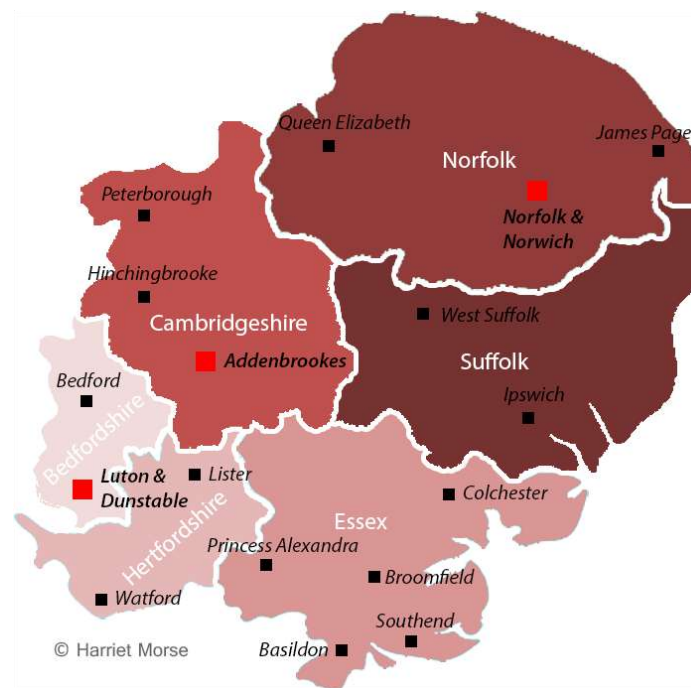




East of England Neonatal ODN

Registered Nurse Pre-QIS Competency Document



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Personal details

Name	
Signature	
Revalidation / renewal date	
Start date	
Designated preceptor / buddy	
Associate preceptor / buddy	
1 month review date	
3 month review date	
6 month review date	
Local Practice Development Nurse(s)	
Local Lead Nurse	

Purpose of the document

Welcome to your new role as a neonatal nurse in the East of England neonatal operational delivery network (ODN). We understand that this role transition, whether you are newly qualified or are coming to neonatal services from another speciality is a time when you will need support and guidance. There is a lot to learn!

This document has been developed by the East of England neonatal practice development group in order to ensure equity for staff between units. The purpose of this document is to take you through from novice neonatal nurse to competence in the knowledge and skills listed. You will be supported by your local practice development nurse(s) and designated preceptor(s) to develop your practice and deliver standardised evidence based care. This document is used across the East of England ODN in all 17 units.

Guidelines on completion of this competency document

In order to ensure equity across all units, guidance is given on what is expected during the first few months in your new role. You should have access to the document within the first week of starting your new role and your practice development nurse(s) and preceptor(s) will work with you to ensure you are given the opportunity to complete all sections within the time period set in your local unit. The time period for completion may differ in some units depending on expected activity.

The level required during final assessment is that of **competent practitioner**. The competent practitioner is described below, please see page 6

This document comprises the basic skills required by the neonatal nurse to competently care for an infant requiring level 1 neonatal care. Your preceptor will be competent in all of the dimensions and skills listed but you are also able to be assessed by any member of staff competent in the individual skill. This may include the nursery nurse / non-registered nurse group who are highly skilled and will play a big part in your learning and development. If you are unsure of who should assess your competence please discuss with your preceptor(s) or practice development nurse(s).

Space is given for documentation of a discussion or observation of the skills as well as the assessment of practice. You may require more than one assessment if you have yet to achieve level 3 competence and these assessments should be graded in order for you and your preceptor to see progress

towards a specific learning outcome. If you achieve level 3 competent at the first assessment then the competency achieved box should be completed and the other 2 assessment boxes should remain blank.

There are teaching packages developed by the ODN practice development nurse group which are available to support your learning. Your PDN will be able to give you access to these.

You will be able to discuss your progress and the completion of this document with your local practice development nurse(s) or preceptor(s) at any time.

Assessment of competency - Benner taxonomy

Novice – Taxonomy Level One

Novices have no experience of the situation they find themselves in, and they operate by closely following rules laid down by others. They perform a series of tasks without understanding, or referring to, the context within which they are operating.

Advanced Beginner – Taxonomy Level Two

Advanced beginners demonstrate a degree of flexibility in their performance and interpret the rules to meet the needs of the situation, maintaining throughout the safety of the patient, colleagues, others and self. They are able to relate to the current situation, based on prior learning.

Competent – Taxonomy Level Three

Competent practitioners are consciously aware of long-term effects of their actions. They are able to plan the most satisfactory outcome of a situation, and take the appropriate action to achieve the planned aims. This requires conscious, abstract, analytical contemplation of the situation.

- Has detailed knowledge and awareness of policies/procedures/guidelines, which may be applied.
- Discriminate and choose which of the policies/procedures/guidelines apply within the situation.
- Conscious, deliberate planning. Anticipates outcomes and gives explanations for the interpretations made and the interventions used.
- Able to analyse and challenge research findings, evidence based practice and received opinion.
- Identifies priorities and key elements of problems.
- Performance is proficient and confident requiring minimum direct supervision.

Proficient – Taxonomy Level Four

Proficient practitioners use their expertise to critically analyse and evaluate situations as a whole. They are able to identify the more important elements of a situation and make decisions based on a broad perspective.

Take a global or holistic view of the situation and relate it to ethics and professional practice, (creativity, innovation and change).

Expert – Taxonomy Level Five

Experts are able to focus on a relevant part of a situation without conscious consideration. They will use their intuition, based on vast experience; to follow a course of action which they 'know' is appropriate. An expert practitioner develops a feel for situations and a vision of possibilities. Not all members of the multi-professional teams are capable of reaching this level – it could be assisted by techniques such as critical incident analysis.

Staff nurse responsibilities

Whilst staff on the neonatal unit will support you to complete the learning outcomes in this document, **you** are ultimately responsible for your own learning. As such, you must ensure that:

- The document is available to your practice development nurse(s) or preceptor at all times. You should have this document with you during every clinical shift.
- You should arrange dates for meetings with your preceptor at least 2 weeks prior to the meeting.
- You must inform your practice development nurse(s) if you feel you are not getting the support you require during clinical shifts or if you are unable for any reason to arrange or complete the progress meetings with your preceptor.
- You attend any relevant training sessions.
- You actively seek learning opportunities in order to complete the assessments.
- You should complete and keep copies of your supported shift logs. These will be required during progress meetings.

Practice Development Nurse(s) / lead nurse responsibilities

The local lead nurse / practice development nurse(s) are responsible for:

- Allocation of a suitable preceptor(s)
- Requesting feedback from your preceptor(s) regarding progress and escalating concerns as required
- Ensuring that you are aware of the educational opportunities available on your local unit and across the ODN if applicable.

Preceptor responsibilities

Your preceptor(s) are responsible for:

- Keeping up to date with your progress and ensuring competencies are achieved within the set time frame. This may require discussion with other team members that you have worked with
- Completion of the record of meeting form.
- Contributing to the supervised shift log record.

- Ensuring that you are aware of the educational opportunities available on your local unit

Meetings with Preceptor

You should meet with your designated preceptor or practice development nurse a minimum of 3 times during the first 6 months of your new role. These meetings should be planned for the end of the supernumerary period, 3 months and 6 months following your start date and should take place away from the clinical area ideally when you have no clinical commitments (for example at the end of the shift when you have handed over care).

Meetings can be more frequent if required and the reasons for this frequency should be indicated on the proforma.

The purpose of these meetings is to discuss progress towards your learning objectives. You and your preceptor should complete the proforma included on the following pages at the end of each meeting. Please include as much detail about your progress as you can, you may want to make notes between meetings so progress can be accurately assessed.

Record of meeting

Staff nurse name		Staff nurse signature	
Preceptor name		Preceptor signature	
Date of meeting		Date of next meeting	
Staff nurse comments			
Summary of discussion of progress towards learning objectives			
Agreed action plan (including timeframe)			

Record of meeting

Staff nurse name		Staff nurse signature	
Preceptor name		Preceptor signature	
Date of meeting		Date of next meeting	
Staff nurse comments			
Summary of discussion of progress towards learning objective			
Agreed action plan (including timeframe)			

Record of meeting

Staff nurse name		Staff nurse signature	
Preceptor name		Preceptor signature	
Date of meeting		Date of next meeting	
Staff nurse comments			
Summary of discussion of progress towards learning objective			
Agreed action plan (including timeframe)			

Policies and guidelines

Local and ODN policies and guidelines are available to support you in your practice. ODN guidelines can be located at <https://www.networks.nhs.uk/nhs-networks/eoe-neonatal-odn/guidelines> Your local practice development nurse(s) will inform you of where local guidelines can be located.

Equipment competencies

There are a number of equipment competencies that you will need to complete during the first months of your new role. These will be given to you by your local PD nurse(s) during induction.

Core clinical skills

Patient safety checks

Aim: The nurse is able to perform patient safety checks				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Demonstrate competence in the checking and use of the cot side emergency equipment				
Ensures that the patient environment is clean and hazard free				
Ensures all alarm limits are set according to individual patient				
Understands the importance of recording asset numbers				
Checks the patient has 2 identification bands				
Receives handover at the start of the shift and is able to handover following a period of care using an appropriate communication tool (for example SBAR)				
Checks fluid infusions (including pressure limits, site, VIP score) and milk volumes with the nurse handing over from the previous shift				

Comprehensive patient assessment

Aim: The nurse is able to demonstrate the full assessment of an infant in the SCBU area				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Is able to recognise the normal behaviour for the gestational and postnatal age				
Accurately assess each body system of the newborn infant, identifying any deviations from the normal for gestational and postnatal age Respiratory system Cardiovascular system Skin Neurological system Renal system GI system				
Is able to document findings of comprehensive assessment				
Is able to escalate concerns relating to assessment of the infant				
Is able to plan care based on the full assessment of the infant				

Monitoring

Aim: The nurse is able to monitor the infant effectively				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Understands normal parameters (RR / oxygen saturation / blood pressure) for different gestational ranges and sets monitor alarm limits appropriately				
recognise and respond appropriately to alarms in timely manner				
demonstrate correct placement of respiratory monitoring				
demonstrate the setting up and placement of ECG monitoring				
demonstrate the setting up and placement of non-invasive blood pressure monitoring				
Discuss indications for continuous temperature monitoring				
demonstrate the setting up and placement of skin temperature monitoring				
demonstrate the setting up and placement of oxygen saturation monitoring				
outline how saturation monitoring works and discuss indication for use				

Admission to the SCBU area

Aim: The nurse is able to safely complete the admission of an infant to the SCBU area of the neonatal unit				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Is able to set up a cot space for an anticipated admission				
Receive the infant to SCBU area and assume responsibility for on-going care				
Completes the first hour of care paperwork if the infant is being admitted immediately following delivery				
Complete admission specific documentation and procedures including blood spot and admission swabs				
Complete a full comprehensive assessment of the infant paying particular attention to the history given during handover				
Formulate and document a plan of care based on the comprehensive assessment				
Accurately escalates concerns to nursing or medical colleagues				
Welcomes and orientates the parents and family to the neonatal unit giving appropriate and accurate information				

Communication with families

Aim:				
The nurse is able to demonstrate effective and timely communication with families				
Learning objectives:	Observed / Discussed	Assessment 1	Assessment 2	Level 3 competence
	Date and signature	Date and signature	Date and signature	Date and signature
Work in partnership with parents and families to promote family centred care				
Provide or signpost families to information with which to make informed choices and support them in their decision making				
Recognises the specific needs of siblings within the Neonatal environment.				
Knows the visiting guidelines and ensures that these are adhered to where possible				
Support practices which promote families spending time with their infant according to their individual circumstances				
Demonstrate the knowledge and use of interpreting facilities				
Know where to obtain Neonatal and infant care related media in a parents native language				
Acts as an advocate for infants and families within the service				
Demonstrates knowledge of the chaplaincy department and the services they are able to offer to different religious groups				
Demonstrates a knowledge of the grievance procedure which includes PALS				

Recognising deterioration and initiation of resuscitation

Aim: The nurse is able to recognise when an infant is deteriorating and initiate resuscitation				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Demonstrate competence in the checking and use of the cot side emergency equipment				
Recognise normal respiratory function and appropriate parameters for preterm and term infants				
Recognise normal cardiovascular function and appropriate parameters for preterm and term infants				
Demonstrate knowledge of predisposing factors to apnoea and bradycardias				
Demonstrate accurate record keeping of apnoea and bradycardic events				
Can identify signs that an infant's respiratory/cardiovascular status is deteriorating				
Can complete the neonatal alert trigger and track tool and escalate accordingly				

Nutrition and feeding

Aim: The nurse is able to ensure adequate nutrition for the infant in SCBU				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Is able to safely carry out all methods of enteral feeding				

Gastric tube Bottle feeding Cup feeding				
Complete BFI training				
Understands the importance of expiry time of fresh and frozen breast milk and formula				
Recognises feeding cues and responds appropriately according to parental feeding choices				
Is able to identify common medical conditions, medications and maternal conditions that contraindicate the use of breast milk and knows where to seek advice if required				
Supports parents in their choice of formula milk if required				
Understands the rationale for different formula including preterm formula and supplements				
Administers prescribed milk supplements				
Can calculate feed requirements using dosing weight				
Can accurately calculate feed advancement using East of England feeding protocols				
Is able to identify when an oro or nasogastric tube may be required				
Complete the gastric tube competency				
Is able to describe actions to take if unable to determine correct positioning of a gastric tube using the usual methods				
Is able to support the parents to tube feed their infant giving the information required prior to parent assessment				
Can identify deterioration in an infant's ability to tolerate enteral feeds - clinical signs and symptoms and can explain how and when to escalate a concern				

Is able to refer the parent to a feeding advisor when required (if available locally)				
Is able to refer the infant to the speech and language therapist when required (if available)				

Hygiene, skin and mouth care

Aim: The nurse is able to care for the hygiene needs of the infant				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Uses appropriate measures to maintain skin integrity				
Uses a scoring system to assess and document the condition of the skin				
Delivers effective hygiene care for the infant at an appropriate time				
Is able to support the parent(s) in care giving in relation to hygiene, skin and mouth care				

Blood glucose control

Aim: The nurse is able to recognise blood sugar outside of the normal range and effectively care for the infant with hypo / hyperglycaemia				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Is able to identify normal blood glucose ranges				
Is able to recognise the signs and symptoms of hypoglycaemia and hyperglycaemia				

Is able to locate the hypoglycaemia guideline and demonstrate understanding of the steps to take				
Is able to escalate concerns appropriately for the hypoglycaemic infant				
Can discuss when a blood glucose should be taken for infants of different gestational and postnatal ages				
Is able to accurately record the blood glucose result				

Jaundice

Aim: The nurse is able to identify hyperbilirubinaemia and care for an infant who is jaundiced				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Identifies the signs of hyperbilirubinaemia				
Describe the normal breakdown and excretion of red blood cells				
Identify which infant are at risk of developing physiological and pathological jaundice				
Discuss the anatomy of the heel in relation to blood sampling sites				
Perform a safe and effective capillary blood sample				
Accurately plot the serum bilirubin (SBR) on the appropriate gestation chart				
In conjunction with the medical team, makes care decisions based on the plotted SBR				
Demonstrate safe set up of an overhead phototherapy unit				
Demonstrate safe set up of a biliblanket / bilibed phototherapy unit				

Demonstrate safe care for an infant receiving phototherapy				
Support the parents of the jaundiced infant receiving phototherapy including suitable explanation of neonatal jaundice and phototherapy				
Discuss the actions that should be taken if phototherapy is not effective in reduction of SBR including escalation of care				

Respiratory system

Aim: The nurse is able to effectively care for an infant with a suspected or diagnosed respiratory disorder.				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Understands the risks associated with oxygen administration to the preterm population in relation to retinopathy of prematurity and chronic lung disease				
identify signs of abnormal respiratory function and recognises causes of respiratory distress				
competently care for an infant receiving ambient oxygen				
competently care for an infant receiving nasal cannula oxygen				
Complete the oral and nasopharyngeal suction competency				
understand the difference between central and obstructive apnoea and can discuss the treatment options of each				
discuss how infant position may facilitate optimal lung expansion				

discuss the causes of CLD and impact on the infant and family				
demonstrates the nursing care of an infant with CLD in the SCBU area				

Cardiovascular system

Aim: The nurse is able to effectively care for an infant with a suspected or diagnosed cardiovascular disorder.				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
identify signs of abnormal cardiovascular function and recognises causes of cardiovascular collapse				
Demonstrates knowledge of the predisposing factors to bradycardia				
Is able to respond immediately to the infant with a bradycardia or tachycardia				
Is able to record the bradycardia accurately and escalate concerns as appropriate				

Thermoregulation

Aim: The nurse is able to maintain the infant temperature within the normal range				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Is able to assess and document infant temperature using skin and axilla measurement devices				
Can list 4 methods of heat loss and understands				

how these relate to and can be minimised for the term and preterm infant				
Uses appropriate strategies to maintain body temperature. These might include Use of an incubator Use of a hot cot Use of skin to skin care Use of clothing and blankets				
Uses interventions to correct hypo or hyperthermia				
Can discuss the use of humidity for the preterm population				
Is able to prepare parents for thermal care of the infant prior to discharge home				

Elimination and fluid balance

Aim: The nurse is able to manage fluid balance of the infant in SCBU				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Recognise normal gastrointestinal function, stool frequency and appearance and document and report deviations				
Can perform urinalysis and document findings				

Pain assessment and management

Aim: The nurse is able to assess and manage infant pain				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Recognises normal behaviour for different gestational and postnatal ages				
Is able to describe the physiological and behavioural responses to painful procedures				
Is able to describe the physiological and behavioural responses to chronic pain				
Recognises and documents signs of pain using a neonatal pain assessment tool				
Is able to provide suitable comfort and pain relief to an infant experiencing procedural pain				
Is able to provide suitable comfort and pain relief to an infant experiencing surgical pain				
is able to support parents of an infant in their care giving approach to the infant in pain				

Infection prevention and control

Aim: The nurse is able to take steps to prevent infection in the infant and recognise signs of established sepsis				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Implements correct hand hygiene				
Ensures colleagues, parents and visitors implement the correct hand hygiene				
Ensures compliance with infection control measures				

such as gloves and aprons for all infant care				
Is able to manage the immediate environment in relation to prevention of infection. E.g. damp dusting of all surfaces				
Ensures compliance with infection control measures when barrier nursing an infant				
Is able to recognise signs of infection, documents findings and escalates as required				
Understands the correct MRSA screening protocol				
Demonstrates how to perform swab screening				
Demonstrates correct aseptic non touch technique				
Understands the difference between a full and partial septic screen and understands when each are completed				

Developmentally supportive care giving

Aim:				
The nurse is able to provide developmentally supportive care				
Learning objectives:	Observed / Discussed	Assessment 1	Assessment 2	Level 3 competence
	Date and signature	Date and signature	Date and signature	Date and signature
Demonstrates an awareness of the developmental differences between infants of different gestational ages				
Identifies the stresses for the infant in the SCBU environment and is able to discuss how the neonatal nurse can reduce the impact of this stress for the infant in his/her care				
Work in partnership with parents and families to provide developmentally supportive care				
Discusses the importance of supported positioning				

for the term and preterm population				
Is able to discuss the impact of touch and handling on the infant. This should include positive touch				
Is able to support the parent(s) and family in providing positive touch				
Knows the importance of non-nutritive sucking and can advise the parent(s) according to gestational age and medical condition of the infant				

Neonatal blood spot screening

Aim:				
The nurse is able to recognise the need for and initiate neonatal blood spot screening				
Learning objectives:	Observed / Discussed	Assessment 1	Assessment 2	Level 3 competence
	Date and signature	Date and signature	Date and signature	Date and signature
Knows the normal blood spot screening schedule				
Is able to explain the newborn blood spot screening tool to parents				
Accurately completes the blood spot form				
Is able to take a sample of blood of the required standard for blood spot screening				
Understands the guidance should a suitable blood sample not be obtained at the right time				
Understands how results of the blood spot are reported to the neonatal team and parent				
Complete the online learning package http://portal.e-lfh.org.uk/Register				

Administration of medication

Aim: The nurse is able to safely manage an infant receiving intravenous therapy				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Complete the local oral drug competency				
Complete the local IV drug competency				
Complete a locally agreed drug calculation test				

Safeguarding children

Aim: The nurse is able to identify the family with safeguarding issues and escalate accordingly				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Complete local level 1, 2 and 3 safeguarding training				

Transfer and discharge

Aim: The learner is able to safely discharge or transfer an infant from SCBU				
Learning objectives:	Observed / Discussed Date and signature	Assessment 1 Date and signature	Assessment 2 Date and signature	Level 3 competence Date and signature
Initiate and plan discharge at an appropriate time and in collaboration with the family and multidisciplinary team				

Refer the infant and family to community neonatal services if required				
Participate in parent education and health promotion that is required prior to discharge				
Ensure that all aspects of parent education are completed prior to discharge				
Prepare families for infant discharge using national guidelines. This may include: Prevention of SIDS Recognition of the unwell infant Administration of medicines Thermoregulation Infant feeding				
Order medicines required on discharge and ensure parents are able to administer these safely				
Ensure future plan of care is communicated to the parents. This may include follow up appointments, community neonatal care				
Complete the discharge checklist to ensure all care is completed				
Accurately hand over care if infant is being transferred to another setting				

Document development group

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Adapted from the pan London neonatal nurse competency document and band 5 competency document Peterborough and Stamford Hospital NHS Trust (now known as North West Anglia Health trust).

This document is copyrighted but the importance of sharing is recognised and the EoE practice development group welcome requests for use or development of this tool from other ODN's. Correspondence should be directed to Erica Everett, Network lead nurse practice development.



East of England Neonatal ODN
(Hosted by Cambridge University Hospitals)



Confirmation of completion

This certifies that

Name:

Date:

Local Hospital:

Has successfully completed the relevant sections of the East of England ODN
Pre QIS competency document

Staff Nurse

Name:

Signature:

Preceptor

Name:

Signature:

PDN

Name:

Signature:

Name:

Further development needs: