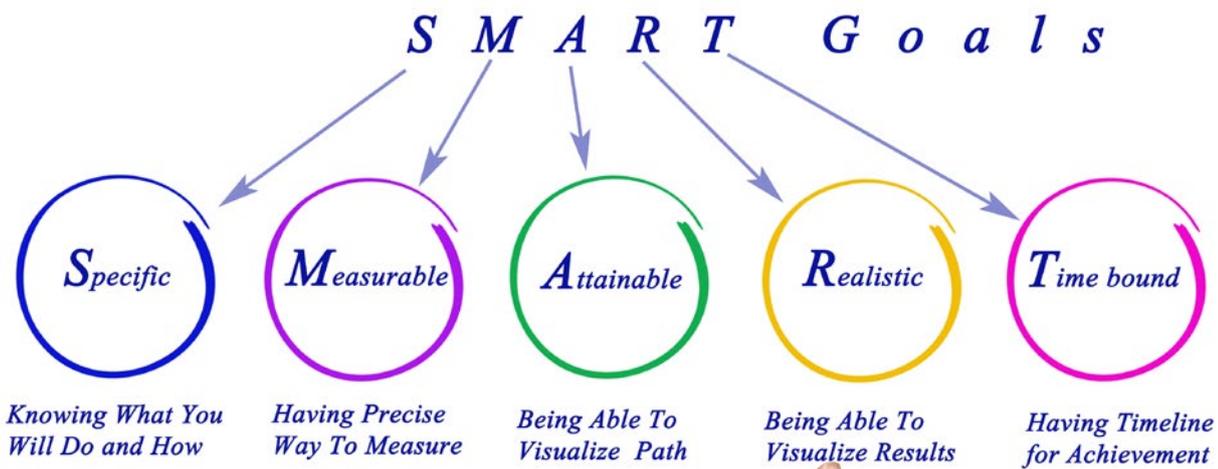
# SMART Objectives Examples

## Clinical Teams

SMART Objective Examples RMN/ RNLD/ RGN	Expected outcome/measure of achievement
<p>Undertake regular clinical supervision for allocated health care support workers</p>	<p>Attend relevant clinical supervision workshop in next 6-8 weeks</p> <p>Meet up with appropriate individuals on a monthly basis, and produce a written record of the supervision times and dates to the Ward Manager.</p>
<p>Work as a primary nurse to allocated patients.</p>	<p>Ensure that all admission paperwork is completed as expected. This will be evidenced in the patient's clinical file; through regular ward audits; and discussed during supervision. Ongoing objective - immediate)</p> <p>Work with the patient and MDT to ensure that appropriate care plans and risk assessments are in place, and are reviewed accordingly. This will be evidenced by the documentation (care plans; risk assessments; evaluation sheets and audit results). Ongoing</p> <p>Produce any reports as expected within a timely manner. (CPA; Tribunal; Managers hearing).</p>
<p>Take on the role of the medication champion on the ward</p>	<p>Ensure that the weekly clinic audits are undertaken (evidenced by the audits and records in the clinic).</p> <p>Ensure that a weekly stock check of medications is undertaken, with emphasis upon appropriate stock control. This will be evidenced by the documentation in the clinic; the ordering system; and the weekly audit reports from the pharmacy.</p> <p>Take any actions which are highlighted on a weekly basis from the weekly pharmacist's audit, and / or delegate to appropriate others. This will be evidenced in documentation; incident forms; patient prescription charts; emails and other correspondence sent to other team members.</p>

# SMART Objectives Examples

SMART Objective Examples RMN/ RNL/ RGN	Expected outcome/measure of achievement
Take responsibility for completing all serious issue incident reports whilst on duty within 72 hours of incident	Attend SUI workshop within 1 month  Observe the completion of SUI reports for best practice. Evidenced by 100 % correct completion of SUI
Demonstrate competence in providing least restrictive practice when & when appropriate	Evidence how you have supported the challenging of least restrictive practice and provide a written log of work undertaken, outcome & feedback  Use the feedback as part of revalidation portfolio





# Moving into Phase Two

## Objectives for phase two - next 6 months to first appraisal

This section should be discussed during the preceptorship 6 month competency sign off.

What should the objectives be for the next 6 months? Set 4 objectives, these should reflect two areas for development, where additional support is required and two areas of strength, skills that the preceptee has shown they already have and we want to enhance for the benefit of the service. Additional objectives may be added related to the project chosen.

Objectives should be **SMART** (Specific, Measurable, Achievable, Relevant and Time-bound).

SMART Objective	Expected outcome measure of achievement	Timescale (by when)	Any support/action by manager or others



# Project Plan Template

**PROJECT TITLE:**

**WHY HAVE YOU CHOSEN THIS PROJECT?**

**WHY DO YOU THINK IT WILL BE USEFUL?**

**WHAT ACTIONS WILL YOU TAKE TO EXPLORE THIS PROJECT?**

**WHO WILL YOU INCLUDE IN YOUR PROJECT?**

**WHAT RESOURCES IF ANY DO YOU NEED?**

**HOW LONG DO YOU THINK YOUR PROJECT WILL TAKE?**

**HOW WILL YOU COMMUNICATE THE RESULTS?**

# What Preceptees say about a Preceptorship with Cygnet Health Care



My Preceptorship experience was both exciting and hard work at times. I have felt rewarded when the young people have moved on, knowing that I played a positive part in their care pathway.

After completing my Preceptorship I can honestly say that I am continuing to learn new skills and I am managing different scenarios every day.

**PRECEPTEE AT CYGNET BURY**



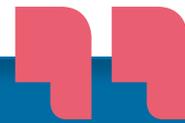
I found my preceptorship at Cygnet a really valuable experience, it was tailored to my specific needs as a newly qualified it gave me an environment to further develop, discuss ideas and reflect openly with other preceptees. The transition from student nurse to qualified can be a little daunting but the preceptorship package I was delivered gave me confidence to perform my job as a mental health nurse.

**PRECEPTEE AT CYGNET KEWSTOKE**



I really enjoyed my preceptorship, the preceptee away days are very useful and it was great to meet other preceptees. My preceptor was very supportive.

**PRECEPTEE AT CYGNET BIERLEY**



Challenging yet worthwhile and rewarding.

**PRECEPTEE AT CYGNET WYKE**





# Notes/Learning Journal

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