**National Preceptorship Programme**

**Evaluation Process**

**Purpose**

The evaluation of the preceptorship programme is essential to ensure that the programme meets the needs of the organisation and the preceptees. The purposes of evaluation are to:

* Ensure programme meets the current objectives
* Identify areas for improvement in the programme
* Identify areas of concern within preceptorship
* Consider satisfaction and motivation levels of preceptees at different points of preceptorship
* Track and monitor completion rates
* Evaluate programme in terms of retention of newly registered practitioners

**Process**

Evaluation may be done through face-to-face/virtual group forums or through feedback forms. These are typically conducted at the end of a study session or at defined points of the programme in addition to completion of the programme.

We recommend the evaluation of preceptorship at three points of the programme:

* One month after start date and induction: the purpose of this is to address any individual concerns, assess the preceptee’s onboarding experience and identify areas for improvement
* Midway through the preceptorship programme to evaluate level of support and engagement in preceptorship
* End of the preceptorship programme to evaluable the programme and preceptorship experience overall

**Group Feedback**

Different organisations have different preferences in gathering feedback. Mentimeter is one way of soliciting feedback from delegates. Another way is through group discussion, either whole group or smaller break-out groups.

The following prompts may be helpful in conducting a group feedback session.

* How are you finding preceptorship overall?
* What do you find most helpful about your preceptorship programme?
* What is the most valuable part of your preceptorship?
* What do you find most challenging?
* To what extent does the study programme meet your needs and expectations of a new registrant?
* What would you change for other preceptees?

**Evaluation forms**

The following are templates for organisations to use to evaluate preceptorship at different points in the programme. These include:

* First evaluation after one month
* Mid-point evaluation
* End-point evaluation

**First Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role |  |
| Department |  | Email |  |
| Date of joining |  | Today’s date |  |

1. Did you feel welcomed?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Were you allocated a preceptor in your first two weeks?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Did you have a local induction in your area which covered ways of working and local policies / processes / introductions?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Did you receive your supernumerary time?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Have you had the first meeting with your preceptor?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Do you have an individual learning plan and development objectives?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Were you aware of preceptorship before joining the organisation? How? E.g. HEI, preceptorship lead, job interview, student conference

|  |  |
| --- | --- |
| Yes | No |
| If yes, please tell us how you became aware of preceptorship. For example, university / college / HEI, job interview, student conference, friends, preceptorship lead: | |

1. What have you enjoyed about your first months?

|  |
| --- |
| Comments |

1. How would you have changed about your first month?

|  |
| --- |
| Comments |

1. Any other comments or feedback?

|  |
| --- |
| Comments: |

*Thank you for completing this feedback form*

**Mid-point Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role |  |
| Department |  | Email |  |
| Date of joining |  | Today’s date |  |

1. Do you have a preceptor? Is this the same preceptor as at the start of the programme?

|  |  |
| --- | --- |
| Yes | No *(please email me)* |
|  | |

1. Do you know who allocated your preceptor?

|  |  |
| --- | --- |
| Yes | No |
| If yes, please advise who this was | |

1. Did you have the opportunity to choose or to change your preceptor?

|  |  |
| --- | --- |
| Yes | No |

1. Please rate your preceptorship programme in terms of impact and usefulness in the following areas. 4– very useful, 3 – useful, 2 – little use, 1 – not useful

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In your daily work | 4 | 3 | 2 | 1 |
| Building confidence in your role | 4 | 3 | 2 | 1 |
| Feeling able to initiate changes that improve service delivery and patient care | 4 | 3 | 2 | 1 |
| Being able to provide an evidence base or rationale for your practice | 4 | 3 | 2 | 1 |
| Feeling able to take responsibility for the continuing development of your own skills and knowledge | 4 | 3 | 2 | 1 |
| Able to provide support to others to help their development | 4 | 3 | 2 | 1 |
| Providing your with the self-awareness to strengthen your leadership and progress with learning objectives | 4 | 3 | 2 | 1 |

1. How supported and valued do you feel as a preceptee in your preceptorship programme? 4 – very supported, 3 – supported, 2 – some support, 1 – no support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By your organisation | 4 | 3 | 2 | 1 |
| In your workplace setting | 4 | 3 | 2 | 1 |
| By your preceptorship lead | 4 | 3 | 2 | 1 |
| By your preceptor | 4 | 3 | 2 | 1 |
| By practice educators / facilitators / development nurses | 4 | 3 | 2 | 1 |
| By your buddy (where applicable) | 4 | 3 | 2 | 1 |
| By preceptorship champion (where applicable) | 4 | 3 | 2 | 1 |
| By your colleagues in the workplace | 4 | 3 | 2 | 1 |

1. Has the support met your expectations?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. What does ‘well supported’ look like to you?

|  |
| --- |
| Comments |

1. Are you happy in your role?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Does your workplace setting or organisation have a preceptorship champion?

|  |  |
| --- | --- |
| Yes | No |

1. What learning format do you find most useful for your learning needs and style?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Face-to-face | Virtual | Blended | Support in practice | e-learning |
| Comments: |  |  |  |  |

1. Please provide one example of how your practice has been impacted or will change as a result of this programme (please provide a reflection)
2. What additional support, if any, will you need to be able to implement what you have learned during this programme? For example, supervisory support, clinical supervision, classroom-based training, etc.

*Thank you for completing this feedback form*

**End Point Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role |  |
| Department |  | Email |  |
| Date of joining |  | Today’s date |  |

1. Please rate your preceptorship programme in terms of impact and usefulness in the following areas. 4– very useful, 3 – useful, 2 – little use, 1 – not useful

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In your daily work | 4 | 3 | 2 | 1 |
| Building confidence in your role | 4 | 3 | 2 | 1 |
| Feeling able to initiate changes that improve service delivery and patient care | 4 | 3 | 2 | 1 |
| Being able to provide an evidence base or rationale for your practice | 4 | 3 | 2 | 1 |
| Feeling able to take responsibility for the continuing development of your own skills and knowledge | 4 | 3 | 2 | 1 |
| Able to provide support to others to help their development | 4 | 3 | 2 | 1 |
| Providing your with the self-awareness to strengthen your leadership and progress with learning objectives | 4 | 3 | 2 | 1 |

1. List the three most valuable things you have learned as part of your preceptorship programme:

|  |
| --- |
| 1. |
| 2. |
| 3. |

1. What are the three greatest benefits that have made most impact on you as part of your preceptorship programme:

|  |
| --- |
| 1. |
| 2. |
| 3. |

1. To what extent did your preceptor strengthen your experience of preceptorship? 4 – a great extent, 3 – some extent, 2 – a little, 1 – not at all

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| Comments | | | |

1. What learning format do you find most useful for your learning needs and style?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Face-to-face | Virtual | Blended | Support in practice | e-learning |
| Comments: |  |  |  |  |

1. Have you been able to complete your objectives in your individual learning plan?

|  |  |
| --- | --- |
| Yes | No |
| Comments | |

1. Please provide one example of how your practice has been impacted or will change as a result of this programme (please provide a reflection)
2. What additional support, if any, will you need to be able to implement what you have learned during this programme? For example, supervisory support, clinical supervision, classroom-based training, etc.
3. If you were given the task or revising or changing your preceptorship programme, what would you change and why?
4. What advice would you give to a newly registered practitioner starting preceptorship?

*Thank you for completing this feedback form*