**Preceptorship Guidelines**

**Appendix 4 - TRIANGULATION MEETING RECORD**

Preceptor Preceptee

Team/Unit manager Date of meeting

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| --- |
| **Agreed Agenda**: (Priorities for discussion, review of previous /planned work)* Discuss if preceptee is now able to undertake responsibility of ward / unit on shift basis or if preceptee can now undertake initial assessments independently
 |
| **Evidence**: (Details of evidence provided to support achievement of KSF outcome) |

**Issues Decisions/Actions** (with details of by whom and when)

Any barriers to achievement

This is an agreed record of the review

Preceptee:

Preceptor: Date:

Date, time and venue of next review:

To be filed in the individual’s preceptorship file with a copy held by the individual and the preceptor