**A green and white sign with white letters

Description automatically generated**

**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. Using tools such as Mentimeter or Microsoft forms are ways 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 month evaluation
* Mid-point evaluation
* End-point evaluation

**Preceptorship Programme First Month Evaluation**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Did you feel welcomed? | | | | | | Yes | No |
| Comments | | | | | | | |
| 2. | Were you allocated a preceptor in your first two weeks? | | | | | | Yes | No |
| Comments | | | | | | | |
| 3. | Did you have a local induction in your area which covered ways of working and local policies / processes / introductions? | | | | | | Yes | No |
| Comments | | | | | | | |
| 4. | Did you receive, at least 2 weeks,supernumerary time? | | | | | | Yes | No |
| Comments | | | | | | | |
| 5. | Have you had the first meeting with your preceptor? | | | | | | Yes | No |
| Comments | | | | | | | |
| 6. | Do you have an individual learning plan and development objectives? | | | | | | Yes | No |
| Comments | | | | | | | |
| 7. | Were you aware of preceptorship before joining the organisation? | | | | | | Yes | No |
| If yes, please tell us how you became aware of preceptorship. | | | | | | | |
| university / college / HEI | job interview | student conference | friends | preceptorship lead | Other | | |
| 8. | What have you enjoyed about your first month? | | | | | | | |
|  | | | | | | | |
| 9. | What would you have changed about your first month? | | | | | | | |
|  | | | | | | | |
| 10. | Any other comments or feedback? | | | | | | | |
|  | | | | | | | |

*Thank you for completing this feedback form*

**Preceptorship Programme Mid-point Evaluation**

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Do you have a preceptor? | | | | Yes | | | | No | | |
| If yes, is this the same preceptor as at the start of the programme? | | | | Yes | | | | No | | |
| Comments | | | | | | | | | | |
| 2. | Do you know who allocated your preceptor? | | | | Yes | | | | No | | |
|  | If yes, please advise who this was | | | | | | | | | | |
| 3. | Did you have the opportunity to choose or to change your preceptor? | | | | Yes | | | No | | | |
| 4. | Do you have protected time to meet with your preceptor | | | | Yes | | | No | | | |
| 5. | 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 you with the self-awareness to strengthen your leadership and progress with learning objectives | | | | 4 | 3 | | | | 2 | 1 |
| 6. | **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 your colleagues in the workplace | | | | 4 | 3 | | | | 2 | 1 |
| 7. | Has the support met your expectations? | | | | Yes | | | | | No | |
| Comments | | | | | | | | | | |
| 8. | What does ‘well supported’ look like to you? | | | | | | | | | | |
| 9. | Are you happy in your role? | | | | Yes | | | | | No | |
| Comments | | | | | | | | | | |
| 10. | Do you feel that learning experiences that you’ve had reflect any of the below learning preferences? Do these reflect how you identified you wish to learn in your first two weeks? | | | | | | | | | | |
| Face-to-face | Virtual | Blended | Support in practice | | | e-learning | | | | |
| Comments | | | | | | | | | | |
| 11. | Please provide one example of how your practice has been impacted or will change as a result of this programme (please provide a reflection) | | | | | | | | | | |
|  | | | | | | | | | | |
| 12. | 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*

**Preceptorship Programme 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 you with the self-awareness to strengthen your leadership and progress with learning objectives | | | | | 4 | | 3 | | 2 | 1 |
| 2. | List the three most valuable things you have learned as part of your preceptorship programme: | | | | | | | | | | |
| 1. |  | | | | | | | | | |
| 2. |  | | | | | | | | | |
| 3. |  | | | | | | | | | |
| **3.** | What are the three greatest benefits that have made most impact on you as part of your preceptorship programme: | | | | | | | | | | |
| 1. |  | | | | | | | | | |
| 2. |  | | | | | | | | | |
| 3. |  | | | | | | | | | |
| 4. | 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 |
| 5. | What learning format did you find most useful for your learning needs and style? | | | | | | | | | | |
| Face-to-face | | Virtual | Blended | Support in practice | | e-learning | | | | |
| Comments | | | | | | | | | | |
| 6. | Have you been able to complete your objectives in your individual learning plan? | | | | | Yes | | | No | | |
|  | Comments | | | | | | | | | | |
| 7. | Please provide one example of how your practice has been impacted or will change as a result of this programme (please provide a reflection) | | | | | | | | | | |
| 8. | 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. | | | | | | | | | | |
| 9. | If you were given the task or revising or changing your preceptorship programme, what would you change and why? | | | | | | | | | | |
| 10. | What advice would you give to a newly registered practitioner starting preceptorship? | | | | | | | | | | |
| 11. | Would you be interested in acting as a preceptor for newly qualified staff moving forward? And/or supporting students on placement with us? | | | | | | | | | | |

*Thank you for completing this feedback form*