Leadership, Education and Development

Southern Health
NHS Foundation Trust

Preceptorship Portfolio

OUR VALUES

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Date commenced preceptorship programme:	
Name of Preceptor: Phone number / email:	
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1. Foreword

Dear colleagues,

Welcome to Southern Health NHS Foundation Trust. Congratulations on your recent qualification and new job.

Here at Southern Health NHS Foundation Trust we are constantly striving to be the best we can be, and we want to support our staff to do the same. We recognise that the transition from student to registered practitioner can be a challenging time for new nurses and allied health professionals; what happens in the initial months of your career is pivotal to your success as accountable professionals. The experiences you have, the knowledge, skills and competencies you develop, the examples you are set and role models you aspire to, will shape your future.

Good support and guidance during this period is essential. That is why Southern Health NHS Foundation Trust has committed to a period of preceptorship, and an opportunity to join our Preceptorship Programme, for all newly registered staff.

Our Preceptorship Programme provides you with protected time and expert support to help you apply your academic knowledge and placement experiences in real life situations. This means that we will give you the best start possible in your new career by supporting you to manage the transition to effective practitioner more successfully, provide effective care more quickly and feel better about your role.

By attending our programme you will be better able to understand and work towards our Trust values.

2. Introduction

Newly qualified registered practitioners commence their professional careers as competent but novice practitioners. Preceptorship is a transition phase in which these novice practitioners are supported to build their competence and confidence in their professional practice and commence their journey to becoming expert practitioners (Department of Health, 2008).

2.1. The elements of preceptorship

The preceptorship programme has four key elements as set out in the following diagram:

The Elements of Preceptorship			
Preceptees are: newly qualified, return to practice professionals and Band 4 associate practitioners who receive structured support during the first months of their employement.	**Preceptors are:** experienced practitioners who have a wealth of knowledge that they are willing to share with their preceptee. They are often experienced , mentors who have taken on the additional responsibility to support newly qualified staff.	**The programme:** 7 study days over a 7 month period. It combines theoretical and practical learning during the study days and in practice. Learning in practice is an essential part of the preceptorship experience.	**The portfolio:** is integral to completion of the preceptorship programme. It enables preceptees to demonstrate to their preceptors and managers their progress towards becoming an experienced practitioner who can meet all the requirements of their role.

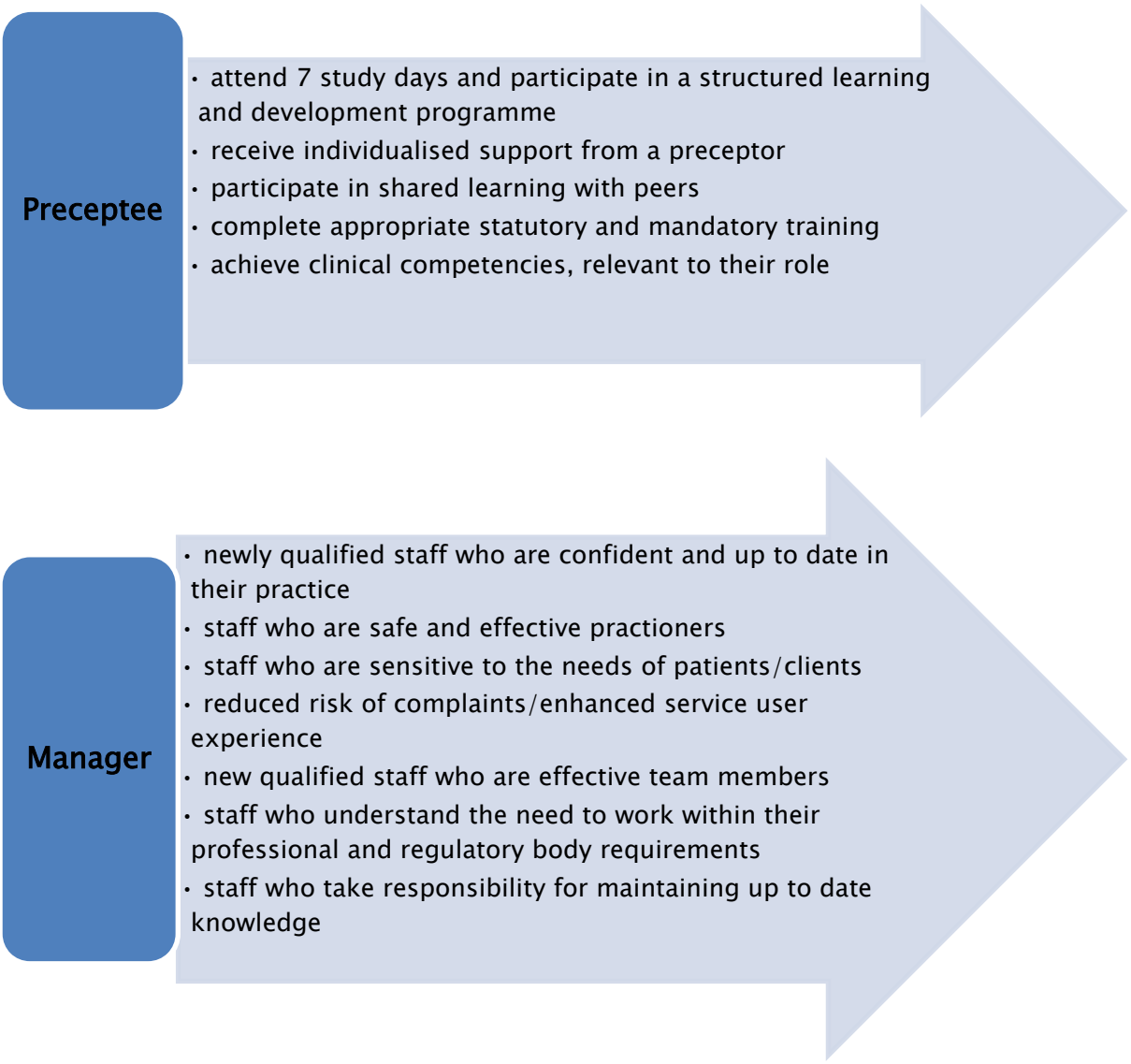
2.2. Programme Aims

The overarching programme aims are to:

- support newly qualified registered staff in making an effective transition from student to registered practitioner
- facilitate the personal and professional development of newly qualified registered staff
- encourage the pursuit of clinical excellence and high quality patient care

2.3. Benefits of Attending the Preceptorship Programme

Each of the preceptorship days is expected to realise a number of learning outcomes, these are detailed in Section 5. However, learners and their managers will also experience a number of more generalised benefits from their participation in the preceptorship programme. These are summarised below:


Preceptee
• attend 7 study days and participate in a structured learning and development programme
• receive individualised support from a preceptor
• participate in shared learning with peers
• complete appropriate statutory and mandatory training
• achieve clinical competencies, relevant to their role
Manager
• newly qualified staff who are confident and up to date in their practice
• staff who are safe and effective practioners
• staff who are sensitive to the needs of patients/clients
• reduced risk of complaints/enhanced service user experience
• new qualified staff who are effective team members
• staff who understand the need to work within their professional and regulatory body requirements
• staff who take responsibility for maintaining up to date knowledge

2.4. Participant Feedback

The programme is evaluated on the final day and Preceptee's comments and feedback are used to inform the ongoing development of the programme. Here are some examples of feedback demonstrating the benefits of attending the preceptorship programme.

"It was helpful to speak to people in the same boat as a new starter and as newly qualified nurse. I feel more confident on the ward now"

"This course has helped me to develop my confidence as an HCP and embed the importance of professional responsibilities and accountability"

"It has helped me to reflect on my clinical skills/competencies urging me to further develop"

"My learning has developed but my confidence has come on strongly knowing other people are going through similar experiences"

"I have thoroughly enjoyed this course, it has been a great learning experience"

"I have really enjoyed preceptorship and will be sad to not have it to look forward to each month. I have been able to take something valuable from each session and have found all content relevant to my role and practice area"

"I feel that now I have the knowledge to join in with departmental meetings now that I am more aware of the Trust's business structure and pressures from above, not just in my role"

3. The Role of the Preceptee

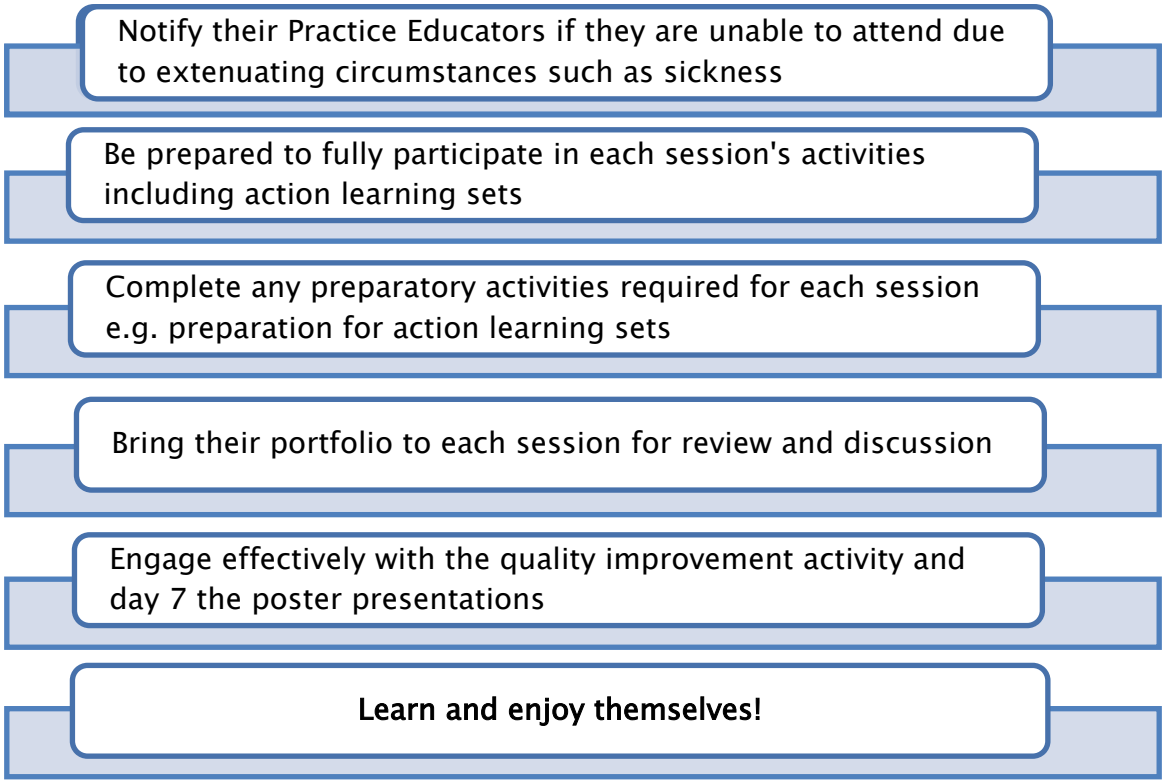
3.1. Accountability

Preceptorship is not a period of extension to formal training but a time during which knowledge, skills and attitudes acquired during training are applied to, and consolidated in practice. Hence, preceptees are accountable for their own actions within the context of their knowledge base (Bolton PCT, 2008). Therefore, as a preceptee you are accountable:

- for practising in accordance with your professional Code of Conduct
- to your employer through your line manager
- for the maintenance of records
- for your actions during and after clinical supervision sessions, including documenting these sessions
- for sharing good practice back in your work area

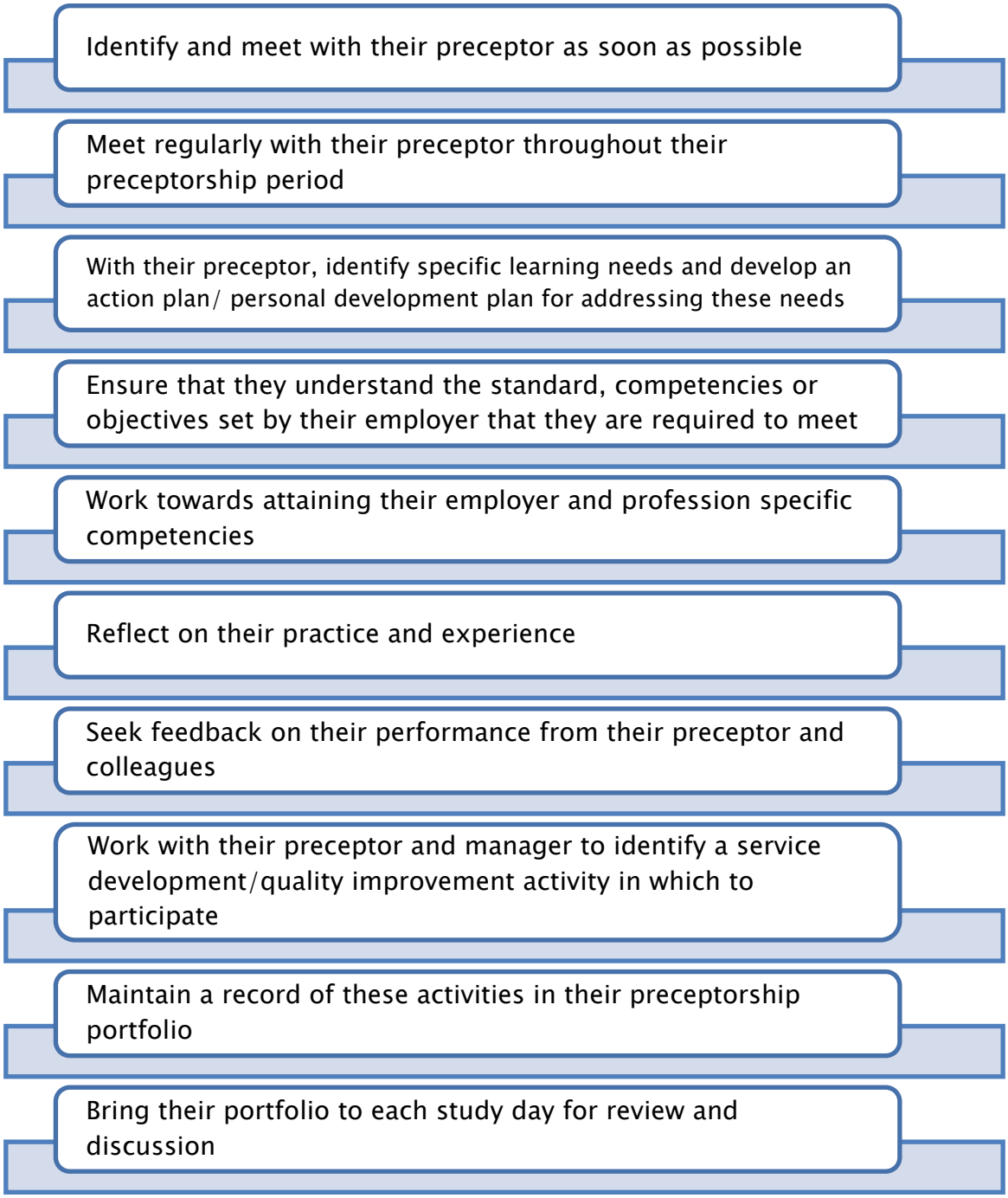
3.2. The Study Days

In order to ensure that preceptees gain the maximum benefit from attending the study days preceptees are required to do the following:



3.3. Learning in Practice

In order to ensure that preceptees maximise their learning in practice they are required to do the following throughout the course of their preceptorship:



4. The Role of the Preceptor

The preceptor is responsible for supporting the preceptee in their new role. Their role is to provide the following supervision and support:

Preceptors will work with their preceptees to develop a personal development plan	• The preceptor and preceptee will work to produce a Personal Development Plan; this will also be agreed with the preceptee's line manager • The aim of the plan is to facilitate preceptees to gain new skills and knowledge; the preceptor will help the preceptee to identify possible learning and development opportunities • The preceptor will monitor and review progress against the plan
Preceptors will provide clinical support to their preceptees	• Preceptors will be aware of the standards/competencies set by the employer and any professional bodies that the preceptee is required to achieve • It is recommended that they support their preceptee to achieve these standards/competencies by spending sometime working alongside their preceptor in the workplace • The precise amount of time will vary according to their needs, development and progress but a minimum of 1 shift per week is recommended • Preceptors will sign off their preceptee's competencies once achieved
Preceptors will support continuous learning and development, and reflection on clinical practice	• The preceptor will continually monitor and evaluate their preceptee's progress. It is expected that during the preceptorship period the preceptor will support reflection on clinical practice through regular informal discussion with the preceptee providing: • Safe information and advice • Positive feedback on those aspects of performance that are being undertaken well • Honest and objective feedback on those aspects of performance that are a cause for concern and assist preceptees to develop an action plan to remedy these areas • Preceptors are also required to recognise their accountability for reporting issues related to unsafe practice and unprofessional conduct
Preceptors will sign off their preceptee's portfolio once completed	• Preceptors will formally evaluate the learning and development that has taken place on the part of their preceptee and, if satisfied, will sign off their portfolio at the end of the preceptorship period

4.1. Identifying a Preceptor

Normally a preceptees line manager will identify an appropriate person to act as a preceptor. The line manager may either act as a preceptor themselves, or designate a suitably experienced senior member of staff to act as preceptor (NMC, 2006; Unison, 2006). No formal training is required to be a preceptor; however, they will be expected to demonstrate the relevant competencies for the role. Normally they will have completed a mentor or practice/student educator programme or equivalent (NMC, 2006).

5. The role of the Practice Educators

The Practice Educators are responsible for:

- facilitating the Preceptorship programme, providing information, support and advice
- supporting preceptees and preceptors in clinical practice area as needed
- supporting preceptees to seek a preceptor, if the preceptee is finding this challenging
- gaining feedback on the programme and acting upon this accordingly
- supporting preceptees to escalate concerns identified during clinical practice visits and/or clinical superivsion

6. The Programme

The preceptorship programme comprises of seven sessions that have been specifically designed in consultation with previous preceptees and managers; this is an ongoing process.

The range of learning methods employed includes action learning, taught face-to-face sessions, group work and interactive sessions.

The use of clinical scenarios is an essential part of the learning experience and preceptees are encouraged to share personal experiences from practice with their peers and preceptors through action learning and clinical supervision.

The programme will be evaluated on the final day and your comments and feedback will be employed to inform its ongoing development.

Details of the seven days are provided below:

6.1. Day 1 Introduction to Preceptorship

On Day 1 preceptees will be introduced to the preceptorship programme and their portfolio. Their role as a preceptee, the role of their preceptor and that of the Practice Educators will be explained. Within this day we will introduce the quality improvement project, which the preceptees will present on Day 7.

In the afternoon preceptees will be have an opportunity to meet their Practice Educators who will introduce them to the action learning set model of reflection and answer any outstanding questions.

By the end of the day preceptees should be able to:

- summarise the purpose of preceptorship, their role as a preceptee and the role of the preceptor and practice educator
- discuss Southern Health's Values and their relevance to clinical practice
- recognise potential quality improvement activities within their workplace
- introduce and discuss the action learning set model of reflection

6.2. Day 2 Professional Transition & Human Factors

The aim of this session is to give preceptee's the opportunity to discuss and debate how human factors impact on patient care and their performance as a newly registered practitioner, and how to mitigate risk.

In the afternoon preceptees will be provided with a forum for support and reflection on their current practice[1].

By the end of the day preceptees should:

- be able to define human factors and list 3 factors that impact human performance
- be able to describe the incident reporting process
- have practiced participation in Action Learning Sets
- discuss a plan for a quality improvement activity

[1] Details of the forums, or Action Learning Sets, are provided in section 8.6

6.3. Day 3 Professional Accountability and Responsibility

The aim of the Professional Accountability and Responsibility session is to give preceptee's the opportunity to discuss and debate the skills and competencies required to make an effective transition from student to a registered practitioner. The Preceptees will have the opportunity to participate in a simulation of a panel to review serious incidents in practice.

In the afternoon preceptee's will be provided with a forum for support and reflection on practice[2].

By the end of the day preceptees should:

- be able to evaluate their responsibilities as a professional and accountable practitioner
- have an understanding of the Trust's incident reporting and investigation process, and how learning is embedded as part of this processes
- have enhanced their communication skills
- have developed Action Learning Set participation and facilitation skills
- be able to discuss a specific quality improvement plan/activity

[2] Details of the forums, or Action Learning Sets, are provided in section 8.6

6.4. Day 4 Leadership and Management

The aim of the Leadership and Management session is to provide preceptees with an opportunity to increase their understanding of Southern Health's Future Vision and their role within this.

In the afternoon preceptees will be provided with a forum for support and reflection on their current practice[3].

By the end of the day preceptees should:

- have an insight into the importance of effective leadership and management
- understand how Southern Health's values and culture link to effective leadership and management
- recognise the importance of the appraisal process
- have practiced, and appraised, different ways to give feedback
- have practiced participation in Action Learning Sets
- to continue to develop a plan for a quality improvement activity

[3] Details of the forums, or Action Learning Sets, are provided in section 8.6

6.5. Day 5 Learning and Developing in Practice

The aim of the Learning and Developing in Practice session is to ensure preceptees have an understanding of Southern Health's Future Vision and their responsibilities, including that of managing their own continuous professional development, within it. This session will provide preceptees with the skills and knowledge to be able to identify their personal learning needs, to produce action plans and access learning opportunities.

In the afternoon preceptee's will be provided with a forum for support and reflection on their current practice[4].

By the end of the day preceptees should have:

- explored the importance of continuous professional development and understood how to access, a range of learning opportunities
- explored a range of tools to support the planning and recording of continuous professional development
- developed the skills to be able to independently facilitate Action Learning Sets
- complete preceptorship poster proposal for a specific quality improvement plan/activity ready to present on Day 7.

[4] Details of the forum, or Action Learning Sets, are provided in section 8.6

6.6. Day 6 Coaching and Supporting Learners

This session aims to provide preceptees with knowledge and skills around coaching to enable them to support learners in practice as supervisors.

By the end of the day preceptees should:

- summarise the purpose of coaching
- understand their role as a supervisor
- be aware of further opportunities to develop coaching skills
- discuss quality improvement project

6.6. Day 7 Presentation of Quality Improvement Project

This session aims to provide preceptees with experience of participation in conference style poster presentations. The poster presentations provide preceptees with a valuable opportunity to share their quality improvement project with their peers and wider colleagues, including Southern Health's senior managers. See section 8.7.5 for guidance around the poster presentation.

The day will close with an award ceremony to recognise and celebrate the achievements of the preceptees.

By the end of the day preceptees should:

- be able to provide an oral evaluation, and justification of, a quality improvement project to a wide audience
- recognise the importance of presenting quality improvement activities to a wide audience
- have developed skills in critically appraising poster presentations

7. The Preceptorship Portfolio

7.1. Introduction

'A portfolio is a collection of evidence, usually in written form, of both the products and processes of learning. It attests to achievement and personal and professional development, by providing critical analysis of its contents.' (McMullen and Endocott, 2003).

The preceptorship portfolio has been developed to enable you to systematically collect your evidence of professional development and therefore demonstrate your progression towards becoming an experienced practitioner. Your completed portfolio is essential to completing both your preceptorship and your first appraisal.

7.2. Portfolio Assessment

Assessment of your portfolio comprises two parts:

1. Your portfolio will be assessed by your preceptor at the end of the preceptorship programme. If they are satisfied that you have achieved the required elements and competencies of the preceptorship programme then they will be able to sign the Portfolio Completion form (Appendix 10).
2. Completion of your preceptorship will then be verified by your Practice Educator on day 7 of the preceptorship programme.
3. You will be issued with a certificate of attendance.

7.3. Portfolio Elements

Your portfolio should contain evidence of your participation in the following activities:

7.4. Portfolio success criteria

All elements of the portfolio, as identified above, must be completed in order for your portfolio to be assessed as successfully completed.

The following section provides fuller details of each of the elements of the portfolio.

8. Portfolio elements

8.1. Personal development plan

A personal development plan should be completed within the first 6-8 weeks of commencing your first post or as soon as possible after your first day of the preceptorship programme. Your preceptor and line manager will support you with this process. Your personal development plan provides a record of your aims and objectives in relation to your learning and development. It provides a means by which your progress may be assessed. It also supports your manager in conducting your annual appraisal.

Appendix 1 contains a Personal Development Plan form for you to complete.

8.2. Initial, midpoint and final review with your preceptor

Formal meetings with your preceptor should be recorded on three occasions during the programme as follows:

1. The initial review should be completed within the first month and maybe linked to the completion of your personal development plan.
2. A midpoint review should take place half way through the course to review objectives.

3. A final review should take place before your preceptor completes the final assessment of the portfolio.

Appendix 2 contains the paperwork which you can use to document your meetings with your preceptor.

8.3. Competency development

As a newly qualified health care professional you are expected to demonstrate and build on the competencies you have achieved through your training. You can do this in a number of ways as follows:

1. Working towards Southern Health's core clinical competencies

You must work towards those of Southern Health's core clinical competencies which are relevant to your professional background and service setting. Details of the Clinical Competency Framework, Guidelines on the use of the Clinical Competency Framework and the Competency Rating Scale can be found in Appendix 3.

2. Working towards professional body clinical competencies

You can work towards any profession specific clinical competencies that your professional body may have developed, for example, speech and language therapy preceptees should work in accordance with the Royal College of Speech and Language Therapist's Competency Framework to Guide Transition to Certified RCSLT Membership (Royal College of Speech and Language Therapists, 2007).

3. Working toward locally developed clinical competencies

You could also work towards any profession specific clinical competencies that your service setting may have developed, for example, for some AHPs their AHP team may have AHP specific clinical competencies in place.

4. Developing your own clinical competencies

You could also work with your preceptor/manager to develop your own clinical competencies that you can then work towards.

5. Evidencing your participation in a range of other activities

A good portfolio will also demonstrate your competence through a varied range of evidence. Therefore, you should also demonstrate your participation in a range of other work learning and development activities. Examples of the types of activities you could use as evidence are listed in Appendix 4.

The competencies that you work towards should be selected in agreement with your preceptor and line manager. They should be signed off by your preceptor.

You should also ensure that the competencies that you develop fit within Southern Health's Trust Values and Behaviours as shown below:

Further information about the Trust's vision and values can be found on the Trust webpage - http://www.southernhealth.nhs.uk/hidden/intranet-redesign/homepage/my-trust/our-vision-and-values/

8.4. Appraisal

Preceptees should have an appraisal with their line manager during the preceptorship programme. All Trust staff should have an appraisal between the months of April – June. However, if your attendance on the preceptorship programme falls outside of this time, it is still expected that you have an appraisal. The purpose of the appraisal that occurs during the preceptorship programme is to support your development as a preceptee. The appraisal also provides additional evidence of your development of competencies (as described above).

Training is available around appraisal, login to your MLE account to view available training.

You can view the appraisal paperwork on the Trust webpage – http://www.southernhealth.nhs.uk/career/appraisals/

8.5. Reflections

Providing evidence of participation in activities, such as Trust training, appraisals, personal development plans, or clinical activities does not demonstrate how you have developed and learnt as a practitioner. Writing reflective accounts is a key method by which to do this. The demonstration of continuous professional development (CPD) through reflective accounts is a requirement for both the NMC Revalidation and the HCPC audit process. Therefore, evidence of your learning and

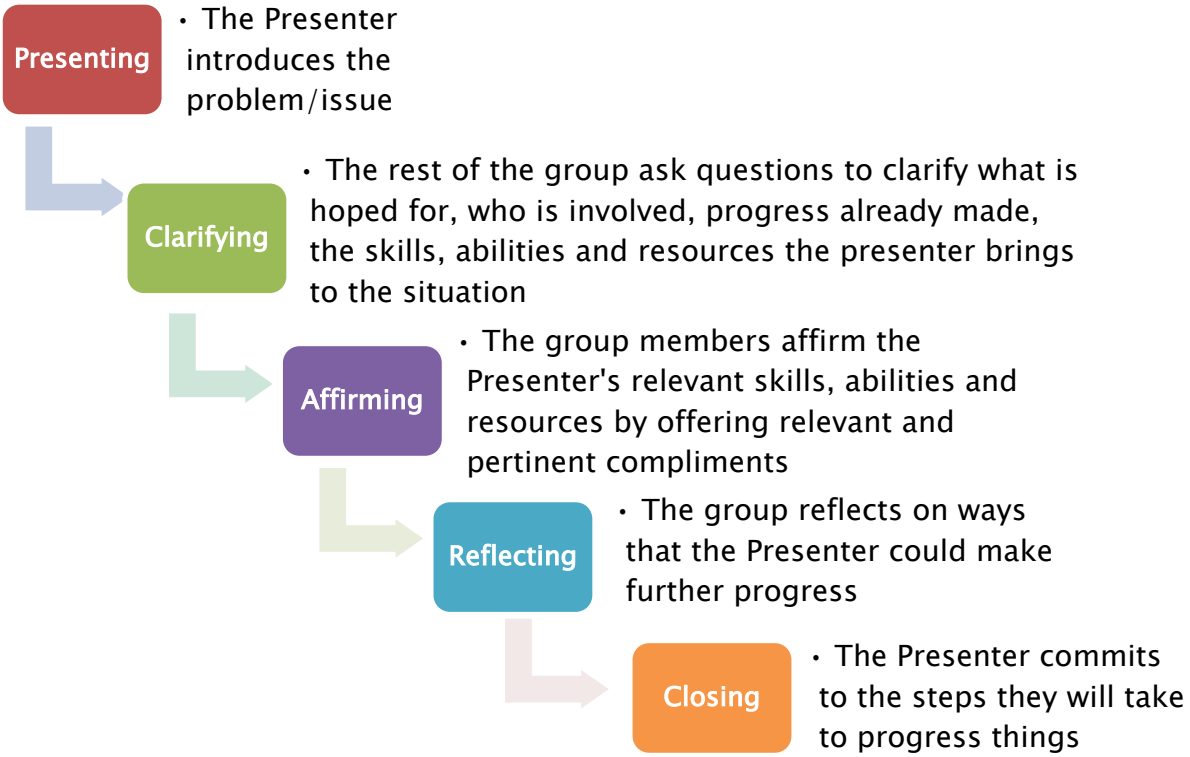
development as a preceptee must also be supported by reflective accounts of your activities.

There are number of models of reflection which you can choose to work with. Appendix 5 provides you with information on, and templates for, Driscoll's model of reflection, John's model of structured reflection and Gibb's reflective cycle.

8.6 Action learning sets

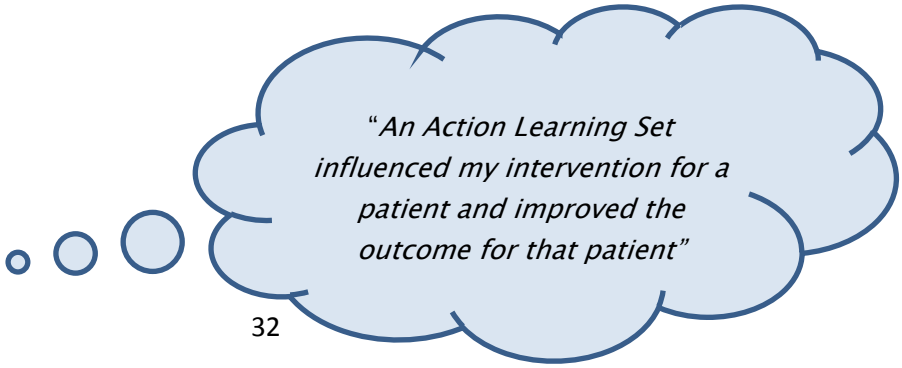
Action learning sets are facilitated on the afternoon of days 2-5 of the preceptorship programme. Action learning sets are formed of 6-8 preceptees from the same discipline where possible (LD nurses, MH nurses, Adult nurses or AHPs). Each member of the set is allocated time to speak on a specific work/development problem or issue. The other participants then question the person presenting the issue/problem (the Presenter) to get to the root of the situation and to support them to gain a deeper understanding of the situation. They then provide suggestions and advice on how the presenter may deal with, or progress, their issue/problem. The presenter then develops an action plan to deal with the situation. At the beginning of the next group meeting, the Presenter reports back on what they did and what progress they have made.

Essentially, action learning sets are a reflective activity following the process shown below:

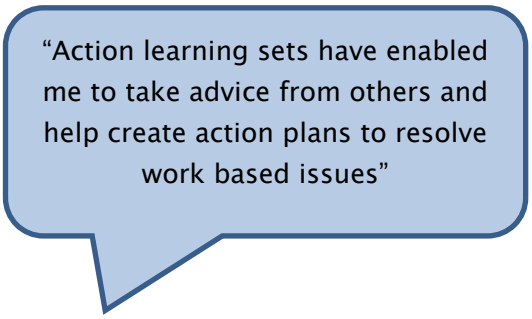


The benefits of the preceptorship action learning sets are that preceptees:

- develop, in a time efficient manner, their own solutions to particular problems/issues they are encountering in their workplace
- gain peer support and network with their peers
- have an equal opportunity to contribute both their own issue and their thoughts on other peoples' issues
- learn and develop through hearing about, and inputting to, others' experiences
- develop action learning set facilitation skills to use in their workplace



The preceptee feedback shown here indicates that action learning sets are found to be a particularly beneficial preceptorship activity.



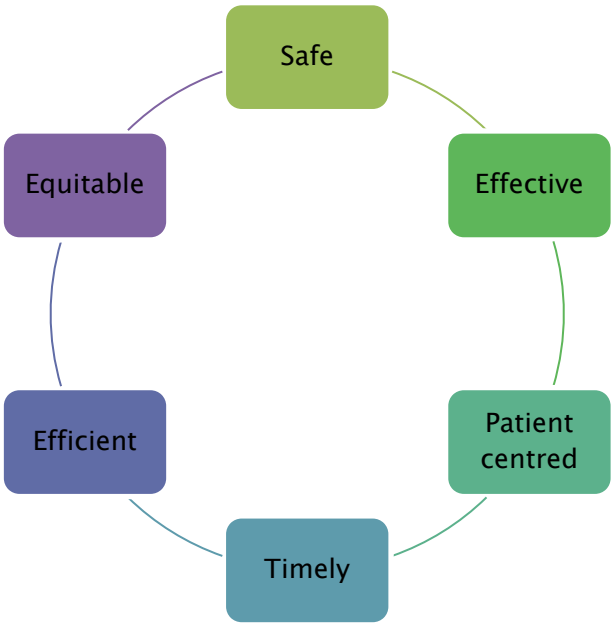
The first action learning sets (day 2) are facilitated by the Practice Educators. In sessions 3-5 the preceptees will have the opportunity to practice facilitating the action learning sets. Preceptees are expected to come to each session (on days 3-5) having prepared an issue/problem they want to work on and to reflect upon their experience/actions/outcomes afterwards.

Appendix 6 provides action learning set facilitation "Hints and Tips", fuller information on roles and responsibilities and forms for preceptees to complete before and after each action learning set.

8.7 Quality improvement activity

As part of your preceptorship you will be asked to contribute towards a quality improvement activity in your clinical area. Quality improvement activities are projects that work towards improving the quality of patient care. The continuous improvement of the quality of NHS services is a national strategy. It is enshrined in

the Health and Social Care Act 2012 and in the NHS Constitution (Department of Health, 2013). There are six dimensions that influence the quality of patient care. These have been defined by the Institute of Medicine (2001) as:



Within the NHS the focus of activity is on the effectiveness and safety of services, and the quality of the experience undergone by patients.

As you will find out when you work on your preceptorship project, working on service improvement or quality improvement activities can be a very interesting and rewarding aspect of your career in the NHS. For your project, you may either:

- contribute towards a project that your team is already working on
- work on a new project

8.7.1 Project aims

Your project should meet the overall aim of Southern Health NHS Foundation Trust which is to provide high quality, safe services which improve the health, wellbeing and independence of the people we serve. In planning and presenting your poster, please be mindful of the Trust values and ethical principles involved when undertaking a quality improvement project. This means that your project must seek to achieve at least one of the following:

- improve patient and user experience
- improve outcomes for patients and user
- reduce costs

You should also consider: confidentiality and privacy; equality and inclusivity; protection of people's wellbeing; and accountability.

8.7.2 Identifying your project

These are some of the ways you can identify your project:

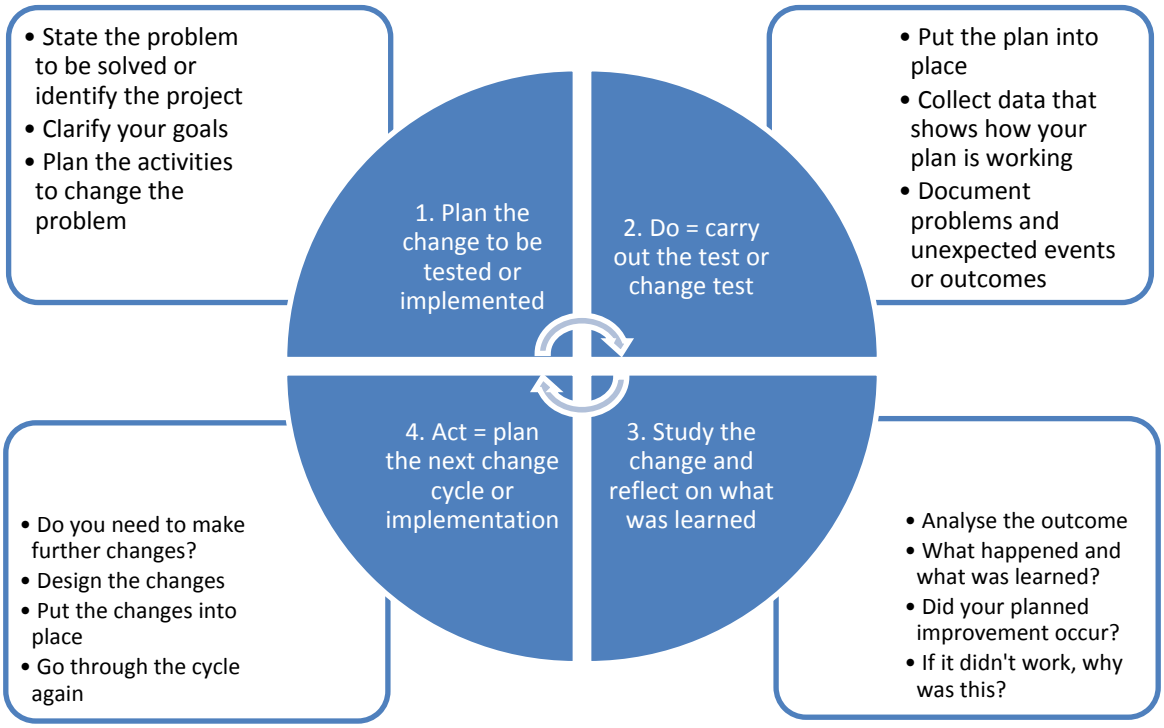
1. Ask your preceptor, manager or divisional lead if they have any outstanding projects that they feel you could start for them
2. Ask your team if there are any projects they are currently working on that you can contribute towards

Think about what you and your team are currently doing in your clinical area. Then ask yourself whether there is something that is causing your patients, yourself or your team a problem. This may help you to identify a potential new project that you can discuss with your preceptor and manager. You may find it useful to discuss a potential problem/issue with your peers in one of your preceptorship Action Learning Sets.

If practicable, you may choose to work on a joint project with another preceptee. However, the size of the project should reflect the fact that there is more than one preceptee contributing towards it. It is important to note that there is still a requirement for each preceptee to produce their own poster which adequately reflects their individual contribution to the project.

8.7.3 Getting started

A key approach to carrying out a quality improvement project is to follow a Plan, Do, Study, Act (PDSA) cycle. You can use PDSA cycles to test an idea by temporarily trialling a change and assessing its impact. This may be a tool that you want to try and use when carrying out your project. The four stages in the cycle are shown below:



8.7.4 What we expect you to achieve

Completing a PDSA cycle can take a long time. Therefore, it doesn't matter if you don't manage to complete a full cycle by the time you have completed your preceptorship. However, we do expect the following:

1. You have identified a problem/issue to be solved (Phase 1: Plan)
2. You have a plan in place as to how you will solve the problem/issue (Phase 2: Do)
3. If you haven't managed to completed Phases 3 (Study) and Phases 4 (Act) we would like you to have thought about them and to be able to demonstrate how you propose to complete them.

8.7.5 Poster presentation

On the final day of the preceptorship programme you are asked to present a poster of your project.

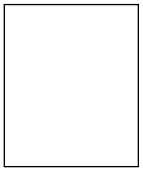
A poster is a visual medium that is frequently used to communicate ideas and messages about service improvement/quality improvement activities. Sharing information on achievements is an important part of quality improvement activities. A range of Southern Health staff including division leads, clinical matrons, your managers and preceptors, members of LEaD and the Quality Improvement Team, will be invited to attend the poster presentations. This provides you with an opportunity to share your quality improvement activity with your peers, senior service managers and staff from other clinical areas in Southern Health who may also be able to benefit from your work.

The difference between poster and oral presentations is that you should let your poster do most of the 'talking'. However, in poster presentations you are also expected to stand by your poster. Your task on the day of the presentation is to answer questions and provide further information to anyone who comes to view your poster.

In order to maximise your learning from this activity/day, the Practice Educator team will provide you with some constructive feedback on your poster presentations using the template in Appendix 7.

8.7.6 The design of your poster

60 cm approx.

Your poster should be A1 (flip chart) size;  84 cm approx.

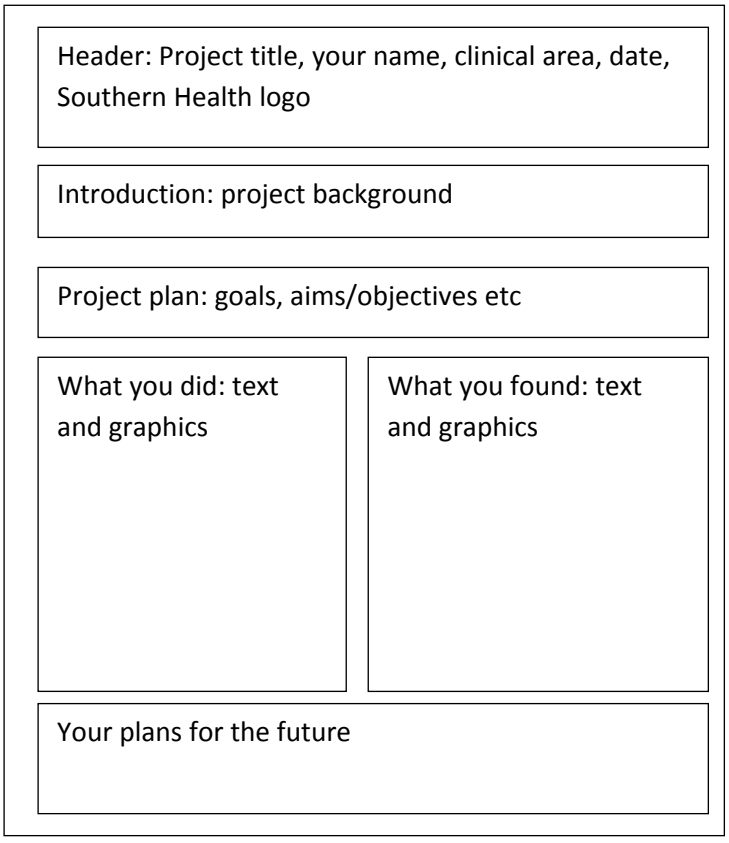
the orientation should be portrait

- At the top of the poster should be a header section which identifies your project (title), your name, your clinical area, the month/year your poster was produced, and the Southern Health logo/Trust name
- The poster should tell the story of your quality improvement activity/project. It should clearly identify the rationale for the project including evidence, how and who contributed to it and your involvement, what impact and outcomes were achieved and the next steps/ actions
- The key is to achieve clarity and simplicity. Do not overload the poster. Keep text brief and include a mixture of graphs/images/schematic figures. Colour should be used appropriately
- Text should be of an appropriate size so that the content of the poster can be easily read from a distance. Lettering styles should be consistent throughout.
- Use a sequence that flows (top to bottom or left to right) to guide the viewer through the poster; use numbered sections if needed
- Evidence, if used, should be appropriately referenced

When designing your poster you may want to ask yourself the following questions:

- Does it align with the Trust values?
- What do I want the viewer to remember?
- Is the message clear?
- Do important points stand out?
- Is there a balance between words/illustrations?
- Is the pathway through the poster clear?
- Is the poster understandable without oral explanation?

The figure below gives you an indication of the possible design for a poster. If you want some more design ideas there are plenty of images on the internet.



8.7.7 Producing your poster

There are two ways that you can produce/make your poster.

1. Produce the poster using PowerPoint and have it printed

If you are using PowerPoint to produce your poster it is best to set it up at the finished printed size before you start adding text/images, you can then view the image at 100%, and see how text/images will look when printed. To do this:

- Click on “Page setup”
- Select “Custom” from drop down menu
- Type in the poster size in centimetres (59.4cm x 84.1 cm)
- Select “Portrait” format
- Click on the “Ok” button

2. If you decide to produce your poster using a “cut and paste” approach that is fine. However, the poster should still be of a professional appearance. It is recommended that you use a computer to print text and images to the size you require and then “cut and paste” them onto an appropriately sized sheet of card. You should still give consideration to the design points raised above.

A copy of your presentation and notes and /or handouts should be included in order to demonstrate your engagement with a service development project.

9 Appendices

Appendix 1 – Personal Development Plan Template

Personal Development Plan **Name:** **Date completed:** **Approved by:**				
Skills, knowledge and behaviours I need to develop	**How can I do this?**	**What difference will it make to the delivery of my objectives?**	**Success criteria**	**Key dates**

Appendix 2 – Preceptor/Preceptee meeting templates

Record of Initial Review Meeting

Preceptee: Preceptor:

Date:

Personal Considerations: (preceptee can identify any personal issues that are affecting learning or barriers to learning)

Current : (preceptee can reflect on current practice issues, problems, challenges, successes)

Actions from previous meeting: (review of progress on previous goals/ PDP and objectives set)

Actions from this meeting: (preceptees to set objectives that have been agreed with preceptor)

Personal Development Review Reflection: (Summary reflection using reflective models of preceptees choice)

Additional Notes:

Date and Time of Next Meeting:

Preceptee Signature:

Preceptor Signature:

Record of Midpoint Review Meeting

Preceptee: Preceptor:

Date:

Personal Considerations: (preceptee can identify any personal issues that are affecting learning or barriers to learning)

Current: (Preceptee can reflect on current practice issues, problems, challenges, successes)

Actions from previous meeting: (review of progress on previous goals/ PDP and objectives set)

Actions from this meeting: (preceptees to set objectives that have been agreed with preceptor)

Personal Development Review Reflection: (Summary reflection using reflective models of preceptees choice)

Additional Notes:

Date and Time of Next Meeting:

Preceptee Signature:

Preceptor Signature:

Record of Final Review Meeting

Preceptee: Preceptor:

Date:

Personal Considerations: (preceptee can identify any personal issues that are affecting learning or barriers to learning)

Current: (Preceptee can reflect on current practice issues, problems, challenges, successes)

Actions from previous meeting: (review of progress on previous goals/ PDP and objectives set)

Actions from this meeting: (preceptees to set objectives that have been agreed with preceptor)

Personal Development Review Reflection: (Summary reflection using reflective models of preceptees choice)

Additional Notes:

Preceptee Signature:

Preceptor Signature:

Appendix 3 – Southern Health Clinical Competencies

The LEaD website hosts a number of clinical competencies that have been developed for staff. These can be used to provide evidence to meet specific clinical skills for your role and as further evidence for your preceptorship competencies. You must log into the staff website to download the competency documents.

The framework guidelines and documents can be found by following this link: http://intranet.southernhealth.nhs.uk/all-about-me/leadership-education-and-development-lead/clinical-learning/clinical-competency-framework/

Clinical Competency Framework for Integrated Community Services		
	Competency	
1	**Assessment**	
1.1	Domestic Activities of Daily Living	
1.2	Balance and Gait Assessment	
1.3	Blood Glucose Monitoring	
1.4	Physiological Assessment (Adult Track and Trigger Tool) and SBARD	
1.5	Electrocardiograph (ECG)	
1.6	Falls Prevention (ward)/Falls Prevention (community)	
1.7	Assessment of Patient	
1.8	Mental Capacity Assessment and DOLS	
1.9	Mobility Assessment	
1.10	Pain Assessment	
1.11	Physical Assessment and Monitoring	
1.12	Psychological / Social Assessment	
1.13	Venous Thromboembolism	
1.14	Risk Assessment (Mental Health)	

1.15	Holistic Care Planning Assessment	
2	**Communication**	
2.1	Communication	
3	**Diabetes**	
3.1	General Principles: Management of Type 1 and 2 and Complications	
3.10	Dementia Awareness	
4	**Medication Administration**	
4.3	Medication Administration Band 5-7	
4.4	Registered Nurse Intravenous Therapy and Peripheral Cannulation	
4.5	Non-Medical Prescribing	
4.6	Patient Group Directions (PGD's)	
4.7	Subcutaneous Fluid Therapy	
4.8	McKinley T34 Syringe Driver	
4.9	Insulin Administration	
5	**Elimination**	
5.1	Digital Rectal Examination and Digital Removal of Faeces	
5.2	Continence Assessment	
5.3	Stoma Care	
5.4	Urinary Catheterisation (male, female and suprapubic)	
5.5	Bladder Scanning	
5.6	Link Advisor Continence	
5.7	Urinary Catheter Bladder Irrigation	
6	**End of Life Care**	

6.1	End of Life Core Competencies	
6.1.2	End of Life Competencies for Registered Nurses	
6.1.3	End of Life Competencies for Community Matrons and Clinical Managers	
6.1.4	End of Life Competencies for Palliative and End of Life Specialists	
6.2	Last Offices	
6.3	Verification of Expected Death (VOED)	
7	**Equipment**	
7.0	Medical Devices	
7.1	Standard Equipment (personal care)	
8	**Infection Prevention**	
8.1	Aseptic Technique and Clean Technique Procedure	
8.2	Prevention and Control of Infection	
8.3	Isolation	
9	**Leadership and management**	
9.1	Mentorship	
10	**Nutritional Support**	
10.1	Enteral Feeding and Naso Gastric Tube Insertion and Maintenance	
10.2	Nutrition: Malnutrition and MUST Assessment	
11	**Other**	
11.1	Discharge Planning	
11.2	Ear Irrigation	
12	**Physical Care**	
12.1	Personal Hygiene	

13	**Respiratory Therapy**	
13.1	Oxygen Therapy	
13.2	Tracheostomy Care **(**including suctioning)	
13.3	Respiratory Care	
14	**Venesection**	
14.1	Cannulation (See 4.4)	
14.2	Phlebotomy	
14.3	Transfusion of Blood and Blood Products	
15	**Wound Management**	
15.1	Pressure Ulcer Care and Prevention	
15.2	Wound Assessment, Management and Dressing Selection	
15.3	Wound Management	
15.4	Compression Bandaging Band 5-7	
15.5	Doppler Assessment Band 5-7	
15.6	Larvae Therapy	
15.7	Well Leg	
15.8	Wound Dressing (Patient's Home)	

Clinical Competency Framework for Mental Health Staff		
	Competency	
1	**Assessment**	
1.1	Domestic Activities of Daily Living	
1.3	Blood Glucose Monitoring	
1.4	Physiological Assessment (Adult Track and Trigger Tool) and SBARD	
1.5	Electrocardiograph (ECG)	
1.6	Falls Prevention (ward)/Falls Prevention (community)	
1.7	Assessment of Patient	
1.8	Mental Capacity Assessment and DOLS	
1.11	Physical Assessment and Monitoring	
1.12	Psychological / Social Assessment	
1.14	Risk Assessment (Mental Health)	
1.15	Holistic Care Planning Assessment	
1.16	Mental State Examination	
2	**Communication**	
2.1	Communication	
3	**Condition Specific**	
3.1	Diabetes: General Principles: Management of Type 1 and 2 and Complications	
3.2	Schizophrenia	
3.3	Bipolar Disorder	
3.4	Eating Disorders	

3.5	Borderline Personality	
3,6	Psychosis Pathway	
3.7	Anxiety	
3.8	Depression	
3.9	Substance Misuse	
4	**Medication Administration**	
4.1	Mental Health Medication Toolkit	
4.2	Clozapine	
5	**Elimination**	
5.3	Stoma Care	
5.4	Urinary Catheterisation (male, female and suprapubic)	
6	**End of Life Care**	
6.1	General Principles – Awareness	
7	**Equipment**	
7.0	Medical Devices	
8	**Infection Prevention**	
8.1	Aseptic Technique and Clean Technique Procedure	
8.2	Prevention and Control of Infection	
8.3	Isolation	
9	**Leadership and management**	
9.1	Mentorship	
9.2	Leadership and Management	
9.3	Lone Working (community)	

9.4	De-escalation	
10	**Nutritional Support**	
10.1	Enteral Feeding and Naso Gastric Tube Insertion and Maintenance	
10.2	Nutrition: Malnutrition and MUST Assessment	
11	**Other**	
11.1	Discharge Planning	
11.2	Observation	
11.3	Search	
11.4	ECT	
12	**Physical Care**	
12.1	Personal Hygiene	
13	**Respiratory Therapy**	
13.2	Tracheostomy Care **(**including suctioning)	
13.3	Respiratory Care	
14	**Venesection**	
14.2	Phlebotomy	
15	**Wound Management**	
15.1	Pressure Ulcer Care and Prevention	
15.2	Wound Assessment, Management and Dressing Selection	
15.3	Wound Management	

Clinical Competency Framework Guidelines

Introduction

The clinical competency framework provides a systematic approach to support service development, continuing professional development of staff and quality of patient care. The framework has been developed from national and local initiatives including skills for health, the knowledge and skills framework, and local policy authors and expertise. These competencies are therefore supported by a substantial evidence base of best practice.

Clinical competence

Clinical competence within this framework is defined as having "the combination of skills, knowledge and attitudes, values and
technical abilities that underpin safe and effective nursing practice and interventions" (NMC, 2010 adapted from Queensland Nursing Council 2009).

Purpose

The competency framework aims to:

1. Support the professional development of staff
2. Ensure that staff have the right competencies for the right role
3. Provide evidence of initial training, assessment of competence in practice and verification by line manager
4. Provide a suite of competencies that can be used for self-assessment and for the identification of individual training / updating
5. Ensure that policies and guidelines are assessed in practice

Using the competency framework

This competency framework can be used in the same way as a portfolio to build up evidence of the development of an individual's knowledge and skills, by identifying progression towards the achievement of competency as well as summative assessment. Competencies are identified by band and as either core or specific. These will be agreed and prioritised with your line manager depending on your role and it is expected that all competencies will be achieved over an agreed timescale.

1. Competency documentation
Each competency consists of the following:

1. A competency statement that defines the overall level required to be achieved
2. Evidence of initial training (usually face to face theoretical or classroom based)
3. A checklist of the performance criteria that are required to be demonstrated in practice in order to achieve competence
4. Identification of the level achieved, using a competency rating scale
5. Evidence of assessment of individual performance criteria. This will be either by:

    - peer assessment or clinical expert
    - self-assessment
6. Evidence of the completion of all elements of each competency tool with signature of the assessor as well as the nurse achieving competence at the required level.
7. Verification of completion of all competencies will be by the Line Manager
8. A section to record the results of a review of the competency either by self-assessment or by peer review

2. Assessment

The achievement and maintenance of competence is a continuous process which involves the integration of theory and learning with practice. Evidence based practice demonstrates the application of knowledge and skill in clinical practice and therefore the purpose of the competency assessment tool is to provide the documentary evidence that this is taking place for every member of clinical staff. To achieve this, the competency tool must be completed over an agreed period of time during which the nurse moves from a state of 'novice' to 'competent practitioner'. This includes gaining theoretical knowledge which is then applied and assessed in practice. The three stages of assessment are:

- Attendance at formal / initial training
- Assessment in practice
- Verification by line manager

Attendance at formal / initial training

The development of clinical competency will usually start with attendance at a recognised taught course, or through self-directed study, e-learning and other sources of professional development. For essential training this is delivered through Leadership, Education and Development. The Managed Learning Environment System should be used to book clinical training and once completed will hold a record of training for individual staff. The competency tool requires only the completion of the date of attendance at the initial training

Assessment in practice

Newly acquired skills
Once initial training has been completed the process of developing competence in practice can commence. For newly acquired skills these should always be assessed by another competent nurse, or where specific expertise is required by a nurse with an additional level of competence.

- The assessing nurse must always be able to demonstrate competence to at least level 4 for the competency being assessed.

Assessment in practice by the competent nurse should take place once sufficient supervised practice and formative assessment has taken place. In some cases the number of assessed practice interventions may be specified in the policy/ guidelines, but where this is not, the signing of the performance criteria should not be completed

until the assessor is confident that the clinical skill can be consistently demonstrated to the required standard.

- Assessment in practice must be by a competent nurse who is able to spend clinical time in direct observation of practice.

Once all the performance criteria have been completed to the required level, then both the assessor and nurse being assessed can complete the documentation stating that all elements of the competency have been completed and that the nurse can demonstrate competence for that specific clinical skill.

Continuing Professional Development
Where clinical competency has already been demonstrated previously and there is no need for either retraining or formal reassessment of competence, then the competency tool can be used as a self- assessment tool. In this situation for example where annual updating or self-assessment is required the tool can be completed by the nurse his/herself. The tool in this case can be used to help identify any training needs. Assessment can also be by a competent nurse. The key principles are that:

- The assessing nurse must always be able to demonstrate competence for the competency being assessed at level 3 or above (unless otherwise stated on the competency)
- Assessment in practice must be by a competent nurse who is able to spend clinical time in direct observation of practice
- It is the responsibility of the nurse to ensure that self–assessment of competency and evidence of updating is maintained
- "You must recognise and work within the limits of your competence" (NMC, 2015)
- The ability to maintain and develop expertise is dependent upon the continued practice and use of knowledge and skills and you must "maintain the knowledge and skills you need for safe and effective practice" (NMC, 2015)

Verification by line manager

Once all the competencies in the competency framework have been completed the line manager will be responsible for the final overall verification. This can be at appraisal or on completion if sooner. Progress towards completion of the framework should be reviewed at agreed intervals with the line manager.

Competency Rating Scale (level descriptors)(Table 1)

This scale identifies the progression from novice (level 1) to expert (level 6). It defines level 3 as the minimum standard for competence stated as "Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision". All assessors must be practising at level 4 or above to assess competence and ideally should be an experienced practitioner.

NMC (2010) Standards for pre-registration nurse education
NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives

Levels of competency Rating Scale

	Level of achievement	Level
Novice	Cannot perform this activity satisfactorily to the level required in order to participate in the clinical environment	0
↓	Can perform this activity but not without constant supervision and assistance	1
↓	Can perform this activity with a basic understanding of theory and practice principles, but requires some supervision and assistance	2
Competent Practitioner	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision	3
↓	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice At this level competence will have been maintained for at least 6 months and/or is used frequently (2-3 times /week) The practitioner will demonstrate confidence and proficiency and show fluency and dexterity in practice **This is the minimum level required to be able to assess practitioners as competent**	4
↓	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. At this level the practitioner will be able to adapt knowledge and skill to special/ novel situations where there may be increased levels of complexity and/or risk	5
Expert	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. Demonstrate initiative and adaptability to special problem situations, and can lead others in performing this activity At this level the practitioner is able to co-ordinate, lead and assesses others who are assessing competence. Ideally they will have a teaching and/or mentor qualification	6

Adapted from: Herman GD, Kenyon RJ (1987) Competency-Based Vocational Education. A Case Study, Shaftsbury, FEU, Blackmore Press, cited in Fearon, M. (1998) Assessment and measurement of competence in practice, *Nursing Standard* 12(22), pp43-47.

Appendix 4 – Examples of CPD activities

Evidence of CPD may be obtained from a variety of sources, including:

- Lectures, seminars, workshops
- Feedback from courses
- Employer in-service training
- Organisation of/attendance at journal club
- Mandatory NHS Training
- Case presentation or discussion
- Submitted papers or articles
- Review of book or article
- Undertaking or presenting research
- Research supervision
- Special interest group or meeting
- Work shadowing
- Teaching
- Structured visits to centres of excellence
- Job rotation
- Planning or running a course
- External examination
- Membership of professional committees
- Student supervision
- Specialist or multidisciplinary scientific meeting or conference
- Practical examiner for professional body
- Work-based assessor/Internal Verifier

It is important that CPD activity is across a broad range of activities and not limited to one topic area. For each activity undertaken, the compiler should include

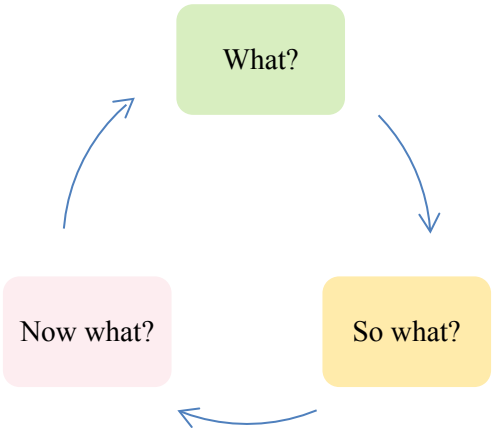
evidence in the form of attendance certificates, feedback sheets and reflective accounts. It is suggested that at least 75% of CPD should be from the list of topics above (Registration Council for Clinical Physiologists, 2005).

This list should encourage you to think about how you can provide evidence of your CPD. It is based on work done by the Allied Health Professions' project 'Demonstrating competence through CPD'.

Materials you may have produced	**Materials showing you have reflected on and evaluated your learning and work**	**Materials you have got from others**
• Information leaflets • Case studies • Critical reviews • Adapted students' notes • Policies or position statements • Discussion documents • Procedural documents • Documents about national or local processes • Recent job applications • Reports (for example, on project work, clinical audits reviews and so on) • Business plans • Procedures • Guidance materials • Guidelines for dealing with patients • Course assignments • Action plans • Course programme documents • Presentations you have given • Articles for journals • Questionnaires • Research papers, proposals, funding applications, • Induction materials for new members of staff • Learning contracts • Contributions to the work of a professional body • Contributions to the work of a special-interest group	• Adapted documents arising from appraisals, supervision reviews and so on • Documents about following local or national schemes relating to CPD • Evaluations of courses or conferences attended • Personal development plans • Approved claims for credit for previous learning or experience	• Testimonies • Letters from service users, carers, students or colleagues • Course certificates

Appendix 5 – Models of reflection

Driscoll's Model of Reflection



Questions to help with reflection on the above process:

1. **WHAT (returning to the situation)**
   - is the purpose of returning to this situation?
   - exactly occurred in your words?
   - did you see?
   - did you do?
   - was your reaction?
   - did other people do? e.g. colleague, patient, visitor
   - do you see as key aspects of this situation?

2. **SO WHAT (understanding the context)**
   - were your feelings at the time?
   - are your feelings now? are there any differences? why?
   - were the effects of what you did (or did not do)?
   - "good" emerged from the situation e.g. for self/others?

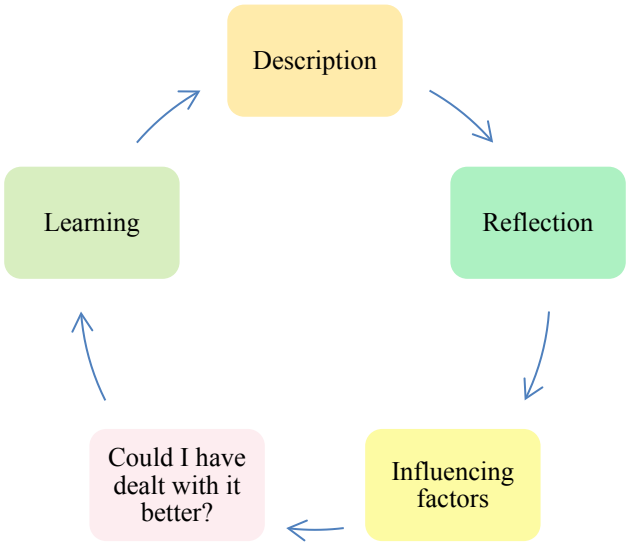
- troubles you, if anything?
- were your experiences in comparison to your colleagues, etc?
- are the main reasons for feeling differently from your colleagues, etc?

3. NOW WHAT (modifying future outcomes)
    - are the implications for you, your colleagues, the patient etc?
    - needs to happen to alter the situation?
    - are you going to do about the situation?
    - happens if you decide not to alter anything?
    - might you do differently if faced with a similar situation again?
    - information do you need to face a similar situation again?
    - are your best ways of getting further information about the situation should it arise again?

Reflection using Driscoll's model of reflection	
Name	Date
Title of learning event	
What happened?	
So what?	

Now what?

John's Model of Structured Reflection



1. **Description**

   Describe the experience and the significant factors

2. **Reflection**

   - What particular issues seem significant enough to demand attention?
   - How were others feeling, and what made them feel that way?
   - What was I trying to achieve and did I respond effectively?
   - What were the consequences of my actions on the patient, myself and others?
   - How was I feeling and what made me feel that way?
   - To what extent did I act for the best and in tune with my values?

3. **Influencing factors**

   - What factors influenced the way I was feeling, thinking or responding?
   - What things like internal/external knowledge affected my decision making?
   - What knowledge informed, or might have informed, me?
   - How does this situation connect with previous experiences?

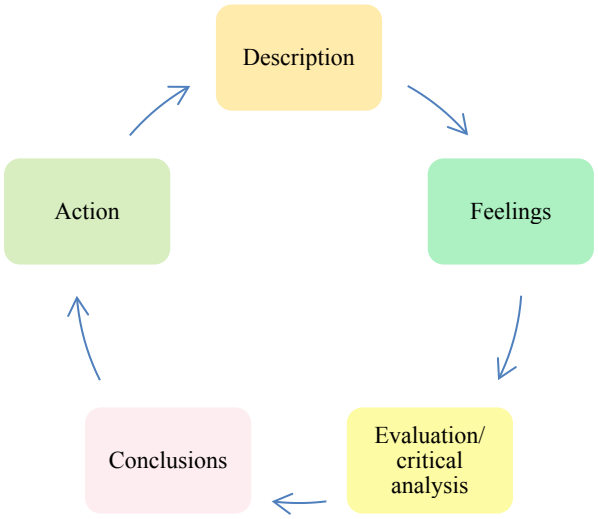
4. **Could I have dealt with it better?**
    - What other choices did I have?
    - What would be the consequences of alternative actions for the patient, others, myself?

5. **Learning (scientific/empirical, ethics/moral, personal/self-awareness, our own experiences)**
    - How do I now feel about this experience?
    - What will change because of this experience?
    - Am I more able to support myself and others as a consequence?
    - How would I respond more effectively to this situation again?

Reflection using John's Model of Structured Reflection	
Name	Date
Title of learning event	
Description	
Reflection	
Influencing factors	

Could I have dealt with it better?
Learning

Gibb's reflective cycle



1. **Description**
    - When and where did this happen
    - Why were you there?
    - Who else was there?
    - What happened?
    - What did you do?
    - What did other people do?
    - What was the result of this situation?

2. **Feelings**
    - What did you feel like before this situation?
    - What did you feel like whilst this situation took place?
    - What do you think other people felt during this situation?
    - What did you feel after the situation?
    - What do you think about the situation now?
    - What do you think other people feel about the situation now?

3. Evaluation/critical analysis

- What was positive about this situation?
- What was negative?
- What went well?
- What didn't go so well?
- What did you and other people do to contribute to the situation?

4. Conclusions

- How could this have been a more positive experience for everyone involved?
- If you were faced with the same situation again, what would you do differently?
- What skills do you need to develop so that you can handle this type of situation better?

5. Action

Possible actions to deal with similar situations more effectively in the future

Reflection using Gibb's reflective cycle	
Name:	
Date:	
Title of learning event	
My experience of the subject prior to the learning experience.	
How the knowledge was acquired?	What was the nature of the experience or event? Explain the subject.
An account of what happened without specifying what was learnt. .	Select the part of the event that was significant and/ or important to you.
What aspect of the event went well?	What was not so good?
What were my feelings about what happened?	What were the feelings of others?

What were my desired learning outcomes?	Where does it link in or combine with my existing knowledge?
What have I learnt from the experience?	
What do I need to do next?	How can I put my learning into practice in another situation?

Appendix 6 – Action Learning Sets

Action Learning Set "Hints and Tips"			
Phase	**Activities**	**Listening & Speaking Guide**	**Facilitator Notes**
Presenting (3 minutes)	Group members take it in turns to receive coaching and guidance. The presenter describes the career challenge they would like some help with.	Only the presenter speaks	Do not let other group members interrupt or ask questions until they have finished / moved on to the Clarifying stage. Encourage the presenter to outline what they have done already and what options they are considering.
Clarifying (8 minutes)	The group is interested in clarifying the story so far and interested in the presenter's skills, abilities, resources and achievements. They may also clarify what the presenter's thoughts are on what they should do.	Group members each take a turn to ask one question and one follow-up question, and then remain silent until their turn comes round again.	Once the individual has presented their issue, you may find that you need to ask the first question to get the ball rolling. Make sure it is open and helps clarify their issue. Intervene whenever you feel that a participant is asking a "why" question or a closed question. Also intervene if the group start a general discussion rather than sticking to the structured
Affirming (2 minutes)	The group members tell the presenter briefly what impresses each of them most about him, or her, in the situation they have described. Group members may offer similar compliments.	The group members speak in any order. The presenter remains silent.	This may be uncomfortable at first if group members are not used to giving positive feedback. You may wish to start it off by offering a compliment,,eg. "I'm impressed by how much work you've done already to research what opportunities are out there."
Reflecting (9 minutes)	Each group member says one thing at a time or "passes". Each group member provides a piece of advice, a suggestion, a story of what they did in a similar situation, an observation, etc. The group continues until everyone has said all they want to say, or time runs out.	Group members speak in sequence. The presenter remains silent. The presenter makes notes of group members' reflections.	
Closing (3 minutes)	The presenter responds briefly to what was said during the reflecting phase; usually stating what seems most applicable and commits to some course of action.	Only the presenter speaks.	Ensure that the presenter has outlined which suggestions created the most useful thinking for them and what they are going to commit to in terms of action.

Adapted from Southern Health NHS Foundation Trust / Going Viral

Action Learning Set Roles and Responsibilities

Facilitators

- Manage the process
- Ensure the guidelines and ground rules are adhered to in order to ensure focus and concentration
- Determine the order of presenters
- Monitor time and determine appropriate time allotment per Group Member to ensure that each person has equal opportunity to coach and be coached
- Provide input and suggestions of their own as part of the process e.g. advice on development opportunities
- Take notes on action items to ensure continuity and reporting on results

Presenters

- Provide background and relevant information about the situation they would like some help with
- Do not comment on feedback and suggestions provided until asked
- Take notes on comments and suggestions provided
- Reflect upon input provided
- Commit to actions and subsequently report on what they did and the results of the actions taken
- Keep their Manager involved and informed

Group Members

- Ask clarifying questions
- Provide positive feedback and affirmation to their peers
- Provide relevant suggestions and ideas based on own experiences in similar situations and/or key learning and insights from books, training, etc.
- Respect the confidentiality of other Group members
- Help members of the group to achieve their learning goals

Recording Action Learning Sets

Form A: to be completed in preparation for an action learning sets
What have I attempted, delivered or achieved since the last Learning Set? (Consider here activity relating to your 'development actions' on the last preceptorship day as well as other aspects of your work)
What progress have I made? What has worked well? What am I pleased with?
What has happened as a result? And who or what has been affected? eg. my team, our service users, financial considerations or the delivery of targets
What would I like help with during this Learning Set?

How will I explain and describe this to other group members?

Adapted from Southern Health NHS Foundation Trust / Going Viral

Form B: to be completed after presentation at an action learning set
Date
Issue presented
Reflections
Actions 1. 2. 3.

Adapted from Southern Health NHS Foundation Trust / Going Viral

Appendix 7
Preceptorship Poster Proposal

In planning and presenting your poster, please be mindful of our Trust's Values and the ethical principles that are involved when undertaking a Quality Improvement Project.

Consider

- ✓ **Confidentiality and privacy**
- ✓ **Equality and Inclusivity**
- ✓ **Protection of people's wellbeing**
- ✓ **Accountability**

Outline of poster:

Why this subject/theme:

Pros and Cons of project:

Desired outcomes of the Quality Improvement project:

Cost of change:

What have you learnt/ outcomes:

Who have you involved (Team Leader/Matron/Team/service Users etc)

Signatures:

Preceptee	Practice Educator	Team leader /Matron

To be complete by Day 5

Appendix 8 – Poster presentation criteria

Preceptorship Poster Presentation Feedback Form	
Structure and organisation • Clear rationale for the project, including evidence • Clear explanation of events and actions (Plan/Do) • Clear explanation of impact and outcomes that were achieved (if project reached this stage) • Presentation of plans for next steps/ actions (Study/Act)	
Title Clear and appropriate – gives key information	
Layout Systematic and structured approach, thought given to sequencing and use of headings, clear pathway through poster	
Format Images/ Graphs – mixed methods of presentation are used without an over reliance on text Colour – used effectively	
Content Is understandable without oral presentation	
Oral discussion Effective discussion of project with people viewing the poster	

Appendix 9 Portfolio completion form

I confirm that my portfolio is a true and accurate representation of my professional development

Date
Preceptee signature
Print name

I confirm that the required elements of the portfolio and competencies have all been completed and demonstrated by the preceptee

Date
Preceptor signature
Print name

I confirm that the preceptee has successfully completed the preceptorship programme

Date
Preceptorship lead signature
Print name

10 References

Bolton PCT. (2008) Policy and Frameworks for the Implementation of Preceptorship for AHPs, HCSs, Nurses, Assistant Practitioners and Support Workers. Available at http://www.bolton.nhs.uk/Library/policies/LDEV004.pdf

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Jarvis,P. (1992) Reflective practice and nursing. *Nurse Education Today*. 12 (3). P. 174-181.

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Registration Council for Clinical Physiologists. (2005) Record of Continuing Professional Development. London: RCCP.

Resources

Edward Jenner Programme www.leadershipacademy.nhs.uk

Transition into community www.qni.org.uk