

Livewell Southwest

Preceptorship Guidance

Version No. 4

Review: November 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Livewell Southwest Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Asset Number: 41

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	<p>Health & Care Professions Council (2015) Standards of conduct, performance and ethics. HCPC</p> <p>Nursing & Midwifery Council (2015) The Code of Professional Standards of Practice and Behaviour for Nurses and Midwives. NMC</p> <p>Livewell Southwest Appraisal & Management Supervision Policy (current version). Livewell Southwest.</p> <p>Livewell Southwest Clinical Supervision Policy (current version) Livewell Southwest.</p> <p>Livewell Southwest Competency Guidance & Template (current version) Livewell Southwest.</p> <p>Livewell Southwest Equality & Diversity (current version) Livewell Southwest.</p> <p>Livewell Southwest Performance Management Policy (current version). Livewell Southwest.</p> <p>Livewell Southwest Probationary Period Policy (current version). Livewell Southwest.</p> <p>Livewell Southwest Workplace Adjustment Policy (current version). Livewell Southwest.</p>
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3.1	Reviewed	August 2011	Author	Reviewed, no changes made.
3.2	Reviewed	March 2012	Authors	Review, update and reformatted to include assistant practitioners (minor changes)
3.3	Reviewed	March 2014	PDT Practice Lead/ Placement Manager	Amendments to both references and policy text to reflect "current version" of PCH policies
3.4	Amendments	August 2014	PDT Practice Lead/ Placement Manager	Minor amendments to policy to reflect changes within AfC and gateway progression – all references to this removed from sections 3; 5; 6; 7.4.
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4	Reviewed	October 2016	PDT Practice Lead/ Placement Manager	Revision of content text to incorporate all health practitioners and adult social care and in line with implementation of Health Education England new preceptorship standards. Duties and responsibilities amended. Reference to Livewell competency guidance, workplace adjustment and probationary policies. Supporting documentation in appendix revised and reformatted but content unchanged. Reflection templates included in line with revalidation.

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Preceptorship Guidance

1. Introduction

Livewell Southwest is committed to supporting all newly registered practitioners and newly qualified Assistant Practitioners as they embark on new ventures within the organisation. We are also committed to providing the highest quality of care based on the principles of patient and customer focus, continuous improvement and accountability. To help us do this, all newly qualified practitioners will be offered a period of Preceptorship to facilitate settling-in time, orientation and adjustment to a new role and appropriate training during the first year. This Preceptorship will be offered to all new graduates within Health & Social Care to ensure all have fair and equal access to the same opportunity in line with Equality & Diversity policy.

1.1 What Preceptorship is:-

- Preceptorship is a process of support and tailored development activities to ease the transitional experience for newly registered nursing and allied health and social care staff. It is also a process deemed beneficial to newly qualified Assistant Practitioners as they embark on a new role.
- The purpose of preceptorship is to help the new member of staff to adjust to their new role and environment, whilst ensuring that required learning is achieved (Preceptorship Framework, DH 2009).
- Although preceptorship is a framework that has been designed to specifically support the transition of new staff, the skills required to support transition are not exclusive; mentorship; coaching; facilitation, and supervision skills being totally transferable.

1.2 What Preceptorship is not:-

- Intended to replace mandatory training programmes.
- Intended to be a substitute for performance management processes.
- Intended to replace regulatory body processes to deal with performance.
- An additional period in which another registrant takes responsibility and accountability for the newly registered practitioners responsibilities and actions (i.e. it is not a further period of training).
- Formal coaching (although coaching skills may be used in facilitating learning).
- Mentorship.
- Clinical supervision or line management supervision.
- Intended to replace induction.

- A distance or e-learning package for a newly registered practitioner to complete in isolation.

2. Purpose

The purpose of this guidance is: -

- To share best practice in supporting the transition from student to registered practitioner as they move into a new role.
- To provide a framework for developing all newly registered staff, and staff new to role, to ensure they are able to practice safely, and within the competence of their role. This will include Registered Nurses, Assistant Practitioners, Allied Health, Adult Social Care and Return to Practice.

3. Definitions

- **Allied health** – allied health refers to all disciplines outside of nursing and includes Occupational Therapy, Physiotherapy, Orthotics/Prosthetics, Speech and Language Therapy, Podiatry, Dietetics
- **Preceptorship** - a period of time in which practitioners begin their career and journey from novice to expert. It is a structured transition from student to registered practitioner in which to develop confidence and autonomy, refine skills, values and behaviours.
- **Preceptor** - is the name given to the Registered Practitioner who has been nominated to support a newly Registered Practitioner (Preceptee).
- This may be the direct team/line manager if necessary.
- Preceptors do not necessarily have to possess a teaching/mentorship qualification.
- **Preceptee** - is the name given to the Registered Practitioner who is supported by another experienced Registered Practitioner (preceptor).
- **Preceptorship Agreement** – is the agreement between Preceptor and Preceptee, which details the terms of the relationship.
- **Learning Contract** - is the record of agreed practice-based competencies which defines what and how the preceptee will achieve during the preceptorship period.

4. Duties & Responsibilities

4.1 The Chief Executive is ultimately responsible for the content of this policy, implementation and review.

4.2 Responsibilities of the Organisation

- To develop and implement a system where newly Registered Practitioners can be identified at point of recruitment.
- To support the ethos of protected time for both Preceptor and Preceptee.
- Ensure that structures and systems are in place to facilitate the delivery of the Preceptorship programme.

4.3 Responsibilities of Line Managers

- Identify an appropriate preceptor and release staff for preparation/updating for the role of preceptor.
- Ensure practice area has defined competencies of achievement.
- Provide protected time for preceptor/preceptee review meetings.
- Be aware of any special requirements the preceptee or preceptor may have so that positive consideration can be given in meeting their needs.
- Ensure any reasonable adjustments within the workplace are implemented in line with the Workplace Adjustments Policy available on the Intranet.
- Ensure that the preceptor and preceptee are aware of the appropriate policies and procedures, which support and guide their practice.
- Provide support and supervision of the preceptorship relationship and ensure that documentation pertaining to the preceptorship period is maintained.
- Ensure that both preceptor and preceptee have access to clinical supervision and/or other models of structured support.
- Implement subsequent line management procedures on completion of Preceptorship period, which should include Appraisal and Personal Development Plan (PDP). See current version of 'Appraisal & Management Supervision policy' available on the Intranet.

4.4 Responsibilities of Preceptors & Preceptees

- All preceptors and preceptees are required to follow the Codes and Standards of Conduct and Performance relating to their profession, NMC (2015) or HCPC (2015) as well as the policies and procedures of Livewell Southwest.
- Know how to access help and support if there are concerns that the preceptorship pathway is not being followed and/or relationship is not developing.

- Further responsibilities of the preceptor and preceptee are detailed in Section 5.3.

5. Benefits of Preceptorship

There are a number of benefits of implementing preceptorship for stakeholders that contribute to the overall patient experience. The benefits of implementing preceptorship from the perspective of the different key stakeholders are set out below:

Benefits to Newly Registered Practitioner	Benefits to Livewell Southwest
Develops confidence	Enhanced quality of patient care and service user experience
Professional socialisation into working environment	Enhanced recruitment and retention
Increased job satisfaction leading to improved service user satisfaction	Enhanced staff satisfaction; reduced sickness and absence
Feels valued and respected	Opportunity to identify those staff that require additional support or change of role; opportunity to “talent spot”
Feels invested in and enhances future career aspirations	Reduced risk of complaints
Develops understanding of commitment	Registered practitioners develop an outcome/evidence based approach to care they deliver
Personal responsibility for maintaining up to date knowledge	Equity of access supports equality and diversity agenda
Benefits to Preceptor	Benefits to the Profession
Develops appraisal, supervision and supportive skills	Enhances the image of health care professionals
Enhances future career aspirations	Supports openness and honesty, acting with integrity
Engenders a feeling of value to the organisation	Promotes working with others to protect and promote health & wellbeing of those in their care
Identifies commitment	Supports the ability to make care a priority, treating service users as individuals and respecting with dignity
Supports lifelong learning	Promotes the provision of high standards of practice at all times

5.1 The Preceptorship Standard

The Health Education England Preceptorship Standards (2009) require that:

- Systems are in place to identify all staff requiring preceptorship.
- Systems are in place to monitor and track newly registered practitioners from their appointment through to completion of the preceptorship period.
- Organisations have sufficient numbers of preceptors in place to support the number of newly registered practitioners employed.
- Every preceptee is allocated a preceptor allocated from the first day of employment.
- Organisations ensure that newly registered practitioners and preceptors understand the concept of preceptorship and engage fully.
- Preceptorship operates within a governance framework.
- Preceptees are required to follow the Livewell Southwest Preceptorship programme and review their existing level of knowledge, skill and competence (transitional learning needs analysis) in order to plan development/learning contract.

5.2 Guidance on Managing the Preceptorship Period

5.2.1 Basic Principles

- Newly registered professional staff, including Nursing, Adult Social Care and Allied Health Professionals should successfully complete a structured and documented period of preceptorship.
- Preceptorship is a two-way process between preceptor and preceptee, which will be a minimum of six months, and maximum of one year, depending on progress and role.
- All preceptees will complete corporate induction, Livewell generic preceptorship core programme and local induction to the team/base. These key elements should be completed within four weeks of commencing employment.
- The preceptee is afforded two weeks of supernumery status to facilitate orientation to the clinical area at the beginning of their employment.
- During the preceptorship period, the preceptee will be assessed as proficient in practice-specific competencies and skills, which fall outside of the core preceptorship programme.

- Throughout the preceptorship period, the preceptee will meet regularly with the preceptor to review progress and development, and provide supervision and feedback.
- All preceptees will have 6 months' probation in line with the Probationary Period policy.
- If a preceptee becomes sick on a long-term basis, or takes Maternity leave during the Preceptorship period then it is possible for the process to be resumed on return. However, this should be reviewed with the individual giving consideration to reasons for absence/sickness.

5.2.2 Profession-Specific Duration of the Preceptorship Period

- For all Nursing and all Allied Health Preceptees it is recommended that preceptorship is completed over one year.
- For newly qualified Assistant Practitioners, it is recommended a minimum of 6 months preceptorship be completed.

5.2.3 Variances to Preceptorship Implementation

Some groups under the umbrella of Allied Health, whilst not excluded from the Livewell Southwest Preceptorship programme if deemed appropriate, also have specific schemes of development...

- Graduate Social workers within Adult Social Care are required to undertake a 12 month Assessed and Supported year in Employment (ASYE). The programme supports learning and development in the first year of practice to lead to competent experienced social workers who feel supported by the organisation, practice safely and want to remain in the Social Work profession. ASYE is a national programme, we are working with South West Peninsular in partnership to standardise practice.
- Graduates of Speech and Language Therapy are not registered until they complete their NQP competencies and are signed off by supervisor.

5.2.4 Suggested Implementation of Preceptorship:-

- Preceptor and preceptee meet within the first week to complete the Preceptorship Agreement (see Appendix A) to record the agreed frequency and duration of review meetings.
- It is expected for the preceptor and preceptee to meet regularly (minimum of monthly) to review progress for a minimum of 30 minutes.
- It is essential that preceptor and preceptee are given protected time.

- Within the first week, the Learning Contract (see Appendix B) should be commenced to establish preceptees existing knowledge, and learning needs, in line with job description and the specific skills required to work safely and effectively.
- Profession-specific competencies that have previously been developed can be located on the Livewell intranet, along with the Competency Guidance and Template.
- Positive consideration to any special learning requirements the preceptee may have/should be given in order to facilitate achievement of competencies.
- Learning Contract should be finalised within four weeks, but may be reviewed as necessary as progress and competence develops.
- All agreed learning objectives/needs should be based on the assessment of preceptees learning needs. It is essential that these objectives are SMART, i.e. Specific, Measurable, Achievable, Realistic and Timely.
- Preceptees should collate evidence of their competency achievement, further guidance on types of evidence can be found in Appendix C.
- Records should be kept of all meetings by both preceptor and preceptee using the meeting record (see Appendix D). In line with NMC revalidation and HCPC Continuing Professional development, the reflection templates (see appendix E) may be a useful tool/adjunct for both Preceptors and Preceptees.
- On completion of the preceptorship period, the line manager, preceptor and preceptee should review progress and agree that required competence has been achieved and the Preceptorship Sign-Off form should be completed (see Appendix F).
- Copies of documentation pertaining to preceptorship should be filed in the staff member's personal file. A copy should also be retained by the preceptee for revalidation/professional development purposes.
- At this point, performance management of the preceptee converts to the usual personal development/appraisal and clinical supervision process. Please refer to current version of the Appraisal and Management Supervision Policy available on the Intranet. The Learning Contract used during the preceptorship period may be used to inform the preceptee's initial appraisal and personal development plan.
- If it is identified that the preceptee is not meeting their objectives, or that their progress and/or performance is causing concern, the preceptor and preceptee must consult with the line manager as soon as possible. A formal meeting should be arranged between the preceptee, preceptor and line manager to discuss progress/areas of concern. This meeting must be documented and a review date set in order to re-evaluate progress.

- At this stage, the preceptor and preceptee may agree an additional action plan to help focus specific areas/needs of development on a weekly basis (see Appendix G).
- If the preceptee does not reach the required competence by the agreed Preceptorship period, this may be extended for a reasonable period. If, however, the reason for not achieving is due to a capability or performance issue, the line manager should manage this through the performance route; following the current version of the 'performance management policy' available from the Intranet.
- Line managers should also consult with HR for additional support and advice regarding any preceptee that is not meeting performance standards and competencies in line with the Probationary Period policy.

5.3 Preparation for Preceptors

- Preceptors new to the role will be invited to attend an in-house preparation workshop prior to working with a preceptee. Preceptors should be aware of the specific knowledge and skills that preceptees require to work effectively in their work areas.
- Preceptors should be an experienced Registered Practitioner who is confident in delivering feedback, supervision skills and managing performance reviews.
- Preceptors can seek support and advice from their line managers as well as through the Placement and Development Team and/or mentor supervision sessions.
- Identified preceptors do not necessarily require a teaching/mentorship qualification but this would be an advantage.
- The preceptor role may be used as evidence towards revalidation and continuing Professional development. Additionally, nursing preceptors may use evidence of supporting a preceptee towards their triennial review.

5.4 Roles and Responsibilities of the Preceptor and Preceptee

To facilitate a successful Preceptorship period both Preceptor and Preceptee have distinct responsibilities within the implementation of Preceptorship. Both parties should be aware of the following:

Responsibilities of Preceptor	Responsibilities of Preceptee
<ul style="list-style-type: none"> • Ensure Preceptorship Agreement and Learning Contract is completed. 	<ul style="list-style-type: none"> • Be able to negotiate their learning needs and objectives in line with the needs of the department and their competencies.

<ul style="list-style-type: none"> • Direct the preceptee to the appropriate policies and procedures, which support and guide their practice. • Be aware of any special requirements the preceptee may have so that positive consideration can be given in meeting their needs. • Identify and respond constructively to the learning needs of the preceptee. • Be prepared and willing to teach the preceptee. • Be confident and honest in giving constructive feedback and providing coaching opportunities. • Recognise when to seek support and advice about the development and progress of the preceptee. • Access support in order to fulfil the role of preceptor and to ensure own support needs are being met through line management and clinical supervision and/or other model/s of structured support. 	<ul style="list-style-type: none"> • Disclose any special needs and/or requirements so that positive consideration can be given in meeting their needs. • Ensure they have read and understand the appropriate policies and procedures which support and guide their practice. • Be proactive in achieving their learning objectives and competencies through a variety of evidence (see Appendix C). • Have access to guidance and support from senior colleagues and training and education personnel. • Have realistic expectations about the agreed level of support and resources available to them during the preceptorship period. • Attend all planned learning events and ensure completion of the programme within the allotted timeframe.
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6. Training Implications

- All preceptors new to the preceptor role should attend preparation workshop, which is delivered within Professional Training department via the Placement and Development Manager.
- Those Preceptors who wish to obtain an approved teaching/mentorship qualification may seek further direction/advice from the Education Coordinator.
- The preceptor role may also be used as an opportunity for reflection and identification of future role development and/or training needs.
- All preceptees require two weeks supernumerary status within the workplace in addition to two weeks attendance at corporate induction and preceptorship programme.

7. Monitoring Compliance and Effectiveness

- Managers are expected to take action to ensure preceptees are inducted appropriately and as per guidance.
- Line managers will monitor and oversee compliance via completion of Personal Development Plan and staff appraisal as indicated in the current version of the Appraisal and Management Supervision Policy.
- A Preceptorship Agreement will be completed by the preceptor.

8. Associated Documentation

This section contains resources to formalise the preceptorship process and includes:

- **Preceptorship Agreement** – A form to document agreed preceptorship support arrangements between preceptee, preceptor and line manager.
- **Learning Contract** – Example of SMART learning objectives for illustration purposes only.
- **Evidence** – A brief guide about what type of evidence might be used to demonstrate competency.
- **Preceptorship Meeting Record** – A form to document when meetings have taken place and what has been discussed.
- **Reflection templates** – A form which may be used to supplement review meetings and evidence progress and supervision.
- **Preceptorship Sign-Off Form** – A form to confirm successful completion of Preceptorship and competence within the work area. This will be held in staff members personal file and notification sent to the Placement & Development Manager to enable the issue of certification of completion.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Clinical Practice and Development

Date: 22nd November 2016

Appendix A Preceptorship Agreement

A copy of this agreement should be kept by the line manager, preceptor and preceptee

Preceptee
 Preceptor
 Line manager

Period of Preceptorship

This should be agreed at the first meeting in week one between preceptor, preceptee (line manager may or may not be present)

Start
 date.....

Preceptorship final review
 date.....

Preceptor/Preceptee agree to meet for a minimum of 30 minutes on abasis (frequency of meetings should be reviewed with the preceptor, preceptee and line manager)

We agree to use this time to review progress and discuss the preceptee's learning needs and objectives.

Changes to the agreed objectives will be documented and the line manager informed by the preceptor as required.

Signed
 Preceptee
 Date

Preceptor
 Date

Appendix B(i) Learning Contract (Example for illustration purposes only)

Learning contract between..... and

Learning objectives	Resources	Time Scale	Evidence of Achievement	Review date
Ensure record keeping meets Livewell Southwest requirements and professional body standards for record keeping	Standards for record keeping Livewell Southwest policy documents	3 months	Confirmed through peer review of X 10 care plans. Confirmed through peer review of X 10 drug charts	21/01/2017
Ensure that my care planning meets the needs of patients/clients in my care	Care and discharge planning documentation	3 months	Confirmed through review of documentation as above Confirmed through positive feedback from patients and other members of the multiprofessional team	21/01/2017
Ensure that mandatory skills are up to date and am competent with the clinical skills required for patients in my care	Common procedures file Work with mentor to observe and practice common clinical procedures	6 months	Mandatory training record signed off Confirmation from mentor of competency to perform common procedure specifically IM drug administration, and aseptic technique Attend IV drug administration course and having practice observed and competency confirmed by mentor/line manager	21/04/2017
Be proficient to manage service in absence of more senior colleague	Livewell Southwest standard and emergency protocol policies Shadow senior colleagues	6 months	Confirmation of competency to manage service from line manager through observed practice of X 3 working shifts in charge of managing service	21/04/2017

Signatures: (Preceptee) Date.....
 (Preceptor) Date.....

**Appendix B(ii)
Learning Contract**

Learning contract between..... and

Learning objectives	Resources	Time Scale	Evidence of Achievement	Review date

Signatures: (Preceptee) Date.....
 (Preceptor) Date.....

Appendix C

Evidence of Competence

Preceptees should collate evidence of successful achievement of learning objectives and competency in their role through a variety of sources and activity (see section 5.2.3). The activities outlines below are for guidance only. All evidence should demonstrate how learning has impacted on practice.

The five rules of evidence are:

- **Validity** – Does it meet the needs of the dimension/level/indicator/ it is being used towards?
- **Authenticity** – Can it be attributed to the preceptee?
- **Sufficiency** – Is there enough evidence to demonstrate achievement of learning objectives?
- **Currency** – Is the evidence up to date and relevant?
- **Reliability** – Does it accurately reflect the knowledge and skills required?

Examples of evidence might include:

- Reflective accounts/diary
- Statements/feedback from others/team based on direct observation of day-to-day activities.
- Completion of patient/service user assessments
- Shadowing and observing others
- Self-directed learning, including reading/reviewing journal articles/research
- Team meetings and MDT involvement
- Audit or service evaluation
- Attending workshops
- Certificates of completion, e.g. E-Learning, corporate Induction, in house training days.

Appendix D Preceptorship Meeting Record

Preceptee Name

Preceptor

Date

Duration of meeting

Topics/Issues discussed

Plan of Action

Review of Learning Contract completed	Yes	No
Revision of Learning Contract required	Yes	No
Revision of Learning Contract agreed	Yes	No
Clinical supervision (has access to and/or has attended)	Yes	No
Time and date of next meeting		
Signed:		
		Date:
Preceptee		
Preceptor		
Line Manager (if present)		
<p>Photocopy record as required. The preceptor and preceptee should both keep copies. These must be available for the line manager to review as required. Completed documentation should be filed in the preceptee's personal file.</p>		

Appendix E(i)
NMC Reflective Account Template

Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Appendix E(ii) Generic Reflective Account Template

Name:	Date:
<i>Where and when did the event occur?</i>	
<i>Describe what happened (the incident including your involvement and that of others):</i>	
<i>Why was the incident important?</i>	
<i>How did I feel at the time?</i>	
<i>What did I think at the time?</i>	
<i>What was most satisfactory about the incident?</i>	
<i>What was most troubling about the event?</i>	

What might I do differently, now and in the future?

The learning needs I have identified following this incident:

What I have learnt:

- Positive:

- Negative:

Appendix F Preceptorship Sign off Form

Outcomes	Date	Signature of Preceptee	Signature of Preceptor
Completed Local Induction			
Completed all Mandatory and essential Training (including practical and e-learning sessions)			
Can discuss relevant policies and protocols to clinical area			
Competent in all clinical skills relevant to own role			
Has a personal development plan & objectives.			

This declaration is to confirm that the preceptee has successfully achieved all the agreed learning outcomes set for preceptorship, and hereby is signed off as meeting the required preceptorship competencies.

Preceptee's name.....

Preceptor's name.....

Unit Manager.....

Department

Date

Appendix G
Weekly Action Plan
(For more frequent review)

DATE	Set Goals	IMPLEMENTATION	EVALUATION
Week 1			
Week 2			
Week 3			
Week 4			

Observations for the month

Achieved:

Areas that need Improvement:

Equal Opportunities and Diversity

Livewell Southwest seeks to make diversity an integral part of its operations by creating an environment where differences between staff are welcomed. These differences include, but are not limited to, ethnic, racial or national background or origin; skin colour, gender, or gender status, age, racial origin, sexual orientation, partnership or family status, mental or physical disability, religion or beliefs or other difference.