



Clinical education webinar



Agenda

1900 Welcome & Opening address

Lt Anderson RN & Defence Nursing Advisor Gp Capt Bradley

1905 Deployed operational nurse competency portfolio

Cdr Hume

1920 Current and Future Army HCA

WO2 Burns

1935 The RCN professional tools and resources to support defence nursing

Ruth Burey

1955 What are the educational opportunities for nursing staff within defence?

Lt Cdr Bott,

2015 The Foundation programme & Preceptorship programmes within JHGs

Maj Jordan, Sgt Cade, PO Scott, PO Hoatson

On completion RCN DNF closing remarks and questions



Defence Operational Nurse Competencies

What, why and how?
(and a bit of myth busting...)

Cdr Hume QARNNS

S01 Career Manager, Nurses and MSOs

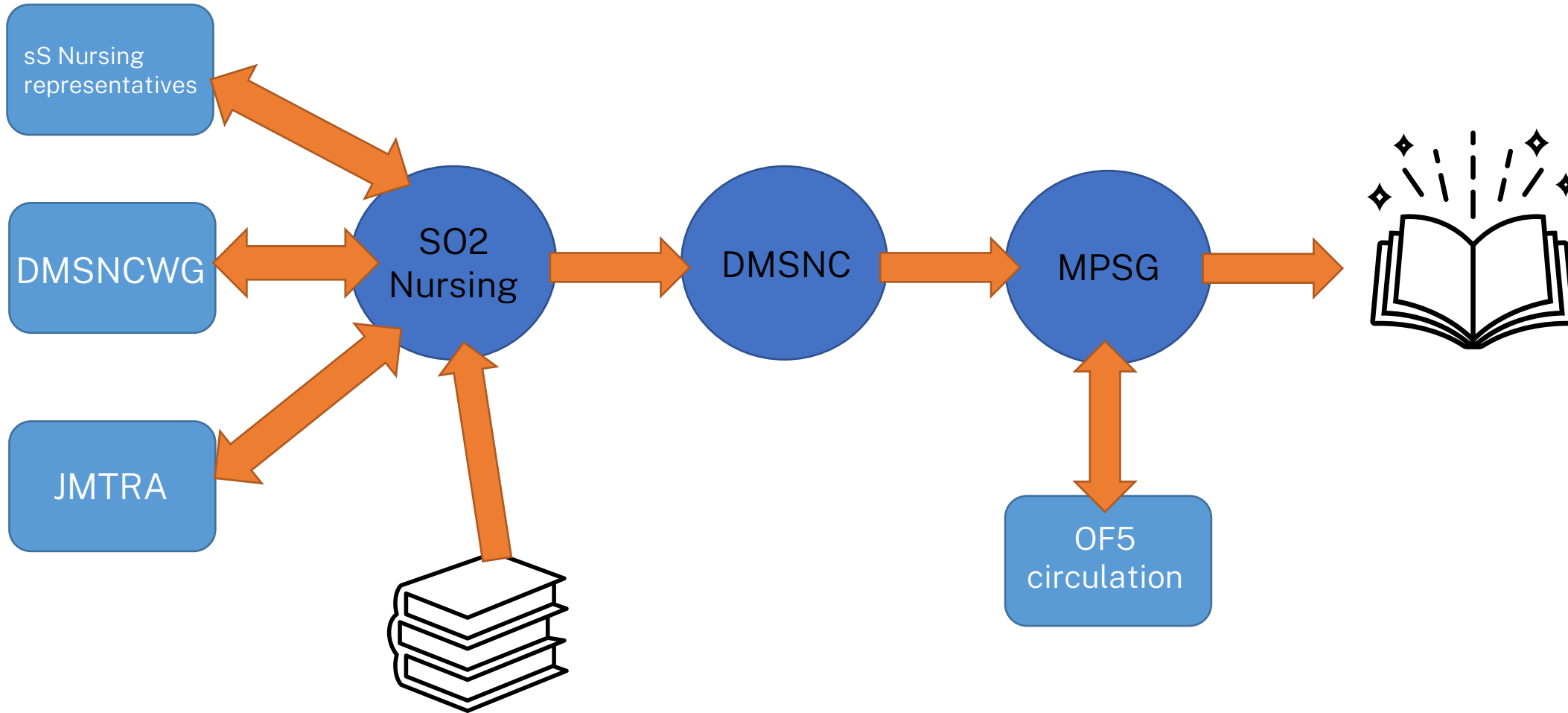
Royal Navy



History



Development



Why?

For Defence

The DONC provides a baseline of skills, assuring the deploying Chain of Command that the nurse has the required skill set for the task

For the Unit

The DONC provides a metric against which the “success” of the unit can be measured

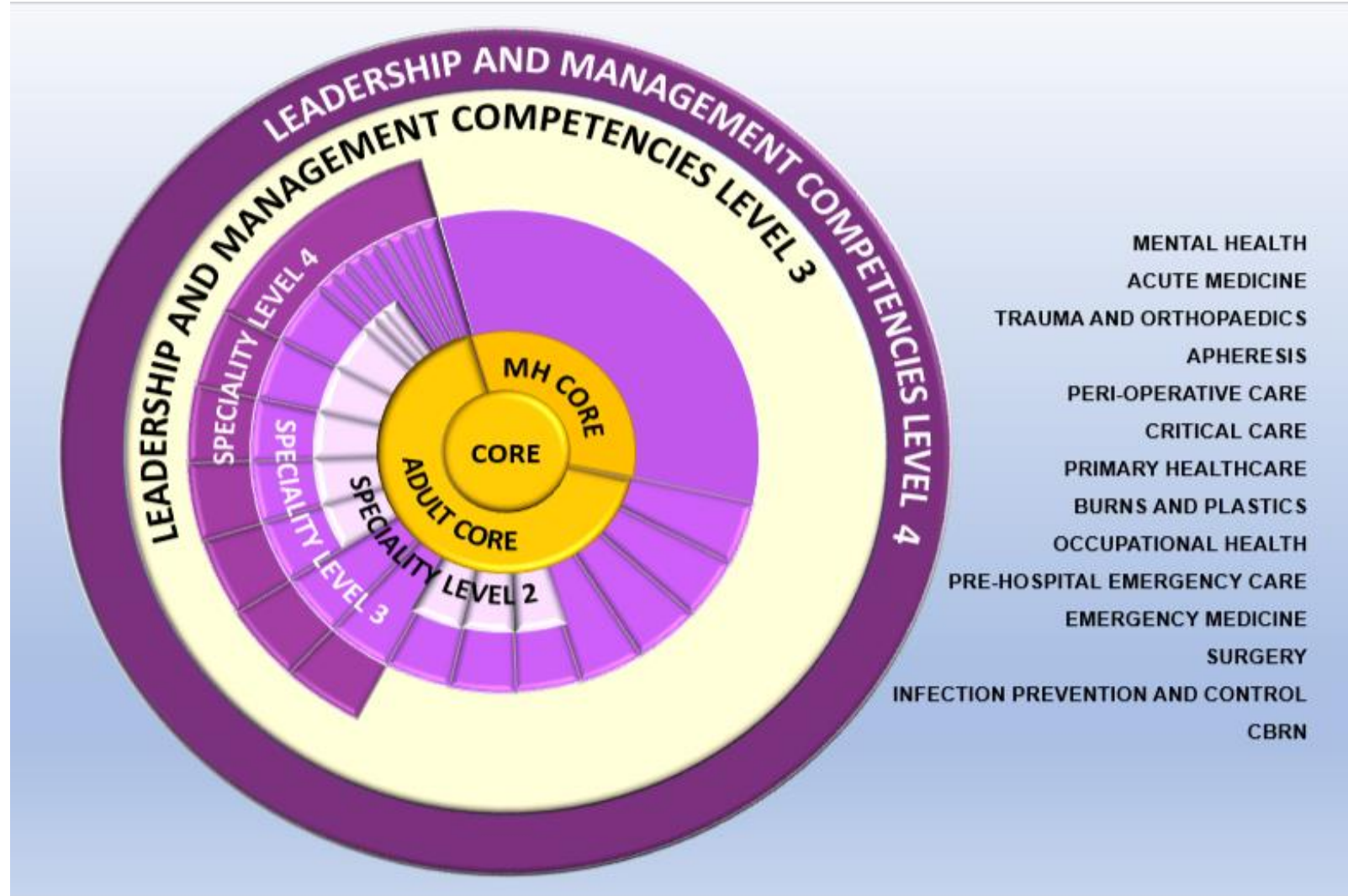
For the individual

Recognition of development

Wider opportunities

Potential financial reward

What?



Practicalities

Policy: JSP 950 Lft 10-3-4

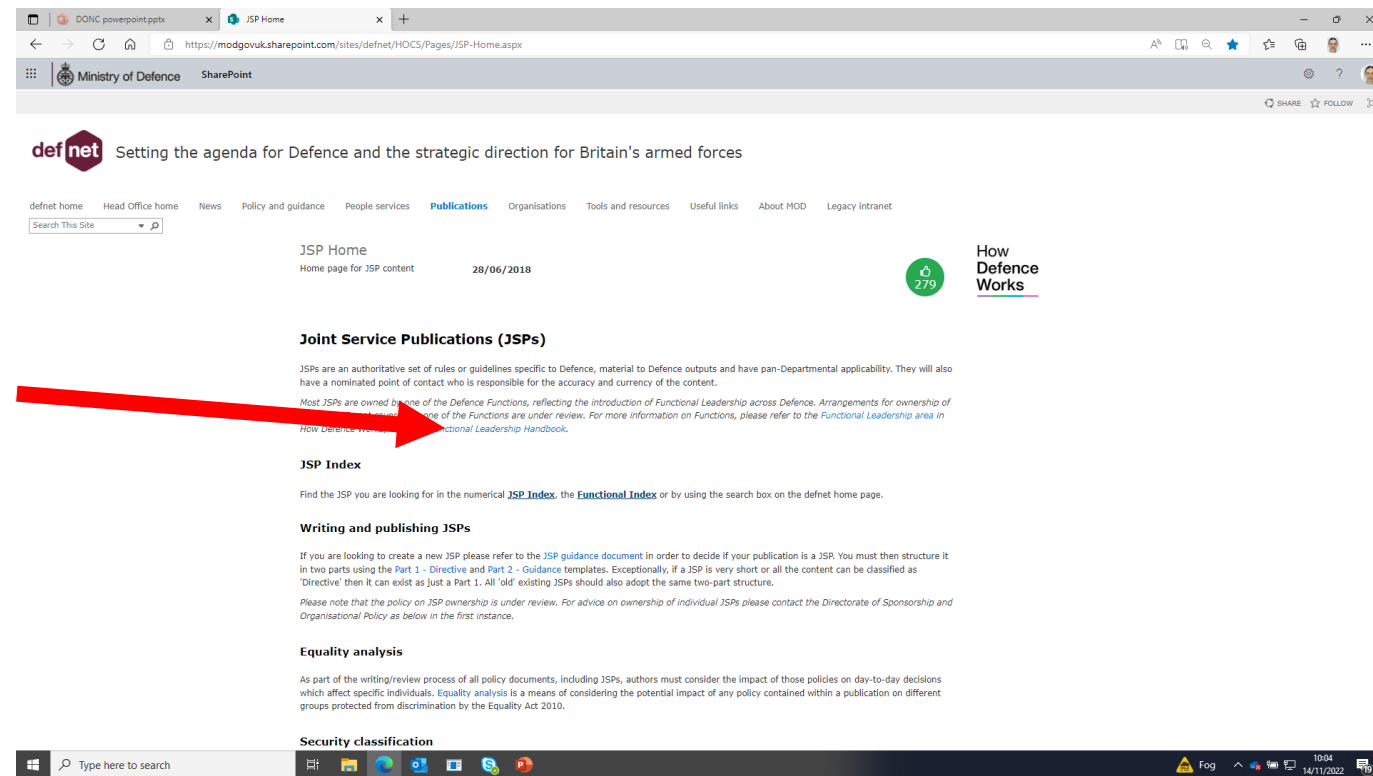
Framework: Annex A to Lft 10-3-4

Guidance (general): 2021DIN07-081

Guidance (speciality specific):
2021DIN03-018

Always make sure you use the most up to date version of DONC.
Accessing it via the JSP policy page will ensure the most up to date version is used.

- Open the JSP policy page;
- Defnet > Publications > Joint Service Publications [LINK](#)
- Click on “JSP Index”
- Scroll down and click on “JSP 950: Medical Policy”
- Click on “Volume 10: Personnel”
- Scroll down to Leaflet 10-3-4 and open from this page.
- When you open the DONC spreadsheet save it to your desktop to avoid overwriting the original.



The screenshot shows the Ministry of Defence 'defnet' website. The page title is 'Setting the agenda for Defence and the strategic direction for Britain's armed forces'. The navigation menu includes 'defnet home', 'Head Office home', 'News', 'Policy and guidance', 'People services', 'Publications', 'Organisations', 'Tools and resources', 'Useful links', 'About MOD', and 'Legacy intranet'. The main content area is titled 'JSP Home' with the subtitle 'Home page for JSP content' and a date of '28/06/2018'. A green circular icon with '279' is visible. The 'Joint Service Publications (JSPs)' section explains that JSPs are authoritative rules or guidelines for Defence. A red arrow points to the 'JSP Index' section, which instructs users to find the JSP they are looking for in the numerical JSP Index, the Functional Index, or by using the search box. Below this are sections for 'Writing and publishing JSPs' and 'Equality analysis'.

Frequently Asked Questions

My NMC registration / revalidation is up to date. Why do I have to complete DONC?

Defence requires more from its nurses than just meeting NMC requirements, to assure care in austere and unusual environments. You should think of DONC as part of the mandatory training rather than part of your registration / revalidation.

Why does the DONC have to be done every three years?

In Defence nurses carry out a number of roles, some clinical, others not. Completing the DONC every three years is a way of showing currency in skills, not merely that you could once do something.

I am a specialist nurse. Why do I have to complete Core DONC?

Core DONC is about basic nursing care. Not all specialities are required all the time on deployment so you may find yourself working outside your speciality. Having Core DONC ensures a level of care will be maintained.

I have completed my DONC. Why am I not getting specialist pay?

Specialist pay does not exist for nurses. Some specialist nurses are entitled to RRP(N) – Recruitment and Retention Pay (Nursing) but DONC is not the sole requirement for receipt of this. See JSP 754 for details and requirements - and if you think you should be getting RRP(N) but are not, speak to your career manager.

Some direct entry specialist nurses may also be entitled to a “Golden Hello” payment. See DIN for details (2020DIN01-138) or speak to sS recruitment teams.

I am in a command / staff / teaching / non-clinical role. Why do I have to complete DONC?

All nurses up to and including OF3 are potentially deployable in a clinical role at short notice. There may not be time to complete DONC in the pre-deployment phase. Nurses up to and including OF3 should also maintain clinical hours in accordance with JSP 950 Lft 4-2-3.

I have SLAiP / ENB 998 (etc). Do I have to do the SSSA qualification to sign off DONC for other people?

Anyone (military or civilian) signing off individual competencies MUST have the SSSA (Standards for Student Supervision and Assessment) supervisor competency themselves. To provide the final sign off either the SSSA Assessor or a PGCE / teaching qualification must be held. (Note; as of 2018 the SSSA supervisor competency is a requirement of NMC revalidation – it can be undertaken via eLfH)

– I am an ANP. Why is there no DONC for me?

The DONC is about assuring ability to nurse, not the level of nursing regularly practised. ANPs should be able to complete both their core and specialist DONCs, and work to a higher ANP level – if that is what is required by their Job Specs. ANPs may also be deployed in specialist, non ANP roles.

– I am a midwife / PHC nurse. Why do I have to do Core DONC and Core Clinical DONC when I do not work in the hospital environment?

On deployment there is no nursing bank or agency. Everyone who deploys in a secondary care facility may find themselves working on an adult ward looking after adult patients at some stage – to cover sickness, in a major incident etc. Having completed the Core DONC allows some confidence to both the individual and the COC that care will be safe.



Current and future Army HCA

WO2 Kelley Burns
HCA Specialist Advisor

What is an Army HCA



Clinical Expectation

- Routine

- Holistic care, ADLs
- Promoting rehabilitation/physiotherapy and independence
- Monitoring, support and recovery
- Emotional welfare
- Education and advising
- Last Offices
- Administration
- Rehabilitation

- Extended Roles

- Catheterisation, Cannulation, Phlebotomy
- Wound care
- Vaccination, second checker
- Acquiring ECG and recognising cognitive changes
- Teaching/Mentoring
- Assessing/Developing
- Clinical Support Lead – Mgr, HoD

Training Pathway

Type	Location	Duration
Phase 1	ATR Pirbright	14 weeks
Phase 2	HCA School – DMA	20 weeks
Phase 3/ITT	JHG/RCDM	90 week



Assignments

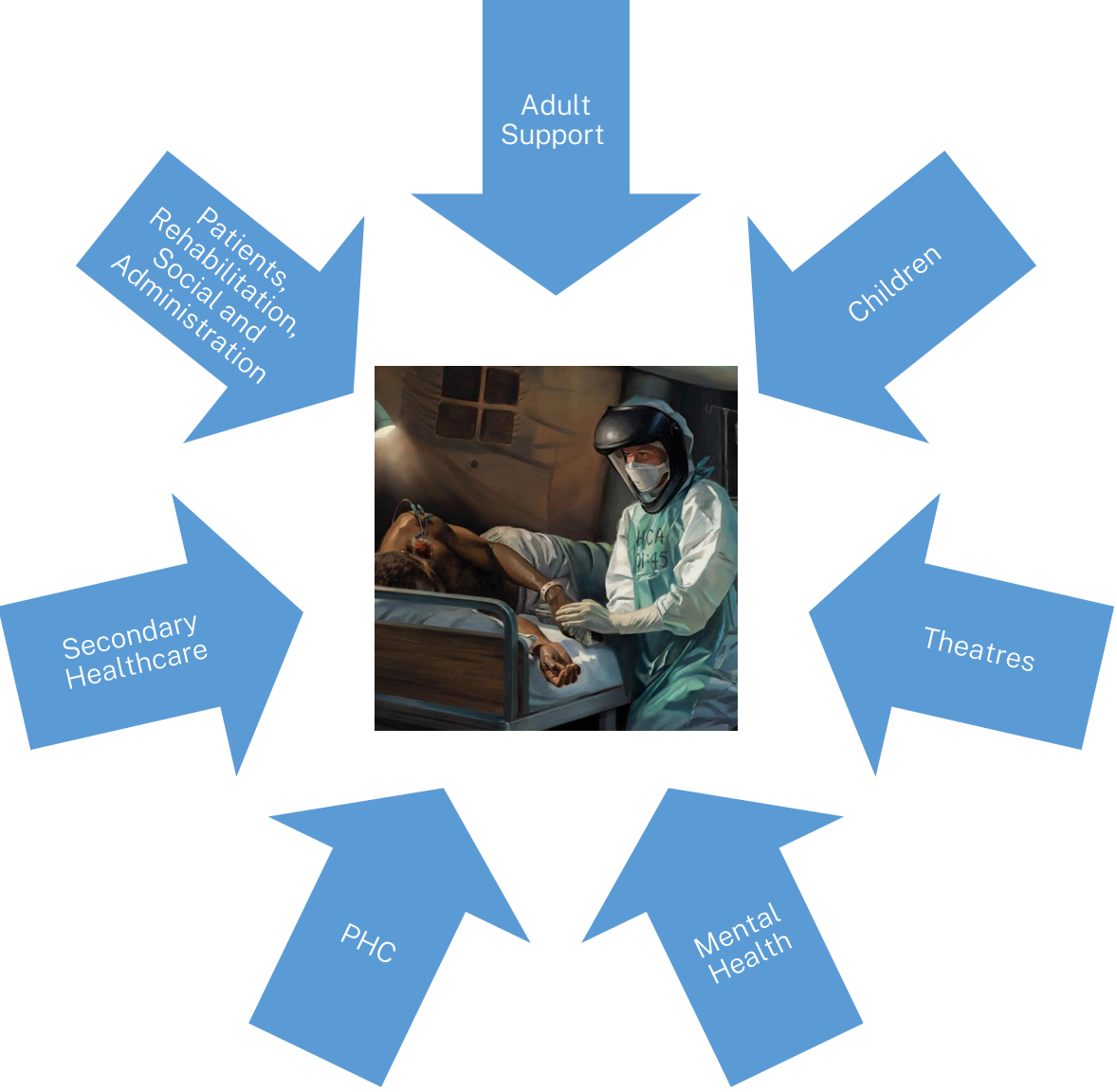
- RCDM/JHG
- DPHC - MRS
- DMRC
- DMA
- Phase 1, 2, 3
- Field unit
- G&A



Strategic Command

Headquarters Defence Medical Services Group

Capabilities



Liability as of Sept 2022

	Officers	Soldiers
Regular	1	174
Reserve		42

Future

- Training Pathway
- Career pathway
- KSE v Role requirement
- Etai
- Military Rank v Clinical qualification (Trade)

Summary

- Unique to British Army
- Clinical and non-clinical healthcare and therapeutic tasks, in a varied number of clinical specialisations in both PHC and SHC.
- Heightened expectations of front line support, heavily relied upon to monitor and report; thus supporting the multi-disciplinary delivery of care
- Regulated training
- Capabilities and Military Role
- TRAINING REVIEW !!



The RCN professional tools and resources to support defence nursing

Ruth Burey. RN. Registered Practice Educator.
RCN Professional Lead Learning and Development

Session learning outcomes:

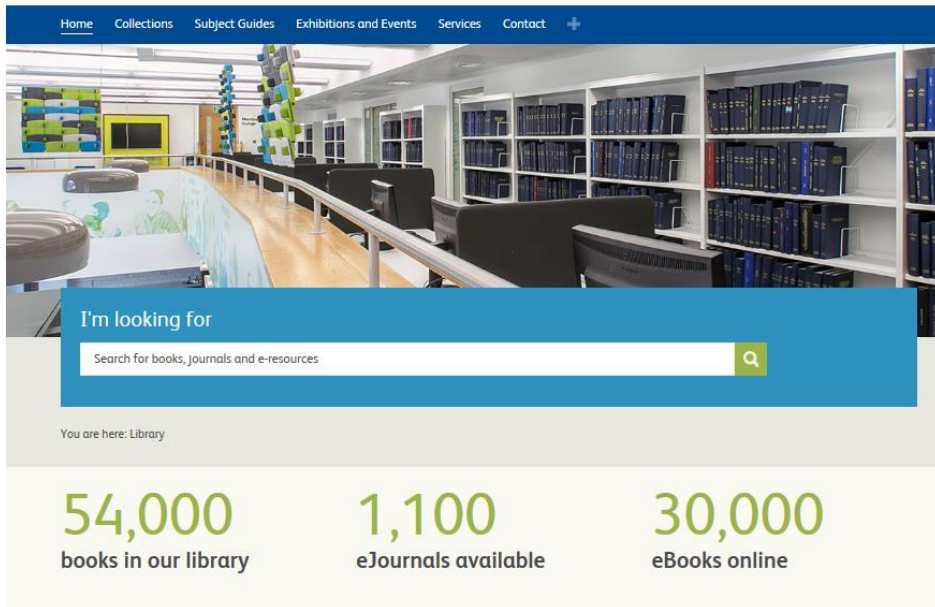
- Understand and raise awareness of range of RCN tools and resources to support professional nursing
- Reflect on individual engagement strategy with the RCN

RCN Supporting defence nursing



- Equality, diversity and inclusion dept. – Strategy for next -3-4 years in development.
- Employment Relations Department
- RCN Regions, Council, boards, committees and branches
- Range of learning and development events, conferences and workshops, online and face to face
- RCN Education Team and Nursing Practice Team, including local / national professional nursing leads
- RCN recognised Forums and networks
- Professional Lead for Defence Nursing.
- RCN Library and Heritage Service
- RCN Member Support Services
- Nursing Policy Team

Library, knowledge, evidence, research and innovation. – add examples of how to use library (congress items' support, lit search, policy search, locate & recommend texts, etc.)



Home Collections Subject Guides Exhibitions and Events Services Contact +

I'm looking for

Search for books, journals and e-resources

You are here: Library

54,000 books in our library	1,100 eJournals available	30,000 eBooks online
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Research and innovation

Information and resources on using and developing research to enhance practice

You are here: [Royal College of Nursing](#) / [Professional Development](#) / Research and innovation

High quality nursing research and support to innovate and use evidence in practice, enables nurses and those who work with them to develop new knowledge and nursing practice, and to ultimately transform patient care.

We are determined to maximize the opportunity for research and innovation to positively impact on the care experienced by patients and their families, and ensure our members gain fully from the support we offer to their decision making as professionals. We are significantly increasing our members' access to the right standards, knowledge and information to support high quality care and drive improvements in practice.

Quick links

- > [Research Society](#)
- > [Research funding opportunities](#)
- > [Research training and careers](#)
- > [Education, Learning and Development Strategy](#)
- > [Clinical Research Nurses](#)
- > [Strategic Research Alliance](#)
- > [Research events](#)
- > [Nursing Workforce Standards](#)



RCN resources to support people with neurodiversity

The RCN Education Forum has led the development of this important resource.



What is Neurodiversity?

Find out more about Neurodiversity.



Neurodiverse Nursing

Support for neurodivergent nurses, nursing support workers and student nurses.



Guidance for Managers

Suggestions for supporting Neurodivergent staff.



RCN Education, Learning and development strategy

Strategy overview - See: [Education learning and development strategy | Professional Development | Royal College of Nursing \(rcn.org.uk\)](#)

RCN Learn: Launched on 21 November 2022.

- Watch video tour [here](#) and get an idea of the [benefits](#). Also a useful section on [frequently asked questions](#).
- Members only need to log in once and will have access to free and member only content. Non-members can sign up once with an email address to access our free content.
- Publications can be accessed in the normal way via [professional development](#).
- Please send feedback on your experience of RCN Learn email this to rcnlearn@rcn.org.uk.

Supporting Nursing support workers



Nursing Support Workers

- [First Steps | Professional services | Royal College of Nursing \(rcn.org.uk\)](#)

Clinical specialism. Prof services offer. Revalidation



- RCN safety and quality tools. (Member login required).
- RCN Leadership programmes and the Professional Services offer
- The value of the nursing contribution.
- RCN revalidation pages

RCN Professional Services provides a range of programmes and services which can help organisations to improve patient care and patient experience in the UK.

Whether you are aiming to improve the culture of leadership within your workplace, enhance your own skills and professional development, or empower your team to implement service innovations, we have a selection of free and paid-for courses to support you.

The logo for RCN Accreditation, featuring a cluster of blue and white hexagons.

RCN Accreditation

RCN Accreditation

Demonstrating excellence within the nursing community.

The logo for RCN Leadership, featuring a cluster of blue and white hexagons.

RCN Leadership

RCN Leadership

Improving patient care through quality leadership.

The logo for RCN Credentialing, featuring a cluster of blue and white hexagons with one red hexagon.

RCN Credentialing

RCN Credentialing

Recognising advanced level practice in nursing.

Engaging with the RCN and 'getting your voice heard'



Consultations

Networking

Congress – 14-18 May 2023, Brighton.

Region, branches, boards and committees.

Social media

RCN Member support services

As an RCN member, you can get free, confidential advice, representation and support on a range of issues that affect you at home and at work.

Careers Service

Get help with writing your CV, preparing for interviews, planning your career and more.

Counselling

Get support with personal or work related issues such as stress, depression or relationship breakdown.

Financial Wellbeing

Advice, support, and resources to help you feel more in control of your finances

Immigration

RCN members already in the UK can get free, confidential support and assistance on immigration issues.

Peer support

Join this group to give and receive support on health and disability issues.

Welfare Service

Get expert support and advice on benefits, tax credits, debt, and housing.



What are the educational opportunities for nursing staff within defence?

Lt Cdr Bott, Major Illingworth, Sqn Ldr Hale

Content

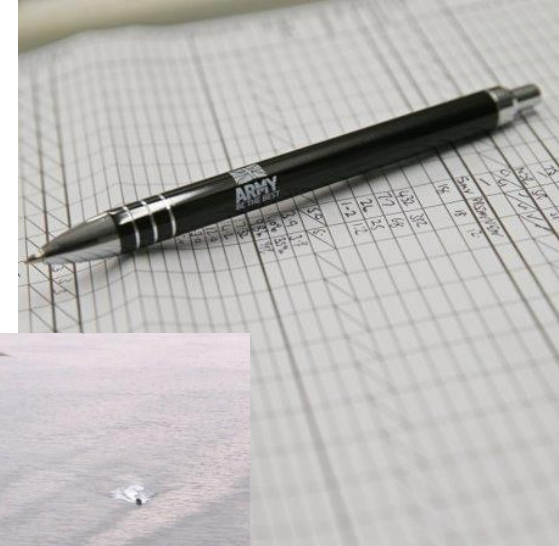
NEA Role

Education and Development opportunities

Eligibility for specialist trg

SNTC input for specialist trg

Application Processes



NEA Role

Work with Career Management to ensure each sSs has the right numbers of trained nurses iot meet operational capability

Manage the Post Registration Selection Board (PRSB) process
- sSSB & SQSB.

Governance + assurance of post-registration education/trg

Advise sSs and Defence Senior nurses on all educational matters

Provide educational and professional advice to nursing personnel of each sS through visits to JHG and sS location

SNA education cadre

Advise on Return to practice, Fitness to practice



Princess Mary's Royal Air Force
Nursing Service



Education and development

Driven by the Statement of Training Requirement (SOTR) (established by sSs CoC + Deanery)

Opportunities for recognised specialties – led by the Demand Plan and SOTR (depends on operational requirement and funding available)

Limited by University providers (not all Universities provide the courses needed) and clinical placements (depends on the number of students and number of available mentors)

DMA [Schedule of Courses - DMS Page](#)

sSs trg opportunities: 2MEDX; promotion courses; Trust courses; NHS Leadership; RCNi



Defence specialties

RN:

- CC, EM, PHC, T&O, Clin Prac Ed, Acute Care
B&P, MH

Army:

- EM, CC, GPN, Surg, Med, OH, B&P, IPC, SH, T&O, CBT,
EMDR, Adv Practice

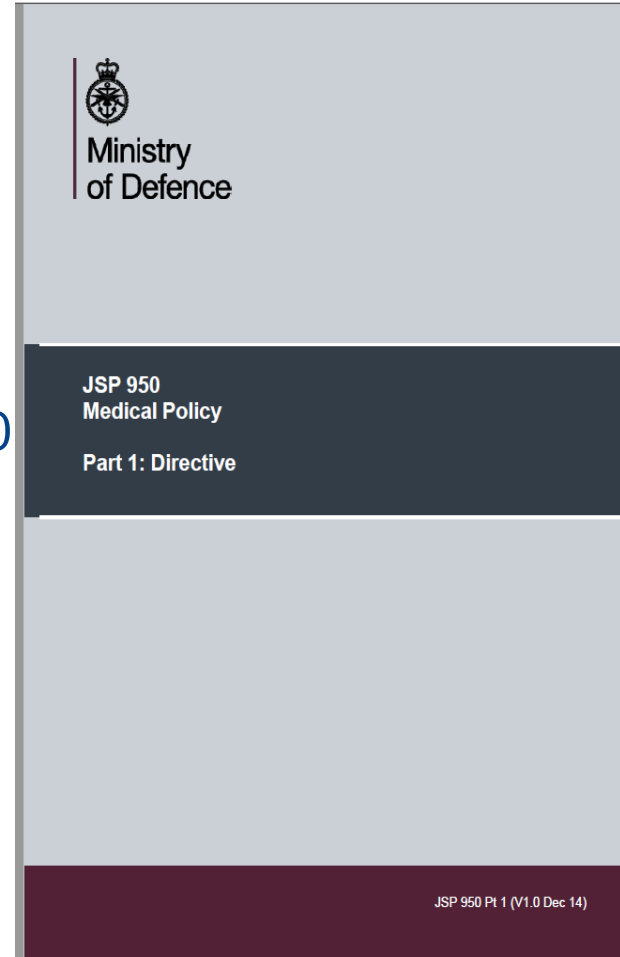
RAF:

- ED, CC, Surg & TO, Med, PHC, Peri Op Practitioners, Nurse
Tutor (FS & Flt Lt and NEA) IPC, OH



Applying for courses

- JSP 950 [Leaflet 4-6-3](#) gives all detail about application policy
- QARNNS see [RNTM-07-023-21](#)
- QARANC see 2021DIN07-014
- PMRAFNS see AP1269 lftt 3-07 Annexe A
- sSSB/PRSB applications are for long cse (>6 mths) and/or costing >£1500
- All external courses require the MOD Form [e1797](#) and are submitted through CoC and then sSs NEA.
- Conference applications are also via MOD Form 1797 to NEA (only SNAs and to cascade info).
- Internal courses are applied for using the Annex to the DMS Schedule of courses, complying with the instructions particular to each course



Return of Service – JSP 750 Pt 1, Chp 2



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“A Return of Service (RoS) is a legally enforceable period of time that an individual shall be required to serve in order to give a Return on the Investment (RoI) made by the MOD.”

Nursing Specialities - Registered Nurse



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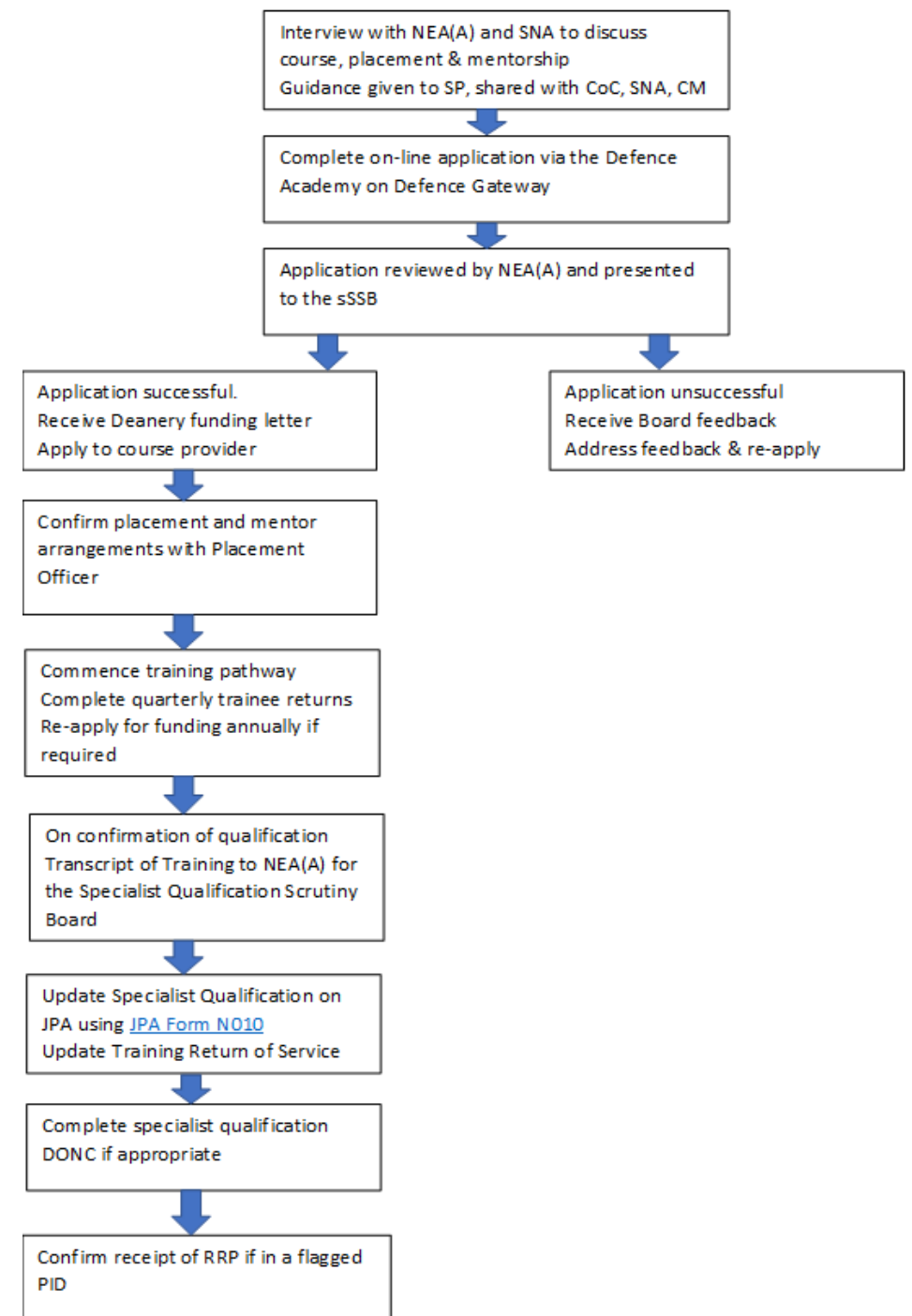


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Training Course	Trg RoS (months)	Remarks
Distance learning course Undertaken over 6 months	18	ROS to commence on date of qualification awarded/course completed.
All courses leading to a Specialist Qualification. Undertaken as either a full or part time	36	Trg RoS to commence on assignment date from course for full time students. For PT students RoS to commence on date of qualification awarded. Trg RoS for both full and part time students to be completed in speciality.
Any post graduate course other than specialist training. Undertaken part time over 6 months in length	18	RoS to commence on date of qualification awarded in speciality.
Any post graduate course other than specialist training. Undertaken full time	36	RoS to commence on date of qualification awarded in speciality area.
MSc in Advanced / Advancing Nursing Practice. Undertaken as either full or part time	36	Trg RoS to commence on assignment date from course for full time students. For part time students, RoS to commence on date qualification awarded. Trg RoS for both full and part time students to be completed in speciality area.

Specialist Training Process

- Engage with NEA & SNAs to seek advice.
- Engage with CoC to gain relevant clinical experience.
- Once you meet the eligibility criteria apply to sSSB.
- sSSB sits twice per year (April/Oct)- calling notice.
- RAF candidates undertake a specialist interview with SNA + NEA.
- All appropriate applications are filtered by sSs scrutiny process.
- Those successful at sSs scrutiny proceed to sSSB.
- sSSB give the final decision.



Eligibility

- CoC support is essential
- Sufficient RoS for the course you are applying for
- Minimum OPG B
- JMES
- Trg On SOTR
- Must be in date for NMC registration
- Evidence of level 6 study within past 5 years
- In date for DONC (core L2 and spec L2 or Nat comp)
- 6-12 months Pre course experience
- SNA recommendation.
- Must be in-date and maintain sS FT
- Must hold in date EDBS see: [AGAI_119.pdf \(sharepoint.com\)](#)



Your MOD Form e1797 application



- All external trg applications must be completed correctly and accompanied by relevant supporting information- otherwise it will be returned.
- You must provide course justification and encourage your line manager to also provide one.
- Must be submitted in a timely fashion- payments will not be authorised retrospectively. (min 6 wks before the start of the course)
- NEAs may endorse or decline your application however it is reviewed by EETS who either authorise payment or decline it.

Higher degree opportunities



- Doctor of Philosophy (PhD, DPhil).
- Doctorate in Medicine/ Doctor of Medicine.
- Master of Philosophy (MPhil).
- Any other qualification at or above Master's level which is purely research based.
- Full-time or part-time research studies.

Applications for the next DMS Research Steering Group (DMSRSG) and Higher Degree Board (HDSB) are to be received no later than **Friday 13th January 2023**.

The next (DMSRSG) and Higher Degree Board will be held on **8th – 9th March 2023**.

Please note each applicant will be expected to attend the DMSRSG and provide a short presentation.

Higher degree opportunities



Full details of the submission requirements can be found in JSP950 Lft 4-6-4.

- MOD Form 1797
- Research Proposal - Proposals submitted to the HDSB and DMSRSG must use the DMSRSG Research Application Form which can be found on the Defence Deanery Gateway website.
- Statement of funding for research costs.
- Learning Plan – If not fully covered in the research proposal
- Personal résumé.
- Statements of support
 - (1) Employer / Chain of Command.
 - (2) Link to SG's Research Priorities (Defence Professors/ Academic Staff +/- Civilian Adviser).
 - (3) Learning need and links to Training Programme (DSA).
 - (4) Career Manager authorisation (sS Career Manager).
 - (5) Support of proposed Academic Supervisor.

Justification on application forms

Dos

- What will this course do for the patient; the team; the sSs; for Ops; for your role?
- Why this course as opposed to another; why you and not another nurse?
- If the module will provide trg for a number of environments especially your operational role then put it in.
- If it is in your TORs or Job specs then embed these in your application.
- Remember that the EETS team does not contain nurses so you are writing to convince them to fund you

Don'ts

- Do not mention CPD as only justification – it has the lowest priority.
- Do not go on about how great this course will be for you personally – the focus is the service you will be able to deliver as a result of the trg.
- Do not expect funding to be automatic – you have to justify the requirement.
- Do not mention building up academic credit for a named award – the public purse is not for you to collect credit.

Take home message

- There is scope to remain a general nurse (and there are still additional opportunities to advance).
- Once you have completed your preceptorship and have been qualified for 2 years you can start to think about specialisation.
- **MUST** gain sufficient clinical experience in your chosen field.
- Talk to your sS SNA if unsure or you want speciality advice.
- Talk to NEA if you want educational or pathway advice.





JHG SW University Hospital Plymouth NHS Trust

Sgt Cade PMRAFNS

University Hospital Plymouth NHS Trust



The Southwest peninsula geography gives our Trust a secondary care catchment population of 475,000 with a wider peninsula population of almost 2,000,000 people who can access our specialist services.

As host to the Joint Hospital Group Southwest (JHG(SW)) in a city with a strong military tradition, we have a tri-service staff of nearly 200 military doctors, nurses and allied health professionals who are fully integrated within our facilities.

Derriford Hospital is the largest specialist teaching hospital in the Southwest peninsula and the region's major trauma centre.



Current Foundation Nursing Pathway



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- NHS Foundation Pathway.
- MOD Foundation Pathway.
- 2 x 6-month placements: Surgical/ Medical (Level 1).
- Once personnel have completed their mandatory rotations, they'll then transition out of preceptorship and into their desired elective placements.
- Progression from elective placement out of the foundation pathway.

NHS Foundation Pathway



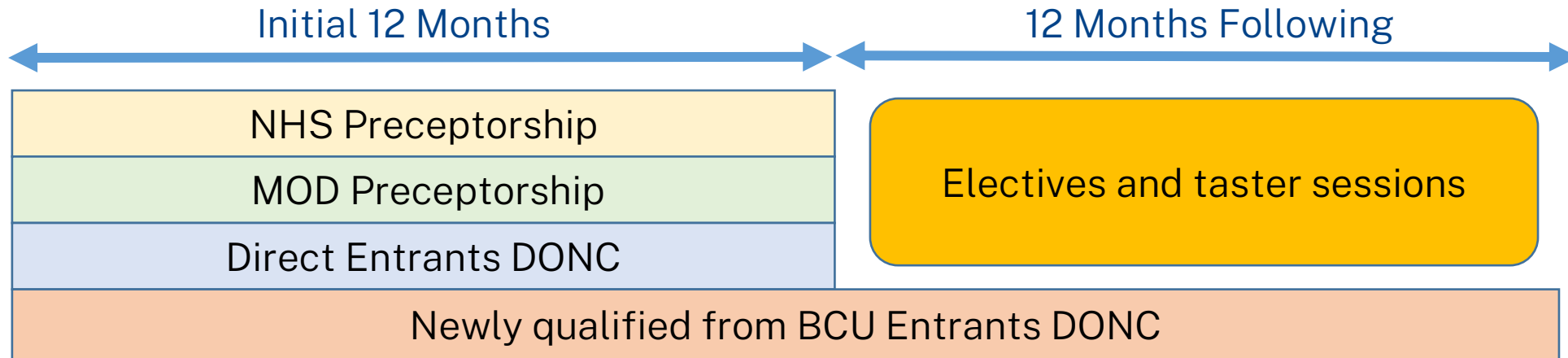
- 12-month programme.
- Constructed around the Health Education Standards for Preceptorship.
- Supernumerary periods during this pathway.
- Wide range of support throughout this programme.

MOD Foundation Pathway



- 12 or 24 months.
- This runs in accordance with the Defence Operational Nursing Competency and The National Competency Framework for Registered Practitioners – Level 1 Patient and Enhanced Care Areas.
- To provide wider support we run:
 - A Leadership and Development Week.
 - A DONC Week.
 - CPD Wednesdays.
- We also support wider clinical exposure. For example, into areas such as:
 - DDRC.
 - Tissue Viability.
 - ACT.
 - Plastics Dressing Clinics.
 - IPC.
 - And a lot more Specialist Nursing Teams.

Journey post first 12 months



- Choice of specialist areas.
- These can range from 3 to 6 months.
- Complete Core DONC and start completing specialist area DONC competencies.



RCDM

PONN Scott QARNNS

- Understand the Preceptorship Programme run at RCDM
- The role of Clinical Development Cell
- The expansion of CDC
- The Education and Development programme

RCDM Preceptorship programme



- 12 month preceptorship programme includes 3 placements. An initial 6 month placement on a Ward followed by two three-month placements. The final placement is a specialist area including ITU, ED, MASSH and Burns.
- The DONC programme is a strong feature throughout with monthly DONC Study days aimed at covering all aspects of the DONC programme.
- The final DONC Study day for 2022 includes a Transfer Training Hospex Table Top Ex with transfer hybrid training sessions with transfer kit and equipment

Clinical Development Cell



- The CDC Unit has expanded over recent months.
- There is a Lead personnel managing all preceptees along with foundation medics who complete short placements at the QE.
- All preceptees attending RCDM will be managed by CDC including the attendance of all DONC days and education days.
- A MAGOPS is completed after approx. 6 weeks supervision to allow all preceptees to manage their own patients without supervision
- There is an Education Lead who manages the education and development programme.
- Additionally we now run a Hospex one day Table Top Ex which follows a scenario and allows all attending to understand the elements involved in deployments

CDC Development cell



- The CDC expansion has included the Education and Development programme
- The Education Lead will manage the programme from Jan – Dec
- The programme includes a clinical education study day approx. every six weeks covering all A&P aspects
- The development programme includes a two day ‘Recognising Deteriorating Course’ aimed at all preceptees and those other SP wishing to attending to prepare all for the ILS Course .



JHGSE Frimley Park Hospitals

Major Jordan QARANC

Defence Foundation



- DMS responsibility to support nurses new to defence/nursing
- Transition student to qualified nurse and prepare for initial deployment
- Foundation period

JHGSE Preceptor Programme



- 2 week Unit induction and familiarisation
- 12 months long
 - 6 months medical placement
 - 6 months surgical placement
- NHS Trust preceptor programme
 - 5 core days
 - Clinical skills
 - IV study day
 - Acute deterioration Assessment & Management

JHG SE Preceptor Programme



Military preceptors

- Intro to Pain
- Cancer & Palliative care
- Diverse needs
- Co-Ordinator in charge

Clinical Support Nurses

DONC programme

End of preceptor programme – acute areas



JHGS Portsmouth Hospitals University Trust

PONN Hoatson QARNNS

Preceptorship programme at JHG(S)



JHG(S) Preceptees previously joined PHUT Preceptorship programmes.

This altered in Jan 22, with the first group (RG 38) starting on the newly created bespoke JHG(S) Preceptorship programme ran by the Unit Practice Education team.

Currently running RG 39 which consists of 15 personnel. The programme began in Oct 22 and has a mix of BCU and Direct Entrant Nurses and ODPs.

Benefits of the preceptorship programme

Running our own programme allows for increased flexibility and tailoring of the delivered content. It also allows for an increased level of assurance and oversight for the quality of the teaching.

Allows for military elements such as DONC, exercises and Operations to be considered and incorporated into the sessions.

Content is delivered by a blend of civilian SMEs in the trust and a dedicated Military team of Practice Educators.

Intro day 31 Oct 22 JHG(S) (Rm: 654)	Day 1 14 Nov 22 Communication TRUST (Rm: 10)	Day 2 5 Dec 22 Leadership & Team Working JHG(S) (Rm: 654)	Day 3 23 Jan 23 Clinical Delivery TRUST (Rm 5)	Day 4 13 Feb 23 Healthcare Governance TRUST (Rm 1 and 2)	Day 5 15 Mar 23 SIM/Clinical skills TRUST (SIM and Rm 10)		Day 6 27 Mar Career & Personal Development JHG(S) (Rm: 654)
Welcome and Administration	Welcome and Administration 0830 - 0845	Welcome and Administration	Welcome and Administration	Welcome and Administration	Welcome and Administration		Welcome and Administration
Opening Address Commanding Officer RSM DOCN	What is Communication? 0845 - 0945	Clinical Leadership	Delivering Safe Care	Accountability & Responsibility	SIM	Chest drains	Tabletop Exercise
Ice breaker and Introduction to PracEd	Emotional Intelligence and Civility 0945 - 1045	Team working	Quality Improvement	ASER		NG	
Break	Break: 1045 - 1115	Break	Break	Break	Break	Break	Break
What is Preceptorship? Timetable and Workbook distribution	What can the library Offer? Aaron Razack – Clinical Librarian	Interprofessional and Multidisciplinary Nursing (+ case study)	Raising concerns and safe staffing	1100 - 1200 DATIX and risk management Elle Lindop – Deputy Director of Governance and Risk and Kerry Smith – Risk and Systems Manager	SIM	Neuro	Tabletop Exercise
	Health Literacy Rebecca Howes – Clinical Librarian						
Lunch	Lunch: 1215 - 1315	Lunch	Lunch	Lunch 1200 - 1300	Lunch	Lunch	Lunch
Introduction to ESR	Dealing with conflict 1315 - 1400	Sepsis	1345 - 1445 Deteriorating Patient Catriona Sutherland – Deteriorating Patient Matron	1300 - 1500 Medicine Management Marilyn Upton – Medication Safety Lead Nurse and Fiona Moore - Pharmacist	Chest drains	SIM	Revalidation and Reflection
What is the DONC? DONC distribution	Mental Health & Resilience 1400 - 1445				NG		Healthcare on ops
Break	Break 1445 - 1500	Break	Break	Break	Break	Break	Break
Q&A session	Symptom control in palliative and end of life care Dr Sarah Russell – Lead Nurse Palliative and End of Life Care 1500 - 1600	Human Factors Clare Caton	Significant conversation in Palliative and end of life care Dr Sarah Russell – Lead Nurse Palliative and End of Life Care 1500 - 1600	Clinical Supervision	Neuro	SIM	Closing Address Commanding Officer
							Inval

The RCN DNF and Closing remarks

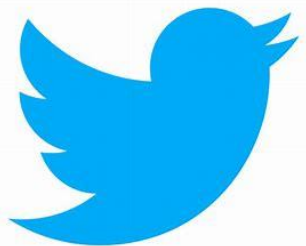
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- We can support you, and assist in sign posting you for RCN services.
- Work with other forums, promote your work and your achievements.
- Provide guidance documents for the defence nursing community.
 - Work with other organisations representing defence nursing.
 - Represent Defence nursing within the RCN and events.

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