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**Charter Between Preceptor and Preceptee**

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| **Preceptee** |
| I understand my responsibilities as a newly registered nurse/nursing associate and preceptee include: • Completing all organisational induction, statutory and mandatory training • Attending 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: |
| Site (if applicable): | Date: |

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| **Preceptor** |
| I understand my responsibilities as a preceptor include: • Providing support and guidance to the newly registered nurse/nursing associate• Acting as a role model and professional friend • Facilitating introductions and promoting good working relationships • Participating in all preceptorship activities including attending required training, facilitating and documenting regular scheduled meetings • Providing timely and appropriate feedback to the preceptee • Liaising with manager about 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: |
| Site (if applicable): | Date: |

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**Initial Meeting Template**

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| --- | --- |
| Name of Preceptee: |  |
| Name of Preceptor: |  |
| Work Area/Site: |  |
| Date of Meeting: |  |

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| **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? |

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| **Expectations**What are your expectations of your new role? What development do you expect? What level of support do you expect from your preceptor? |

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| **Checklist** |
| Organisation Induction |  | Clinical Induction |  |
| SLOT Analysis \* |  | Individual Learning Plan\* |  |

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| **Comments/Notes** |
| **Agreed Actions:** |
| **Date of Next Meeting** |  |
| **Preceptee Signature** |  |
| **Preceptor Signature** |  |

**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 current 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.

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**Interim Meeting Template**

This template can be used for each bi-monthly meeting until the end of the preceptorship programme.

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| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |
| Area of Work/Site: |  |
| Date of Meeting |  |

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| **Reflection and Discussion** What has gone well? What challenges have you met? How have you overcome them? Consider use of reflection templates\* and sharing observations. (It is recommended that up to five reflections are completed during a 12 month 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 you feel you need more development or experience? Progression points? |
| **Review of Learning Needs Plan** Review LNP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives |
| **Comments/Notes** |
| **Actions Agreed** |
| Next Meeting |  |
| Preceptee’s Signature |  |
| Preceptor’s 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.

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| 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? |



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**Final sign-off meeting**

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| --- | --- |
| Name of preceptee |  |
| Name of preceptor |  |
| Work area**/Site** |  |
| Date of meeting |  |

|  |
| --- |
| Reflection and discussionWhat 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 planReview ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives. |
| Comments/notes: |

**Preceptorship sign-off declaration**

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