Transition to Community Nursing Toolkit For Registered General Nurses

HSE National Guidance Document

Name:	
Address:	
Contact No.:	
Start Date:	
Assigned Area:	
Personnel Number:	
Contract type:	

Endorsed by the **DPHN/ONMSD ECC Workforce Planning Working group o**n 13th April 2022

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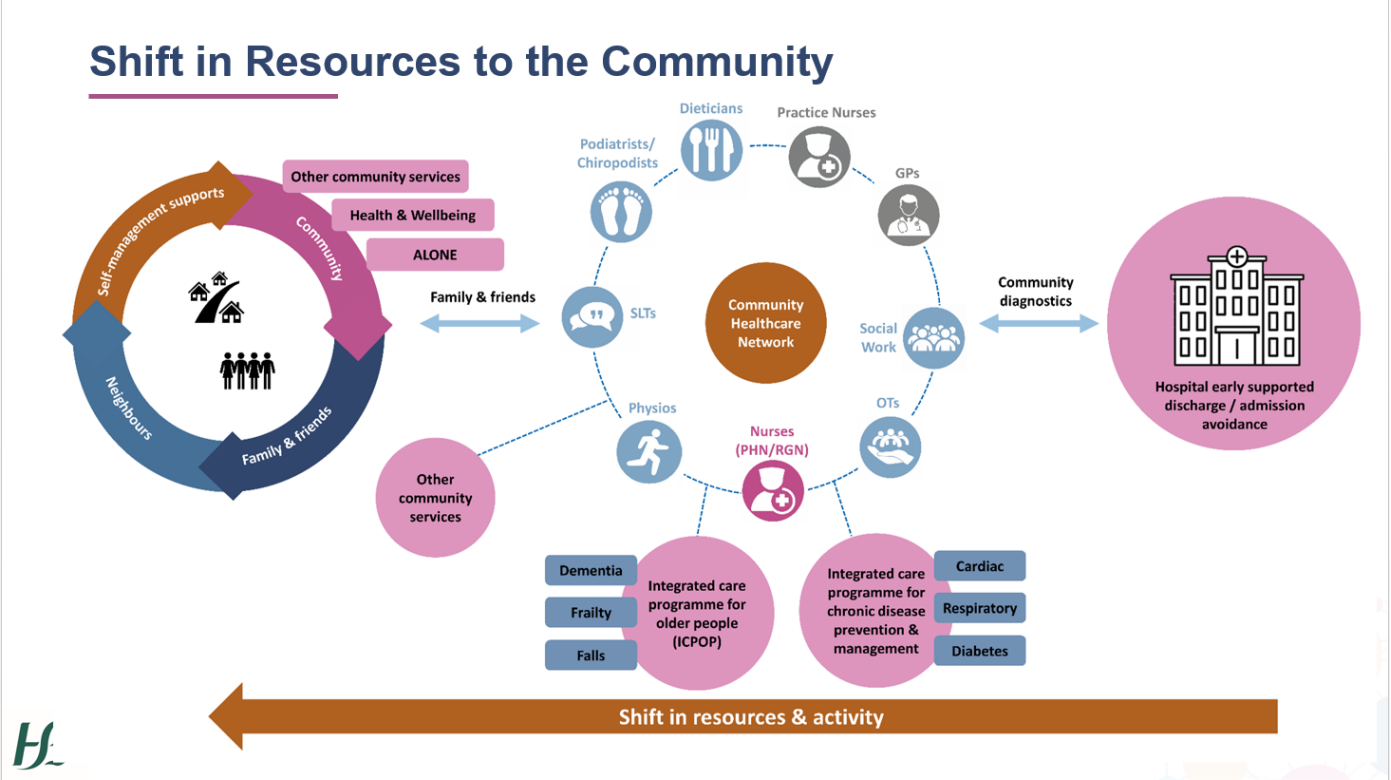
1.0 Introduction to Community Nursing

The Public Health Nursing Service is a generalist nursing service underpinned by the principles and values of primary care and public health, including those of equity, accountability and evidence-based nursing care, working to public policy agenda and reform.

Mission statement: “CARE, COMMITMENT, COMPASSION: Public Health Nursing Services aim to deliver safe, quality, and person centred community nursing care across a lifespan: we are committed to promoting health and wellbeing and enabling people to live healthy and fulfilled lives".

The enhanced community care model is currently being implemented and public health nursing will play a significant role in this change model. Specialist teams for management of chronic disease and care of the older person are in development.

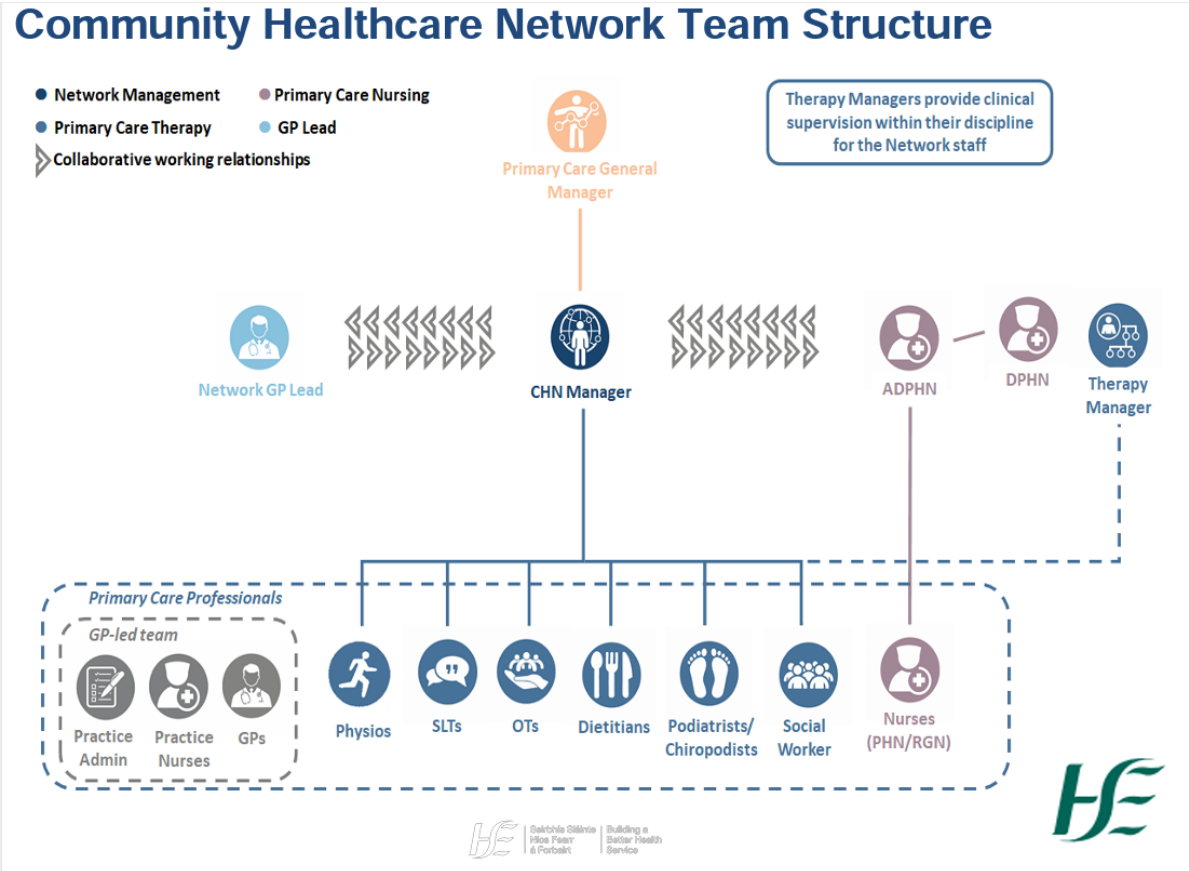
The service is delivered within a range of settings: in the home, health centres, schools and in a variety of community settings. As pivotal teams members, Public Health Nursing staff work in collaboration and partnership with other members of the primary care team and also with acute / community hospital services, voluntary bodies and statutory and non-statutory agencies.



The Enhanced Community Care Programme will include:

- Significant enhancement in primary and community care through the following key priorities:
    - Establishment of 96 Community Health Networks (CHNs), providing the foundation and organisational structure through which integrated care is provided locally at the appropriate level of complexity
    - Establishment of 30 community Integrated Care Specialist Teams for Older People
    - Establishment of 30 Integrated Care Specialist Teams for Chronic Disease
    - Progress the implementation of the ALONE Type volunteer model linked to CHNs and COVID-19 community call programme
    - Establishment of Community Intervention Teams to ensure total national coverage
    - Full roll out with interRAI (international Resident Assessment Instrument) - this will replace the current Common Summary Assessment Report (CSAR) paper-based assessment being used. The use of the interRAI SAT assessment will ensure that people receive a comprehensive standard assessment when applying for support, regardless of where they live or who is doing the assessment. Information will be recorded electronically and will be securely stored which allows ease of access to information and reduces duplication of assessments.

- Progress relevant eHealth initiatives
- Expand community diagnostics to improve access for general practice and community specialist teams including access to plain film x-rays, ultrasound, MRI, CT, ECHO and spirometry with a target delivery of 195,000 additional diagnostic tests
- Continue implementation of the 2019 GP Agreement



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Director of Public Health Nursing
Responsible for the clinical and operational governance of Community Nursing within their area.

Assistant Director of Public Health Nursing
Support Community Nursing by working collaboratively with the Network Manager, Heads of Discipline, GP Lead and colleagues to deliver integrated care.

Community Healthcare Network Manager
Accountable and responsible person for ensuring the delivery of Primary Care services to the population within the defined Network area and working collaboratively with the Heads of Discipline, GP Lead, ADPHN and colleagues to deliver integrated care

Community Nurses
Community Nurses are integral to the success of the Networks and continue to work collaboratively with their Primary Care colleagues, as they do today, to ensure standards of care are maintained.

Public Health Nurses
PHNs deliver care across the lifespan to individuals, families and communities. The focus of the service is to promote health and well-being, protect the public and provide clinical nursing care to the population through the delivery of high-quality evidence based nursing care. PHNs assess whether other health professionals are required in the primary care team.

Registered General Nurses
Registered general nurses (RGNs) work alongside the PHN. The primary focus of the RGN is on individual patients and care of the older person. The RGN works closely with the PHN to assess plan and implement nursing care and works in the home and clinic environment. RGNs undertake relevant education and training programmes relative to their role in community nursing.

Community Intervention Team
A Community Intervention Team (CIT) is a specialist, health professional team (including RGNs) which provides a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time. This may be provided at home, in a residential setting or in the community as deemed appropriate, thereby avoiding acute hospital attendance or admission, or facilitating early discharge.

The CIT, through its fast-tracked provision of services enhances the overall primary care system, providing access to nursing and home care support, usually from 8am to 9pm, seven days per week. Referrals are accepted from hospitals, GP's and other community sources. Services provided include: Administration of IV antibiotics, acute anticoagulation management; acute wound care and dressings; Urinary related care; Ostomy Care; Medication Management; Enhanced Nurse Monitoring.

Clinical Nurse/Midwife Specialists
Clinical Nurse/Midwife Specialists work in a defined area of nursing and midwifery practice. This specialist practice encompasses a major clinical focus of care to patients or clients and their families in community and integrated care settings. The specialist nurse or midwife will work with medical and para-medical colleagues.

Advanced Nurse/Midwife Practitioners
Advanced Nurse Practitioner services are provided by nurses who practice at a higher level of capability as independent, autonomous and expert advanced practitioners. The overall purpose of the service is to provide safe, timely, evidenced based nurse-led care to patients at an advanced nursing level. This involves undertaking and documenting complete episodes of patient care, which include comprehensively assessing, diagnosing, planning, treating and discharging patients in accordance with collaboratively agreed local policies, procedures, protocols and guidelines and/or service level agreements/ memoranda of understanding.

Advanced Midwife Practitioner services are provided by midwives who practice at a higher level of capability as independent, autonomous and expert advanced practitioners. The overall purpose of the service is to provide safe, timely, evidenced based midwife-led care to women and babies at an advanced midwifery level. This involves undertaking and documenting complete episodes of maternity care, (assess, diagnose, plan, treat and discharge women and babies), according to collaboratively agreed local policies, procedures, protocols, guidelines and scope of practice in the clinical setting and/or service level agreements/ memoranda of understanding; demonstrating advanced clinical and theoretical knowledge, critical thinking and decision making skills.

Nurse Practice Development Coordinator
The Nurse Practice Development Coordinator facilitates the development of a continuous process of improvement in nursing practice in the community setting and excellence in the quality of care being provided. The Nurse Practice Development Coordinator strategically plans, develops and evaluates nursing care in collaboration with the nursing management teams and nursing staff.

Clinical Skills Facilitator
The Clinical Skills Facilitators assist in supporting registered nurses (PHNs, RGNS, CNS and ANP) with development of clinical skills and competencies in order to fulfil their professional roles and responsibilities in an ever changing health environment.

2.0 Transition to Community Nursing Toolkit

The HSE recognises the benefits of a Transition to Community Nursing Toolkit that supports newly qualified nurses in professional and personal development and also supports retention and recruitment. This toolkit will assist the transition of Return to Practice nurses, experienced nurses newly appointed to community nursing, overseas nurses recruited to the Irish health service and existing nurses undergoing role transition within the organisation.

2.1 Aim of the Toolkit:

The overall aim of this document is to enhance safe, person centred, high quality nursing care, to all service users accessing community nursing services.

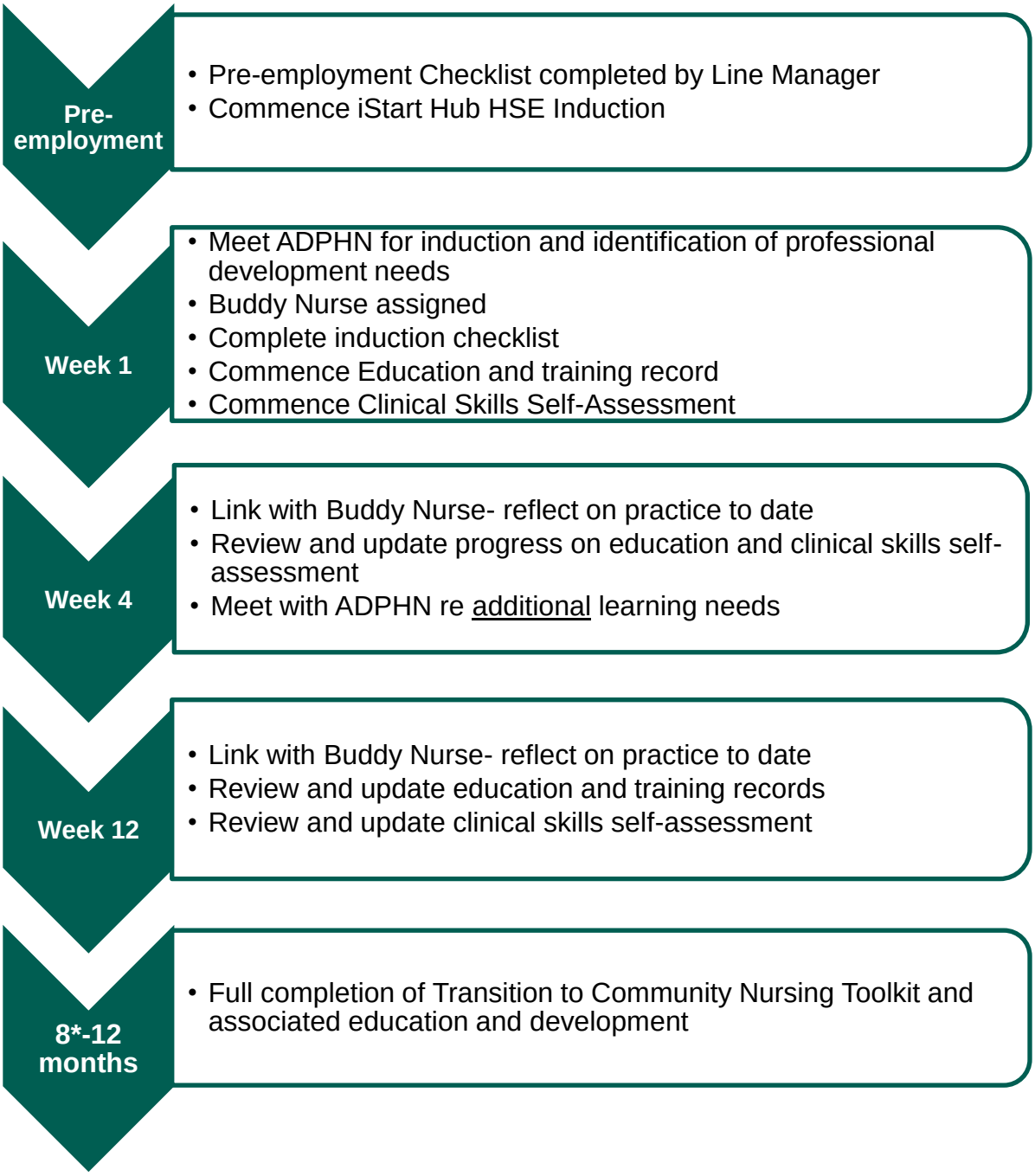
The toolkit aims to:

- Provide the newly appointed Registered General Nurse (RGN) with the knowledge and skills to fulfil their role, including:
    - Newly Qualified Nurses on the Graduate Rotation Programme,
    - Return to Practice Nurses,
    - Nurses recruited from overseas,
    - Nurses moving from acute care/residential older person settings
- To familiarise the RGN with practicing in the community setting
- To provide PHN line managers with a framework for implementing induction in a standardised manner
- To provide a framework for orientation of nurses transitioning to the community for use by the RGN and 'Buddy' Nurse

2.2 Objectives of the Toolkit:

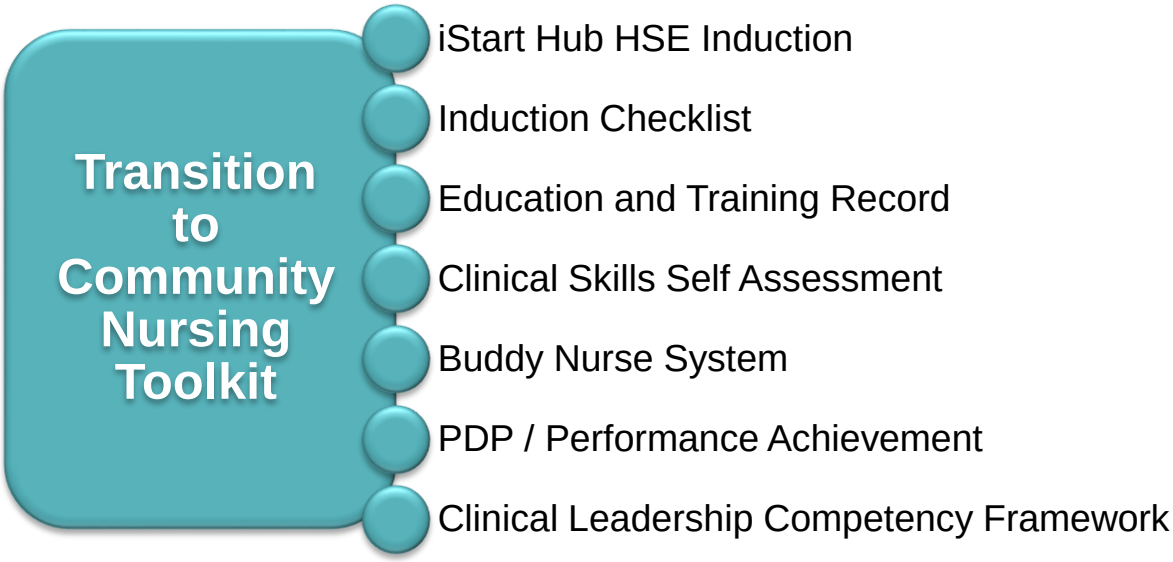
- To facilitate the RGN in identifying the skills and competency required to work in the community setting
- To provide a framework for supporting transition into the new role over a defined period of time
- To standardise practice
- To ensure the RGN has ongoing support from PHN management

2.3 Timeline for completion of the Toolkit



*Nurses on the Graduate Rotation Programme need to complete the Transition to Community Nursing Toolkit within 8 months.

The toolkit consists of the following elements:



2.4 iStart Hub HSE Induction

The i-START Hub has been developed to support induction and orientation of all employees within the Irish Health and Social Care Services. It is one of the many features of the HSeLanD online Learning and Development platform. To access i-START: https://i-start.HSeLand.ie/

The HSE have identified 12 core themes that you will find helpful in your new role. It is suggested that you work through each theme as appropriate to your specific needs. This may best be done as a sequential process from 1 to 12 or in an order of your choosing. Ideally this should be completed within 4 months of commencement as part of your induction. When you have explored all twelve themes you should attempt the assessment and when successful you will be awarded a certificate of completion.

2.5 Induction Checklist

The induction checklist is completed by the RGN and ADPHN. It contains the following elements:

- Pre-employment checklist
- Organisational Information
- Operational Information
- Human Resource Information
- Travel information
- Monthly Nursing returns
- Health & Safety/Risk Management/Complaints Management
- Provision of equipment
- Relevant PPPGs for Practice

The HSE Induction Guidelines and Checklist document for use during the Covid-19 pandemic (2020) has been included in this document to avoid duplication.

2.6 Education and Training Record
The education and training record section includes mandatory and relevant education and training which the newly appointed RGN should seek to complete. You may already have completed some of these training programmes as part of previous employment in the Irish health service or as part of the iStart Hub programme- you do not need to repeat them unless the certificates are out of date. As part of the induction/PDP process, your education and training requirements will be discussed and agreed with your line manager/APHN, including realistic timelines to complete the required education.

2.7 Clinical Skills Self-Assessment
The RGN should self-assess their ability to complete the clinical skills required for the specific service they are working in.

2.8 Buddy Nurse System
The Buddy Nurse system is an informal support system where a newly recruited RGN is assigned a buddy from the existing nursing team. Starting a new job can be a nervous time for any nurse. Being assigned a "Buddy" may help newly appointed RGNs to understand workplace culture and answer any questions that staff might otherwise be reluctant to ask. Buddy systems encourages informal learning; developing skills through social interaction and observation. Communicating with and observing another individual is an effective way to learn. This is an opportunity to develop skills and - equally important - confidence. The buddy system is designed to support the RGN to integrate as a new member of the team and support effective team-working.

The buddy system provides a supportive relationship where staff can openly discuss their progress and gain constructive criticism and recognition. We are all required to demonstrate continuous professional development (CPD) in our roles. A buddy system offers an opportunity to reflect on practice and experience. This reflection can be utilised as evidence for professional development.

A buddy nurse can be any registered nurse (RGN/PHN) working as part of the community nursing team for more than 1 year.

An initial period of supervised practice may be required for some RGNs transitioning to community nursing depending on their previous experience and scope of professional practice. This should be determined on an individual basis.

Expectations of Buddy Nurse

A buddy nurse	A buddy nurse does not
• Provides support and guidance to the newly appointed RGN in the community • Acts as a role model • Facilitates introductions and promoting good working relationships • Provides guidance on local culture and ways of working • Support in navigating the new work environment • Reflection on practice • Informal learning support	• Replace your line-manager / formal managerial structure, or replace the appraisal process. • Provide support outside of working hours

Further information on the Buddy Nurse System is included in Appendix 1

2.9 Professional Development Plan

A Professional Development Plan (PDP) is a tool that supports the nurse or midwife to identify professional goals for the benefit of themselves, their service users and their workplace to encompass best practice and clinical competencies. Professional development planning is a continuous development process that facilitates nurses and midwives, to use their experience and skills, to identify their professional goals and the supports required to achieve their goals, and helps advance both their individual plans and service user needs.

The community service you work in may utilise a local PDP, alternatively the HSE Digital PDP for Nurses and Midwives is available for use. You and your line manager may identify additional professional development needs during the period of transition to community nursing. Supports will be put in place to enable your professional development within local PDP and continuous professional development (CPD) processes.

For further information:
https://healthservice.hse.ie/about-us/onmsd/cpd-for-nurses-and-midwives/pd-planning-framework.html
https://pdp.hseland.ie/

Performance Achievement
Performance Achievement is a forward-looking, shared experience process that's designed to assist staff to develop within their role and add value to the work of their team(s) and services. It also encourages greater levels of engagement between staff and managers in a partnership approach.

For further information:
https://performanceachievement.hseland.ie/

2.10 Clinical Leadership Competency Framework

The Clinical Leadership Competency Framework (CLCF) is an e-learning resource, designed to provide healthcare professionals with the necessary knowledge and tools to support their clinical leadership competency development.

The CLCF is a virtual resource that has been designed to support all Nursing and Midwifery grades up to and including CNM and CMM Grades 2 or equivalent.

The CLCF can be accessed via HSELanD-Click on Hubs-Go to CLCF https://clcf.hseland.ie/

Section 1: Pre-Employment Induction Checklist

The purpose of the Pre-Employment Induction Checklist is to assist the Line Manager to prepare for the arrival of new employees and to help them to settle in as quickly as possible.

Pre-Employment Checklist	Yes/No/ N/A	Action/Comment	Date
Line Manager to contact new employee before start date			
Recommend commencement of iStart Hub HSE Induction on HSELanD https://i-start.hseland.ie/			
Name of Buddy Nurse assigned			
Venue for “meet and greet” discussion arranged			
Accommodation/workspace identified for the new employee if appropriate			
Other relevant people notified (IT network support etc)			
Check to ensure the new employee is set up for Payroll			
Check to ensure the new employee is set up on NiSRP or local HR systems			
Employee file prepared (this should be retained locally for each individual staff member)			
Employees in other relevant Departments informed of employee’s arrival			
Welcome Pack to be sent out including welcome letter outlining date/time and venue for meeting with DPHN or delegate. Include • Mobile Phone Application • Email address application form • ID badge application and photo requirements • Laptop Application • HR Set up forms • Working hours • Dress code • Opening/Closing Hours Health Centre • HSE Staff Handbook • Parking permit application (if relevant)			
Disability requirements (if relevant)			
Diversity requirements (if relevant)			

Section 2: Induction Checklist – First meeting with ADPHN and RGN			
Organisational Information	**Yes/No/ N/A**	**Action/Comment**	**Date**
Welcome and Introduction to Health Centre Staff			
Orientation to Primary Care Unit			
Assignment of duties/ role and responsibility in line with job description- Caseload			
Mission and Philosophy of Community Care			
Operations of PHN Office			
Dept Organogram: DPHN/ADPHN/PHN/RGN			
Organisational structures- Networks, Health Centres			
List of tel. no. for all DPHN/ADPHN/PHNs and RGNs and Health Centre			
Team Meetings			
Map of Area			
Local Services, Area Profile, including population profile			
Operational Information	**Yes/No/ N/A**	**Action/Comment**	**Date**
HSE Identification Badge			
Hours of work as per HSE Contract discussed – start and finish time			
HR: Set up if required (re increments, payroll, annual leave etc)			
Next of kin details			
Personal contact mobile phone number			
Diary and communication methods			
Healthcare records management procedures			
Mobile Phone and Email Data Protection Policy: Data Protection Breach Management Policy:			

Use of Email / faxes / patient notes Use of HSE Mobile Phone/Voicemail			
Social and digital media guidance HSE ICT Policies: Refer to National HSE ICT policies and standards:			
Freedom of Information			
Human Resource Information	**Yes/No/ NA**	**Action/Comment**	**Date**
All staff must work within the HSE Code of Standards and Behaviour Nursing and Midwifery staff are also bound by the Nursing and Midwifery Board of Ireland Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021) NMBI Registration submitted and current Patient Safety Assurance Certification Completed Dignity at Work Policy			
Employee Handbook			
Planning Annual Leave- local procedures			
Working hours / Breaks / Parental leave			
Payroll procedures and accessing payslips online			
Managing Attendance Policy: Reporting Sick Leave Cert required for > 2 days (cover weekends) Self Certs for 1 or 2 days Reporting back fit for work Referrals to Occupational Health Referral to Employee Assistant Program (EAP) 0818 327 327			
HSE Breastfeeding Policy for Staff in Public Health Service			
Essential Weekend Services: Explanation of weekend services - Rota Criteria for weekend services			
Trust in care Policy			

Travel Information	Yes/No/ NA	Action/Comment	Date
Car parking, bus/train services if available			
Travel Claims Car Insurance with HSE Indemnity-upload NiSRP/ forward to relevant accounts department			
Vehicle Registration Certificate-upload NiSRP/ forward to relevant accounts department.			
Employee Declaration form for use of own motor vehicle - upload NiSRP/ forward to relevant accounts department			
Authorisation to travel completed			
Base allocated for travel			
Monthly Nursing Returns	**Yes/No/ NA**	**Action/Comment**	**Date**
Monthly Activity Returns for RGN			
Active Caseload Profile- if assigned a caseload			
Primary Care Metrics- access to PCM- issue with username and password			
Quality Care Metrics			
Mileage – NiSRP/relevant procedure			
Health and Safety/ Risk Management/ Complaints	**Yes/No/ N/A**	**Action/Comment**	**Date**
Corporate Safety Statement			
Site Specific Safety Statement			
General risk assessments for PHN Dept			
Display Screen Equipment Risk Assessment			
Manual Handling Risk Assessment			
Health Centre Security			
Information for after-hours e.g. exits, locking up arrangements			
Fire exits, action cards, evacuation procedure and assembly point			
Sharps Policy			

COVID 19 Policies			
Information about who is in charge of first aid and safety (either in or outside the department), where to find the nearest first-aid box, and what to do if an accident or emergency occurs			
NIMS (Incident Reporting)			
Open Disclosure			
Protected Disclosures			
Your Service Your Say- comments, complements and complaints procedure			
Health and Safety Folder location			
Children First Act 2015			
Child Safeguarding Statement			
Safeguarding Vulnerable Adults			
Lone Working Policy			
Management of Workplace Violence and Aggression			
Tobacco free campus			
Policy for Prevention and Management of Stress in the Workplace			
Policy for Preventing and Managing Critical Incident stress			
Provision of Equipment	**Yes/No/ N/A**	**Action/Comment**	**Date**
Nursing bag for Clinical Care– Basic stock of clinical equipment Stethoscope/Sphygmomanometer Personal Protection Equipment Other Equipment at base			
Health Centre Desk Diary and individual diary			
Relevant PPPGs for Practice	**Yes/No/ N/A**	**Action/Comment**	**Date**
Nursing Policies and Procedures – location and contents (access to policy portal if relevant)			

National Policies, procedures and Guidelines relevant to Community Nursing Service www.hse.ie/phn			
HIQA: National Standards for Safer Better Healthcare			
HIQA: National Standards for Infection Prevention and Control in Community services			
HSE Health Care Associated Infection and Antimicrobial Resistance- information of the public and healthcare workers.			
HSE Consent Policy			

Section 3: Education and Training Record

Submit copy of Certificates of training to PHN Secretary via email and cc ADPHN

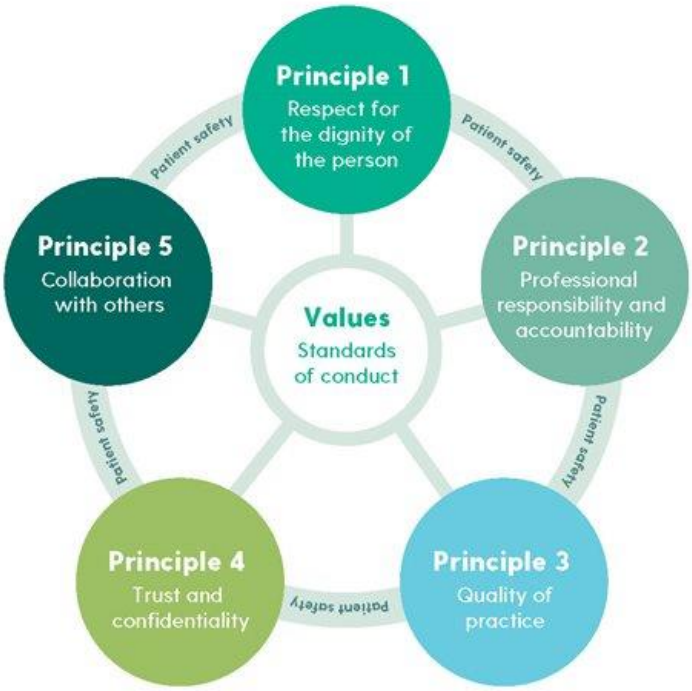
Mandatory Training	Frequency	Method	Date Completed
Fire Training	Every year	Online training & workshop	
Medical Gas	Every year	HSELanD	
Infection Control IPC/AMRIC Aseptic Technique Basics of Infection Prevention and Control AMRIC Hand Hygiene Personal Protective Equipment (PPE) AMRIC Respiratory Hygiene and Cough Etiquette AMRIC Standard and Transmission-Based Precaution	Every 2 years	HSELanD	
Basic life support	Every 2 years	Blended learning	
Manual and People Handling	Every 3 years	Face to face training & HSELanD	
Sepsis	Every 2 years	HSELanD	
Management of anaphylaxis	Every 2 years	Face to face training & HSELanD	
Medication Management	Every 2 years	HSELanD	
Children First	Every 3 years	HSELanD	
Dementia	Once	Workshop	
Teaching & Assessing in clinical nursing practice/Preceptorship	Once	Workshop	
General Data Protection Regulations	Once	HSELanD	
Display Screen Equipment	Every year	HSELanD	
National Frailty Programme	Once	HSELanD	
Open disclosure	Once	HSELanD	

Additional training which may be required for the role- discuss with ADPHN	Frequency	Method	Date
Administration of IV Medication	Once	HSELanD & practical sessions	
Venepuncture & cannulation (competency achieved)	Once	HSELanD & practical sessions	
i-Start Hub – HSE corporate induction on HSELanD	Once	HSELanD	
Clinical Handover e-learning programme	Once	HSELanD	
Nursing Documentation Podcast* Potentially replace with CNME podcast including 'single assessment tool'	Once	HSELanD	
Assessment of Older Persons	Once	HSELanD	
Safeguarding adults at risk of abuse	Once	HSELanD	
The Early Identification of Memory Problems in Older Persons	Once	HSELanD	
Nutritional screening – e.g. MUST for healthcare, DETERMINE, MNA-SF	Once	HSELanD	
Tissue Viability Pressure Ulcer prevention Podcast	Once	HSELanD	
Tissue Viability- Management of venous leg ulceration	Once		
Dignity at work	Once	HSELanD	
AMRIC Prevention & Management of Urinary Tract Infection AMRIC Prevention of Peripheral and Central Venous Catheter Related Infections	Once	HSELanD	
Quality Care Nursing and Midwifery Metrics	Once	HSELanD	
Digital skills training	Once	Online/ HSELanD	
Continence promotion in practice	Once		
Respiratory Management – fundamentals in practice, O2, inhaled therapies etc	Once		
Diabetes management in primary care	Once		
Nutrition, feeding, IDDSI (International Dysphasia Diet Standardisation Initiative) and MUST (or alternative) tool in practice	Once		
End of life Care; symptom management, culture & traditions	Once		

Section 4: Transition to Community Nursing- Clinical Skills and Competence

Self-Assessment

The clinical skills and competence self-assessment is underpinned by the principles of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2021) and the Scope of Practice Decision Making Framework (NMBI, 2015 - See Appendix 2). This Scope of Practice Decision Making Framework "provides guidance to all nurses and midwives in determining their roles and responsibilities in relation to the provision of safe, quality patient care. It encourages nurses and midwives to critically examine their scope of practice and expand it, where appropriate". (NMBI, 2015).



(Nursing and Midwifery Board of Ireland 2021)

* Where available the Clinical Skills Facilitator or Nurse Practice Development Coordinator will support the RGN in achieving the skills outlined below.

Principle 1: Respect for dignity of the person	Self-Assessed Achieved Yes/No	Comment
Develop an understanding of the community setting and person's home as a work environment		
Communicate with patients about their care and give them information in a manner they can understand		
Understand responsibility for seeking the patient's consent to nursing treatment and care		
Knowledge is up to date re the use of advance healthcare directives		
Demonstrate the ability to support the person to die with dignity and comfort. This extends to ensuring respect for the		

patient in the period after their death, taking into consideration the cultural norms and values of the patient and their family.		
Develop an understanding of a person's capacity to make decisions and the provision of time and support for people to make decisions for themselves. Know when to refer for capacity assessment.		
Principle 2: Professional responsibility and accountability	**Self-Assessed Achieved Yes/No**	**Comment**
Identify the support available to you as a community nurse and whilst using this toolkit		
Consider the management of a caseload		
Identify strategies to ensure appropriate time management		
Consider your own personal safety when working in the community as a lone worker		
Discuss the relevance of Scope of Professional Practice to your new role as RGN		
Appropriate delegation and supervision of tasks to colleagues and healthcare assistants		
Consider continuous professional development and further education		
Consider your own personal/professional development plan https://healthservice.hse.ie/about-us/onmsd/cpd-for-nurses-and-midwives/pd-planning-framework.html		
Complete the Clinical Leadership Competency Framework https://clcf.hseland.ie/		
Reflect upon the experience of community nursing so far		
Ensure reflective diary is up to date		
Principle 3: Quality of Practice	**Self-Assessed Achieved Yes/No**	**Comment**
Define Chronic Disease and the impact on the patient		
Consider the role of the community nurse when caring for patients with Chronic Disease and Palliative care		
Develop an understanding of integrated approaches to care in the community setting and the resources and networks available for this group		
Demonstrate the use of the Single Assessment Tool		
Demonstrate competence in compression therapy		
Demonstrate completion of the following documentation and processes: • Public Health Nursing Service Community Nursing Record • Home Nursing Record		

• Care Planning • Application for Home Care Assistant / Home Care Package • Review of Home Care Assistant Form • Review of Home Care Package • Home Care Assistant Careplan • Monthly review of Continence Database and follow up re changes • Continence Database Management Plan • Wound care assessment • Medication request and administration record (MRAR) • Discharge Planning • Archiving Process for files in Health Centre		
Demonstrate the process for ordering: • Pharmacy • Aids and appliance • Stores • Beds/Mattresses		
Discuss the following referral processes: • Referral to Senior Case Worker for Older Person • Referral to Multidisciplinary Team • Referral to Primary Care Team Clinical Meetings • Referral to Respite Services • Referral process to Leg Ulcer Clinics • Referral for Safeguarding concerns • Application for Long Term Care		
Re-visit additional skills that you may need to achieve in order to work in the community setting and list below:		
Consider Sláintecare and explore some of the impact these changes will have on practice e.g. Enhanced Community Care, Chronic Disease Management and Integrated Care Programme Older Person		
Competent in venepuncture	Yes / No / NA	
Competent in cannulation	Yes / No / NA	

Competent in male catheterisation		
Competent in management of supra-pubic catheter care		
Competent in urinary catheter washouts		
Competent in use of glucometer		
Competent in use of syringe driver		
Completion of Quality Care Metrics collection		
Completion of monthly nursing returns and primary care metrics		
Participate in clinical audit		
Principle 4: Trust and Confidentiality	**Self-Assessed Achieved Yes/No**	**Comment**
Define vulnerability and consider groups at risk Identify various forms of abuse		
Awareness of systems that protect vulnerable people and how to 'raise concerns'		
Understand your role in safeguarding confidentiality extends to all forms of record management including appropriate use of information technology and social media.		
Principle 5: Collaboration with others	**Self-Assessed Achieved Yes/No**	**Comment**
Consider the role of the carer and the impact that carers have in the community		
Explore nurses relationship to carers and partnership caring		
Look at ways to enhance the carer experience		
Explore the benefits of working as a team member in the community nursing and primary care teams		
Recognise the importance of working with other professionals in the community		
Understand the importance of various forms of communication in the community setting for effective patient care - Ensuring we have the right staff, with the right skills in the right place		

Section 5: Certificate of Receipt of Induction

All New Employees on completion of the Induction Programme are requested to complete the following section as proof that induction was received and return same to Line Manager.

_____

I wish to certify that, on commencement of employment I received formal induction and an Employee Induction Pack.

Signed:	Date:
Name RGN:	Location:
Employment Status: Perm/ Temp/ Part-time	
ADPHN Signature:	Date:

Appendix 1: Buddy Nurse System

The Buddy Nurse system is an informal support system where a newly recruited RGN is assigned a buddy from the existing nursing team. Starting a new job can be daunting for any nurse. Being assigned a “Buddy” may help newly appointed RGNs to understand workplace culture and answer any questions that staff might otherwise be reluctant to ask.

Buddy systems encourages informal learning; developing skills through social interaction and observation. Communicating with and observing another individual is an effective way to learn. This is an opportunity to develop skills and - equally important - confidence. The buddy system is designed to support the RGN to integrate as a new member of the team and become increasingly effective in their work

The buddy system provides a supportive relationship where staff can openly discuss their progress and gain constructive criticism and recognition. We are all required to demonstrate continuous professional development (CPD) in our roles. A buddy system offers an opportunity to reflect on practice and experience. This reflection can be utilised as evidence for professional development.

A buddy nurse can be any registered nurse (RGN or PHN) working as part of the community nursing team for more than 1 year.

Working together
At the first meeting with the Buddy Nurse, the newly appointed RGN should be clear what their needs are, and what they want to get out of the transition to community nursing programme. This will depend on previous experience and prior knowledge of community nursing. These needs may change over time, and the relationship will adapt to meet those needs.

The focus of the work together is about the newly appointed RGN’s work. It is not about the work of the buddy nurse. Therefore you need to set the boundaries of the working relationship and to recognise each other's limitations, as well as expertise.

Questions to consider:

- What does the newly appointed RGN wish to focus on?
- What are the newly appointed RGN's strengths and what are the areas they wish to improve upon?
- How often do we wish to meet and how realistic is this?
- What is the minimum/maximum time we can safely allocate to this relationship?
- What can I expect from you and you from me?
- If I don't feel comfortable with anything, how can we address that together?
- How can we create an environment where we both feel able to be negative as well as positive about things?
- Would setting our own ground rules help?

The working relationship
It is important that time is spent developing and working on the relationship between the buddy nurse and the newly appointed RGN. This is unlike most supervisory relationships - it is not hierarchical in nature. The newly appointed RGN and buddy nurse’s working relationship can be seen as:

- a resource
- a working ‘observe and engage’ relationship that offers a safe environment to test out new behaviours with the aim of development and growth
- working in partnership
- offering mutual support
- developing trust and openness in communication

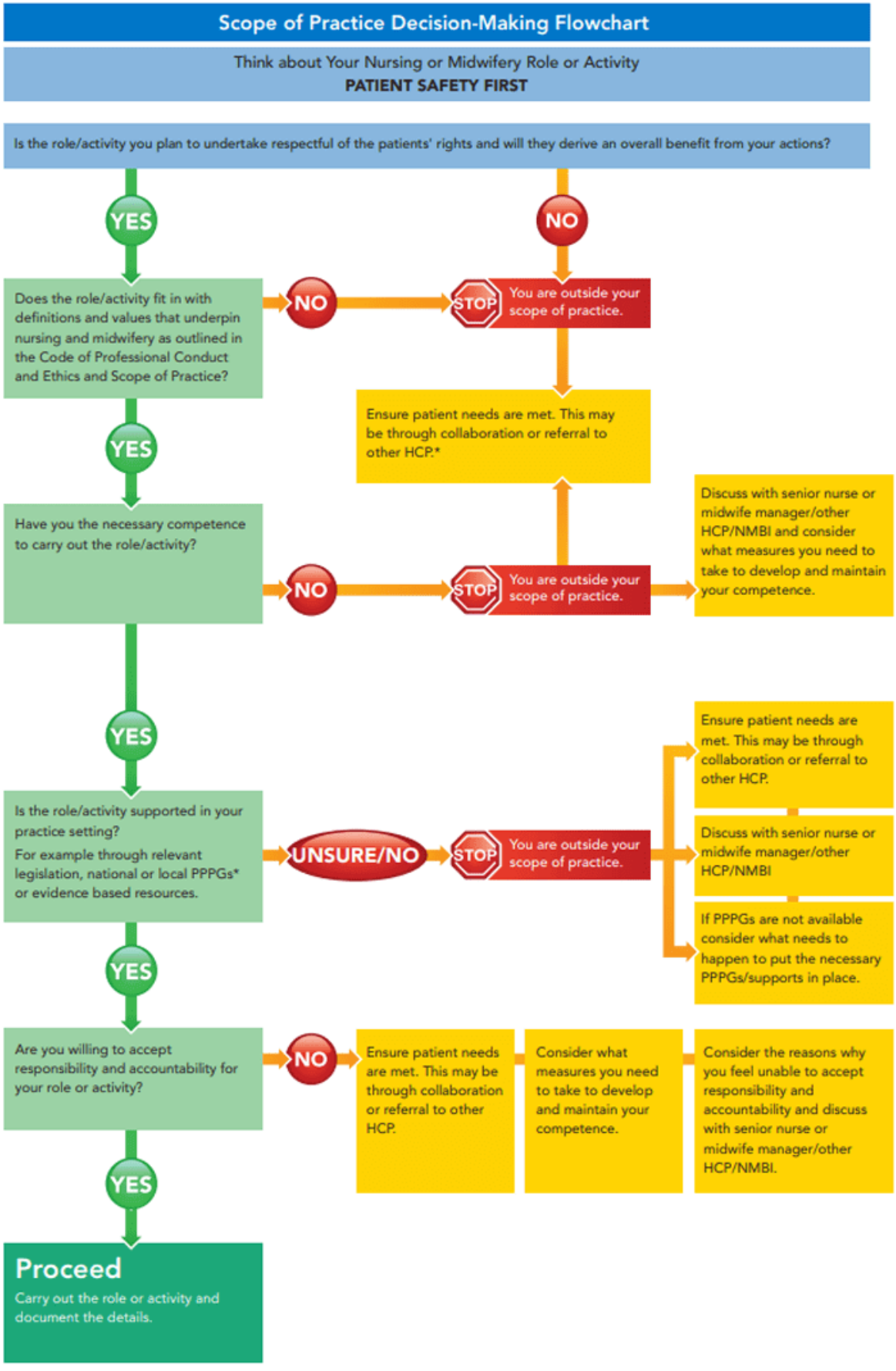
Expectations of Buddy Nurse

A buddy nurse	A buddy nurse does not
• Provides support and guidance to the newly appointed RGN in the community • Acts as a role model • Facilitates introductions and promoting good working relationships • Provides guidance on local culture and ways of working • Support in navigating the new work environment • Reflection on practice • Informal learning support	• Replace your line-manager / formal managerial structure, or replace the appraisal process. • Provide support outside of working hours

The frequency and location of meetings
Once you have agreed how often, for how long and where you are to meet, try to stick to these. It is best to choose somewhere that will allow minimal disruption.

Confidentiality
You will need to discuss confidentiality and whether anonymous information can be shared outside the relationship for the purposes of learning or taking action.

Appendix 2: Scope of Practice Decision Making Framework (NMBI, 2015)



This document was commissioned, developed and approved by the ECC Workforce Planning Working Group in collaboration with the Nursing and Midwifery Planning and Development representatives. Feedback was received from all grades of Public Health Nurses.

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