

PRECEPTORSHIP POLICY

and

GUIDELINES FOR DOCUMENTATION

For newly-qualified Nurses and Allied Health Professionals

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Relevant Staff Group/s:	All Nurses and Allied Health Professionals excluding Medical & Dental

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DOCUMENT CONTROL

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1. INTRODUCTION

- 1.1 The Trust is committed to offering a Preceptorship Programme to newly-qualified staff to ensure they are able to consolidate the experiences they have gained throughout their training. Newly-qualified staff will be given the opportunity to practice in a supportive environment in order to become competent registered practitioners with the necessary skills to deliver safe and effective care.
- 1.2 Preceptorship is a formal period of support and guidance from an experienced professional colleague for newly-qualified staff.
- 1.3 Although preceptorship is a new concept for some professions it was first introduced in 1993 when the Nursing and Midwifery Council (NMC) published a policy statement recommending preceptorship for newly-qualified nurses. More recent NMC guidance (2006) states preceptees should have learning time protected in their first year of qualified practice and to have access to a preceptor with whom regular meetings are held.
- 1.4 At this time, preceptorship is not a Department of Health or NMC mandatory requirement but it is strongly advised by the Trust. It is expected all newly-registered professionals working in the Trust will enrol on the programme.
- 1.5 There is general recognition that preceptorship has been beneficial as a tool to support the development of professional practice and the transition to competent registered practitioners.
- 1.6 The Trust preceptorship programme has been developed in accordance with the Health Education England (HEE) Preceptorship Standards (2015). HEE advise the programme to include the following 14 elements: accountability; career development; communication; dealing with conflict, managing difficult conversations; delivering safe care; emotional intelligence; leadership; quality improvement; resilience; reflection; safe staffing, raising concerns; team working; medicines management; interprofessional learning.
- 1.7 The Trust will ensure the preceptorship programme is able to meet the diverse needs, in particular disability and sensory impairment, of the preceptees and will make necessary adjustments on an individual basis.
- 1.8 This policy outlines preceptorship arrangements within the Trust.

2. PURPOSE AND SCOPE

- 2.1 Preceptorship refers to a period of time where newly-registered practitioners are supported by another professional who will be an experienced and competent role-model. It is not an extension of pre-qualification education but enables an effective transition from student to independent practitioner. It can occur both formally with structured meetings, observation and supervision or informally each time a preceptee works alongside a more experienced colleague.
- 2.2 The aim of preceptorship is to:
- assist with the integration of staff into the workplace;
 - facilitate the transition from role of student to that of registered practitioner;

- support staff to consolidate the learning and experiences they have gained throughout their training;
- have the opportunity to practice in a supportive environment in order to become competent registered practitioners with the necessary skills to deliver evidence-based compassionate care;
- ensure staff are fit to practice in accordance with the accepted good practice standards and the requirements of the Trust.

2.3 At the end of a successful preceptorship period it is expected that the preceptee will have embraced the philosophy of life-long learning and will:

- take responsibility for the continuing development of their own skills and knowledge. This should be evidenced through a reflective portfolio and discussed at managerial and clinical supervision;
- demonstrate competence, compassion and confidence in their role;
- demonstrate the ability to initiate changes that improve service delivery and patient care;
- be able to provide an evidence base or rationale for their practice which will facilitate an innovative and reflective approach;
- recognise and implement ways of developing knowledge and skills within an increasingly specialist area of practice.

2.4 This policy applies to all newly registered Nurses and Allied Health Professionals employed by the Trust. Other professionals may be offered preceptorship at the discretion of their line manager.

3. DUTIES AND RESPONSIBILITIES

3.1 **Newly-registered employees** have a responsibility to follow the preceptorship programme at the commencement of their first post in the Trust.

3.2 The role of the preceptee is to ensure that the preceptorship process is carried out in accordance with the policy. This includes:

- actively participating in the preceptorship process taking responsibility for their own development;
- ensuring they are working within their Professional Code of Conduct;
- working with the preceptor to assess their progress and demonstrate competence in their workplace and to identify their development needs;
- accessing guidance and support where necessary from senior colleagues and Learning & Development team staff.

3.3 **Preceptors** are responsible for ensuring the newly-registered employee is adequately supported during the preceptorship period.

- 3.4 The preceptor will be from the same profession as the preceptee and have a minimum of one year's experience at band 5 or above, but where possible 2 years' experience.
- 3.5 The preceptor will be responsible for the practice/clinical and professional supervision of the preceptee and carry out regular 4-6 weekly reviews and the twelve month full appraisal.
- 3.6 The preceptor will:
- demonstrate appropriate clinical decision-making and evidence-based practice;
 - act as a role model;
 - provide support, guidance and encouragement;
 - demonstrate good time management and leadership skills;
 - have active listening skills;
 - facilitate problem-solving;
 - give constructive feedback;
 - set goals and assess competence;
 - identify areas for development;
 - provide a high standard of practice at all times.
- 3.7 The preceptor will access guidance and support where necessary from senior colleagues and Learning & Development team staff.
- 3.8 The preceptor may or may not also be the line manager for the preceptee. If they are not the preceptee's line manager they are also responsible for providing ongoing feedback to the line manager throughout preceptorship and advising them of the outcome of the reviews and the twelve month appraisal.
- 3.9 **Team/Ward Managers** are responsible for appointing an appropriate preceptor. They are also responsible for ensuring that preceptees and preceptors have adequate protected time allocated to complete the preceptorship programme.
- 3.10 The role of the manager is to ensure the preceptorship process is carried out in accordance with the policy. This includes:
- allocating a preceptor for the twelve month period of preceptorship;
 - making arrangements for protected time when the preceptee and preceptor can meet;
 - ensuring that regular 4-6 weekly reviews are in place and a full appraisal (to include the manager) takes place at the end of the Preceptorship process;

- engaging with HR if concerns are raised about the preceptee's performance;
 - overseeing the preceptorship process to ensure they are aware of the preceptee's progress and can address any issues as they may arise;
 - participating in the preceptorship audit processes;
 - accessing guidance and support where necessary from senior colleagues and Learning & Development staff.
- 3.11 If a preceptee fails to demonstrate adequate progression at the 12 month appraisal review the manager should inform HR/payroll to withhold the incremental progression until such time as the preceptee is able to demonstrate competence. It is expected that any difficulties experienced by the preceptee during the preceptorship process will be identified during the monthly review meetings. Further support may also be accessed through the Learning & Development team. Guidance is also available in the Trust Capability Policy which includes signposting to other potentially relevant policies.

4. PRECEPTORSHIP PROCESS

- 4.1 Preceptorship will last for a period of up to one year and will provide a comprehensive programme of support throughout this time.
- 4.2 The new staff member will be allocated a preceptor within their first week of work and will be expected to meet up with them on a 4-6 weekly basis.
- 4.3 The preceptorship process will include corporate and workplace induction as outlined within the Corporate and Local Induction Policy.
- 4.4 The preceptee will be expected to complete a portfolio (supplied by the Preceptorship Programme Lead) which includes: a record of meetings between preceptor and preceptees; space for reflective accounts; recording sheets for observed competencies (optional); a record of training attended and any other supporting documentation.
- Preceptorship Requirements**
- 4.5 A Preceptorship Competency Framework is currently under development and will identify the minimum knowledge and skills required for the preceptee's post. After an initial period of induction into the work area, this document will form the overall framework for the development and assessment of competence.
- 4.6 The preceptee and preceptor will have protected time to meet for a minimum of one hour every 4-6 weeks. These meetings may be incorporated into the clinical/management supervision process but with clearly defined parameters between the 2 processes. The initial meeting will include an overview of the preceptorship process and expectations will be clearly outlined. All meetings will be recorded as part of the preceptorship documentation.
- 4.7 Preceptors may choose to directly observe different aspects of practice linked to the preceptee's identified development needs. These observations can be in relation to agreed professional standards. The observations may be recorded as part of the preceptorship documentation.

Review Meetings

- 4.8 The following criteria need to be met to demonstrate progression towards competence in the role:
- the preceptee is engaged in the preceptorship process as described in the policy;
 - there is evidence of a professional portfolio;
 - there is evidence of delivery of compassionate care;
 - a Personal Development Plan is in place to support the full achievement of the competency framework requirements, incorporating development needs as identified within preceptorship meetings and any observed practice.
- 4.9 A record will be made of the review meetings as part of the preceptorship documentation (see appendix). This will include the outcome of the reviews and action planning to support progression.

Twelve Month Gateway Review Meeting/Appraisal

- 4.10 At the twelve month gateway review, a full appraisal will be carried out in accordance with the Staff Appraisal and Management Supervision Policy. This will be attended by the preceptee, preceptor and Team/Ward Manager.
- 4.11 The following criteria need to be met to receive the gateway incremental point:
- the requirements of the regular reviews have been and continue to be met;
 - the preceptee is meeting and can provide evidence for achieving all identified competencies relevant to their workplace.
- 4.12 If these criteria are not met in full at the twelve monthly review the individual will not pass through the gateway and progress incrementally (see Agenda for Change Guidance for Managers for further guidance). In this instance, preceptorship arrangements may remain in place until the individual has achieved all relevant competencies in order to provide more structured and intensive support.
- 4.13 At the end of the preceptorship period the following must be agreed and in place:
- personal objectives;
 - personal development plan;
 - practice/clinical supervision (for clinical posts);
 - management supervision.

Preceptorship Documentation

- 4.14 Guidelines for completion of documentation have been developed to provide a framework within which to structure the preceptorship relationship.

5. DEVELOPMENT PROGRAMME

- 5.1 An in-house Preceptorship Programme is available for preceptees which will provide assistance with their transition to practice and the achievement of competence. The course delivers material to support professional behaviours in leadership, compassion, medicines management, professional behaviours, risk and patient safety. This is facilitated by the Learning & Development Team and is based on national and Trust priorities.
- 5.2 This programme is essential for preceptees and it is the manager's responsibility to ensure that preceptees are rostered to attend. In exceptional circumstances where they are unable to attend then the line managers should arrange support and management of the preceptee's progression within team and wider service resources.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

- 7.1 **Monitoring arrangements for compliance and effectiveness**
- overall monitoring will be by the Workforce Group
- 7.2 **Responsibilities for conducting the monitoring**
- compliance and effectiveness will be monitored by the Learning Facilitators Placement Team.
- 7.3 **Methodology to be used for monitoring**
- random sampling of staff and by questionnaire;
 - internal audits.

8. COUNTER FRAUD

- 8.1 The Trust is committed to the NHS Protect Counter Fraud Strategy and is committed to ensure that NHS funds and resources are safeguarded against those minded to commit fraud, bribery or corruption. The Trust has a comprehensive Anti-Fraud, Bribery and Corruption policy. Consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document. Should any member of staff have any concerns these should be raised with the Trust's local Counter Fraud specialist or NHS Protect.

9. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

9.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed
- Regulation 20: Duty of candour
- Regulation 20A: Requirement as to display of performance assessments.

9.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

- Regulation 18: Notification of other incidents

9.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Preceptorship framework: *for newly qualified nurses, Midwives and Allied Health professional: DoH 2010*

Nursing & Midwifery Council: *Preceptorship Guidelines: NMC Circular 21/2006*

Health Education England: *Preceptorship Standards 2015*

10. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS.

10.1 References

Preceptorship framework: *for newly qualified nurses, Midwives and Allied Health professionals: .DoH 2010*

10.2 Cross Reference to other Trust procedural documents

- Anti-Fraud, Bribery and Corruption Policy
- Capability Policy
- Corporate and Local Induction Policy
- Clinical Supervision Policy
- Clinical Supervision in Child Protection Case Work Policy
- Equality and Diversity Policy
- Learning Development and Mandatory Training Policy
- Risk Management Policy and Procedure
- Staff Appraisal and Management Supervision Policy
- Staff Mandatory Training Matrix (Training Needs Analysis)
- Untoward Event Reporting Policy and procedure

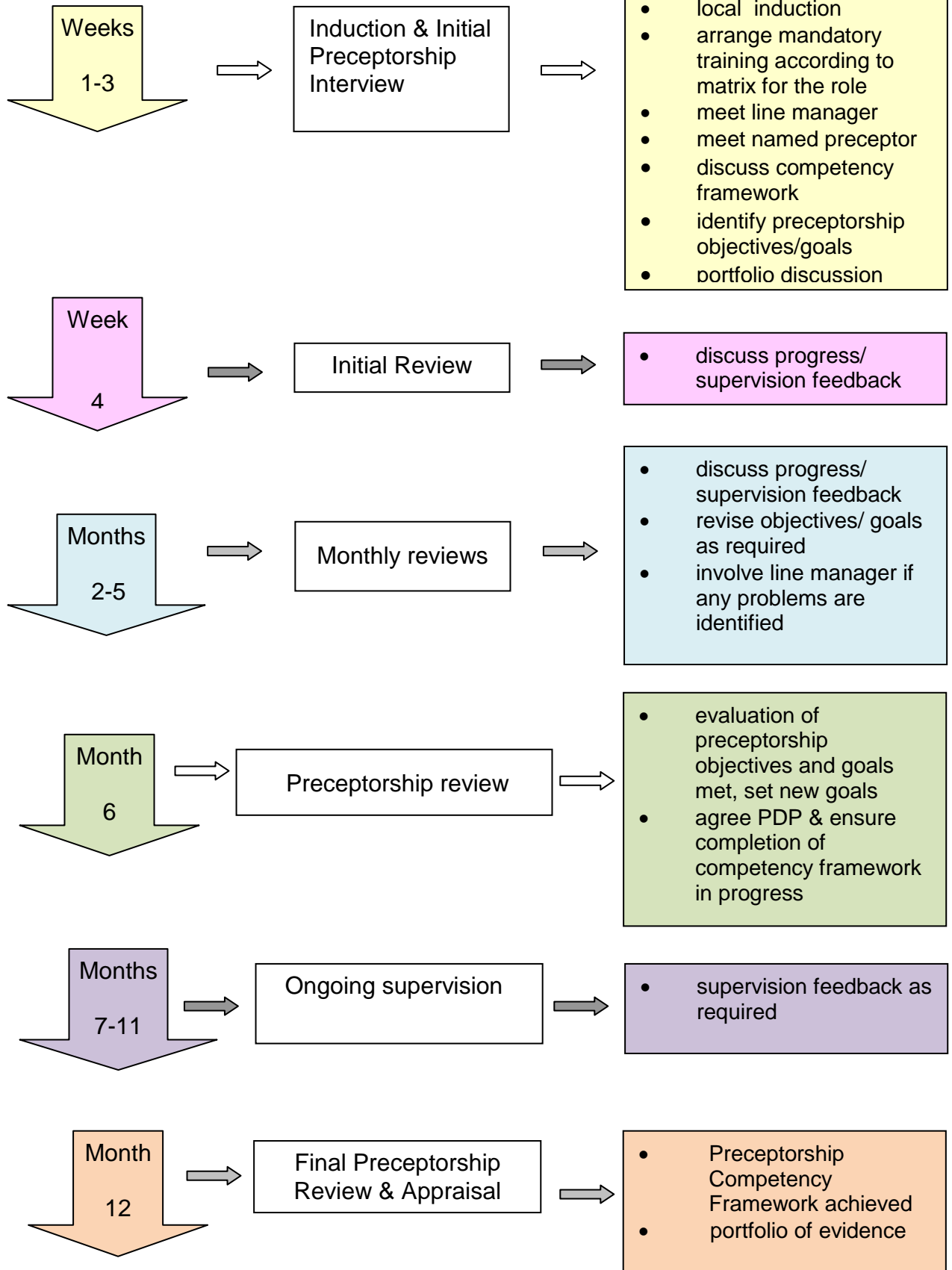
All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

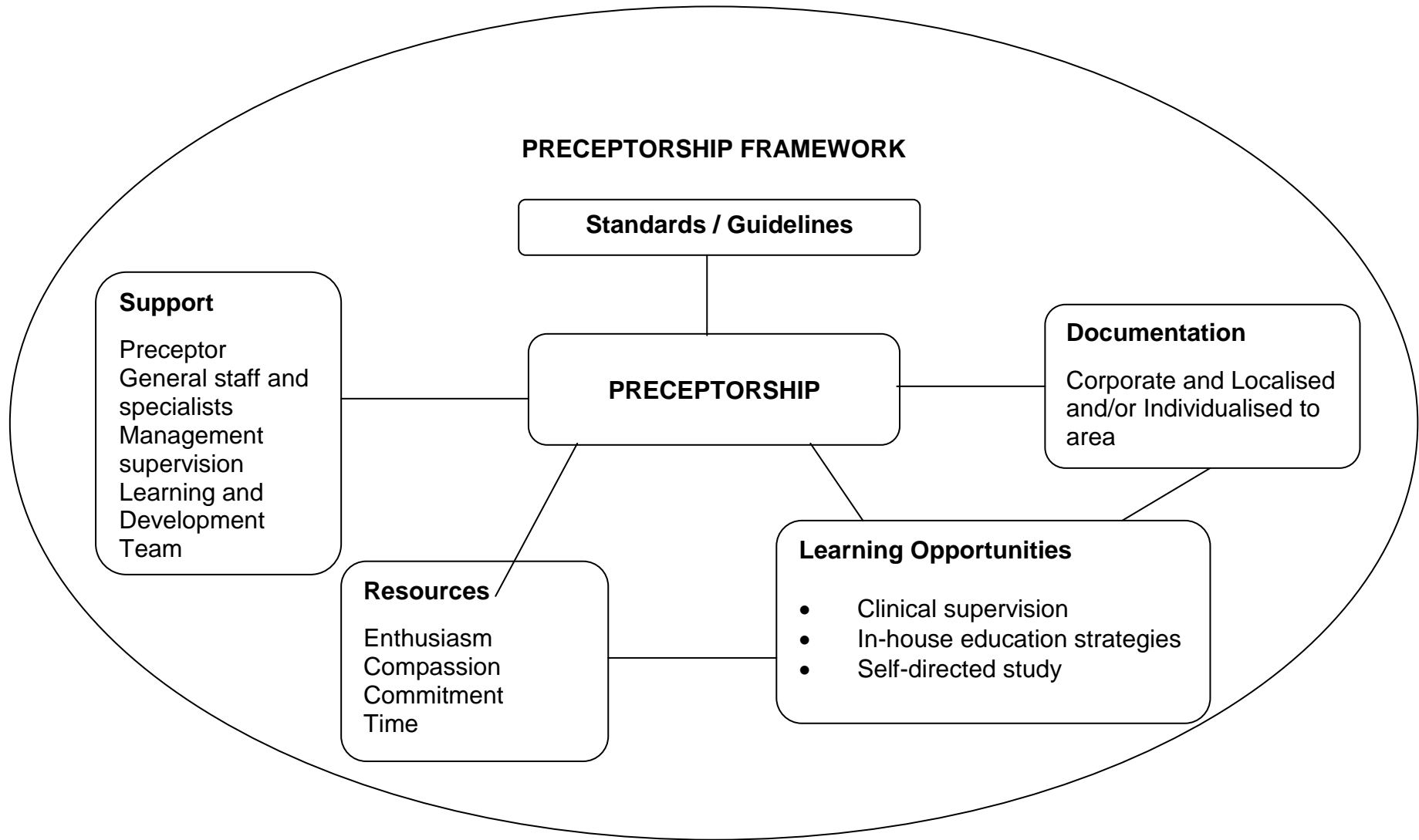
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PRECEPTORSHIP PATHWAY FLOWCHART





PRECEPTORSHIP PLANNING

The preceptor should be aware of the specific competencies and skills required for their clinical area. This will form the basis of what the preceptee will need to achieve during their preceptorship period and the 12 months up to the final review. Agreed competencies and skills should be recorded on the Preceptorship Outcomes form at the first review meeting when the Learning Contract is signed. Reference to the preceptee's job description and key skill areas as well as previous skills will also help to identify the learning needs and inform the objective setting process.

The process of objective setting can follow these steps (see below for examples):

Assessment of learning needs in relation to:

- clinical needs, professional behaviours, leadership skills, competency framework, job description and key skill areas;
- self-assessment by the preceptee to identify personal objectives and learning needs;
- previous skills/knowledge acquired (see planning activities 1 and 2).

Planning of preceptee's supported development must be agreed with the line manager and include:

- the assessment of learning needs
- agreement of responsibility and actions to achieve the objectives/learning needs
- setting work-related objectives - these objectives need to be **SMART**

Smart Objectives

<p>Specific</p>	<p>Objectives should state exactly what is to be accomplished. Being specific aids clarity and understanding. Making objectives challenging recognises that people grow and develop, and that reaching a stretching goal provides a sense of achievement.</p>
<p>Measurable</p>	<p>Measurable makes the objective even more specific and hence clearer. How will you know the objective has been achieved? Can performance be quantified and assessed?</p>
<p>Achievable/ Agreed</p>	<p>When we feel an objective cannot be achieved, we do not rise to the challenge. We throttle back knowing there is no point trying. So staff have to believe an objective can be achieved. Hence the need for dialogue and sometimes, compromise. People resist objectives that are imposed on them but accept those they help to determine. Consider the constraints that may affect achievement. Objectives should be agreed between the reviewer and the individual.</p>
<p>Relevant</p>	<p>Good objectives focus people's efforts and effort is a scarce commodity. You cannot afford to waste it on anything that is not relevant to overall goals. We need feedback, help and encouragement to reinforce our efforts. Objectives need to be relevant to the Trust's goals. Individuals should be clear about the Trust's and their department's long and short term objectives and strategies.</p>
<p>Timed</p>	<p>Time scales assist clarity still further and help staff to organise their time.</p>

Evaluation of progress

- if it is identified that the preceptee is not able to meet their objectives or that their progress is causing concern the preceptor must involve the line manager as soon as possible and they should review the set objectives to identify potential causes. A formal meeting should be arranged between the preceptee, preceptor and manager to discuss progress and areas of concern. This meeting must be documented and a review date set in order to re-evaluate progress,
- the Learning & Development Team can also be contacted for advice and support.

Completion of the Preceptorship contract:

- at the 6 month and subsequent review meetings, the preceptor and preceptee must agree actions to support progression towards meeting the competencies and should complete the Preceptorship Outcomes form.
- copies of all documentation and any notification to Payroll should be filed in the staff member's personal file.

STANDARDS TO CONSIDER WHEN AGREEING PRECEPTORSHIP CONTRACT – PLANNING ACTIVITY 2

Preceptor and preceptee should both complete this preparation for the first planning meeting. A comparison of the two forms will identify shared understanding and highlight areas of need. Agreed achievements to be transferred to Outcomes form.

STANDARDS	Achievements to be made in Preceptorship period	Individual or specific learning need
Communication		
Personal & People Development		
Health & Safety		
Service Improvement		
Quality		
Equality and Diversity		

PRECEPTORSHIP CONTRACT

This contract is to be kept by the preceptee and preceptor

Preceptee	
Preceptor	
Line Manager	

Period of Preceptorship

This should be agreed at the first meeting in week one between preceptee, preceptor and line manager

Start date.....

Progress review dates.....

Preceptorship final review date.....

Preceptee/Preceptor agree to meet on abasis*

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

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

Line manager's agreement

I agree to support the preceptee and preceptor to meet as agreed above and will review their progress on the above dates and will be able to review the documentation and the objectives set by the preceptee and preceptor as required.

Preceptee signature.....

Preceptor signature.....

Line manager signature.....

Date.....

(*Frequency of meetings will be reviewed with the preceptee preceptor and line manager during the first four weeks of the preceptorship period)

PRECEPTORSHIP DEVELOPMENT PLAN

NAME _____

(SMART) Work related objective:
Relevant competency framework standards and levels:
Associated learning needs and solutions:
Evidence to be brought to next review meeting

Signatures:

Preceptee		Date	
Preceptor		Date	

Review comments (to be completed at the next review meeting):
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Signatures:

Preceptee		Date	
Preceptor		Date	

PRECEPTORSHIP MEETING RECORD

Date.....

Length of meeting.....

Review of preceptorship development plan completed YES NO

New Preceptorship development plan agreed YES NO

Other issues discussed

Clinical supervision? YES NO

Time and date of next meeting.....

Signed Preceptee.....

Signed Preceptor.....

Signed Line Manager (if present)

Photocopy 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.

JOINT WORKING DIARY

DATE	COMMENTS	SUMMARY ACTIVITY
Preceptee name and signature		
Preceptor / testimony provider name signature		

FEEDBACK FROM OBSERVATION

The following professional behaviours are provided as guidance for the Preceptee and Preceptor to evaluate the observation. This is not an exhaustive list and other issues, where relevant, may be included in the final written feedback.

Professional behaviour
Dependability <ul style="list-style-type: none">• Following through agreed action plans• Completing of tasks on schedule• Being consistent
Professional presentation <ul style="list-style-type: none">• Presenting oneself in a manner acceptable to clients, peers and colleagues• Using body posture and affect that communicates interest or engaged attention
Initiative <ul style="list-style-type: none">• Demonstrating energetic, positive, motivated manner• Taking initiative to direct activity• Self-starting projects, tasks and programmes• Taking initiative to direct own continuous learning
Compassion & Empathy <ul style="list-style-type: none">• Being sensitive and responding with action to the feelings and behaviours of others• Listening and considering the ideas and opinions of others• Responding with sensitivity to the needs of other professionals• Rendering assistance to all individuals without bias
Co-operation <ul style="list-style-type: none">• Involving clients and carers in the decision making process• Working effectively with others• Contributing ideas to the task in hand
Organisation <ul style="list-style-type: none">• Prioritising self and tasks• Managing time to balance workload requirements
Reasoning <ul style="list-style-type: none">• Analysing, synthesising and interpreting information• Considering risks and taking preventative action where possible• Giving alternative solutions to issues and situations• Demonstrating ethical decision-making skills
Supervisory process <ul style="list-style-type: none">• Operating within the scope of one's own skills and seeking assistance when needed• Seeking feedback on personal reflection of own performance• Modifying performance in response to meaningful feedback
Communication <ul style="list-style-type: none">• Communicating ideas and opinions clearly and concisely in verbal and written reports/records• Sharing perceptions and opinions with clarity and quality of content• Utilising teaching skills for clients, students and peers

OBSERVATION OF PRACTICE RECORD

Information about the observation

Part 1 is to be completed by the preceptee and given to their preceptor prior to the date of the observation.

Your Name:	
Preceptor's Name:	
Date of observed practice:	Start Time:
Location:	
Overview of activity/event being observed:	
What are you trying to achieve?	
What risk factors have been considered when planning the activity/event?	
Are there any particular aspects you would particularly like feedback on?	

PRECEPTOR'S FEEDBACK

This feedback will be recorded following a discussion of the preceptee's own reflective account. It will incorporate the Preceptor's own observations, any issues arising from the discussion of the Preceptee's own reflections, progress towards achieving the competencies and future learning needs.

Signature of Preceptor:	Date:

PRECEPTEE'S FEEDBACK

The Preceptee's reflection on the activity is to be recorded here and should include progress towards achieving the competencies and future learning needs.

Signature of Preceptee:	Date
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PRECEPTORSHIP CONTRACT OUTCOMES

(to be completed at 12 month Appraisal/ final review meeting)

STANDARDS	Agreed achievements in Preceptorship period	Achieved	Not achieved	Review and comments
Communication				
Personal and People Development				
Health & Safety				
Service Improvement				
Quality				
Equality and Diversity				

Signed: (Preceptor)

Date

..... (Preceptee)

Date.....

..... (Line Manager)

Date.....

COLLATION OF EVIDENCE FOR THE PRECEPTORSHIP CONTRACT

All evidence must demonstrate how learning has impacted upon practice.

What is Evidence?

Information that a preceptee provides and submits in order to demonstrate achievement towards their contract.

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 infer achievement of that area of the contract?
- **currency** – is the evidence up-to-date and relevant?
- **reliability** – does it accurately reflect the knowledge and skills required?

Examples of evidence which you may agree as suitable are listed below:

- reflective accounts/diary
- critical incident analysis
- patient experience
- scenario discussion
- statements from others based on direct observation of day-to-day activities
- work products e.g., care plans etc
- team meetings – minutes or notes which identify preceptee's participation
- questions and answers – written documentation
- project work
- audit activity
- certificates of completion, for example, Corporate Induction, in-house training days