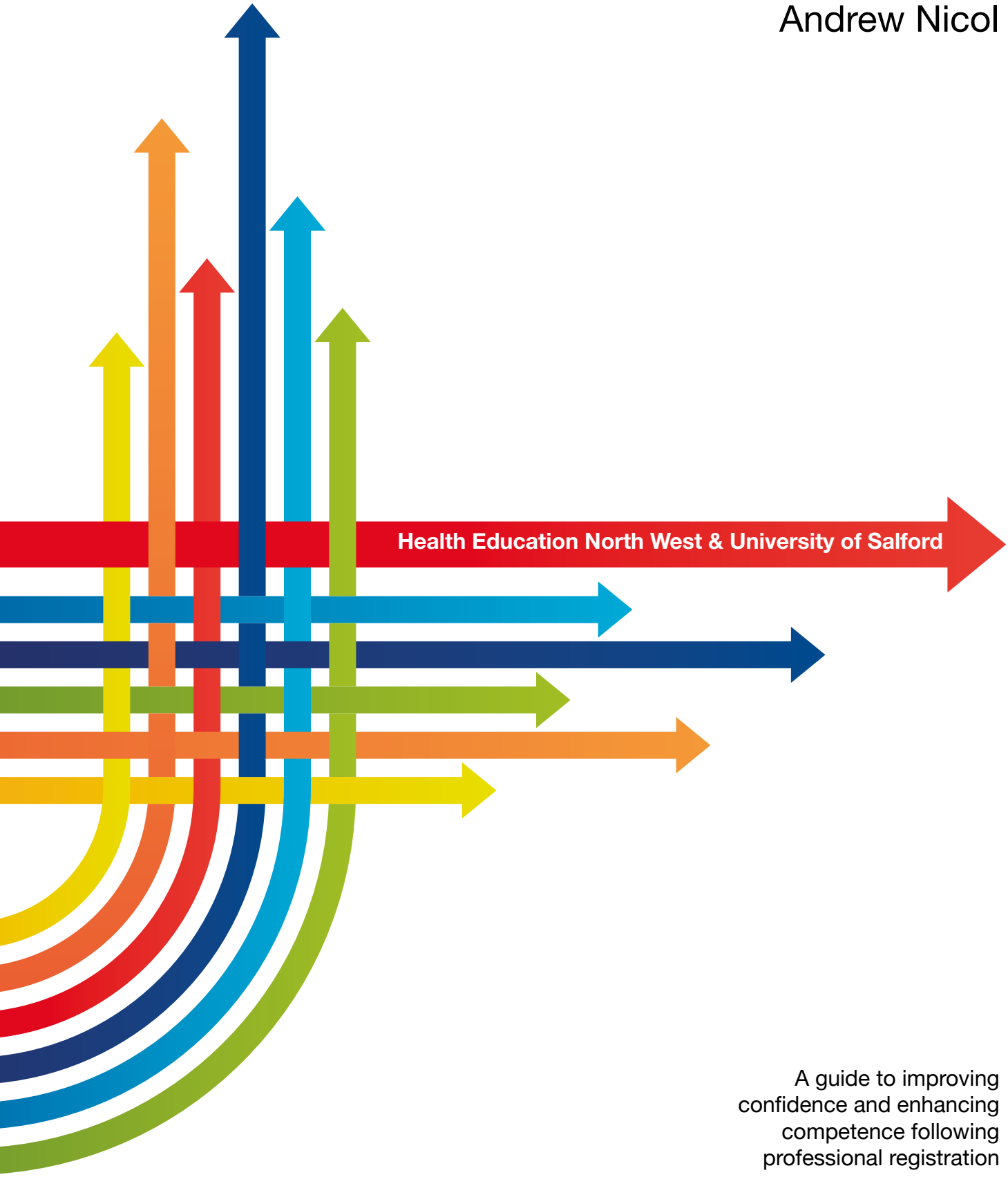
Preceptorship
in Prosthetics & Orthotics

Andrew Nicol



A guide to improving confidence and enhancing competence following professional registration

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Chapter 1

Introduction

This document provides a guide to the use of preceptorship within Prosthetics and Orthotics; the aims of such a program and the potential benefits.

Preceptorship is defined and discussed with specific reference to Prosthetics and Orthotics. Roles and responsibilities are detailed and a toolkit is provided with a framework and supporting documentation to help deliver preceptorship programs.

Although based on the National Preceptorship Guidelines for Newly Qualified Nurses, Midwifes and AHP's, this document was developed by those working within Prosthetics and Orthotics for those who work within prosthetics and orthotics.

For some preceptorship may be a new concept, while others will be familiar with the idea and may even be using an existing model. As a guide, this piece of work is not designed to replace all assistance offered to new starters or those who have time way from work. The process is intended to be interpreted at a local level, which may mean wholesale adoption or the use of elements to complement existing programs.

Roles within the Preceptorship Process

Preceptor:
In this document 'preceptor' refers to a registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

Preceptee:
In this document 'preceptee' refers to a 'newly registered practitioner' Prosthetist or Orthotist who is entering employment for the first time following professional registration with HCPC. It includes those who are recently graduated students, those returning to practice, and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body.

While engaged in preceptorship newly registered Prosthetists and Orthotists will be referred to as a 'preceptee'.

Overseeing Professional
The person in this role takes an overseeing position ensuring that the process is adhered to by both the preceptor and preceptee. Remaining impartial, the overseeing clinician provides has overall responsibility for the process and must ensure that agreed learning needs are met and that all supervision meetings are attended.

What is Preceptorship?
Preceptorship is the name given to the development of clinicians, in this case Prosthetists and Orthotists, embarking upon clinical work immediately following registration or when returning after a break from practice. It is well documented that this process can help employees tend to feel better about their own abilities, feel improved satisfaction in their role and make them more likely to stay within their profession.

Following HCPC registration every individual is seen as competent and accountable. Preceptorship is a transition phase that allows professionals to develop from novice practitioner, developing as a professional and is not meant to compensate for any shortfall in pre-registration education.

This process is well established in nursing, midwifery and in other allied health professions. In some locations locally developed generic preceptorship programs may be followed by Prosthetists and Orthotists, but this framework is designed to be specifically relevant to Prosthetists and Orthotists.

Within healthcare, decisions have real consequences; even making the right decision can be stressful and can lead to many individuals beginning to question their own abilities. A registered Prosthetist or Orthotist is a competent and autonomous clinician immediately following registration, but dealing with the daily stress caused by responsibility is inherently challenging. Experienced clinicians develop mechanisms that can turn a difficult situation into a learning experience. For a clinician starting out in practice the same situation can often elicit a negative emotional response because those mechanisms and skills have not been fully developed.

This Preceptorship guide is designed to work in conjunction with the Prosthetic & Orthotic Career Framework Guide, alongside the HCPC Standards of Proficiency and is based upon the Preceptorship Framework for Newly Registered Nurses, Midwifes and Allied Health Professionals.

This process is flexible and is designed to suit each individual, each service and each employer. The framework describes a relationship between the newly registered clinician and a more senior team member. It provides the building blocks to enhance the confidence and competence of those making what can be a difficult transition between education and taking responsibility for patient care on a daily basis.

Preceptorship shares elements of clinical supervision, mentorship and shadowing, but is wider and takes elements of these roles and activities that may be more familiar. Primarily preceptorship is the process by which a more experienced clinician helps a less experienced clinician adjust to the clinical environment.

The Preceptor's role is to assist the Preceptee in learning how to display competence in the functional areas described in the P&O Career and Education Framework. By aligning the Preceptorship guideline with the P&O Career Framework Guide at level 5, a level already reached through HCPC registration, the preceptorship process recognises that the preceptee is competent. Exhibiting the enhancement of these competences in diverse scenarios and environments, using different methods, is where the value of Preceptorship is realised.

Figure 1. Source: Department of Health (2008). A High Quality Workforce: NHS Next Stage Review.

'A foundation period of preceptorship for practitioners at the start of their careers will help them begin the journey from novice to expert. This will enable them to apply knowledge, skills and competences acquired as students, into their area of practice, laying a solid foundation for life-long learning.'

Chapter 1

Context within the NHS

The NHS Constitution or England

The use of preceptorship is widely seen across the NHS and its use as a way embedding personal development at the beginning of careers is linked closely to commitments within the NHS constitution. All providers of healthcare within the NHS are obliged to conform to the constitution, including commercial providers of which there are many in Prosthetics and Orthotics.

The NHS commits:

'..to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential'

(Department of Health, 2009)

This is further demonstrated with the HCPC Standards of Proficiency which highlights the need for lifelong learning as an obligation.

HCPC Standards of Proficiency for Prosthetists and Orthotists

1a.8 understand the obligation to maintain fitness to practice

– understand both the need to keep skills and knowledge up to date and the importance of career-long learning

(HCPC, 2012)

Aims within Prosthetics and Orthotics

- Provide a structured support framework for newly qualified Prosthetists and Orthotists
- Assist individuals in the post registration, transition phase between university and professional working
- Enhance clinical skills, professional behaviours and reflective practice
- Guide preceptors working with newly qualified Preceptee's
- Provide individuals with a way to demonstrate competence in the P&O Career Framework guide and HCPC requirements
- Provide a mechanism for the demonstration of professional development of newly qualified Prosthetists and Orthotists

Source: P&O Workforce and Education Project, National Reference Group, 2013

Context to Prosthetics and Orthotics

There are a number of reasons for the need of a preceptorship program within Prosthetics and Orthotics. Many of the issues facing those entering the professions are also faced by nurses, midwifes and other allied health professions. The description of a "reality shock" (Kramer 1974) for newly registered nurses, is something that is familiar to many of those who make the transition between an educational environment and an actual clinical working environment.

In many professions access to senior colleagues can be limited and the opportunity to gain feedback and support is hard to come by as a result. Prosthetists and Orthotists, as specialist disciplines, suffer this perhaps more than other AHPs as a result of smaller departments and a more geographically diluted work force. Preceptorship offers a supporting framework and timings of contact to help maximise the potential of time spent with senior staff members. Lone working is more frequently seen in Orthotics than Prosthetics and can add to feelings of isolation.

The effects of moving to a new location to begin a new job can be stressful and with only two providers of pre registration education in Prosthetics and Orthotics in the UK, most people will be required to relocate to find employment. The destabilising effect of such a move can be difficult for individuals, particularly alongside other factors associated with initial clinical employment. Preceptorship, and the relationship that is at the core of this program, is about more than just supervision and should focus not just on the clinician, but on the person who is developing into a new role, in a new environment and most likely in a new part of the country.

What may well be unique to Prosthetics and Orthotics is the insistence within many NHS contracts that individuals are not permitted to practice in some Trusts within certain timescales following registration. Not only does this pose a threat to the long term viability of Prosthetics and Orthotics, but for those trusts who wish to limit the activities of clinicians post registration there is a risk that they are limiting the flow of new ideas, practices and enthusiasm into their own services. Preceptorship in this instance can be used to demonstrate an employer's commitment to career development and a new starter's ability to practice successfully and develop professionally in a distinct working environment. A robust preceptorship program can be used to demonstrate quality and could be used as way of ensuring confidence in the abilities of newly qualified clinicians, working within a challenging clinical environment.

Roles Within Preceptorship

Emma

Current Preceptee

I am a recent graduate from the University of Salford, achieving a First in Prosthetics and Orthotics. Shortly after completing my degree, I began working for Ottobock as an Orthotist.

Despite having previously spent 3-years working in the NHS as a Physiotherapy Assistant and Physiotherapy Technical Instructor, I was initially apprehensive about my first clinical role.

During my induction at Ottobock, I was enrolled onto their Preceptorship Scheme. The aim of this scheme is to ease the transition from student to clinician.

The Preceptorship Scheme is a structured yet flexible process involving regular reviews with my Preceptor, the Lead Orthotist at the Centre. During these meetings, my progress is assessed and I am able to demonstrate my competency by meeting set objectives. Being able to actively participate in these reviews also allows me to take responsibility for my own development by reflecting on my practice and setting new goals.

To date, my experience of the Preceptorship Scheme has been a positive one. As a graduate undertaking my first clinical role, the support I have received has increased my confidence and allowed be to become more autonomous in my practice. I am looking forward to continuing to develop as an Orthotist over the coming months and year.

Application

The two most commonly described aims of a preceptorship program are the enhancement of confidence and competence. It does not always follow that a highly competent person necessarily has a high level of confidence, or that the most confident are necessarily the most able. Indeed there is very little evidence of a correlation between confidence and competence (Stewart et al 2000).

It is therefore important that both confidence and competence are developed simultaneously and with an equal importance placed on each.

Confidence in one's own abilities helps in decision making and can inspire improved outcomes when patients feel more confident in the abilities of healthcare professionals (Mavis, 2001). It is also noted that patient outcome expectancies are greater when treated by a clinician with higher levels of confidence (Bandura, 1997).

When developing competence in the initial stages of professional development the use of a wide number of tools in important. Alongside patient assessment and clinical decision making, the skill set required to grow professionally is not yet fully developed and new graduates cannot be left to develop in isolation.

The use of reflective practice alone is insufficient; we know that people are not necessarily effective at assessing their own performance (Eva and Regehr, 2005). To ask an individual with newly acquired knowledge, but with limited experience, to try and develop themselves without guidance is irresponsible. The guiding hand of a preceptor who has a wider pool of knowledge and a greater understanding of the possibilities available can help the newly registered to understand where their strengths and weaknesses lie. In this way, both competence and confidence can grow together.

Fostering professional confidence is important due to evidence that it leads to greater motivation to practice new skills and increased engagement in further professional development (Hecimovich and Volet, 2011).

The Benefits of Preceptorship

Retention - There is a belief in some areas that Prosthetics and Orthotics suffers from high attrition rates following pre registration training. There can be many reasons for people leaving a profession, but frustration and lack of opportunity for career progression have been quoted anecdotally. In any specialist area of work, the scope to develop can be limited by a multitude of factors, but helping individuals to progress and providing them with the tools to solve problems and develop professionally can help. Preceptorship has been felt to reduce attrition rates because it reduces the initial stresses and furnishes clinicians with the ability to act to reduce their own levels of frustration through development.

"Unless people believe they can produce desired effects by their actions, they have little incentive to undertake activities or persevere in the face of difficulties" *(Bandura, 1997)*

Job satisfaction - For many there can be frustration caused by trying to manage a busy case load whilst trying to apply existing knowledge. Witnessing senior staff effectively multi-tasking can lead to self doubt and a feeling that their role is beyond them. The preceptor can help by developing the skills and coping mechanisms that allow the preceptee to refocus on the elements of their role that they successfully employ.

Work engagement - Developing problem solving skills and expanding their base of knowledge helps a preceptee to understand that they can have a positive effect on the lives of service users. The experience of a senior clinicians can help them to understand where the limits of their interventions lie and when to consider that an optimal level of intervention has been made.

By instilling reflection and self development at the beginning of a career, clinicians can become more engaged with understanding the results of their actions. Helping a preceptee to accept that actions may not always have the desired effect, but that trying new ideas is preferential to apathy and inertia is a really important part of professional development.

Job performance - The preceptor plays an important role in developing the abilities of the preceptee by providing feedback, offering advice and support in the enhancement of competence. Helping to problem solve in difficult cases and providing avenues for further development, the preceptor is able to close the loop in clinical practice, making sure that good practice is recognised and weaknesses are worked on. Employers, patients and services in general reap huge benefits from an increase in treatment quality.(Lee et al, 2009).

Elements of Preceptorship

Newly registered practitioner	Preceptor	Employer
Opportunity to apply and develop the knowledge, skills and values already learned.	Responsibility to develop others professionally to achieve potential.	It is a process to be quality assured
Develop specific competences that relate to the preceptee's role.	Conduit to formalise and demonstrate continued professional development.	It embeds the KSF at the start of employment (where this is used).
Access support in embedding the values and expectations of the profession.	Responsibility to discuss individual practice and provide feedback	It promotes and encourages an open, honest and transparent culture among staff.
Personalised programme of development that includes post-registration learning, eg leadership, management and effectively working within a multi-disciplinary team.	Responsibility to share individual knowledge and experience	It supports the delivery of high-quality efficient healthcare.
Opportunity to reflect on practice and receive constructive feedback.	Have insight and empathy with the newly registered practitioner during the transition phase	It demonstrates the employer's delivery of the NHS Constitution and other key policies
Take responsibility for individual learning and development by learning how to 'manage self'.	Act as an exemplary role model.	It indicates the organisation's commitment to learning.
Continuation of life-long learning.	Receive preparation for the role.	
Enables the embracement of the principles of the NHS Constitution.	Enables the embracement of the principles of the NHS Constitution	
Newly registered practitioner		
Opportunity to apply and develop the knowledge, skills and values already learned.		
Develop specific competences that relate to the preceptee's role.		

Figure 2 Source: (Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, 2010)

Aspects of Preceptorship

What does it contain?

Preceptorship is more frequently defined by what it isn't that what it is. The reason for this is that preceptorship is more than just mentorship and more than just orientation or induction. It is actually an extension of clinical supervision, but is best defined by what it achieves; a more competent and confident clinician.

The exact contents of each process need to reflect the individuals, services and employers involved.

Many of the things that preceptorship "is not" can make up elements of preceptorship, it is just that preceptorship is a broader term.

Preceptorship programs can contain:

- Orientation – The small details of working life; meeting colleagues, knowing the way around and who to turn to when help is required. Even where to hang a coat or park a car helps reduce stress
- Induction – Helping new starters understand local procedures, processes and pathways, ensures a smooth working transition within new environments
- Mandatory training – In line with local policies, HCPC standards and recorded as a CPD activity
- Supervision – Only as part of supervision process and not referring to a lack of autonomy on the part of the preceptee

What doesn't it contain?

What can restrict the content of a preceptorship program is the motivation behind an activity and actions taken as a result. Supervision can form part of preceptorship, but should not be thought of as one clinician taking responsibility for another's decisions.

Although the basis for supervision sessions is made up of the competences at level 5 of the P&O Career Framework Guide, these competences have been linked to HCPC Standards of Proficiency and are reached with graduation and then professional registration. The preceptorship process is not a way of checking competence, but enhancing it within new scenarios.

It is not a complete career development process. It is the first step in development following registration and the assuming thesaurus of professional responsibilities. The structures used by the employer to manage career progression can follow on after preceptorship.

Standards for Preceptorship

To fully realise the benefits of a preceptorship process and to ensure the quality of preceptorship, there are a number of different aspects to be considered.

Each employer needs to ensure that:

Systems are in place to identify all staff requiring preceptorship.
Systems are in place to monitor and track newly registered practitioners from their appointment through to completion of the preceptorship period.
Preceptors are identified from the workforce within clinical areas and
Organisations have sufficient numbers of preceptors in place to support the number of newly registered practitioners employed.
Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal.
Organisations ensure that their preceptorship arrangements meet and satisfy professional regulatory body and the KSF requirements or P&O career framework
Organisations ensure that newly registered practitioners understand the concept of preceptorship and engage fully.
An evaluative framework is in place that demonstrates benefits and value for money.
Organisations publish their preceptorship framework facilitating transparency of goals and expectations.
Organisations ensure that evidence produced during preceptorship is available for audit and submission for potential verification

Figure 3. Source: Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, (2010)

Chapter 3

The Level 5 Practitioner

The career framework guide for Prosthetics and Orthotics was developed to deliver a workforce that could deliver the right care, in the right place at the right time. Roles at each level of the framework describe abilities, actions and responsibilities of individuals working within P&O in a competence based format.

The career framework guide is designed to provide flexibility, consistency and a progression pathway for all of those working within P&O.

The competences attached to each role within the framework describe the minimum level of competence required to fulfil a role at a specific level and provide details of the steps required to move to the level above. These broad descriptions find their relevance only when interpreted at a local level and in the context of the needs of service users. The flexibility provided within the level descriptions and attached competences means that development of abilities and the enhancement of competence are all possible without an individual moving to a new level.

The level description and attached competences at level 5 are aligned with HCPC standards of proficiency for Prosthetists and Orthotists and reflect the minimum competences required of a state registered Prosthetist or Orthotist. Due to the flexibility of the descriptions, the preceptee is expected to use the competence described in depth at level 5 to demonstrate their abilities in different areas in different ways.

To instil professional values and behaviours at the beginning of a career means that lifelong learning is far more likely to occur. In demonstrating the enhancement of practice through observed practice and improving results through reflective practice and supervision, the beginnings of professional development are cemented.

The aim is not to demonstrate the basic level of competence as this is has already been done. It is to develop skills that can move a clinician beyond the minimum and onwards onto a rewarding career improving lives and evolving into a clinician with the knowledge, skills and abilities required to meet the needs of a changing patient population.

This preceptorship guide can help to form the first steps in career progression for those entering P&O at level 5. Without these core skills being enhanced and demonstrated within a preceptorship guide, further progression to more advanced levels is nearly impossible.

The consistency of approach that can be described by the P&O career framework guide is further supported by the preceptorship guide. It means a more uniform approach to preceptorship within Prosthetics & Orthotics, albeit interpreted and contextualised on a local basis.

General Competences - These are fairly generic and could be used to describe many of the general abilities of those working within healthcare post registration. Many of these competences will be covered by mandatory training, but not all.

A number of these competences cover standards of professional proficiency that although commonly demonstrated in many areas of healthcare only find their context within the clinical interventions and actions that follow clinical interventions within Prosthetic or Orthotics practice.

Specific Competences - Specific Competences reflect more closely the specialist nature of P&O practice. The competences are for the most part demonstrated within clinical work and only one, describing research and development is concerned with abilities that are slightly removed from patient facing situations.

Although the two groups of competences are treated as separate to provide a more user friendly format, the competences are interlinked. Clinical skills will only be enhanced through the use of personal development skills which in turn are only useful when they have context.

The Preceptorship Development Cycle

The learning processes involved in learning during preceptorship are complex and interlinked. The challenge for those helping to develop clinicians at the beginning of their working life is the balance between increasing the preceptee's workload and maintaining confidence and standards of performance. Increasing volume and complexity of practice is important in maintaining the preceptee's interest and commitment. Balancing this need for challenge, with the fragility of confidence which is developed by positive outcomes is difficult and each preceptee will have different, specific needs.

This preceptorship process is based for the largest part on observed practice, with the preceptor and preceptee selecting an activity together, upon which the preceptee reflects separately. During a pre planned supervision session the observed practice session can be reviewed with the benefit of reflection and supporting ideas of a more experienced clinician. This mechanism is demonstrated by figure 4, (Eraut 2004).

This process serves two purposes, in that it allows both the directly clinician aspects of patient care to be reviewed as well as the reflection. Clinical skills are reviewed, discussed and through objective setting enhanced. Reflective skills similarly, are reviewed, discussed and enhanced through practice.

Observed Practice

Observed practice provides an opportunity for the preceptee and preceptor to choose a specific intervention or area of practice that they feel needs further development.

There is a list of core activities that can be used as part of the preceptorship process.

This program of observed practice is designed to allow the preceptee to use existing knowledge in the context of a real environment with the support of a more senior clinician. The preceptee can use these experiences to demonstrate existing abilities, test new ideas and, with preceptor support, reflect and discuss the session to develop practice further.

This is an opportunity that provides a local context for knowledge to be applied, the impact analysed and the preceptee developed in a proactive, positive way.

Instead of relying on a negative event, such as a complaint, all interested parties can see that progression is occurring in a safe managed process.

Supervision sessions can be used to discuss these events and agree learning objectives as part of a development plan.

Figure 4 - Model of Learning Factors (Eraut, 2004)

Figure 5. Observed practice process

Chapter 3

Reflective Practice

There are many different models of reflective practice, but they can share similar characteristics. The first action is a reflection describing events in a fairly succinct way; setting the scene and describing why this event is worthy of reflection.

Often negative events with disappointing outcomes are the trigger for reflective practice, but positive experiences are equally valid. Learning from mistakes can ensure that they are not repeated, but reflecting on positive outcomes can lead to good practice being highlighted and reproduced more frequently or more widely.

The second stage of reflective practice often involves the clinician analysing the decision making process to understand how prior knowledge impacted. Here, the clinician should challenge their feelings and assumptions. It can also involve the clinician asking themselves what knowledge they lacked which could have led them in another direction. By learning about the steps taken and the other options available, the clinician can begin to plan new learning and understand what needs to be implemented the next time a similar situation arises.

The last section focuses on change in different ways. It is important that the clinician considers their values and beliefs. and contemplates how others see them. Taking into account multiple perspectives this section is about the change that has occurred to the clinician as a person.

Newly registered clinicians can lack depth of understanding as they have not had the chance to develop personal theories yet. Reflective practice should encourage the development of ideas using context to test ideas away from the clinical environment. Reflection is intertwined with clinical reasoning as practice involves uncertainty; answers are not clear cut.

There is a danger that a novice practitioner lacking ability in this area will struggle to progress to the deeper levels of critical reflection. Development of these skills provides a platform for all future professional development and the assistance of the preceptor in helping to use this process is vital.

Commonly used reflective models contained in the appendix of this document include:

- Gibbs Model (Gibbs, 1988)
- Johns' Model (Johns, 1994)
- Adkins Model (Adkins & Murphy, 1993)

Reflection and Evidence Based Practice

Key to the successful use of reflective practice is the identification of a conclusion. Whether this is the actual identification of good practice, or a disappointing outcome, there needs to be a summary objective. Frequently the identification of a learning need will mean that the preceptee is expected to review the evidence base for guidance. Having some understanding of the strengths and weaknesses of clinical evidence in core areas is important for the preceptor. Critical appraisal and reviewing literature are key competences, but it is likely that gaps will occur in the evidence base occasionally. In a small profession dealing with patients who have unique issues, the ability to use clinical evidence to support every decision can be slightly limited.

Reflective practice with supporting supervision during preceptorship plays an important part in decision making where the evidence base is lacking. Learning how to use more abstract concepts and theories to solve complex or borderline cases is difficult initially, but the confidence of a more senior clinician helps a preceptee to understand how to make logical, responsible decisions when evidence is limited. This is the balance between rigour and relevance that comes with experience.

There is a theory (Boyd & Fales, 1983) that reflection can be seen in two different formats. Firstly, reflection on action takes place following an activity, with the person taking time to think about the activity in a different time and with an altered perspective. This is the type of reflective practice that is most commonly seen and is most useful to those with limited experience.

Reflection in practice refers to the actions of a more experienced individual who is able to reflect during an activity and alter their path immediately using their experience to do so. There is a danger that when those with limited experience or low levels of confidence try to use this method of reflection it can lead to indecision.

Developing Reflective Skills in Practice

The role of the preceptor in this situation is to facilitate reflection and assist the preceptee in developing reflective practice skills. Helping to develop reflective skills whilst developing other competences can be difficult.

In an assessment situation it can be tempting to hold back on critical self examination for fear it will inhibit competence progression.

The relationship between preceptor and preceptee must be based upon trust or there is a danger that reflection can become superficial, overly negative or self justifying. Using reflective practice as a way of determining competence in the areas covered by the reflection can be counterproductive as the honesty and self awareness needed to complete deep levels of reflection may be challenged.

In recognition of this the preceptorship guide uses predetermined observed practice activities to link into reflective practice and three commonly used models, as noted on page17, are included as a guide. It is not only these core clinical activities that can form the basis for reflective practice; other activities such as critical incidents, case studies, reflective Journals and role play can all be thought of as worthwhile basis for reflection.

Supervision

Preceptors provide a guiding hand in practice, in an environment that is inherently filled with uncertainty. As previously discussed, evidence based practice can help to support clinicians, but where gaps in the evidence base emerge, the ability of an experienced clinician to use clinical reasoning in finding solutions to unique situations is invaluable.

Supervision needs to reflect the changing needs of the preceptee over time and also the needs of each individual. There are a number of different methods of communication that can be used in different situations and a well trained, experienced clinician is able to enhance competence, whilst ensuring that confidence is not diminished.

Supervision Contracts
It is important that the preceptor provides the preceptee with a detailed understanding of the supervision sessions. This should include agreed dates and venues as well as details of the preparation required of the preceptee including the format of all paper work. An outline of the session should be provided and adhered to.

The preceptor has a responsibility to ensure that there is a clear understanding of all aspects of the preceptorship process and the supervision sessions that underpin it.

Training to Supervise
Providing effective supervision is not easy or natural for most individuals. Even those who are naturally able in this type of situation will require some training as to the format and formal processes involved in preceptorship. Multi professional clinical education programs are widely available and may be a useful tool for preceptor training.

Feedback
High preceptor confidence is vital (Gibson & Dembo 1984) when providing feedback to preceptee's is extremely important, and the ability to turn an observation into constructive feedback may be difficult on occasion. Having a detailed comprehension of the task being undertaken is important when giving the clear and accurate feedback required by a preceptee. This deep level of understand can make the preceptor more comfortable in providing feedback because they understand clearly how procedures can be improved. This assurance is transferred to the preceptee who should feel more inclined to change their ideas as a result.

Chapter 3

Lifelong Learning and Continual Professional Development

Preceptorship is the first step in professional working and embeds professional development post registration. Identifying learning needs and agreeing on objectives are the beginnings of developing a development portfolio.

There are five HCPC Standards of Continual Professional Development

1. ***A registrant must maintain a continuous, up-to-date and accurate record of their CPD activities.***
2. ***A registrant must demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice.***
3. ***A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.***
4. ***A registrant must seek to ensure that their CPD benefits the service user.***
5. ***A registrant must, upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD.***

By developing a portfolio of activities, the preceptee can begin to satisfy the first standard and, in conjunction with the preceptor, the second should be satisfied by a using various methods to meet learning objectives.

The third and fourth standards refer to the outcomes of learning experience and ensure that efforts to improve are effective and worthwhile. Both of these standards are expected to be considered and referred to by the preceptee when completing and recording the outcomes of each of the learning objectives.

Activity Categories

Each activity within the development portfolio should be categorised using descriptions From HCPC CPD Standards:

Work-based learning - for example, reflecting on experiences, considering feedback from service users, being a member of a committee and so on

Professional activity - for example, being a member of a specialist interest group, mentoring or teaching others, being an expert witness, giving presentations at conferences and so on

Formal education - for example, going on courses, doing research, distance learning, planning or running a course and so on

Self-directed learning - for example, reading articles, reviewing books and articles, updating your knowledge through the internet and so on

Other activities - for example, public service

Methods of Learning

It is important that different modes and models of learning are utilised during preceptorship. Ultimately the process is expected to focus on individuals who all learn in different way. No single way of learning is better than any other and it is anticipated that learners may need a mixture of tools to progress.

Activity Samples

Reflective Practice	Reflective practice is the cornerstone of professional development, but shouldn't be done in complete isolation in the early stages of a career
Peer mentoring	This can be a good way of reducing anxiety and stress through sharing experiences. Those with similar levels of experience can help and support each other. It shouldn't replace the role of a senior person in terms of teaching, assessment and leadership.
Action learning sets	Providing an opportunity to discuss real events and reflecting on their actions with small groups of colleagues, this can help individuals to learn in conjunction with others which should guide future practice and improve performance.
Workshops	Intensive practical guidance can improve confidence and can be run to cover specific areas or procedures. Allowing new starters to identify areas that may be beneficial to them can be a good idea
Portfolio Building	This can work well as part of continual professional development
E-Learning	Programs such as flying start (http://www.flyingstart.scot.nhs.uk/) can be useful especially for those using the NHS KSF.
Shadowing	Can be extremely important initially and in more complex cases at a later time.
Documentation	Can include written forms of communication and use of procedures or protocols

Figure 6, Source: P&O Workforce & Education Project, National Reference Group (July 2013)

The Preceptor

Being a preceptor is a rewarding experience that can help to improve the individual's practice through exposure to new ideas and frequent questioning of personal theories. The responsibility of working with someone with less experience can for some people be daunting, but the results can also be extremely beneficial.

There is no higher or lower limit or experience level that identifies or disqualifies someone becoming a preceptor. At this time there is no qualification or training that prepares clinicians for this process specifically, although multi professional training courses in clinical education are available widely.

The work done in graduating and registering to practice was done with the assistance of professional educators focused on learning for the future. Preceptors create reflective moments and significant contextual features (Erat 2004).

A preceptor provides support and direction beyond pre registration education at the time when a clinician becomes fully responsible in a clinical situation not only for their own actions, but for their own development. A preceptor finds ways in which knowledge can be tested and theories questioned and as a result highlight how practice can be refined and new personal theories developed.

The Attributes of an Effective Preceptor

The attributes required of a registered practitioner who supports the newly registered practitioner through preceptorship may take up to two years to develop from registration and include:

Giving constructive feedback;
Setting goals and assessing competency;
Facilitating problem-solving;
Active listening skills;
Understanding, demonstrating and evidencing reflective-practice ability in the working environment;
Demonstrating good time-management and leadership skills;
Prioritising care;
Demonstrating appropriate clinical decision-making and evidence-based practice;
Recognising their own limitations and those of others;
Knowing what resources are available and how to refer a newly registered practitioner appropriately if additional support is required, for example, pastoral support or occupational health services;
Being an effective and inspirational role model and demonstrating professional values, attitude and behaviours;
Demonstrating a clear understanding of the regulatory impact of the care that they deliver and the ability to pass on this knowledge;
Providing a high standard of practice at all times.

Figure 7. The Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals (Department of Health, March 2010)

Preceptor Support

The third party in the preceptorship is the employing organisations who are required to support both the preceptor and preceptee throughout the process. More than this, they have a responsibility to ensure the quality of the process and the preparation of both parties to embark upon it.

Investment in this process is realised in staff retention, improved outcomes and a demonstration of the employer's commitment to learning.

The types of support required for the Preceptor were identified by the National Reference Group

Training

- Supervision skills
- Train the trainer
- Practice assessor accreditation
- CPD specific to preceptors
- Giving and receiving feedback
- Active listening skills
- Motivational skills
- Familiarity with HCPC standards of practice

Time

- Time built into daily working for preceptorship activities
- Reduced workload
- 2 day training course linked to universities
- Protected time

Other

- Ensure ratio of staff to students
- Ensure levels of supervision are appropriate
- Access to supporting resources

Figure 7 P&O Workforce &Education project reference group (July 2013)

It is important that the role of the preceptor be given recognition and adequate support or there is a risk that Preceptors become weary and burned out (Mackin & Studva, 1997). Ensuring that resources, including time are made available brings a far higher likelihood of success.

Preceptorship and the links to Career Progression

The ability to take responsibility for others through supervision and for provision of teaching and training inside/outside work area is a requirement for those working at level 6 and above in the Career Framework Guide for P&O. Whilst not stipulating preceptorship, there is a natural progression for those who provide training to move from those at lower levels, pre registration students and then preceptorship.

Preparing specific learning and development opportunities is a competence required of those at level 6 in the P&O Career Framework Guide. Alongside other level 6 competences, listed below, this competence can be used to form the spine of the knowledge, skills and behaviours required of a preceptor.

- Contribute to the development of the knowledge and practice of others
- Provide supervision to other individuals
- Plan and prepare specific learning and development opportunities

Although no specific training courses are available for Prosthetists and Orthotists who want to become preceptors, programs do exist that develop clinical educators. It should be recognised that training and education are not areas that every clinician will excel at providing, and therefore employers need to support the development of staff within this area.

The demonstration of a preceptor's ability to consistently evaluate their own performance and identify their own development needs is important in role modelling. It allows the preceptee to see the action of clinicians at all levels to constantly seek improvement and the mechanisms leading to improvement. More than this, highlighting the preceptor's need for ongoing improvement can help a preceptee who questions the limits of their own knowledge and has feelings of self doubt.

Preceptor use of detailed theoretical and practical knowledge is vital in helping the preceptee to develop their own theoretical knowledge and also in helping the preceptee to understand its correct application and limitations. Practical knowledge provides further context and application with tangible results.

It is the often the ability of the preceptor to help identify the most telling information supplied by referrer or patient and then the most relevant techniques for assessment that can increase productivity and improve the ability of the preceptee to manage a busy case load. Advice on the relevance of knowledge to situations and hence identifying solutions is hugely important to those starting out in clinical practice as it can reduce the initial apparent complexity of situations.

Helping to develop the learning journey of the preceptee involves not just advising directly on solutions, but also guiding the preceptee to find their own solutions through further learning. A preceptor has to be aware that they are not expected to behave as a professional educator and their role has limits.

The relationship between the preceptor and preceptee is not an equal relationship and there is a heavy reliance on the senior clinician. The preceptor must be confident in their own ability in order to provide feedback, to direct the preceptee and to manage what is another role in addition to existing commitments. Not only does the preceptor have to feel confident, but the preceptee needs to have faith in their preceptor for a positive outcome to occur.

The Preceptee

The preceptee is expected to be an active partner in the preceptorship process. They are expected to prepare for observed practice, reflect on their actions and then developed solution to their learning needs in partnership with the preceptor.

Training Required

- Personal development plan completion
- Familiarity with BAPO and HCPC standards
- Report writing
- Roles of the preceptor and preceptee
- Presentation skills
- Portfolio development
- Career framework
- Mandatory training
- Local Protocols and Practice
- Writing case studies

Time Required

- Sufficient to time to fulfil preceptorship requirements
- To meet other staff and receive supervision
- Time to observe others and develop skills
- Increased time to complete workload
- 1:1 time with preceptor

Other Support Required

- E- Learning - Flying start
- A workload balanced to level of ability
- Access to learning resources

Figure 8. Source: P&O Workforce & Education Project, National Reference Group (July 2013)

Advice to Preceptees

Advice to Preceptee's was provided by the National Reference Group:

Don't be afraid to ask for help or ask questions
Making mistakes is okay, if you learn from them
Take advantage of all opportunities
Talk to your technicians and team
Use discussion on scenarios from the first day
Use links with the MDT to help develop your clinical skills
Treat every patient as an individual
Ensure you share your own opinions in situations for discussion and learning
Try to deliver patient focused care
Ensure patient safety
Take part in audit and research
Prepare thoroughly for appraisals and supervision sessions
Contribute in meetings
Continue developing professionally
Take full advantage of all time allocated for lifelong learning
Wisdom often comes with experience
Listen to your patient
Treat each patient as though they are a family member
Don't be afraid to challenge existing practice
Embrace change, innovation and technology
Take advice and listen
Try to be self aware
Don't allow mistakes affect you. Learn from them and move on.
Be aware of other professions and learn from them
Take every opportunity to learn
Learn about the service you work in, including processes and procedures

Figure 9, Source: P&O Workforce & Education Project, National Reference Group (July 2013)

Preceptorship Toolkit

The Preceptorship Process

The aim of the preceptorship process is to develop competence and confidence using level 5 of the P&O career guide as a basis. This process was designed following a reference group workshop and describes a preceptorship pathway that fulfils the requirements of a new starter in Prosthetics or Orthotics.

First Steps – Month 1

The first steps focus on introduction to the staff ad supporting staff that work immediately with the preceptee.

- Induction and introduction to team members
- Preceptor should be identified and meet with the preceptee as soon as possible after the new team member starts.
- Develop a personal development plan which includes timescales and clear objectives.
- Scheduling of Mandatory training
- Agree program of observed practice sessions and any other learning experiences that may be particular to the employing organisation or clinical environment. This may also include external training or education.
- Schedule monthly supervision sessions
- Introduce departmental policies and procedures

The development plan should structured to follow a monthly pattern of meet/review/redefine and the tracking review after 5 and 8 months carried out under the oversight of the department manager or clinical lead tasks with ensuring the governance of the preceptorship process.

Observed Practice – Months 2 to 5

The first observed practice session should take place in the second month of employment and the proceeding supervision session should take place at the beginning of the 3rd month.

Observed practice carried out in the first five months should include 3 of the 8 core activities mentioned below. A further three activities must be completed over the months leading up to the 8th month. Those wishing to practice in both Prosthetics and orthotics are expected to carry out twelve of the core activities over a longer period.

Core Observed Practice Activities	
Orthotics	**Prosthetics**
Fitting and alignment	Transfemoral casting and modification
Patient assessment and prescription – foot and ankle	Transtibial casting, prescription and modification
Patient review	Transfemoral patient alignment
Patient assessment and prescription – knee and hip	Transtibial patient alignment
Patient assessment and prescription - Spinal	Upper limb casting, prescription and modification
Patient assessment and prescription – Upper limb	Adult Patient assessment
Patient casting, measurement and modification	Paediatric Patient assessment
Footwear measurement and prescription	Patient Review

Figure 10 Core Observed Practice Activities. Source: The P&O Workforce and education project, National Reference group, (July 2013).

Dates for supervision should be agreed at the first meeting of the preceptor and preceptee so that both parties are able to prepare for the observed practice session accordingly. The reflective practice format should also be agreed at this time

The preceptee is expected to prepare for the observed practice session by identifying expected learning outcomes before the session.

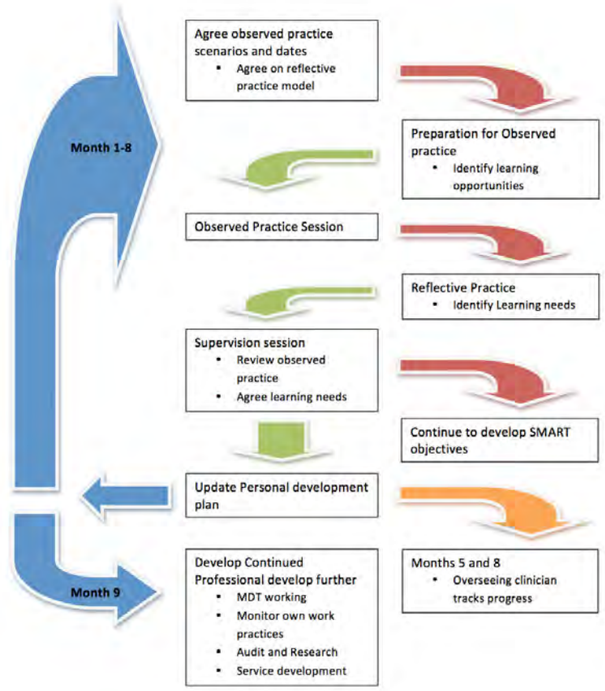
The selected activity is carried out with the preceptor present, but reflection on the session is carried out separately following the session using an agreed reflective practice model.

A supervision session should follow the observed practice session and will provide an opportunity for the preceptor and preceptee to discuss the observed practice session. The outcome of this session should be identification of learning needs which can be linked to objectives within the personal development plan. These learning needs should stem from reflective practice conducted by the preceptee, but need to be supported by the preceptor and agreed by both parties.

The activity completed within observed practice should, where possible, be linked to the competences held within the P&O career framework guide level 5, which should be recorded as part of CPD. The first few months of the preceptorship process will provide the beginnings of a continual professional development process and should be held in which ever template is selected long into the future.

The monthly supervision sessions should also be used to track learning objectives identified previously during observed practice and any other objectives identified during practice.

Observed Practice Process Map



Tracking Reviews

This cycle should be repeated until the 5th month, when following a tracking review by the overseeing clinician the preceptee can embark upon the next portion of their first year in employment. This tracking review provides an opportunity for the preceptorship to be assessed to ensure that both the preceptee and preceptor are delivering their objectives.

Where the process is felt to be unsatisfactory the overseeing clinician is expected to ensure that a plan, with new objectives and timescales, is put in place before the 5 month tracking review is signed off. The preceptorship process is linked to the demonstration of developing confidence and confidence through a number of different activities and only concludes when these activities have been completed at a satisfactory level.

Observed Practice - Months 5 to 8

From the 5th to the 8th month the cycle of observed practice sessions followed up with supervision continues, with the remaining three activities planned for, carried out and reviewed in the same way as the first three. Again, following the completion of the final three observed practice sessions, the overseeing clinician has the opportunity to assess progress at a tracking review and ensure the quality of the process.

Assuming that all 6 observed practice sessions have been carried out and concluded with follow up supervision sessions, the remaining four months of the first year of employment can be used to help the preceptee develop their skills in other areas.

Months 8 to 12

The observed practice sessions help to develop competence and confidence in clinical areas with the support of reflective practice and other experiences. The final four months of the preceptorship process, when the preceptee should be working with increasing independence and an increased clinical load, provides an opportunity to develop in other ways.

The wider impact of their efforts, within the preceptee's department, employing organisation and the wider multidisciplinary team can begin to be understood and as the base of knowledge expands, the understanding of the full impact of their work should be investigated. This can lead into a number of different directions and is a key part of professional proficiency

The use of reflective practice to bring forward new knowledge, from expert sources or developed locally through audit or research, which develops not just the individual, but the wider service should now be more likely to occur. Having helped to develop confidence and competence in situations with a direct clinical application the next step is ensuring that the preceptee begins to take a wider, ongoing responsibility for their own development and the development of the service they practice in.

The development of a CPD template should have begun by linking level 5 of the P&O career framework guide to the observed practice sessions. The vast majority of the competences listed within level 5 of the career framework guide relate to clinical activity, but there are a number that may not necessarily be covered by observed practice and refection. Alongside clinical competences, the use of others will become increasingly important.

Level 6 Competences relating to preceptorship

Code	Title
GEN12	Reflect on and evaluate your own values, priorities, interests and effectiveness
GEN13	Synthesise new knowledge into the development of your own practice
GEN23	Monitor your own work practices
R&D8a	Assist in the research work
GEN39	Contribute to effective multidisciplinary team working
SCDHSC0241	Contribute to the effectiveness of teams
BA3	Contribute to the development of organisational policy and practice

Figure 11 (The Prosthetic & Orthotic Career Framework Guide, 2013)

Conclusion of Preceptorship

By demonstrating improved confidence and competence in different scenarios and assuming increased responsibility for services and treatment outcomes the preceptor is able to conclude the preceptorship process. Developing with the support of a more experienced clinician, within a process monitored by a more senior clinical lead, or manager ensures that the beginnings of a professional career are as productive, rewarding and as safe as possible.

This program is designed to be used as a guide and interpreted at a local level. Individuals progress at different speeds and it may be that milestones are reached more quickly in some cases. Ultimately the end point of the preceptorship process marks the beginning of another process which should although less structured; still include some level of supervision, but with less colleague support and a more self determined development process.

This process provides a mechanism by which a new starter can demonstrate their progression. It provides a guide for how a supervisor should help in the development process and how the line manager responsible for service delivery can monitor progress. Ultimately, it is a way of ensuring the optimal development of P&O clinical staff who are able to deliver the best possible care.

Roles, Responsibilities and Timescales in the Preceptorship Process

Month	Preceptor	Preceptee	Overseeing Professional
1	Meeting with Preceptor PDP developed including mandatory training observed practice Other training/education	Preparation for 1st observed practice including identification of learning opportunities	
2	1st observed practice session takes place Review outstanding learning objectives and PDP	Reflective practice completed on 1st observed practice session Learning needs identified Preparation for 2nd observed practice including identification of learning opportunities	
3	Supervision session to review 1st observed practice and agree learning objectives 2nd observed practice session takes place Review outstanding learning objectives and PDP	Reflective practice completed on 2nd observed practice session Learning needs identified Preparation for 3rd observed practice including identification of learning opportunities	
4	Supervision session to review 2nd observed practice and agree learning objectives 3nd observed practice session takes place Review outstanding learning objectives and PDP	Reflective practice completed on 3rd observed practice session Learning needs identified Preparation for 4th observed practice including identification of learning opportunities	
5	Supervision session to review 3rd observed practice and agree learning objectives 4th observed practice session takes place Review outstanding learning objectives and PDP	Reflective practice completed on 4th observed practice session Learning needs identified Preparation for 5th observed practice including identification of learning opportunities	Complete tracking review
6	Supervision session to review 4th observed practice and agree learning objectives 5th observed practice session takes place Review outstanding learning objectives and PDP	Reflective practice completed on 5th observed practice session Learning needs identified Preparation for 6th observed practice including identification of learning opportunities	
7	Supervision session to review 5th observed practice and agree learning objectives 6th observed practice session takes place Review outstanding learning objectives and PDP	Reflective practice completed on 6th observed practice session Learning needs identified	
8	Supervision session to review 6th observed practice and agree learning objectives Review outstanding learning objectives and PDP Set learning objectives for the remaining 4 months	Continue reflective practice and ongoing learning objectives	Complete tracking review
9 - 12	Monthly Supervision session to review outstanding learning objectives	Continue reflective practice and ongoing learning objectives	
12	Conclusion of preceptorship process	Continue reflective practice and ongoing learning objectives Conclusion of preceptorship process	Complete preceptorship conclusion

Figure 12 Source: Prosthetic and Orthotic workforce and education project, National Reference Group, July 2013

Appendix

Project Governance

This preceptorship guide has been developed as part of the Prosthetic and Orthotic Workforce and Education Project and is designed to work alongside the P&O Career Framework guide and the P&O Education Guide.

The structure and quality assurance arrangements for this project include:

- A Project Board
- A National Reference Group

Project Board

This project was supported by a project board that comprised of the British Association for Prosthetists and Orthotists, the British Healthcare Trade Association, University of Salford as the sole provider of pre registration P&O education in England and Health Education Northwest who are responsible for commissioning pre registration education for England, Wales and Northern Ireland.

The project board worked to support the project manager in ensuring that work streams were delivered on time and to specification. The board ensured that risks were managed and that financial targets were met. A full list of project board members is included in the acknowledgments.

The project board met 3 times over the progression of the project.

National Reference Group

The project reference group comprised of patient user group representatives,

The National Reference Group was a network of stakeholders including service users, clinicians, service managers, employers, educators and supporting organizations whose main role was to ensure that:

- The content of the product was right;
- The product had good face validity among relevant stakeholder constituencies;
- The product was fit for purpose; and
- The product was able to be implemented.

The National Reference Group met 3 times over the progression of the project.

Acknowledgements

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Project Board	
Kerry Hemsworth	Health Education North West (NHS Business Services, from September 2013)
Adrian Stenson	British Healthcare Trades Association
Alison Barlow	University of Salford
Steve Mottram	Chair of BAPO

National Reference Group	
Adrian Stenson	Blatchford's Clinical Services
Adrian Swift	Centre for work force intelligence
Alison Barlow	University of Salford
Beth Foreman	Blatchford's Clinical Services
Chris Parsons	OttoBock
Debbie Peebles	Opcare
Elaine Figgins	University of Strathclyde
Geoff Goss	London South Bank University
Helen Harvey	North Bristol NHS Trust
Henry Lumley	North Bristol NHS Trust
John Head	University of Salford
Jonathan Bull	BAPO
Kerry Hemsworth	Health Education North west (NHS Business services, from September 2013)
Laura Burgess	ISPO UK
Lisa Berkman	RSL Steeper
Lisa Hughes	Department of Health
Mark Davies	RSL Steeper
Phil Yates	OttoBock & BHTA
Ruth Cunliffe	Health Education North west
Sam Gallop	Limbless Association
Sandie Woods	London South Bank University
Steve McNeice	NHS England National AHP Patients Forum
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Tracy MacInnes	NHS Scotland

There were great many individuals who were willing to share their ideas, experiences and time during the lifespan of this project, although they did not form part of the reference group. Their input and support was extremely valuable.

Appendix

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Personal Development Template - New Starter Personal Development Plan

Name	

Development Need	Realted NOS	Method of Learning (HCPC Standard e.g. work based learning)	Date for Completion

Reviewer's Name:		Employee's Name:	
Reviewer's Signature		Employee's Signature	
Date		Date	

Personal Development Template - 5 Month Tracking Review

Name of Preceptee		**Date of Employment**	
Name of Preceptor		**Date of 5 month review**	

Activity	Comments	Completed Y/N	Signed

I confirm that the 5 month tracking review standards have been met:

Line Manager Signature:		**Name:**	
Job Title:		**Date:**	

Personal Development Template - 8 Month Tracking Review

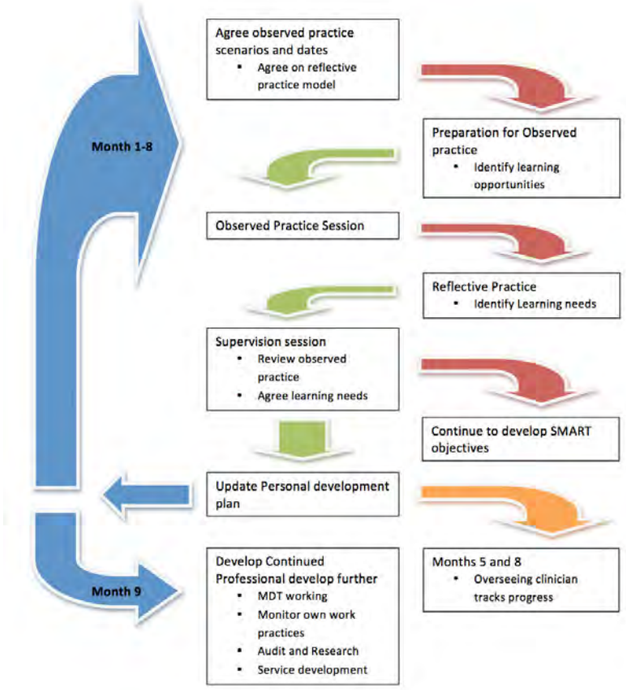
Name of Preceptee		**Date of Employment**	
Name of Preceptor		**Date of 8 month review**	

Activity	Comments	Completed Y/N	Signed

I confirm that the 8 month tracking review standards have been met:

Line Manager Signature:		**Name:**	
Job Title:		**Date:**	

Observed Practice Process Map



Preceptee - Observed Practice Preparation

Activity Selected for Observed Practice	
Date for Observed Practice	

What are the potential learning opportunities?

What preparation is required for the observed practice session?

Reflective Practice Models - John's Model of Reflective Practice

Description
Write a description of the events
What are the key issues within this description that I need to pay attention to?

Reflection
What are the key issues within this description that I need to pay attention to?
Why did I act as I did?

What are the consequences of my actions for the patient and family?
What are the consequences of my actions for myself
What are the consequences of my actions for the people I work with?
How did I feel about this experience when it was happening?
How did the patient feel about it?
How do I know how the patient felt about it?

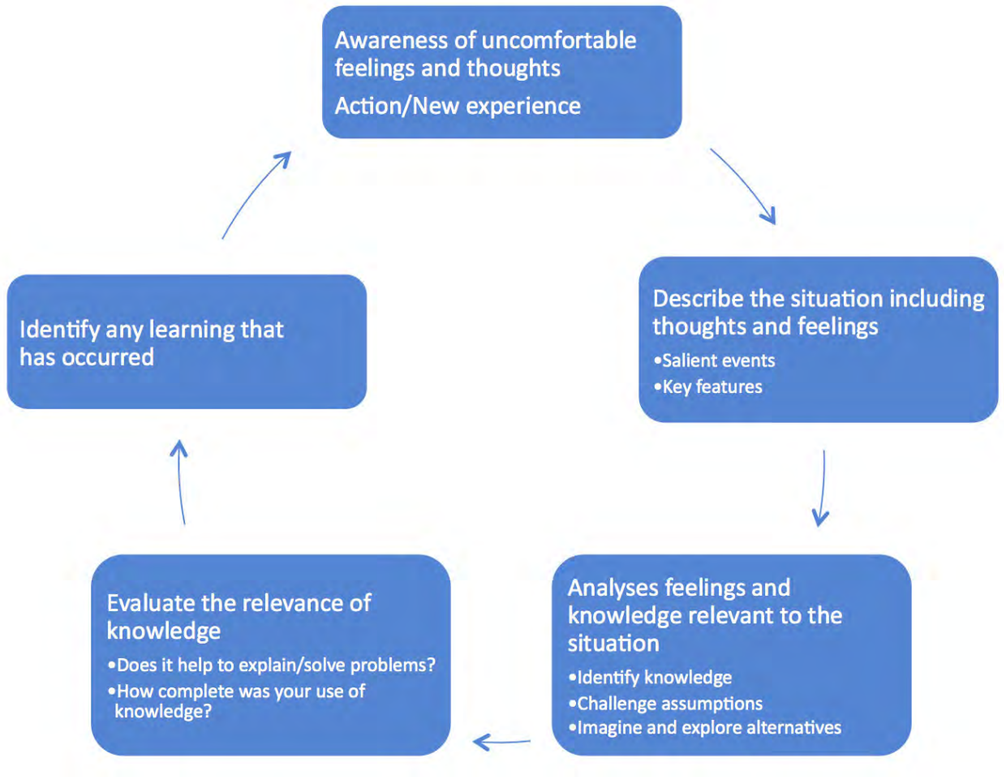
Appendix

Influencing Factors
What internal factors influenced my decision-making and actions?
What external factors influenced my decision-making and actions?
What sources of knowledge did or should have influenced my decision making and actions?
Alternative strategies
Could I have dealt better with the situation?
What other choices did I have?
What would be the consequences of these other choices?

Learning
How can I make sense of this experience in light of past experience and future practice?
How do I NOW feel about this experience?
Have I taken effective action to support myself and others as a result of this experience?
How has this experience changed my way of knowing in practice?

Johns, C. (1994). Nuances of reflection. *Journal of Clinical Nursing 3 71-75*

Reflective Practice Models - Adkins and Murphy's Model of Reflection



Atkins, S. and Murphy, K. (1994) Reflective Practice. *Nursing Standard 8(39) 49-56*

Description
Salient Events
Key Features
Analysis
Identify Knowledge
Challenge Assumptions
Imagine and explore alternatives

Evaluate
Does it help to explain/solve problem?
How complete was your use of Knowledge?
Learning
What learning has occurred?

Reflective Practice Models - Gibbs Model of Reflective Practice

Description - What Happened?

Feelings – What were you thinking?

Evaluation – What was good and what was bad?

The Good

The Bad

Appendix

Analysis – What sense Can you make of the situation?

Conclusion – What else could have been done?

Action – If it happened again, what would you do?

Gibbs, G. (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit, Oxford Brookes University, Oxford.

Objective Review Form

Name	

Learning Objective	Success Criteria	Date for Completion	Comments Following Completion Date

Reviewer's Name:		Employee's Name:	
Reviewer's Signature		Employee's Signature	
Date		Date	

Observed Practice Tracking Review

Name of Preceptee	
Name of Preceptor	
Name of Overseeing Clinician:	

Observed practice Activities	Preceptor Comments	Overseeing Clinician Comments	
1.		Achieved (Y/N)	
		Signed	
2.		Achieved (Y/N)	
		Signed	
3.		Achieved (Y/N)	
		Signed	
General Comments			
		Achieved (Y/N)	
		Signed	
		Achieved (Y/N)	
		Signed	
		Achieved (Y/N)	
		Signed	
General Comments			
The Preceptee has completed the preceptorship program	Signed (overseeing clinician)	Date	

Appendix

Record of CPD Activities

Preceptorship Task? Learning Objective		
Date	Details of CPD activity and supporting evidence	Aspects of Competences Exhibited
Aspects of which Competences were Exhibited?		
How have you benefited from this activity?		
How have service users benefited from this activity?		

Level 5 Practitioner Descriptor

Key Element Descriptors	
Knowledge, Skills, Training and Experience	Uses broad theoretical and practical knowledge that is often specialised within a field and shows awareness of limits to knowledge base AND demonstrates ability to transfer theoretical and practical knowledge in creating solutions to problems OR Uses broad theoretical and practical knowledge that is often specialised within a field and shows awareness of limits to knowledge base AND develops planned and creative responses in researching solutions to well defined concrete and abstract problems.
Supervision	Manages work independently that require problem solving where there are many factors some of which interact and lead to unpredictable change. OR Shows creativity in developing work, work is managed rather than supervised; OR Appraise performance of others
Professional and vocational competence	Evaluates own practice and identifies development AND formulates responses to abstract and concrete problems. OR Evaluates own practice and identifies development AND demonstrates experience of operational interaction within a work area. OR Evaluates own practice and identifies development. Makes judgements based on knowledge of relevant social and ethical issues.
Analytical/Clinical Skills and Patient Care	Makes judgements requiring analysis, interpretation and comparison of options OR Performs broad range of clinical, technical or scientific procedures.
Organisational Skills and Autonomy/Freedom to Act	Plan, organise and prioritise own work, activities and more complex tasks
Planning, Policy and Service Development	Develop procedures and changes working practices or procedures for own work area.
Financial, Administration, Physical and Human Resources	Works within organisational processes and policies for financial and human resource activities OR Trains others and develops team performance. OR Manages people and reviews performance of self and others. OR Contributes to administration and management of work area or department.
Research and Development	Undertake straightforward or complex audit or assist with clinical trials or research projects.

Figure 17 - Level 5 Key Element Descriptors, Skills for Health, 2013

Level 5 Practitioner Competences

Level 5	Practitioner Prosthetist/Orthotist	
General Competences		
Underlying Principle	**Competence**	
Communication	CHS48	Communicate significant news to individuals
	CHS56	Provide clinical information to individuals
	GEN14	Provide advice and information to individuals on how to manage their own condition
	GEN62	Collate and communicate health information to individuals
	GEN97	Communicate effectively in a healthcare environment
Personal and people development	GEN12	Reflect on and evaluate your own values, priorities, interests and effectiveness
	GEN13	Synthesise new knowledge into the development of your own practice
	GEN23	Monitor your own work practices
Health Safety and security	GEN1	Ensure personal fitness for work
	GEN96	Maintain health, safety and security practices within a health setting
Service Improvement	BA3	Contribute to the development of organisational policy and practice
Quality	GEN63	Act within the limits of your competence and authority
	HT4	Manage and organise your own time and activities
Equality and Diversity	SCDHSC0234	Uphold the rights of individuals
Specific Competences		
Underlying Principle	**Competence**	
Assessment	CHS120	Establish an individual's suitability to undergo an intervention
	CHS168	Obtain a patient/client history
Health Intervention	CHS6	Move and position individuals
	CHS59	Respond to referrals of individuals with health conditions
	CHS99	Refer individuals to specialist sources of assistance in meeting their health care needs
	CHS119	Select assessment and investigative techniques/procedures to meet individuals' needs
	CHS167	Obtain valid consent or authorisation
	CHS169	Comply with legal requirements for maintaining confidentiality in healthcare
	GEN2	Prepare and dress for work in healthcare settings
	GEN6	Manage environments and resources for use during healthcare activities
	GEN7	Monitor and manage the environment and resources during and after clinical/ therapeutic activities
	PE1	Enable individuals to make informed health choices and decisions
Education, research and learning	R&D8a	Assist in the research work
Medical devices, products and equipment	RT2	Produce duplicate models
	RT23	Produce positive casts prior to rectification
	RT24	Carry out rectification of casts to meet the prescription
	CHS206	Adapt healthcare equipment, medical devices, assistive technology, or products
	CHS222	Prescribe the use of equipment, medical devices and products within healthcare
	CHS223	Fit healthcare equipment, medical devices, assistive technology, or products to meet individuals' clinical needs
	CHS238	Capture data to be used in the manufacture of equipment, medical devices and products within healthcare
Management and Administration	GEN39	Contribute to effective multidisciplinary team working
	SCDHSC0241	Contribute to the effectiveness of teams