**National Preceptorship Project**

**For Nursing**

**Standard Documentation**

**Version 1.2 – June 2022**

The following standard documents are included:

* Charter between preceptor and preceptee
* Initial meeting template, including:
  + SLOT analysis
  + Individual learning plan
* Interim meeting template, including:
  + Reflection template
  + Link to NMC revalidation reflection
* Final sign-off meeting

Charter between preceptor and preceptee

|  |  |
| --- | --- |
| Preceptee | |
| I understand that my responsibilities as a newly registered practitioner and preceptee include:   * Completing the organisation induction, local induction, statutory training and mandatory training * Attending study days and all required learning and development to complete my preceptorship * Observing and adhering to organisation values * Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor * Working collaboratively with my preceptor to share my reflections and identify learning and development needs * Seeking feedback from others to inform my progress * Owning my learning and development plan. | |
| **Name:** | **Signature:** |
| **Work area:** | **Date:** |

|  |  |
| --- | --- |
| Preceptor | |
| I understand that my responsibilities as a preceptor include:   * Providing support and guidance to the newly registered practitioner * Acting as a role model and professional friend * Facilitating introductions and promoting good working relationships * Participating in all preceptorship activities including attending required training, and facilitating and documenting regular scheduled meetings * Providing timely and appropriate feedback to the preceptee * Liaising with manager about the preceptee’s progress as appropriate * Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources * Completing and continuing my development as a preceptor. | |
| **Name:** | **Signature:** |
| **Work area:** | **Date:** |

Initial Meeting Template

|  |  |
| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |
| Work area |  |
| Date of meeting |  |
| Icebreaker questions  Tell me a little about yourself. What do you enjoy doing? What are you looking forward to about your new role? What do you think is going to be challenging? How much do you know about preceptorship? | |
| Expectations  What are your expectations of your new role? What development do you expect? What level of support do you expect from your preceptor? | |
| Checklist  Organisation induction  Clinical induction  Local induction  SLOT analysis\*  Individual learning plan\* |  |
| Comments/notes: | |
| Actions: | |
| Next meeting: |  |
| Preceptee signature |  |
| Preceptor signature |  |

\*SLOT and ILP templates included

SLOT analysis

A SLOT analysis is a simple tool to evaluate the preceptee’s current stage of knowledge, skill and experience and to assess development needs along with opportunities and barriers.

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| --- | --- |
| Strengths  *What do you do well? What knowledge, skill and experience do you have? Consider attitudinal strengths.* | Learning Needs  *Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development.* |
| Opportunities  *What development opportunities are available? Consider shadowing, training, working with others, and research.* | **Threats**  *What are the barriers? Consider time, workload pressures, personal commitments and energy levels.* |

Individual learning plan (ILP)

The individual learning plan records development needs and agreed objectives. Objectives should be SMART (specific, measurable, achievable, realistic/relevant and timebound).

|  |  |
| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Learning need | SMART objective | Support needed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date should refer to the date the objective is set / date of meeting.

Learning needs should come from the SLOT analysis and should identify specific needs.

There should be no more than three objectives for each ILP, in order for it to be realistic.

Interim meeting template

|  |  |
| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |
| Work area |  |
| Date of meeting |  |

|  |
| --- |
| Reflection and discussion  What has gone well? What challenges have you met? How have you overcome them? Consider use of reflection templates\* and the sharing of observations *(it is recommended that five reflections are completed during the preceptorship period).* |
| Review of development  What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Progression points? |

|  |  |
| --- | --- |
| Review of individual learning plan  Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives. | |
| Comments/notes: | |
| Actions agreed: | |
| Next meeting: |  |
| Preceptee signature |  |
| Preceptor signature |  |

\*Reflective template provided. Link to NMC reflective template for revalidation is: <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-accounts-form.doc>

Reflection Template

It is recommended that five reflections are completed during the preceptorship period. The following reflection is based on the work of Rolfe et al (2001). It has been designed as a simple way of learning from experience, evaluating the experience and identifying further action.

|  |
| --- |
| What?  What happened? What did I do? How did I feel? What was good or bad? How did others respond? What were the consequences? |
| So what?  So what did I learn from this? What did I base my actions on? What could I have done differently? What is my new understanding of the situation? |
| Now what?  What do I need to do differently? Are there things I need to learn or consider? What do I need to do next time? |

Final sign-off meeting

|  |  |
| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |
| Work area |  |
| Date of meeting |  |

|  |
| --- |
| Reflection and discussion  What has gone well? What challenges have you met? How have you overcome them? |
| Review of development  What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Points of progression? |

|  |
| --- |
| Review of individual learning plan  Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives. |
| Comments/notes: |

**Preceptorship sign-off declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily. | | | |
| Name of preceptee |  | Signature: |  |
| Name of preceptor |  | Signature: |  |
| Organisation lead |  | Signature: |  |
| Work area: |  | Date: |  |