

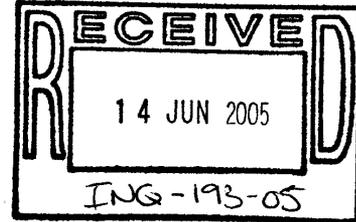


**CRAIGAVON  
AREA HOSPITAL  
GROUP TRUST**  
*Caring Through Commitment*

JWT/dme

13 June 2005

Ms Fiona Chamberlain  
Solicitor to the Inquiry  
The Inquiry into Hyponatraemia-related Deaths  
3<sup>rd</sup> Floor  
20 Adelaide Street  
Belfast  
BT2 8GB



Dear Ms Chamberlain

Re: *Inquiry into Hyponatraemia-related Deaths*

I refer to your letter dated 17<sup>th</sup> May and would respond as follows to the questions you have raised. I have assembled some supporting information, which I also enclose.

**1 Role & Responsibility of Trust**

The Trust was Established in 1992. The Establishment Order for Craigavon Area Hospital Group HSS Trust states that the Trust is established for the purposes specified in Article 10 (1) of the Health & Personal Social Services (NI) Order 1991. Article 10 (1) (a) states that the function of an HSS Trust is to assume responsibility in accordance with the Order for the ownership and management of hospitals. Article 10 (5) of the same Order states that these functions include such functions as the Department shall consider appropriate in relation to the provision of services by the Trust for a relevant body i.e. a Health & Social Services Board.

The Trust's Chief Executive as Accountable Officer has a direct accountability to the Permanent Secretary as Accounting Officer for the DHSSPS and HPSS.

Chief Executive:  
**J. W. Templeton** B.Sc.(Econ), M. Soc. Sci., D.M.S., M.H.S.M.

**Headquarters:**

Craigavon Area Hospital Group HSS Trust  
68 Lurgan Road, Portadown  
Craigavon, BT63 5QQ  
Tel: ( ) (Direct Line)  
Fax: ( )

The Trust, which comprises Craigavon Area Hospital - Portadown, Lurgan Hospital - Lurgan, South Tyrone Hospital - Dungannon, Banbridge Polyclinic - Banbridge, is an Acute Secondary Care Trust.

The key role is the provision of Acute & Elderly Care Hospital Services which include Disease Prevention, Health Promotion, Accident & Emergency Services, Inpatient Emergency & Elective Services, Day Surgery and Outpatient Services.

The Trust operates within a Health & Social Care economy in the Southern Board Area, comprising Craigavon, Banbridge, Armagh Dungannon & South Tyrone District Council Areas. A catchment population of some 250,000.

## **2 Interaction between the Trust and Health Board & other Health Trusts**

The Southern Board is the main commissioning and funding Body for the Trust. This is transacted through a service level agreement which sets the profile of services, activity levels, quality, performance standards and associated funding. The Board monitors the Trust's performance in relation to this agreement. The Trust has a responsibility to inform the Board in relation to clinical incidents, untoward events, unexpected deaths etc.

The Trust also has strong relationships with the other 3 Trusts in the Area, Craigavon & Banbridge Community Trust, Armagh & Dungannon Trust and Newry & Mourne Trust due to the interdependencies which exist between secondary care and community care services.

The 4 Trusts and Southern Board also collaborate in a range of service initiatives.

The 4 Chief Executives of the Trusts and Chief Executive of the Board are members of an integrated Southern Area Chief Executives' Group.

The Trust also interfaces as required with other Trusts in the province.

**3 & 4 Explain How Trust Monitors Education and Continuous Development of Doctors & Nursing Staff**

**Medical Staff**

Please see :

- Letter dated 24 May from My Medical Director and attachments in relation to this issue Appendix i.
- Minute dated 24<sup>th</sup> May from my Director of Human Resources and attachments Appendix ii.

**Nursing Staff**

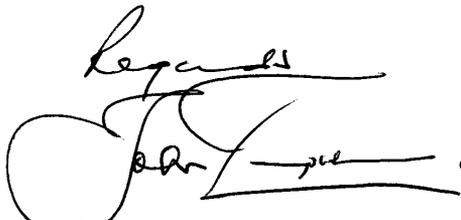
Please see letter dated 20<sup>th</sup> May from Director of Nursing and attachments:-

Appendix iiiA, iiiB, iiiC, iiiD

**5. Learning from the Coroners' Inquests**

Please see letter dated 24<sup>th</sup> May (Page 3) from the Medical Director re this issue and minute dated 20<sup>th</sup> May (Page 3) from the Director of Nursing.

I trust that this information meets your requirements, if you require clarification on this or any additional information, I will be pleased to assist.



**John W Templeton**  
**Chief Executive**

**DIRECTORATE OF NURSING AND QUALITY**

**M E M O R A N D U M**

**TO:** Mr J W Templeton, Chief Executive  
**FROM:** Mr John Mone, Director of Nursing & Quality  
**DATE:** 20 May 2005  
**RE:** Re Inquiry into Hyponatraemia-related deaths

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I have, as requested, provided responses to the following 3 questions

**3 Please explain how the Trust monitors the education and continuous development of its doctors and nursing staff. If there is an induction pack provided to doctors and nurses coming to work within the Trust for the first time, please provide a copy of the same.**

The education and training needs of nurses are identified as part of the education commissioning process. Funding obtained via the South and East Education Commissioning Group for a range of courses, provided by local education providers and in other parts of the UK as required.

Education and continuous development needs are discussed and agreed as part of development review (appraisal).

Development Review training has recently been provided by the Beeches Management Centre for Clinical Service Managers/Department Managers and Ward Managers. This training has been in line with AFC and KSF. New documentation has been developed. (Appendix A)

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Mandatory Training is provided by the Trust in the areas of Manual Handling, basic Life Support and Fire Prevention.

All new staff attend a Corporate Trust Induction programme (Appendix B). There is an induction pack for all newly qualified nurses who come to work within the Trust (Appendix C) and some wards/departments have an induction/orientation pack tailored to meet the specific needs of the ward/department. (Copies from Surgical Directorate and Neonatal Unit, Appendix D) We are currently reviewing the induction/orientation packs available in wards/departments and in the future all areas will have an induction/orientation programme tailored to their area.

We have introduced a competency based rotational programme for newly qualified nurses ( Appendix E) which enables them to acquire 3 months experience in each of the following areas: medicine, surgery, care of the older person and a speciality of their choosing e.g. Accident & Emergency, Intensive Care. Operating Theatres, Cardiology and Neonatal Unit.

These Nurses have clinical supervision every 6 weeks over the 12 month programme facilitated by the Education Facilitator. After 6 months in post they receive additional training to enable them to insert intravenous cannulae and administer intravenous medications.

**4 Please explain the role of the Trust in the education and the continuous development of doctors and nurses coming from overseas to work within the Trust. If there is an induction pack provided to such staff, please provide a copy of the same.**

Representatives from Human Resources and Nursing went to the Philippines to select and recruit these nurses. We recruited 51 overseas nurses in 2 phases over a 4 month period from November 2002 - February 2003. A 3 week induction programme was developed and delivered in partnership with the Beeches Management Centre – Nursing & Midwifery In- Service consortia ( Appendix F). The introductory week and week 3 was facilitated by Trust staff.

Preceptorship workshops and information sessions were provided for ward managers and staff nurses across the Trust to enable them to facilitate the overseas nurses. These sessions provided information on

the culture, the nurse training system in the Phillipines and the adaptation programme.

These nurses are now integrated into our nursing workforce and avail of the same opportunities for education and training, which are afforded to all nurses/midwives within the Trust

**5 Please explain the system in place within the Trust for the dissemination of information learned as a result of Coroner's Inquests or other events, both within the Trust to the Board and to other Health Trusts within Northern Ireland.**

In relation to Coroners inquests or other events the Director of Nursing will, as required, issue guidance to nursing/midwifery staff.

As required, action plans will be developed in consultation with key staff and the recommendations implemented across the Trust.

Critical Incidents - key staff will meet to discuss the problem, do a root cause analysis, identify solutions and issue new guidance as required.

If a training need is established arrangements are put in place to meet this.

P.P   
**Mr John Mone**  
**Director of Nursing and Quality**

## OFFICE OF THE MEDICAL EXECUTIVE

24 May 2005

Mr J W Templeton  
Chief Executive  
Admin Floor  
CAH

Dear Mr Templeton



**Re: Inquiry into Hyponatraemia - related deaths**

I am pleased to outline below my responses to the three relevant questions in the correspondence from Fiona Chamberlain, Solicitor to the Inquiry into Hyponatraemia related deaths.

**Question 3**

All junior doctors are required to attend a generic induction course on commencement of employment with the Trust. A record of attendance is maintained. There are three sessions of generic induction in August representing the greatest intake of new junior doctors. There is a further generic induction session in February each year recognising the smaller intake of doctors to the Trust at this time. The content of the generic induction course is revised annually. A copy of the generic induction programme is enclosed.

There is also a programme of specialty induction carried out within medicine, surgery, obstetrics and gynaecology, intensive care and paediatrics.

The Trust has already amended its arrangements for the induction of Pre-registration House Officer (PRHO) grade doctors for August 2005. The PRHO doctors will now be required to attend a three-day induction programme which will include a full half-day session on intravenous therapy. It will also be indicated to junior doctors that attendance at induction is a mandatory prerequisite of employment within the Trust as attendance at the induction sessions has at times been disappointing.

The arrangements for the monitoring of education and continuous development of doctors are outlined overleaf.

### ***Consultant Medical Staff and Non-consultant Career Grade Doctors***

Consultant medical staff and non-consultant career grade doctors are required to maintain a continuing professional development (CPD) portfolio with their Royal College. Participation in Trust-based annual appraisal is obligatory. Participation in and achievement of CPD targets is reviewed between appraiser and appraisee at the appraisal interview.

### ***Junior Medical Staff***

There is a PRHO Supervisor (a medical consultant) within the Trust. The PRHO Supervisor ensures that supervising consultants complete the PRHO logbook. Quarterly appraisal during the PRHO year identifies any difficulties faced by individual doctors. Any additional training requirements or other developmental needs are pursued and actioned during the course of the PRHO year. Completed logbooks are "signed off" by the Supervising Consultant staff and the PRHO Supervisor before being submitted to the Medical Director for final "sign off" and submission to Queen's University Belfast.

Monitoring of the education and continuing professional development of senior house officers (SHO) is carried out through a quarterly appraisal. SHO posts have education recognition through the Northern Ireland Medical and Dental Training Agency (NIMDTA) and are inspected by both the Deanery and Royal Colleges for their educational suitability. It is the responsibility of the SHO to secure appraisal by identified supervising consultants within their specialty during their employment in the Trust.

Specialist Registrars are appointed to educationally approved posts inspected by both the Deanery and Royal Colleges for their educational suitability. An annual record of in-training assessment (RITA) is maintained by specialist registrars. Appraisals are carried out at six-monthly intervals by their educational supervisors and the appraisal report forms part of the RITA assessment. Registrars also maintain a logbook identifying progress through specified training goals. This is "signed off" by the specialist registrar educational supervisors (identified consultant medical staff within the Trust).

### **Question 4.**

Overseas doctors coming to work within the Trust are required to participate in the generic and specialty induction programmes. The Northern Ireland Medical and Dental Training Agency (NIMDTA) provides a generic induction programme for overseas doctors. I understand that Mrs Richardson has included this in her response to you.

**Question 5.**

Coroner's inquests involving patient deaths within the Trust are managed through the Office of the Medical Executive's Clinical Negligence Department. Where Trust staff are called as witnesses to an inquest the Trust's solicitor is involved. Issues surrounding the inquest are discussed with the Medical Director who may attend the inquest. Action points from the inquest are developed by the Trust's legal advisers in conjunction with the Medical Director. Action points are communicated either directly with a specialty through the staff involved or the lead consultant of that specialty or the clinical director. Action points may also be discussed at the Medical Executive Committee (Medical Director's monthly meeting with Clinical Directors).

The Trust is in the process of implementing a new system to improve upon the management reporting system for deaths notified to the coroner and coroner's inquests, which will be finalised by the 1 June and can be forwarded when completed. The Trust is required to report untoward events to the Health Board and the Department of Health.

I hope this information helps in your response to the solicitor for Inquiry into hyponatraemia-related deaths. If I can provide any further information please do not hesitate to let me know.

Yours sincerely



Dr C Humphrey  
Medical Director

Encs

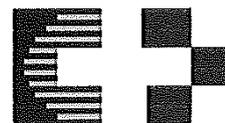
# PRE-REGISTRATION HOUSE OFFICER - PROGRAMME -

**Tuesday 5<sup>th</sup> August 2003**  
**Seminar Room, Postgraduate Centre**

9:00-9:50am	Registration (inc. signing on, etc)	
9:50 – 10:00am	Contracts / Rota	 <i>Human Resources</i>
10:00 -10:20am	The PRHO Year, Educational Requirements & Educational Co-Ordinator	 <i>Educational Supervisor</i>
10:20 -11:00am	"The Inside Track – What it's really like"	Current PRHOs
<b>11:00 -11:30am</b>	<b>COFFEE – MEET THE STAFF</b>	
11:30 -12:15pm	Drug Prescribing	 <i>Consultant Physician</i>
12:15-12:30pm	Acute Pain Management	
12:30-12:45pm	IV Fluids & Electrolytes	
<b>12:45-1:30pm</b>	<b>LUNCH</b>	
1:30-5:00pm	Work Shadow, Hand Over Pagers, Work Out Rotas	

**August 2003**

**GENERIC INDUCTION PROGRAMME**  
**(for junior medical staff)**



**WEDNESDAY 2<sup>ND</sup> FEBRUARY 2005**

**LECTURE THEATRE, MEDICAL EDUCATION CENTRE,  
CRAIGAVON AREA HOSPITAL**

9.30 am – 9.40 am	Introduction Study Leave	██████████ Clinical Tutor
9.40 am – 9.50 am	Fire Safety	████████████████████ Fire Safety Officer
9.50 am – 10.10 am	Drug Prescribing Policy	████████████████████ Consultant Physician
<b>10.10 am – 10.30 am</b>	<b>COFFEE</b>	
10.30 am – 11.55 am	Cross Infection and Sharp's Policy Antibiotic Policy Use of Pathology Services inc requesting Post Mortems & consent Transfusion Policy Death Certification	████████████████████ ████████████████████ & Colleagues
11.55 am – 12.15 pm	ICU – Criteria for Referral	████████████████████ Consultant Anaesthetist
12.15 pm - 12.35 pm	Contractual responsibilities, Rotas, Hours of Work (inc Monitoring)	████████████████████ Human Resources
12.35 pm – 12.50 pm	Lessons from the Past	████████████████████ Chairman - M&M
12.50 pm – 2.00 pm	Signing On and Salary Details	Human Resources
<b>2.00 pm</b>	<b>SPECIALITY INDUCTIONS</b>	

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

**GENERIC INDUCTION**

**DATE:** Friday 20<sup>th</sup> August 2004

**TIME:** Snack Lunch 12.00 pm  
Induction 12.30 pm – 2.00 pm

**VENUE:** Seminar Room,  
Postgraduate Centre, CAH

██████████ – Contractual Responsibilities

██████████ – Trust HR Policies

██████████ – Fire Safety & Waste Management  
Introduction

**Sponsored By:** ██████████ – **Medical Defence  
Union**

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

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**DATE:** Friday 13<sup>th</sup> August 2004

**TIME:** Snack Lunch 12.00 pm  
Induction 12.30 pm – 2.00 pm

**VENUE:** Seminar Room,  
Postgraduate Centre, CAH

**LABORATORY SERVICES**

Pathology Services – An Overview  
Obtaining Valid Consent for Post Mortem's  
Histopathology & Autopsy  
Blood Transfusion Policy  
Antibiotic Policy  
Infection Control & Management of Sharp Injuries

**Sponsored By:**  ~ Lundbeck

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

**GENERIC INDUCTION**

**DATE:** Friday 6<sup>th</sup> August 2004

**TIME:** Snack Lunch 12.00 pm  
Induction 12.30 pm – 2.00 pm

**VENUE:** Seminar Room,  
Postgraduate Centre, CAH

██████████ - Study Leave & Obtaining Valid Consent  
██████████ - Referral Criteria for ICU  
██████████ - Prescribing Issues

**Sponsored By:** ██████████ ~ Janssen-Cilag

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

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██████████ – Referral Criteria for ICU

████████████████████ – Prescribing Issues

**Sponsored By:** ██████████ ~ **Janssen-Cilag**

## The Good Prescribing Guide

Drugs and Therapeutics Committee

## Drugs and therapeutics committee

- Role : to promote good , safe and cost effective prescribing.
- To assess new drugs (consultant must submit request)
- Audit of prescribing
- Medicines governance
- Advise via Drugs and Therapeutic newsletter

## How to be a safe and effective prescriber

- Write legibly PRINT names of drugs
- Never write up a drug you are unfamiliar with ,without consulting the BNF
- “see Kardex” is inadequate as a drug history
- Record the nature of allergies to drugs on the Kardex and in the notes
- Drugs given by IV infusion and drugs with separate administration records eg Warfarin should be on the Kardex

## How to be a good prescriber

- Sign your initial and surname
- Use the antibiotic guidelines, and the anticoagulant guidelines
- You do not have freedom to prescribe what you like ..... no one does (Nor is seeing drug reps part of your job plan)
- The clinical pharmacists provide excellent advice and help Use them

## How to be a good prescriber

- Take particular care with discharge prescriptions e.g. sedatives, PPIs, controlled drugs ,unusual drugs ,drugs that need monitoring.
- Pharmacists can help educate patients about their drugs, on admission and discharge
- It is helpful to GPs to note, in the text of discharge letters ,the changes which have been made in medications

## Drug Charts

- Use the generic names
- Do not use abbreviations eg ISMN (isosorbide mononitrate) misread as ISTIN (amlodipine)
- Write in block capitals
- Write units (not u or iu) eg 71 units of insulin given when 7iu Actrapid prescribed
- Don't write HOLD if something is to be withheld. Cross out and write reminder to restart.

### Drugs Charts

- Do not use trailing zeros 5.0 can be misread as 50
- Make amendments by rewriting the item
- Signatures must be legible. Initials only are not acceptable. If your signature is not legible print your name with your signature in the comments area on the side of the kardex
- It is unacceptable to write "see kardex" in the drug history section of the admission notes

### Recurrent problems with prescribing

- Non Generic prescribing
- Wrong doses of antibiotics eg 1g Cefotaxime iv bd, Amoxicillin 250 mg qid
- Too much iv ciprofloxacin
- Inadequate recording of the nature of drug allergies
- Too many antibiotics leading to a lot of C.Difficile - big problem at present

### Recent Issues

- Antibiotic audits
- Guidelines on anticoagulation and use of low molecular weight heparins
- Policy on use of strong potassium solutions
- Introduction of activated protein C for use in ICU for septic shock
- New drug kardex being designed and introduced
- BANs to rINNnS see BNF and posters

### Recent Issues

- New guidelines on alcohol withdrawal -on wards and intranet
- I.V. paracetamol now available for patients who need it (where oral or rectal route unsuitable eg ICU patients, not routine post-op patients)
- IT policy

### Intravenous Potassium Solutions

- Trust policy in response to National Patient Safety Agency alert (July 2002)
- Concentrated solutions are (a) potassium chloride 15% (b) Addiphos
- These solutions are stocked only by Pharmacy and "Critical Areas" (ICU, CCU, NNU, theatres, A&E)
- Conc. potassium solutions are treated as controlled drugs

### Intravenous Potassium Solutions

- A range of ready to use potassium infusions are available on the wards
- If a different solution is needed, contact Pharmacy Ext 2294 or on-call pharmacist
- Guidelines for the treatment of hypokalaemia and hypophosphataemia are in the Policy

### Warfarin

- Prescribe 1mg and 3 mg tablets only (Pharmacy stock these strengths only)
- Take particular care about discharge prescription of Warfarin. When and where is the next INR check? If GP, speak to him. Use anticoagulant record books and referral forms to anticoagulant clinic
- Use Trust guidelines for the use of anticoagulants

### Methotrexate

- Methotrexate for non malignant conditions is given ONCE a WEEK
- The maximum dose for these conditions is usually 25mg
- Prescriptions must specify the DAY of the week on which the dose is taken – avoid Monday
- Additional checks and a register kept in Pharmacy

### Clopidrogel (Plavix®)

- Remember this is an anti-platelet agent
- For patients undergoing elective surgery where the anti-platelet effect is not desirable stop clopidrogel 7 days before surgery

### Documenting Allergy Status

- Allergy status must be recorded on the drug chart as well as on the admission sheet
- If the patient reports allergy, record the nature of the reaction
- Use the generic name of the drug when recording allergies

### Discharge Prescriptions

- “As before” and “No change” must not be used
- This should be a complete and accurate record of the patients medication on discharge
- Specify morning or night rather than daily
- The accuracy of the discharge prescriptions is audited every 6 months. **Results for each prescriber will be available and will be used in appraisal**

### Controlled Drug Prescriptions

• Date	01/08/2004	
• Name and address of patient	Ian Pain 22 The Avenue Soretown	
	MST* 20mg bd 12 (twelve) x 10mg tablets	• Dose
	Cramorph* 10mg/5ml liquid 5-10mg 4 hourly prn 30 (thirty) ml	• Preparation
• Signed	M Better (M BETTER)	• form
		• strength
		• total quantity (words and figures)

## Pharmacy

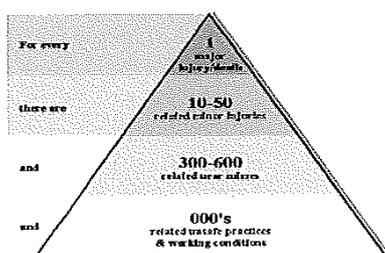
- 8.30 – 4.30 Monday to Friday  
10.00 – 12.00 Saturday  
10.00 – 11.00 Sunday
- On-call pharmacist available via switchboard, outside these hours
- Dispensary Ext: 2294
- Medicines Information Ext: 2709

## Medication Incidents

- A medication incident is any preventable medication related event that could have or did lead to patient harm, loss or damage.
- Medication incidents are the most common preventable cause of patient injury.
- Medication incidents should be reported routinely using the Trust Medication Incident Report form.
- Forms are usually at the nurses station / on notes trolley. Completed by person involved or who notices the incident.

## Why report?

### 'Heinrich's Pyramid'



BBC NEWS



"A teenager has died after a cancer drug was injected into his spine by mistake at a Nottingham hospital"

Feb 2001

(Patient's photograph released by family)

Trust Policy for the administration of IT chemotherapy

- only staff who have completed an approved training program and whose names appear on the Trust register can prescribe, dispense or administer IT chemotherapy

## Common types of prescribing incidents

- Over/under dose
  - Ten fold / decimal point
- Incorrect drug
  - Look alike / Sound alike
- Omission of therapy on admission
  - Drug history taking
- Duplication of therapy
  - NSAIDs, PPIs, statins, beta-blockers

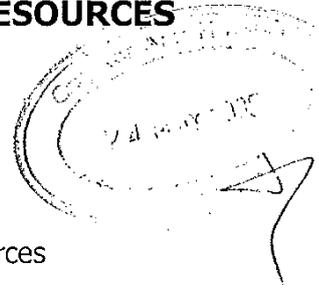


Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
Craigavon BT63 5QQ

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

**DIRECTORATE OF HUMAN RESOURCES**

**MEMORANDUM**



**TO:** Mr J W Templeton, Chief Executive  
**FROM:** Myrtle Richardson, Director of Human Resources  
**DATE:** 24 May 2005  
**SUBJECT:** **Inquiry into Hyponatraemia-Related Deaths**

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Please find attached information from the Medical Staffing section relating to the induction of doctors including those coming from overseas to work within the Trust. I have not been able to provide similar information for nursing staff since this is now held by M Burke – even though the original work undertaken to develop the induction process was led from within HR.

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**Myrtle Richardson (Mrs)**

## **RE: INQUIRY INTO HYPONATRAEMIA-RELATED DEATHS**

When doctors join the Trust in February and August each year, a generic induction is arranged. Attendance is mandatory and a register is held in the Medical Education Centre. (A copy of a sample programme has been enclosed for your information.) Speciality inductions are also organised by each department.

The Trust supports continuous development for all doctors through the provision of regular training sessions and feedback on performance, identifying educational and development needs via the appraisal process. Study leave is also an intrinsic entitlement for all Senior House Officers and Specialist Registrars.

The Northern Ireland Medical and Dental Training Agency organise an 'International Medical Graduates Induction Day', which is designed to meet the needs of overseas doctors in training or to those new to the NHS. Information leaflets promoting this event are made available to all doctors within the Trust at the Generic Induction and also communicated on notice boards in the Medical Education Centre. (A copy has been enclosed for your information)

The Medical Staffing Department also supports overseas doctors, with regards to accommodation; visa and work permit issues.

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

**GENERIC INDUCTION**

**DATE:** Friday 6<sup>th</sup> August 2004

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**VENUE:** Seminar Room,  
Postgraduate Centre, CAH

██████████ - Study Leave & Obtaining Valid Consent

██████████ – Referral Criteria for ICU

██ – Prescribing Issues

**Sponsored By: Lisa Wallace ~ Janssen-Cilag**

**CRAIGAVON AREA HOSPITAL GROUP TRUST**

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██████████ – Contractual Responsibilities

██████████ – Trust HR Policies

██████████ – Fire Safety & Waste Management  
Introduction

**Sponsored By:** ██████████ ~ Medical Defence  
Union

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Blood Transfusion Policy  
Antibiotic Policy  
Infection Control & Management of Sharp Injuries

**Sponsored By:**  ~ Lundbeck

## **Appendix A**

N:\Documents\230505 Development Review.Personal Development Plan Appendices.doc



**CRAIGAVON  
AREA HOSPITAL  
GROUP TRUST**  
*Caring Through Commitment*

**Craigavon Area Hospital Group Trust**

**Development Review/Personal Development Plan**

## **PERSONAL DEVELOPMENT PLAN/REVIEW**

### **GUIDELINES**

#### **Development Need**

Review your Unit's objectives with your manager.  
What is your contribution to achieving them?  
Do you need training or development to make this contribution?

#### **How will I achieve these development needs?**

Concentrate on what you hope to do differently as a result of development.  
Set measurable standards for improving your performance.

#### **Learning Resource**

Don't automatically think of courses as the solution to all development needs.  
Overleaf are 17 other learning activities and this list is not exhaustive.

#### **Do I need help from anyone?**

Many of these activities you will be able to organise yourself. If you do need help, your Manager should be your first contact. In any event, you should keep your Manager informed of your plans and discuss with him/her what you expect to get out of the activity.

#### **When will I review this?**

The best laid plans will come to nothing if they are not regularly reviewed and monitored. Agree timescales for review.

#### **Reflection on your learning activity/development**

You are advised to complete the preparation form in advance of your personal development. This will assist you reflect on the learning/development activity which you have undertaken in the previous year.

## **LEARNING ACTIVITIES**

These are a sample of types of experiences and events which can be useful in terms of learning and development.

- Being a member of a project team/work group
- Handling a difficult or unusual case or situation
- Having a wide variety of working tasks and duties
- Line management experience
- Producing/presenting an important report
- Shadowing an effective manager or colleague
- Training courses/seminars
- Attending a conference
- Formal study for academic qualification
- Informal personal study e.g. reading relevant books and journals
- Being coached or mentored/acting as coach or mentor
- Visits to other organisations to observe/discuss good practice
- Involvement in professional organisations
- Active involvement with an external organisation e.g. schools/charities
- Reflection
- Action Learning
- Clinical Supervision





*Craigavon Area Hospital Group (HSS) Trust*

**PERSONAL DEVELOPMENT PLAN**

Name \_\_\_\_\_ Year: \_\_\_\_\_

<i>Development Need</i>	<i>How will I achieve this?</i>	<i>Learning Resource</i>	<i>Do I need help from anyone?</i>	<i>When will I review this?</i>

Agreed with Manager: \_\_\_\_\_

*Craigavon Area Hospital Group (HSS) Trust*

**PERSONAL DEVELOPMENT REVIEW**

<i>Reflection on the Learning Activity which you have undertaken</i>	<i>What did I get out of this? What was the key learning points from the learning activity?</i>	<i>How have my skills improved? How has this learning influenced my work and practice?</i>

## **Appendix B**

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## TRUST INDUCTION PROGRAMME

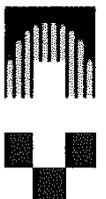
Tuesday 22<sup>nd</sup> February 2005.

The Old Staff Room, Beeches Management Centre,  
Craigavon Area Hospital

9.30 am	Welcome and Introduction	██████████	Training and Development Co-ordinator
9.35 am	Background to Trust	██████████	
9.50 am	Quality Assurance	██████████	Quality & Patients Support Manager
10.10 am	Complaints	██████████	Complaints Manager
<b>TEA/COFFEE BREAK</b>			
11.00 am	Trust Policies & Terms & Conditions of Employment	██████████	Employee Relations Officer
11.30 am	Equality and Human Rights	██████████	Equality Manager
12.00 pm	Occupational Health	██████████	Occupational Health Manager
12.30 pm	Control of Infection	██████████	
<b>LUNCH BREAK</b>			
1.30 pm	Salaries and Wages	██████████	Assistant Payroll Manager
2.00 pm	Fire Safety Information	██████████	Fire Safety Adviser
2.10 pm	Health and Safety	██████████	Health and Safety Adviser
2.40 pm	Security	██████████	Security Manager
3.00 pm	Ergonomics within the Workplace	██████████	Ergonomics Advisor
3.30 pm	<b>CLOSE OF SESSION</b>		

**Appendix C**

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**CRAIGAVON  
AREA HOSPITAL  
GROUP TRUST**  
*Caring Through Commitment*

# **Craigavon Area Hospital Group Trust**

## **Induction Programme**

### **For Newly Qualified Nurses**

September 2004

<b>Monday 27<sup>th</sup> September</b>		<b>Tuesday 28<sup>th</sup> Sept</b>	
0915 - 0930	Welcome & Overview of Programme	0915 - 0930	Welcome
	██████████ Nurse Bank Manager / Education Facilitator		██████████ Nurse Bank Manager / Education Facilitator
0930 - 1000	Welcome	0930 - 1030	Dealing with complaints
	Assistant Director of Nursing & Quality		██████████ Administration & Complaints Manager
1000 - 1030	Coffee Break	1030 - 1100	Tea/Coffee
1030 - 1130	Role of NMC/NIPPEC	1100 - 1145	Infection Control
	Professor Mary Hannratty Head of Nursing & Midwifery Education		██████████ Infection Control Sister
1130 - 1230	Quality & Patient Support	1145 - 1245	Clinical & Social Care Governance
	Quality & Patient Support Manager		██████████ C&SCG & Clinical Risk Manager
1230 - 1300	Lunch	1245 - 1330	Lunch
1330 - 1430		1330 - 1700	CPR
1430 - 1530	Trust Policies / Terms & Conditions		
	Employee Relations Officer		
1530 - 1700	Occupational Health		
	Occupational Health Manager		

<b>Wednesday 29<sup>th</sup> Sept</b>		<b>Thursday 30<sup>th</sup> Sept</b>	
0915 - 1015	Essence of Care	0900 - 1000	Assistant Director of Nursing & Quality
1015 - 1030	Coffee	1000 - 1030	Health & Safety Manager
1030 - 1100	Salaries & Wages	1030 - 1300	Diabetic Specialist Nurse
1100 - 1230	Braun Pump Training	1300 - 1400	Assistant Director of Nursing & Quality
1230 - 1330	Lunch	1400 - 1500	Assistant Director of Nursing & Quality
		1500 - 1630	Acting Senior Nurse Practice Development
1330 - 1430	Syringe Driver Training		
1430 - 1630	Fire Safety Training Room 25		

<b>Friday 1<sup>st</sup> October</b>		<b>Monday 4<sup>th</sup> Oct</b>	
0915 – 1015	Reflection	[REDACTED]	Back Co-ordinator
		Nurse Bank Manager / Education Facilitator	
1015 – 1035	Coffee	[REDACTED]	
1035 – 1130	Legal and Professional Issues	Nurse Education Consultant	
1130 - 1230	Administration of Medicines	Nurse Education Consultant	
1230 – 1315	Lunch	[REDACTED]	
1315 – 1700	Administration of Medicines/Medicine Governance	Nurse Education Consultant	

## Appendix D

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**STAFF NURSE**

**INDUCTION**

**PROGRAMME**

**For Newly Qualified Nurses**

**SURGICAL DIRECTORATE**

## **Introduction and Welcome**

Congratulations on your appointment as Staff Nurse and welcome to your new position in Craigavon Area Hospital Group Trust.

You will receive support from a variety of sources including Ward Manager, Preceptor, Colleagues and Nurse Bank Manager/Education Facilitator.

We believe that the preparation given to you at this stage of your career reaps benefits at every stage thereafter. Throughout the programme you will receive generic competencies, enabling you to identify the progress you are making. You are encouraged to reflect on your practice and to keep a reflective diary. Your preceptor and other colleagues in each placement will support and guide you, providing regular opportunities to discuss your progress.

There will be an opportunity to undertake further education courses of interest, dependant on your personal development needs, as agreed with your manager.

## **Competencies**

The concept of competency encompasses the quality of practice. To be competent you must demonstrate the knowledge, skills and abilities, values and attitudes required that enable you to function effectively at a specified level within your role.

Competence is achieved via a variety of methods including practice, study, reflective practice and personal interaction. This competency programme is intended to give you an indication of the level and standard of nursing practice to be provided

## Immediate Induction

Please sign	Mentor	Student
<p>1. Initial Reception</p> <ul style="list-style-type: none"> <li>• Introduce to ward manager or deputy</li> <li>• Introduce to team within the unit</li> <li>• Meet mentor</li> </ul>		
<p>2. Orientation to Environmental Layout</p> <ul style="list-style-type: none"> <li>• Tour of department</li> <li>• Security issues</li> </ul>		
<p>3. Emergency Equipment</p> <ul style="list-style-type: none"> <li>• Fire extinguishers and hose reels</li> <li>• Fire alarm points and fire blankets</li> <li>• Fire exits and assembly points</li> <li>• Crash Trolley and anaphylactic shock pads</li> <li>• Oxygen points and cylinders</li> <li>• Suction equipment</li> <li>• Latex allergy box</li> </ul>		
<p>4. Instructed in protocols for emergency procedures</p> <ul style="list-style-type: none"> <li>• Fire</li> <li>• Cardiac arrest</li> <li>• Switchboard number</li> <li>• Bleep systems operation</li> </ul>		
<p>5. Knowledge of</p> <ul style="list-style-type: none"> <li>• Manual Handling</li> <li>• Health and safety</li> <li>• COSHH</li> <li>• Infection control</li> <li>• Waste disposal / sharps boxes</li> <li>• Major incident plan</li> <li>• Accident / Incident Reporting</li> </ul>		

**General Competencies for new staff nurses**  
**on the rotational programme**

1. Technical

Be able to use or operate the following equipment competently and safely:

Demonstrated

Deemed Competent

<i>Apparatus</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Electronic Thermometer						
Braun Infusion Pumps						
Perfusor Pumps						
Enteral feeding Pumps						
Non invasive blood pressure monitor						
Cardiac Monitor						
Specify type						
SO <sup>2</sup> Machine						
Telemetry monitor						
ECG Machine						
Glucumeter						
Syringe						
Suction apparatus						
a. Wall mounted						
b. Portable						
O <sup>2</sup> Therapy						
Humidification Therapy						
Nebulisers						

2. Knowledge Based

Be able to set up for and assist with the following procedures:-

Assisted

Competent

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
24-Hour urine collection						
Phlebotomy: Blood Tests						
Female Catheterisation						
Insertion of NG Tubes						
Underwater seal drains						
Lumbar Puncture						
Pleural Aspiration						
Joint Injection						
MRI						
P.E.T Scans						

2. Cont'd Knowledge Based

Be able to prepare patients correctly for the following tests / procedure

Assisted

Competent

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Ultrasound Scan						
VQ Scan						
C.T Scan						
Barium Meal						
Barium Swallow						
Barium Enema						
Pulmonary Function Tests						
O.G.D						
ERCP / MRCP						
24-Hour Tapes						
Outpatient appointments						
Peg Tubes						
Central Lines						
D.C Conversion						
Doppler						

3. Interpersonal

Be able to demonstrate effective communication skills in relation to:

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Telephone Answering						
Ability to impart appropriate advice and information and understand the need to refer to Nurse-In-Charge						
Preventing and dealing with complaints						
Dealing with other departments						
Liaising with other hospitals						
Contacting members of multidisciplinary team						
Able to conduct a multidisciplinary team meeting						
Able to participate in a care management meeting						
Maintain Confidentiality						

3. Interpersonal

Possess and demonstrate effective written communication skills in relation to:-

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Admission of a Medical Patient						
Admission of a Surgical Patient						
Discharge of a Medical Patient						
Discharge of a Surgical Patient						
Manual Risk Assessment Forms						
Braden Score						
Care Planning						
Evaluation of care						
Pressure sore Pathways						
Accident Forms						
Multidisciplinary referrals						
Care management forms						
Intermediate care referrals						
District Liaison Referrals						
Consent – oral and written						
Transfer sheets						
Daily Bed state						

4. Interpersonal

Possess/develop a general knowledge and understanding of basis clinical conditions and possess the confidence in the ability to undertake appropriate nursing action

<i>Medical Conditions</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Cardiovascular			
Pulmonary			
Renal			
Central Nervous System			
Metabolic			
Gastro Intestinal			
Renal			
Blood Disorders			
Connective Tissue			
Circulatory System			
Terminal Palliative Care			
Reproductive System			

5. Knowledge and skill based

Demonstrate the safe and accurate administration of medications in their various forms – compliance with Trust Policy

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Administration ordering control and delivery of Oral medicines						
Administration and recording of Intravenous fluids						
Administration of blood and blood products						
Administration of S/C fluids						
Administration ordering control and management of Controlled Drugs						
Reporting of near misses and incidents						
Ability to care for patient with Epidural						
PCAS						

6. General housekeeping duties

<i>Knowledge</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Reporting of faults			
Ordering CSSD			
Replenishing equipment			
Ordering Pharmacy			
Controlled Drugs			
Laundry			
Dealing with Sodexho: Re meals, terminal cleans and general cleanliness			
Ordering of Stock Items			
Ordering of Non-Stock Items			

## SURGICAL COMPETENCIES

		Demonstrated Date & Sign	Competent Date & Sign
1.	Complete Pre-op checklist		
2.	Transfer of patient to theatre		
3.	Safely accompany patient to and from theatre		
4.	Give accurate hand-over to colleagues on patients return from theatre		
5.	Demonstrate practical understanding of appropriate care of patients in immediate post-op period, including accurate documentation		
6.	<p>Acquire the knowledge and ability to respond appropriately to a clinical/post-op emergency situation</p> <ul style="list-style-type: none"> <li>a. Haemorrhage</li> <li>b. Collapsed patient</li> <li>c. Anaphylactic shock</li> <li>d. Cardiac arrest</li> <li>e. Respiratory arrest</li> <li>f. Respiratory depression caused by PCA</li> <li>g. Low BP due to epidural infusion or other medical/surgical intervention</li> </ul>		

## **SURGICAL COMPETENCIES**

General knowledge and understanding of basic clinical conditions and confidence in one's ability to undertake appropriate nursing action with supervision.

### **Conditions**

Cerebral and central nervous system

Cardiovascular system

Respiratory

Endocrinology/metabolic

Gastro-intestinal tract

Renal system

Skeletal system

Circulatory system

Terminal care/palliative care

Reproductive system

## Areas to Reflect On

### CLINICAL INCIDENT / CRITICAL INCIDENT

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

## PROFESSIONAL / ETHICAL PRACTICE

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

## CARE DELIVERY

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

## CARE MANAGEMENT

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

REFLECTIVE NOTES	DATE

**Appendix E**

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**STAFF NURSE  
ROTATIONAL  
PROGRAMME**

## **Introduction and Welcome**

Congratulations on your appointment as Staff Nurse and welcome to your new position on the staff nurse rotational programme in Craigavon Area Hospital Group Trust.

By undertaking the rotational programme you will gain invaluable experience in four clinical areas within the Trust within a one-year period. This structured progression route will allow you to consolidate your learning and develop your knowledge, skills, confidence and competence as a registered reflective practitioner.

You will receive support from a variety of sources including: Nurse Bank Manager / Education Facilitator, Ward Manager, Preceptor and Colleagues.

We believe that the preparation given to you at this stage of your career reaps benefits at every stage thereafter. Throughout the programme you will receive generic competencies, enabling you to identify the progress you are making. Your preceptor and other colleagues in each placement will support and guide you, providing regular opportunities to discuss your progress.

At the end of the rotational programme, when you have completed the programme, you will have developed considerably as a professional. You will be offered a post in your chosen area, subject to availability and vacancies. There will be an opportunity to undertake further education courses of interest, dependant on your personal development needs, as agreed with your manager.

Mr John Mone  
Director of Nursing & Quality

## **Practitioner Responsibilities**

Each Practitioner must:

- Complete the one year Staff Nurse Rotational Programme
- Complete the Portfolio throughout the programme
- Utilise the Portfolio during any meeting with the preceptor
- Move to new placement on the specified date
- Attend group clinical supervision
- Inform Manager and preceptor of dates allocated to attend study sessions / group clinical supervision
- Discuss and seek support from Manager and preceptor to attend allocated study days
- Ensure annual leave is up to date before moving to next placement
- Complete competencies throughout one year programme
- Complete placement evaluation form and return to Nurse Bank Manager / Education Facilitator

## **Aims and Learning Outcomes**

### **Aim of the programme:**

To provide a structured progression route for all newly qualified practitioners to the Trust enabling them to gain a broad base of experience in a variety of clinical settings and become autonomous practitioners through a supportive and competency based framework.

On completion of the rotational programme each practitioner will be able to:

- Demonstrate the knowledge, skills and competence required to practice autonomously.
- Demonstrate a sound knowledge of current policies, procedures and protocols within their sphere of work.
- Plan, implement and evaluate care delivered within a clinical setting.
- Participate in working effectively within a multidisciplinary environment in four clinical areas in the Trust.

### **Competencies**

The concept of competency encompasses the quality of practice. To be competent you must demonstrate the knowledge, skills and abilities, values and attitudes required that enable you to function effectively at a specified level within your role.

Competence is achieved via a variety of methods including practice, study, reflective practice and personal interaction. This competency programme is intended to give you an indication of the level and standard of nursing practice to be provided

**General Competencies for new staff nurses**

**on the rotational programme**

1. Technical

Be able to use or operate the following equipment competently and safely:

Demonstrated

Deemed Competent

<i>Apparatus</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Electronic Thermometer						
Braun Infusion Pumps						
Perfusor Pumps						
Enteral feeding Pumps						
Non invasive blood pressure monitor						
Cardiac Monitor						
Specify type						
SO <sup>2</sup> Machine						
Telemetry monitor						
ECG Machine						
Glucumeter						
Syringe						
Suction apparatus						
a. Wall mounted						
b. Portable						
O <sup>2</sup> Therapy						
Humidification Therapy						
Nebulisers						

2. Knowledge Based

Be able to set up for and assist with the following procedures:-

Assisted

Competent

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
24-Hour urine collection						
Phlebotomy: Blood Tests						
Female Catheterisation						
Insertion of NG Tubes						
Underwater seal drains						
Lumbar Puncture						
Pleural Aspiration						
Joint Injection						
MRI						
P.E.T Scans						

2. Cont'd Knowledge Based

Be able to prepare patients correctly for the following tests / procedure

Assisted

Competent

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Ultrasound Scan						
VQ Scan						
C.T Scan						
Barium Meal						
Barium Swallow						
Barium Enema						
Pulmonary Function Tests						
O.G.D						
ERCP						
24-Hour Tapes						
Outpatient appointments						
Peg Tubes						
Central Lines						
D.C Conversion						

3. Interpersonal

Be able to demonstrate effective communication skills in relation to:

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Telephone Answering						
Ability to impart appropriate advice and information and understand the need to refer to Nurse-In-Charge						
Preventing and dealing with complaints						
Dealing with other departments						
Liaising with other hospitals						
Contacting members of multidisciplinary team						
Able to conduct a multidisciplinary team meeting						
Able to participate in a care management meeting						

3. Interpersonal

Possess and demonstrate effective written communication skills in relation to:-

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Admission of a Medical Patient						
Admission of a Surgical Patient						
Discharge of a Medical Patient						
Discharge of a Surgical Patient						
Manual Risk Assessment Forms						
Braden Score						
Care Planning						
Evaluation of care						
Pressure sore Pathways						
Accident Forms						
Multidisciplinary referrals						
Care management forms						
Intermediate care referrals						
District Liaison Referrals						
Consent – oral and written						
Transfer sheets						
Daily Bed state						

4. Interpersonal

Possess/develop a general knowledge and understanding of basis clinical conditions and possess the confidence in the ability to undertake appropriate nursing action

<i>Medical Conditions</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Cardiovascular			
Pulmonary			
Renal			
Central Nervous System			
Metabolic			
Gastro Intestinal			
Renal			
Blood Disorders			
Connective Tissue			
Circulatory System			
Terminal Palliative Care			
Reproductive System			

5. Knowledge and skill based

Demonstrate the safe and accurate administration of medications in their various forms – compliance with Trust Policy

<i>Procedure</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Administration ordering control and delivery of Oral medicines						
Administration and recording of Intravenous fluids						
Administration of blood and blood products						
Administration of S/C fluids						
Administration ordering control and management of Controlled Drugs						
Reporting of near misses and incidents						

6. General housekeeping duties

<i>Knowledge</i>	<i>Date</i>	<i>Signature of Nurse</i>	<i>Signature of Preceptor</i>
Reporting of faults			
Ordering CSSD			
Replenishing equipment			
Ordering Pharmacy			
Controlled Drugs			
Laundry			
Dealing with Sodexo: Re meals, terminal cleans and general cleanliness			
Ordering of Stock Items			
Ordering of Non-Stock Items			

## SURGICAL COMPETENCIES

		Demonstrated Date & Sign	Competent Date & Sign
1.	Complete Pre-op checklist		
2.	Transfer of patient to theatre		
3.	Safely accompany patient to and from theatre		
4.	Give accurate hand-over to colleagues on patients return from theatre		
5.	Demonstrate practical understanding of appropriate care of patients in immediate post-op period, including accurate documentation		
6.	Acquire the knowledge and ability to respond appropriately to a clinical/post-op emergency situation <ul style="list-style-type: none"> <li>a. Haemorrhage</li> <li>b. Collapsed patient</li> <li>c. Anaphylactic shock</li> <li>d. Cardiac arrest</li> <li>e. Respiratory arrest</li> <li>f. Respiratory depression caused by PCA</li> <li>g. Low BP due to epidural infusion or other medical/surgical intervention</li> </ul>		

## **SURGICAL COMPETENCIES**

General knowledge and understanding of basic clinical conditions and confidence in one's ability to undertake appropriate nursing action with supervision.

### **Conditions**

Cerebral and central nervous system

Cardiovascular system

Respiratory

Endocrinology/metabolic

Gastro-intestinal tract

Renal system

Skeletal system

Circulatory system

Terminal care/palliative care

Reproductive system

## CLINICAL INCIDENT / CRITICAL INCIDENT

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

## PROFESSIONAL / ETHICAL PRACTICE

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

## CARE DELIVERY

<b>1. The incident</b> – what actually happened?	<b>2. The reflective observation</b> – the thoughts and feelings arising from the incident.
<b>3. Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	<b>4. Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

## CARE MANAGEMENT

1. <b>The incident</b> – what actually happened?	2. <b>The reflective observation</b> – the thoughts and feelings arising from the incident.
3. <b>Related theory</b> – making sense of the incident in the light of current knowledge and related theories.	4. <b>Future actions</b> - what was learned from the incident and the reflective activities and their impact on future actions, behaviour and practice?

REFLECTIVE NOTES	DATE

REFLECTIVE NOTES	DATE

# **Staff Nurse Rotational Programme**

## **Appraisal Document**

**Name:**.....

**Ward /Clinical Area:**.....

**Placement:**  1       2       3       4

**Staff Appraisal Form**

First Interview Date:

Preceptor:

Personal Development Plan Discussed: Yes / No

Resource File / Competencies Discussed: Yes / No

Signatures:

Second Interview Date:

Preceptor:

Personal Development Plan Discussed: Yes / No

Resource File / Competencies Discussed: Yes / No

Signatures:

## Final Appraisal Form

Please circle as appropriate:

<b>Management /Clinical Skills</b>	<b>Poor</b>	<b>Fair</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
Working towards demonstrating team leadership skills	1	2	3	4	5
Prioritises own workload	1	2	3	4	5
Uses initiative appropriately	1	2	3	4	5
Uses all opportunities to develop own skills and knowledge	1	2	3	4	5
Competent in carrying out clinical skills	1	2	3	4	5
Delivers a high standard of holistic care	1	2	3	4	5
Enthusiastic in delivery of Patient Education	1	2	3	4	5

<b>Communication</b>	<b>Poor</b>	<b>Fair</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
Works well within the ward team	1	2	3	4	5
Delegates to others appropriately	1	2	3	4	5
Teaches students / Learners relevant material	1	2	3	4	5
Communicates effectively with all members of the multidisciplinary team	1	2	3	4	5
Demonstrates a good rapport with all staff	1	2	3	4	5
Demonstrates a good rapport with patients	1	2	3	4	5
Written communication concise	1	2	3	4	5
Demonstrates motivation towards individual personal / professional development	1	2	3	4	5

Please comment on any of the previous statements below:

The Practitioner will require further development and support in the following areas of their work:

The practitioner demonstrates professional interests in:

Study activities / courses attended during clinical placement:

Have the current placement achievements been met? YES  NO   
If no please comment:

**Summary of overall performance**

**Practitioner comments**

On completion, please sign below and photocopy –  
Forward original copy to practitioner’s personal file  
Copy to be retained by nurse for personal portfolio

Preceptor:.....  
Date:.....

Preceptee:.....  
Date:.....

Ward Manager:.....  
Date:.....

A handover form of clinical performance has been completed for the  
recipient ward manager. Yes

*And*

Nurse Bank Manager / Education Facilitator. Yes

## Personal Development Plan – Older Person Placement

Prior to meeting with your preceptor please take some time to think about your learning needs in the clinical area you are going to:

### Clinical Area:

Learning Needs	How will I achieve this?	Time Scale	Date achieved & Signature of Preceptor

## Personal Development Plan – Medical Placement

Prior to meeting with your preceptor please take some time to think about your learning needs in the clinical area you are going to:

### Clinical Area:

Learning Needs	How will I achieve this?	Time Scale	Date achieved & Signature of Preceptor

## Personal Development Plan – Surgical Placement

Prior to meeting with your preceptor please take some time to think about your learning needs in the clinical area you are going to:

### Clinical Area:

<b>Learning Needs</b>	<b>How will I achieve this?</b>	<b>Time Scale</b>	<b>Date achieved &amp; Signature of Preceptor</b>

## Personal Development Plan – Specialty Placement

Prior to meeting with your preceptor please take some time to think about your learning needs in the clinical area you are going to:

### Clinical Area:

<b>Learning Needs</b>	<b>How will I achieve this?</b>	<b>Time Scale</b>	<b>Date achieved &amp; Signature of Preceptor</b>

**Staff Nurse Rotational Programme  
Placement Handover Document**

On completion, this document should be copied and sent to recipient ward, the original should remain in the practitioner's resource file.

Nurse Bank Manager / Education Facilitator.

Name of Staff Nurse.....

Clinical Area.....

Date Commenced.....

Placement 1  Placement 2  Placement 3  Placement 4

(Please tick appropriate box)

Personal Objectives achieved during placement	
Level of knowledge related to clinical area	
Clinical skills/competence	
Courses/Learning activities undertaken during placement	

<p>Interpersonal Skills (Flexibility, adaptability, suitability)</p>	
<p>Communication (Written / Oral)</p>	
<p>Organisational skills / Management</p>	
<p>Development Needs</p>	
<p>Sickness / Absence</p>	

Signed..... Date.....

Print Name.....

Preceptor Signature..... Date.....

Print Name.....

## Evaluation of Clinical Placement

In order to evaluate the clinical placements during your rotational programme, please complete one of these forms for each placement.

**Clinical Area**.....

**Were the following provided?**

	<i>Yes</i>	<i>No</i>
Welcome and orientation to the area		
A named preceptor		
Initial interview with preceptor		
2 <sup>nd</sup> interview with preceptor		
Final appraisal prior to leaving clinical area		
Adequate opportunities to work with your preceptor		
Opportunities to complete competencies		

Please take the opportunity to identify the elements of this programme or associated practices that were:

**Positive / helpful:**

.....

.....

.....

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.....

**Negative / unhelpful:**

.....

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.....

**Can you suggest any ways in which the programme could be improved?**

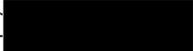
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Thank you for completing this evaluation form.

*Please return to:-*



Nurse Bank Manager / Education Facilitator  
2<sup>nd</sup> Floor – The Rowans  
Craigavon Area Hospital

Tel. 

Email. mburke 

## **Appendix F**

N:\Documents\230505 Development Review.Personal Development Plan Apendiices.doc



THE BEECHES MANAGEMENT CENTRE  
NURSING & MIDWIFERY EDUCATION  
Ulster Hospital Site  
Dundonald BT16 0RH



CRAIGAVON  
AREA HOSPITAL  
GROUP TRUST  
*Caring Through Commitment*

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# INDUCTION PROGRAMME FOR OVERSEAS NURSES

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25 November - 29 November 2002

FACILITATOR

█  
Nurse Education Consultant

█  
Craigavon Area Hospital Group Trust

# INDUCTION PROGRAMME FOR OVERSEAS NURSES

<i>Date</i>	:	
-------------	---	--

<i>Date: Monday 25 November</i>		
9.00am	Welcome and Introduction	[REDACTED] Preceptor co-ordinator
10.00am	TEA/COFFEE	
10:30am	Nurses Role in Northern Ireland/ Philippines	[REDACTED]
1:00pm	LUNCH	
2:00pm	Salaries and Wages Opening Bank Accounts	[REDACTED] Bank of Ireland Manager
3:00pm	Tea/Coffee	
3:30 pm	Terms and Conditions	[REDACTED] Employee Relations Officer
4:00 pm	How the NHS Functions Trust organisational structure	[REDACTED] Preceptor co-ordinator
4:00pm	Close	

# INDUCTION PROGRAMME FOR OVERSEAS NURSES

<i>Date: Tuesday 26 November</i>	
9.00am	Welcome Miss B Foy Director of Nursing
10.00am	TEA/COFFEE
10.30am	Communication [Redacted] Preceptorship Coordinator
11.30am	Complaints Procedure [Redacted] Complaints Co-ordinator
12.30pm	LUNCH -
1.30 pm	Fire safety [Redacted] Fire Safety Officer

<i>Date: Wednesday 27 November</i>	
9.00am - 4 pm	[Redacted] Nurse Education Consultant Administration of Medicines

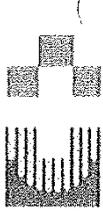
# INDUCTION PROGRAMME FOR OVERSEAS NURSES

<i>Date: Thursday 28 November</i>	
9.00am	Wound Care and Assessment Tools [Redacted]
12.30pm	LUNCH
1.30pm	Infection Control/ MRSA [Redacted] Specialist Nurses Infection Control

<i>Date: Friday 29 November</i>	
9.00am	Role of Occupational Health [Redacted] Occupational Health Manager
10.30am	TEA/COFFEE
11.00am	Cultural Diversity [Redacted] Equality Manager
12.30pm	LUNCH
1.30pm	Trade Union Information      Union Representatives
2.00pm	Personal Safety                      Community Police Officer



THE BEECHES MANAGEMENT CENTRE  
NURSING & MIDWIFERY EDUCATION  
Ujster Hospital Site  
Dundonald BT16 0RH



CRAIGAVON  
AREA HOSPITAL  
GROUP TRUST  
*Caring Through Commitment*

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# INDUCTION PROGRAMME FOR OVERSEAS NURSES

---

9 December – 13 December

FACILITATOR

██████████  
Nurse Education Consultant

██████████  
Craigavon Area Hospital Group Trust

**INDUCTION PROGRAMME FOR OVERSEAS NURSES**

Date :

Date: *Monday 9 December*

9.00am - 4 pm

Moving and Handling  
Theory & Practice

Back Co-ordinator

# INDUCTION PROGRAMME FOR OVERSEAS NURSES

*Date: Tuesday 10 December*

9.00am	Equipment & Braun Pump Training Braun Pump	[Redacted]
12:30pm	LUNCH -	
1.30 pm	Accommodation/ Housekeeping	[Redacted] Contract Services Co-ordinator
2.00pm	Personal Issues	[Redacted] Preceptorship Co-ordinator

*Date: Wednesday 11 December*

9.00am	Multi professional team working	[Redacted] Preceptor Co-ordinator
10.00am	Tea/Coffee	
10.30am	Role of Bed Manager	[Redacted] Bed Manager
	Role of Liaison Sister	[Redacted] Liaison Sister
12.30pm	Lunch	
1.30pm	Role of Macmillan Team	[Redacted] Macmillan Nurse
2.30pm	Role of Physiotherapist Role of Occupational Therapist Role of Social Worker Role of Dietician	[Redacted]

# INDUCTION PROGRAMME FOR OVERSEAS NURSES

<i>Date: Thursday 12 December</i>	
9.00am	Syringe driver training [Redacted] Nurse Education Consultant
12.30pm	LUNCH
1.30pm	Reflective Practice [Redacted] Perceptorship Co-ordinator
2.30pm	Awareness of abbreviations used [Redacted] Perceptorship Co-ordinator
16.00	Close

<i>Date: Friday 13 December</i>	
9.00am	Introduction & Meeting with Preceptor [Redacted] Perceptorship Co-ordinator
11.30am	Personal time
13.15	Lunch
2.00pm	Organisation of Patient Care
3.00pm	Evaluation of the Programme [Redacted] Perceptorship Co-ordinator

**Supervised Practice Programme for Adaptation Nurses  
Information for Preceptors**

**LEARNING CONTRACT**

**Name of Adaptation Nurse**  
(Please PRINT name).....

**NMC Application Number.** .....

**Expiry Date** .....

**Name of Preceptor**  
(Please PRINT name).....

**Ward/Department**.....

**Period of Adaptation:**

**From** ..... **To** .....

The objectives for the adaptation period are achieved when the adaptation nurse is assessed as able to deliver safe and effective nursing care without supervision, i.e. they:

- Have achieved the competencies required in Rule 18 (1) of the Nurses, Midwives and Health Visitors Approval Order (1983)
- Are able to comply with the Nursing Midwifery Council (NMC) Code of Professional Conduct.

If the objectives have not been achieved with the time specified by the NMC, minimum of three months, maximum of six months, the adaptation nurse's contract of employment with the Trust will be discontinued and they will return to their home country.

On successful completion of the period of supervised practice and employment as a Registered Nurse, the individual will need to undertake an additional period of preceptorship.

I have read and understand these guidelines and agree to abide by the terms and conditions therein:

**Adaptation Nurse Signature:**.....

**Director of Nursing:**.....

**Date:**.....

## INFORMATION FOR PRE-REGISTRATION STAFF NURSES

The NMC requires you to complete a three-month period of supervised practice before you can apply for registration as a first level nurse. During this time, you will be employed in a clinical area as a pre-registration staff nurse.

### *Your Preceptor*

- Will have received specific training on the implementation of this adaptation programme.
- Will provide you with the support and experience necessary to gain NMC registration, whilst recognising your knowledge, skills and registration gained in the your own country.
- Will be an experience Registered Nurse, who is aware of the standards required for registration within the UK.
- Will work the same shift pattern as you each week. A named deputy will cover periods of absence.
- Will be responsible for ensuring that you gain the experience that will enable you to achieve the learning outcomes as laid down by the NMC.
- Will ensure that you are not given any responsibility for which you do not feel prepared, whilst recognising that you are a Registered Nurse in your own country.
- Will review your progress with you on a weekly basis.
- If you are not performing appropriately to met the learning outcomes for registration, he/she will tell you and help to identify work that you may need to undertake in order to meet the NMC's requirements.

## **COMPETENCIES**

Competence includes you demonstrating the correct skills, knowledge and attitude to achieve the learning outcomes.

The adaptation programme identifies the specific competencies that have to be met to ensure that you have the right experience and skills to meet the NMC's requirements.

## **ASSESSMENT**

When you start work in your ward or department, your preceptor will meet with you on the first day. He/she will expect you to have read through this information, the learning outcomes and the competencies. Together you will decide which competencies to look at first. You will be working on several at the same time.

Although you will work for much of the time with your preceptor, there may be times when you will work with other Registered Nurses. They can also help you to achieve your learning competencies by recording progress notes on your record sheet regarding the work that they have done with you.

## **REFLECTION**

You should use the reflection sheets (contained at the end of this booklet), to record progress and to reflect on the various competence criteria. You should also ask other registered members of staff whom you are working with to record constructive information regarding your progress, or areas that you need to do more work on. Your preceptor will use your reflections, and the information gathered by other staff, to help him/her to review your progress towards achieving the learning outcomes.

## **COLLECTING EVIDENCE**

Evidence may be collected in a number of ways;

### **1. Observation of workplace activity.**

This will be the most common method used and will tie in closely with method 2. This will occur when your preceptor is working alongside you, as part of your daily activities, or during a pre-planned event.

### **2. Observation of nursing practice.**

### **3. Written support of work undertaken with other disciplines e.g. Physiotherapist, Social Workers.**

### **4. Oral questioning.**

### **5. Written questions.**

### **6. Reflective records.**

## **PROGRESS**

Your progress will be monitored in two ways: by the completion of your individual reflection sheets/competences and the regular meeting with your preceptor. Your progress will be formally reviewed at 4, 8 and 12 weeks respectively, in conjunction with your preceptor and Clinical Facilitator.

It is important that at all meetings progress and problems are documented as this is evidence towards your suitability, or otherwise, to register with the NMC. Comprehensive records enable us to support you in obtaining registration.

## **THE ADAPTATION PROGRAMME**

This programme follows the NMC's guidelines for the provision of adaptation courses, and assesses competencies against the Council's standards for registration, which are set out in legislation.

These standards are met by:

- Provision of supervised practice by an experienced Registered Nurse for three months.
- The assessment of competencies under Rule 18 (1) – see Page 9.
- Attendance at Trust adaptation study days.
- Assessment of outcomes using all the evidence gathered, particularly from the reflective records.

## LEARNING OUTCOMES FOR THE PERIOD OF EXPERIENCE

Your preceptor will assess achievement of your learning outcomes and your ability to function as a Registered Nurse in the United Kingdom. As a guide, your preceptor will relate your practice to the specific competencies required as laid down within legislation: **The Nurses, Midwives and Health Visitors Rules Approval order, Statutory Instrument (1983), No. 873, Rule 18 (1)**, which states that:

"The experience shall provide opportunities to enable the individual to accept responsibility for his/her personal professional development and to acquire the competencies required to:

- a) advise on the promotion of health and the prevention of illness;
- b) recognise situations that may be detrimental to the health and well-being of the individual;
- c) carry out those activities involved when conducting the comprehensive assessment of a person's nursing requirements;
- d) recognise the significance of the observations made and use these to develop an initial nursing assessment;
- e) devise a plan of nursing care based on the assessment, with the co-operation of the patient, to the extent that this is possible, taking into account the medical prescription;
- f) implement the planned programme of nursing care and where appropriate teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care;
- g) review the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required;
- h) work in a team with other nurses and with medical and paramedical staff and social workers and;
- i) undertake the management of the care of a group of patients over a period of time and organise the appropriate services related to the care of the particular type of patient with whom he/she is likely to come into contact when registered in the part of the register for which the individual is applying."

## INDEX OF GENERIC COMPETENCIES

No.	Objective/Performance Criterion	Associated NMC Learning Outcomes (where applicable)
<i>The adaptation nurse is able to:</i>		
1	Identify particular policies, guidelines and procedures relevant to the clinical environment. Know where the policy, guidelines and manuals are kept. Attend training in accordance with Trust policy.	a, b, c, e, f, h, i
2	Use the hospital documentation correctly in accordance with NMC Guidelines for Record and Record Keeping (1998).	b, c
3	Describe the location of departments and equipment.	
4	Identify the normal routine of the ward/department and frequently used practices.	
5	Complete the admission of a patient to a clinical area.	b, c, d, e
6	Demonstrate knowledge of the Trust's policies for administration of medicines, be competent in the calculation of drugs to be administered, be familiar with the drugs which are use in the clinical area and understand the NMC's Standards for Administration of Medicines (2000).	a, b, c, e, g, h, i
7	Identify, monitor and implement prevention/treatment plans for the patient.	a, b, c, d, e, f, g, h, i
8	Be able to demonstrate safe infection control practices.	a, b, c, d, e, f, g, h, i
9	Assess and monitor the patient's nutritional status and be able to provide nutritional support.	a, b, c, d, e, f, h, i
10	Demonstrate the safe transfer of patients with accurate handover of information.	b, e, h, i
11	Complete the discharge procedure and accompanying documentation.	a, b, f, g, h, i
12	Be able to manage a group of patients for a period of time and liaising as necessary with other members of the care team.	a, b, c, d, e, f, g, h, i
13	Be trained to use the equipment required for the care of patients in the clinical area	b, e, f, g, I
14	Correctly monitor patients' neurological status (including pain) and recognise when there is a need for intervention.	b, c, d, e, f, g, h

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (1)</b>	<b>POLICIES, GUIDELINES AND PROCEDURES</b>
Competence Objectives	<p>The nurse must be able to:</p> <ul style="list-style-type: none"> <li>• Identify particular policies, guidelines and procedures relevant to the clinical environment.</li> <li>• Know where the policy, guidelines and procedure manuals are kept.</li> <li>• Attend hospital training in accordance with Trust policy.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
<p>a) The nurse is able to state the location of:</p> <ul style="list-style-type: none"> <li>• Nursing Policy Folder</li> <li>• Nursing Procedure Folder</li> <li>• Health and Safety Manual</li> <li>• Infection Control Manual</li> <li>• Trust Policies Folder</li> </ul>			
<p>b) The nurse should demonstrate an understanding of their role and responsibility with regards to the following:</p> <ul style="list-style-type: none"> <li>• Fire Policy and what to do in the event of fire</li> <li>• Resuscitation – basic life support</li> <li>• Manual handling policy</li> <li>• Health and Safety at work</li> <li>• COSHH</li> <li>• Risk assessment</li> <li>• Children’s Order (NI)</li> </ul>			

Related learning outcomes following Rule 18 (1): a, b, c, e, f, h, i

Pre-Registration Staff Nurse’s Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (2)</b>	<b>WARD AND HOSPITAL DOCUMENTATION</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Use the hospital documentation correctly in accordance with NMC Guidelines for Records and Record Keeping (1998).</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
<ul style="list-style-type: none"> <li>• The nurse will be able to identify the principles of accurate record keeping as outlined in the NMC document: Records and Record Keeping (1998).</li> </ul>			
<ul style="list-style-type: none"> <li>• The nurse's written documentation reflects the NMC's Principles for Practice.</li> </ul>			
<ul style="list-style-type: none"> <li>• The nurse's management of patient records will be in accordance with the Data Protection Act (1998).</li> </ul>			

Related learning outcomes following Rule 18 (1): b, c

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (3)</b>	<b>WARD AND HOSPITAL GEOGRAPHY</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>Describe the location of departments and equipment.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse will be able to indicate where the following are to be found: <ul style="list-style-type: none"> <li>Fire alarms, extinguishers and emergency exits</li> <li>Resuscitation trolleys</li> <li>Portable oxygen and suction equipment</li> <li>Emergency call buttons</li> <li>Security</li> </ul>			
The nurse is able to indicate how to get to the following departments in the hospital: <ul style="list-style-type: none"> <li>Pharmacy</li> <li>Outpatients</li> <li>Blood bank and labs</li> <li>High Dependency Unit</li> <li>Theatres</li> <li>Admissions</li> <li>X-Ray, MRI Scanner</li> <li>Rheumatology</li> <li>Care of the Elderly</li> </ul>			
Other areas as identified by preceptor			

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (4)</b>	<b>WARD AND HOSPITAL ROUTINE</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Identify the normal routine of the ward/department and frequently used practices.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse will be able to use the telephone to: <ul style="list-style-type: none"> <li>• Use the bleep system</li> <li>• Call cardiac arrest team</li> <li>• Fire call</li> <li>• Redirect calls</li> <li>• Use of privacy button</li> </ul>			
The nurse is able to state when the following occur: <ul style="list-style-type: none"> <li>• Ward rounds</li> <li>• Meal times</li> <li>• Shift handovers</li> <li>• Canteen and shop opening times</li> </ul>			
Other areas as identified by preceptor			

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (5)</b>	<b>ADMISSION OF A PATIENT TO A CLINICAL AREA</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Complete the admission of a patient to a clinical area.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse will be able to: <ol style="list-style-type: none"> <li>1. Prepare bed area appropriate for the patient.</li> <li>2. Prepare necessary documentation.</li> <li>3. Complete the documentation.</li> <li>4. Carry out holistic nursing assessment.</li> <li>5. Perform and interpret baseline observations.</li> <li>6. Devise and implement a nursing care plan in collaboration with the patient.</li> <li>7. Liase with multi-disciplinary team members.</li> <li>8. Inform the patient of hospital policy on the management of patient's property and valuables.</li> <li>9. Discuss knowledgeably with the patient purpose of their admission.</li> </ol>			

Related learning outcomes following Rule 18 (1): b, c, d, e

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (6)</b>	<b>ADMINISTRATION OF MEDICINES</b>
Competence Objectives	<p>The nurse must be able to:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the Trust's policies for Administration of Medicines.</li> <li>• Be competent in the calculation of drugs to be administered.</li> <li>• Be familiar with the drugs that are used in the clinical area.</li> <li>• Understand the NMC's Standards for Administration of Medicines (2000)</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
<p>The nurse will be able to:</p> <ol style="list-style-type: none"> <li>1. Outline relevant Trust policies re: Administration of Medicines.</li> <li>2. Discuss NMC Standard for Administration of Medicines.</li> <li>3. Discuss the DHSS Guidelines for Administration of Medicines.</li> <li>4. Demonstrate the correct procedure for administration of medicines.</li> <li>5. Demonstrate the correct procedure for administration and storage of controlled drugs.</li> <li>6. State what action to take when a prescription is invalid or incorrect.</li> <li>7. Refer to appropriate formulary.</li> <li>8. Demonstrate competence in the calculation of drug dosages.</li> <li>9. Demonstrate knowledge of correct storage of drugs.</li> <li>9. Demonstrate competence in the use of the following drug routes: <ul style="list-style-type: none"> <li>• Oral</li> <li>• Rectal</li> <li>• Ophthalmic</li> <li>• Subcutaneous</li> </ul> </li> </ol>			

<ul style="list-style-type: none"><li>• Nebulisers and inhalers</li><li>• Topical ointments and lotions</li><li>• Intramuscular.</li></ul>			
--	--	--	--

Competence Criteria	Observed	Supervised	Assessed
<p>The nurse is able to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate the correct procedure for setting up intravenous infusions.</li> <li>2. Change giving sets.</li> <li>3. Describe intravenous administration sets including those specific for blood and blood products.</li> <li>4. Describe the aspects of infection control relating to intravenous therapy.</li> <li>5. Demonstrate care of intravenous cannulae including dressings.</li> <li>6. Demonstrate appropriate use of infusion devices.</li> </ol>			
Identify their professional and clinical responsibilities for the safe administration of medicines.			
Other areas as identified by preceptor			

Related learning outcomes following Rule 18 (1): a, b, c, e, g, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (7)</b>	<b>BASIC PHYSICAL CARE: PRESSURE AREA CARE</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>To identify, monitor and implement prevention/treatment plans for the patient.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse will be able to: 1. Assess the patient's risk of developing pressure damage using the Braden scale and relevant documentation.  2. Able to prepare and document a plan of care for a patient at risk of developing pressure damage.  3. Can describe the resources available for the management of a patient at risk of developing pressure damage.  4. Is able to assess the category of tissue damage using the Trust pressure area assessment tool.  5. Can describe the treatment options for the different categories of tissue damage in liaison with the Tissue Viability Nurse.  6. Is familiar with procedure for arranging the delivery and return of pressure relieving equipment.			

Related learning outcomes following Rule 18 (1): a, b, c, d, e, f, g, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (8)</b>	<b>BASIC PRINCIPLES OF INFECTION CONTROL</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Demonstrate safe infection control practices.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse will be able to: <ol style="list-style-type: none"> <li>1. State where the Infection Control Manual is situated.</li> <li>2. Can describe the role of and how to contact the Infection Control Nurses.</li> <li>3. Demonstrates the correct handwashing technique.</li> <li>4. Can apply universal precautions.</li> <li>5. Can demonstrate safe practice when barrier nursing.</li> <li>6. Is aware of protective equipment in infection control procedures and correct disposal following procedures.</li> <li>7. Can deal appropriately with spillage of body fluids.</li> <li>8. Demonstrate an understanding of the patient's need for information and education and ensure patient's needs are met.</li> </ol>			

Related learning outcomes following Rule 18 (1): a, b, c, d, e, f, g, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (9)</b>	<b>NUTRITIONAL ASSESSMENT AND SUPPORT</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Assess and monitor the patient's nutritional status.</li> <li>• Be able to provide nutritional support.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
<p>The nurse will:</p> <ol style="list-style-type: none"> <li>1. Assess the patient's nutritional status e.g. use of BMI.</li> <li>2. Understand when and how to refer a patient to a dietitian.</li> <li>3. Understand the procedure in passing a naso-gastric tube safely.</li> <li>4. Understand safe re-checking of NG tube position.</li> <li>5. Administer the prescribed tube feed using the appropriate infusion device.</li> <li>6. Can minimise risk of blockage.</li> <li>7. Can educate patient and significant others appropriately.</li> <li>8. Complete appropriate documentation.</li> </ol>			

Related learning outcomes following Rule 18 (1): a, b, c, d, e, f, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (10)</b>	<b>TRANSFER OF PATIENTS</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Demonstrate the safe transfer of patients with accurate hand-over of information.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse:  1. Informs the patient and their relatives/significant others.  2. Liases with receiving ward, hospital, residential home to inform area of patient's needs.  3. Transfers the patient with information/equipment as appropriate, i.e.  a) Patient's notes b) X-rays c) Discharge letter d) Discharge medication e) Property/valuables f) Equipment e.g. walking sticks.			

Related learning outcomes following Rule 18 (1): b, e, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (11)</b>	<b>DISCHARGE OF PATIENTS</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Complete the discharge procedure and accompanying documentation.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse:  1. Will commence development of a discharge plan following admission.  2. Will organise relevant teaching sessions for patients/relatives.  3. Will liase with internal/external multi-disciplinary teams.  4. Will ensure discharge letter is written and sent to pharmacy and discharge drugs obtained.  5. Organises transportation as patient condition dictates.  6. Completes relevant documentation accurately.			

Related learning outcomes following Rule 18 (1): a, b, f, g, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (12)</b>	<b>MANAGEMENT OF PATIENT CARE</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Manage a group of patients for a period of time.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse:  1. Will manage a group of patients for a set period of time demonstrating planning and organisational skills.  2. Demonstrate their ability to liaise with other members of the multi-disciplinary team.  3. Give a comprehensive report on their group of patients.  4. Practices individualised patient care and acts as patient advocate.  5. Demonstrate effective communication with all members of the ward team.  6. Communicates effectively with patients and relatives.			

Related learning outcomes following Rule 18 (1): a, b, c, d, e, f, g, h, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (13)</b>	<b>EQUIPMENT USE AND MAINTENANCE</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Be trained to use the equipment required for the care of patients in the clinical area.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
<p>The nurse will be able to operate and check the following equipment:</p> <ol style="list-style-type: none"> <li>1. Hoists</li> <li>2. Pat-slides/Slide sheet</li> <li>3. Resuscitation trolley</li> <li>4. Suction units</li> <li>5. Portable oxygen</li> <li>6. Infusion devices (appropriate to clinical area)</li> <li>7. PCA pumps (where appropriate)</li> <li>8. Enteral feeding pumps</li> <li>9. Graseby 9300 and Gemstar pumps.</li> <li>10. Intravenous administration sets, including blood administration sets</li> <li>11. Dynamap</li> <li>12. Pulse oximeter</li> <li>13. Blood glucose meter</li> <li>14. Cardiac monitor (where appropriate)</li> <li>15. ECG machine</li> <li>16. Nebuliser (where appropriate)</li> <li>17. Portable nebuliser (where appropriate)</li> <li>18. Items particular to the clinical area (please specify)</li> <li>19. The nurse must demonstrate effective faults management.</li> </ol>			

Related learning outcomes following Rule 18 (1): b, e, f, g, i

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**COMPETENCIES TO MEET LEARNING OUTCOMES FOR SUPERVISED PRACTICE**

<b>COMPETENCE (14)</b>	<b>NEUROLOGICAL MONITORING</b>
Competence Objectives	The nurse must be able to: <ul style="list-style-type: none"> <li>• Correctly monitor patients' neurological status (including pain) and recognise when there is a need for intervention.</li> </ul>

<b>Competence Criteria</b>	<b>Observed</b>	<b>Supervised</b>	<b>Assessed</b>
The nurse will be able to: <ol style="list-style-type: none"> <li>1. Demonstrate competence at monitoring and recording the patient's neurological status and report any changes that might indicate a neurological problem.</li> <li>2. Demonstrate knowledge and understand of the Glasgow Coma Scale.</li> <li>3. Demonstrate knowledge and understanding of different indicators of pain.</li> <li>4. Demonstrate knowledge and understanding of pain assessment tools.</li> <li>5. Demonstrate knowledge and understanding of medicines used for providing analgesia, including Patient Controlled Analgesia (PCA).</li> </ol>			

Related learning outcomes following Rule 18 (1): b, c, d, e, f, g, h

Pre-Registration Staff Nurse's Signature:.....

Preceptors Signature:.....

Date:.....

**INITIAL INTERVIEW**

**(To be completed within one week and to include learning objective and action plan)**

**Pre-Registration Staff Nurse's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Pre-Registration Staff Nurse**

**Signed:** \_\_\_\_\_

**Preceptor**

**Signed:** \_\_\_\_\_

**Clinical Facilitator**

**Photocopy this form on completion and send to the Clinical Facilitator**

**REFLECTIVE PRACTICE RECORD SHEET**  
**(Please photocopy before use)**

**Pre-Registration Staff Nurse's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Which related learning outcome does this reflective record cover?**

**REVIEW OF PROGRESS (Monthly)**

**Pre-Registration Staff Nurse's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments regarding progress to date – highlight areas of strength and those areas that require further attention and development.**

**Signed:** \_\_\_\_\_

**Pre-Registration Staff Nurse**

**Signed:** \_\_\_\_\_

**Preceptor**

**Signed:** \_\_\_\_\_

**Clinical Facilitator**

**Photocopy this form on completion and send to the Clinical Facilitator**

**FINAL ASSESSMENT (12 WEEKS)**

**Pre-Registration Staff Nurse's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Has the pre-registration staff nurse met all learning outcomes and competencies included in this adaptation programme?**

**If so, please forward copy of complete pack to the Clinical Facilitator.**

**If not, please contact the Clinical Facilitator and Nurse Manager to discuss way forward.**

**Signed:** \_\_\_\_\_

**Pre-Registration Staff Nurse**

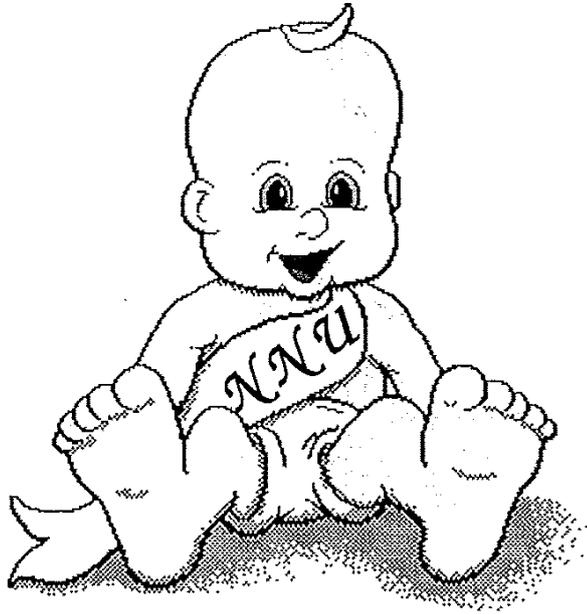
**Signed:** \_\_\_\_\_

**Preceptor**

**Signed:** \_\_\_\_\_

**Clinical Facilitator**

Orientation Programme



Neonatal Unit  
Craigavon Area Hospital Group Trust

*Welcome to the Neonatal Unit of Craigavon Area Hospital. We hope that you will find your time here varied, challenging and rewarding.*

### *The Philosophy of Care*

*The Philosophy of Care within the Neonatal Unit is to provide expert neonatal care, with a view to the normal healthy survival of as many babies as possible, thus reducing perinatal mortality and morbidity. The objective is to achieve optimum results as quickly as possible, so that babies can be discharged in full health into the family, thus ensuring minimal parental separation and distress.*

The Neonatal Unit has set clear standards of care that reflect key elements of our service. These standards measure quality as well as quantity and are regularly audited and reviewed.

### NEONATAL STANDARDS OF CARE 2002

*(Updated January 2002 to include suggestions made following parent satisfaction survey)*

1. All babies will be assessed by nursing and medical staff within one hour of admission.
2. All equipment used on the sick neonate will be explained to parents.
3. All babies will be seen daily by senior medical staff.
4. Senior medical staff will speak to parents regarding their infant's condition, management and progress within 24 hours of admission and at regular intervals throughout the infant's stay in hospital.
5. Parents will be given information about any treatments, investigations carried out and the results explained to them when available.
6. Parents will be offered choice with regards to type of feed for their infant and will be informed of changes in infant's feeding regime.
7. Mothers who wish to breastfeed will receive every encouragement.
8. Parents will be instructed in all aspects of parentcraft and the safety of their infant.
9. Discharge plan will be discussed with parents.
10. Parents will be given choice with regard to the place of review for their infant.
11. The community midwife/health visitor will be informed of an infant's discharge verbally on day of discharge and will receive written documentation via parent at 1<sup>st</sup> visit following discharge.

The Neonatal Unit staff make every effort to ensure that all those using our service are treated sensitively and in a helpful and courteous manner. This is reflected in our customer care policy.

### OUR COMMITMENT TO YOU

*Staff in the Neonatal Unit will make every effort to:-*

- Make sure we communicate with you in a respectful, thoughtful and appropriate manner.
- Take all your concerns seriously, taking time to listen and provide reassurance as required.
- Be honest with you at all times.
- Make you feel valued and involved in your baby's care at all times.
- Keep you fully informed regarding your baby's care and management.
- Involve you in decision making as far as is reasonably practicable.
- Provide the necessary help and support to enable infants to be discharged home to their family.
- Ensure an efficient system for dealing with complaints which genuinely seeks to resolve them.

## Background

### 1. Unit capacity -

- 14 cots - 2 Intensive Care
- 4 High dependency
- 8 Special care

### 2. Consultant medical staff -

- Dr Hogan - Neonatologist
- Dr Bell - Paediatrician
- Dr Shepherd - Paediatrician
- Dr Thompson - Paediatrician
- Dr Smith - Paediatrician

### 3. Nursing staff -

- Clinical Services Manager
- ANNP (Advanced Neonatal Nurse Practitioner)
- Ward Manager
- 3 Sisters
- Staff Nurses/Staff Midwives/Registered Sick Children's Nurses/  
Nursing Auxiliaries

### 4. Secretarial support -

- Dr Hogan's secretary

### 5. Layout -

- 5 individual nurseries to include an isolation facility
- Breastfeeding room
- Visitors sitting room (sunflower room)
- Family room
- Office accommodation/consulting rooms
- Toilets/sluice/stores/linen and laundry room/preparation room/staff  
sitting room/kitchen/changing room facilities
- Review clinic area

Hours of work –

- Shift pattern
- Annual leave arrangements

Professional and personal development plans

Clinics –

- Retinopathy of prematurity clinic (ROP)
- Rainbow review clinic
- Neonatal review clinic
- Synagis clinic

Confidentiality –

- Data protection act
- Code of conduct for computer users CAHGT
- Telephone communication
- Mail

Study days/education –

- Noticeboard/flyers
- Study day co-ordinator

Evidence based practice –

- Role of NICORE (Neonatal Intensive Care Outcome Research Evaluation)
- Role of benchmarking group

Extended scope of practice

- Arterial blood sampling/venous blood sampling
- IV cannulation and IV drug administration

Admission policy -

- Neonatal Unit
- Nursery 6 isolation facility
- Relevant documentation

## Discharge policy

- Discharge checklist
- Relevant documentation

## Multidisciplinary meetings –

- Clinical Risk meetings
- Community link
- Perinatal meetings
- Resuscitation committee meetings
- Staff meetings
- Medical Directorate meetings
- User group
- Support services

## Documentation

- Admission record
- Discharge records
- Pathways
- Laboratory results
- Ongoing audits
- NICORE
- Observation sheets
- Centile charts
- Intake/output chart

## EQUIPMENT

	Demonstrated	Supervised use	Competent use	Training record completed
<b>Incubator</b> <ul style="list-style-type: none"> <li>• General operation</li> <li>• O<sub>2</sub> calibration + administration of oxygen</li> <li>• Humidity</li> <li>• Decontamination</li> </ul>				
<b>Cot</b> <ul style="list-style-type: none"> <li>• Setting up for use</li> <li>• Decontamination</li> </ul>				
<b>Headbox oxygen</b> <ul style="list-style-type: none"> <li>• Humidifier</li> <li>• Headbox</li> <li>• Analyser</li> </ul>				
<b>Ohio</b> <ul style="list-style-type: none"> <li>• General operation</li> <li>• Decontamination</li> </ul>				
<b>Oxygen administration</b> <ul style="list-style-type: none"> <li>• Incubator O<sub>2</sub></li> <li>• Blender O<sub>2</sub></li> <li>• Lowflow oxygen</li> </ul>				
<b>Kanmed babywarmer</b> <ul style="list-style-type: none"> <li>• General operation</li> <li>• Decontamination</li> </ul>				
<b>Cardio Respiratory monitors</b> <ul style="list-style-type: none"> <li>• Conmetrics 556</li> <li>• Corimetrics 566</li> <li>• Propaq</li> <li>• Spacelabs</li> <li>• Alarm settings</li> </ul>				
<b>Saturation monitors</b> <ul style="list-style-type: none"> <li>• Ohmeda 3800</li> <li>• Nellcor</li> <li>• Kontron</li> <li>• Alarm settings</li> </ul>				
<b>Thermometers</b> <ul style="list-style-type: none"> <li>• Omron</li> <li>• IVAC</li> </ul>				
<b>BP monitors</b> <ul style="list-style-type: none"> <li>• Spacelabs BP</li> <li>• Propaq BP</li> <li>• Invasive monitoring set up</li> </ul>				

## EQUIPMENT

	Demonstrated	Supervised use	Competent use	Training record completed
<b>Glucometers</b> <ul style="list-style-type: none"> <li>• Use of glucometer</li> <li>• Calibration</li> <li>• Decontamination</li> </ul>				
<b>Infusion pumps</b> <ul style="list-style-type: none"> <li>• Braun Infusomat</li> <li>• Graseby</li> <li>• Perfusor Compact</li> <li>• Becton Dickinson</li> <li>• Decontamination of pumps</li> </ul>				
<b>Phototherapy</b> <ul style="list-style-type: none"> <li>• Use of posey eye shields</li> <li>• Use of amber light shield</li> </ul>				
<b>Apnoea monitors</b> <ul style="list-style-type: none"> <li>• RM</li> </ul>				
<b>Ventilators</b> <u>Sechrist</u> <ul style="list-style-type: none"> <li>• General principles of operation</li> <li>• Humidifier Chamber</li> <li>• Decontamination</li> </ul> <u>Draegar</u> <ul style="list-style-type: none"> <li>• General principles of operation</li> <li>• Humidifier Chamber</li> <li>• High frequency</li> <li>• Decontamination</li> </ul>				
<b>Nasal Prom CPAP</b> <u>Sechrist NPCPAP</u> <u>Infant Flow</u> <ul style="list-style-type: none"> <li>• General principles of operation</li> <li>• Fitting prongs</li> <li>• Fitting hat</li> <li>• Humidifier Chamber</li> <li>• Decontamination</li> </ul>				
<b>Blood Gas Analyser</b> <ul style="list-style-type: none"> <li>• Sample analysis</li> </ul>				
<b>Breast Pump</b> <ul style="list-style-type: none"> <li>• Assembly of parts</li> <li>• Operation</li> <li>• Decontamination</li> <li>• Collection and storage of EBM</li> </ul>				

## EQUIPMENT

	Demonstrated	Supervised use	Competent use	Training record completed
<b>Radiant Heater</b>				
<b>Fibreoptic light</b> • General principles of operation				
<b>Ultrasonic Scanner</b> • General principles of operation				
<b>Transport Incubator</b> • Power • Heat • O <sub>2</sub> Administration • Ventilation • Monitoring systems • Gas cylinder change • Decontamination • Daily checking procedure				
<p><b>GENERAL POINTS</b></p> <p><u>Health and Safety issues</u></p> <ul style="list-style-type: none"> <li>• Leads and cables</li> <li>• Use of shelves</li> <li>• Policy relating to malfunctioning of equipment</li> <li>• General maintenance and care of equipment</li> </ul>				

## NEONATAL PROCEDURES

	DEMONSTRATED	SUPERVISED	COMPETENT
1. <u>Venous peripheral cannulation</u> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• General care of infant during and after procedure</li> <li>• Labelling of lines</li> <li>• Recordkeeping</li> </ul>			
2. <u>Removal of venous cannula</u> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• General care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
3. <u>Venous blood sampling</u> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• General care of infant during and after procedure</li> <li>• Labelling of specimens</li> <li>• Recordkeeping</li> </ul>			
4. <u>Arterial peripheral cannulation</u> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• General care of infant during and after procedure</li> <li>• Labelling of lines</li> <li>• Recordkeeping</li> </ul>			
5. <u>Removal of peripheral arterial line</u> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• General care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
6. <u>Arterial blood sampling</u> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• General care of infant during and after procedure</li> <li>• Labelling of specimens</li> <li>• Recordkeeping</li> </ul>			

## NEONATAL PROCEDURES

	DEMONSTRATED	SUPERVISED	COMPETENT
<p>7. <u>Top-up transfusion</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• General care of infant during and after procedure</li> <li>• Blood checking procedure</li> <li>• Recordkeeping</li> </ul>			
<p>8. <u>Long line insertion</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure *</li> <li>• Recordkeeping</li> <li>• Long line removal</li> <li>• Decontamination of trolley</li> </ul>			
<p>9. <u>Removal of long line</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Long line removal</li> <li>• Decontamination of trolley</li> </ul>			
<p>10. <u>Intubation</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Decontamination trolley</li> </ul>			
<p>11. <u>Extubation</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation for extubation</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>12. <u>Umbilical arterial catheterisation</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Decontamination of trolley</li> </ul>			

## NEONATAL PROCEDURES

	DEMONSTRATED	SUPERVISED	COMPETENT
<p>7. <u>Top-up transfusion</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• General care of infant during and after procedure</li> <li>• Blood checking procedure</li> <li>• Recordkeeping</li> </ul>			
<p>8. <u>Long line insertion</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Long line removal</li> <li>• Decontamination of trolley</li> </ul>			
<p>9. <u>Removal of long line</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Long line removal</li> <li>• Decontamination of trolley</li> </ul>			
<p>10. <u>Intubation</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Decontamination trolley</li> </ul>			
<p>11. <u>Extubation</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation for extubation</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>12. <u>Umbilical arterial catherisation</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Decontamination of trolley</li> </ul>			

## NEONATAL PROCEDURES

	DEMONSTRATED	SUPERVISED	COMPETENT
<p>13. <u>Removal of umbilical arterial catheter</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>14. <u>Lumbar puncture</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Labelling of samples</li> <li>• Decontamination of trolley</li> </ul>			
<p>15. <u>Septic Screen</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> <li>• Labelling of samples</li> </ul>			
<p>16. <u>Chest drain insertion</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>17. <u>Removal of chest drain</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>18. <u>TPN administration</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• TPN checking procedure</li> <li>• Recordkeeping</li> </ul>			

## NEONATAL PROCEDURES

	DEMONSTRATED	SUPERVISED	COMPETENT
<p>19. <u>Phototherapy administration</u></p> <ul style="list-style-type: none"> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>20. <u>IV administration</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Calculation of drugs</li> <li>• Checking procedures</li> <li>• Recordkeeping</li> <li>• Care of infant during and after procedure</li> </ul>			
<p>21. <u>Administration of eye drops</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Checking procedure</li> <li>• Care of infant during and after procedure</li> <li>• Recordkeeping</li> </ul>			
<p>22. <u>Exchange transfusion</u></p> <ul style="list-style-type: none"> <li>• Setting up</li> <li>• Preparation of infant</li> <li>• Care of infant during and after procedure</li> <li>• Blood checking procedure</li> <li>• Recordkeeping</li> <li>• Decontamination of trolley</li> </ul>			

SPECIMEN COLLECTING

	DEMONSTRATED	SUPERVISED	COMPETENT
SBR			
FBR			
U&E			
TFT			
LFT			
PKU			
URINE FOR – O&S AMINO & ORGANIC ACIDS			
CLINITEST			
CLINISTIX			
WARD TEST URINE			
STOOL			
FOB			
SECRETIONS FOR – O&S RSV			
BLOOD CULTURES			
BLOOD GAS			
BLOOD SUGAR			
BM			
CRP			
BONE PROFILE			
NETILLIN LEVELS			
CAFFEINE LEVELS			
PHENOBARB LEVELS			
COAG SCREENS			
SWABS – MRSA OTHERS			

**FEEDING**

	DEMONSTRATED	SUPERVISED	COMPETENT
Preparation of infant for and administration of -			
NG tube feed			
OG tube feed			
Bottle feed			
Breast feed			
Collection and storage of breast milk			
Breast pump loan service			
Calculation of fluid volumes			
Recording of feeds			
Milton preparation			
Addition of additives to feeds			
Preparation of special feeds			

**DAILY PROCEDURES AND ROUTINES**

	DEMONSTRATED	SUPERVISED	COMPETENT
Top and tail			
Baby bathing			
Skin care			
Dressing			
Eye care (if required)			
Breastfeeding(see equipment section of breast pumps)			
Cot/incubator cleanliness			
Developmental care awareness			
Weighing infants and recording same			
Accompanying infants to X-ray			
Accompanying infants for USS ventricles/kidneys			
Linen top-ups			
Laundry collection and washing			
Formula feed top-ups			
Stocking up nurseries			
Setting up mouth care trays			
Setting up eye care trays			
Checking trolleys daily – IV trolley Blood sampling trolley Emergency trolley			
Checking resus bag + mask			

**TRANSFER OF INFANTS**

	DEMONSTRATED	SUPERVISED	COMPETENT
<b><u>TRANSFER OF INFANTS</u></b>			
<b>PNW transfers</b> <ul style="list-style-type: none"> <li>• Preparation of infant for transfer</li> <li>• Documentation</li> <li>• Armbands</li> <li>• Recordkeeping</li> </ul>			
<b>Other hospital transfers</b> <ul style="list-style-type: none"> <li>• Preparation of infant for transfer</li> <li>• Preparation of parents for transfer</li> <li>• Transfer documentation</li> <li>• Ambulance arrangements</li> <li>• Preparation of equipment for transfer</li> </ul>			
<b><u>ADMISSIONS</u></b>			
<b>Internal admissions</b> <ul style="list-style-type: none"> <li>• Preparation for admission to – <ul style="list-style-type: none"> <li>• Incubator</li> <li>• Cot</li> </ul> </li> <li>• Documentation</li> <li>• Recordkeeping</li> </ul>			
<b>External admissions</b> <ul style="list-style-type: none"> <li>• Preparation for admission to – <ul style="list-style-type: none"> <li>• Incubator</li> <li>• Cot</li> </ul> </li> <li>• Screening procedures</li> <li>• Documentation</li> </ul>			
<b><u>FOLLOW-UP CLINIC PARTICIPATION</u></b>			
<ul style="list-style-type: none"> <li>• Weekly Neonatal review clinic</li> <li>• Eye clinic</li> <li>• Synajis clinic</li> </ul>			