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**BRITISH ACADEMY OF AUDIOLOGY (BAA) PROFESSIONAL DEVELOPMENT**

**PRECEPTORSHIP FRAMEWORK**

**Foreword**

The purpose of this document is to act as guidance for individual Audiology departments/trusts/services to develop their own scheme for preceptorship. The framework is an overarching document that can be personally built upon and specificity added as required, dependent on the role and responsibilities of the individual.

The framework document has been developed by a purposely formed BAA sub-committee including, in alphabetical surname order:

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**Introduction**

A Preceptorship as defined by the Department of Health and Social Care (DHSC) is “a period of structured transition for the newly registered practitioner during which they will be supported by a Preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning” (DHSC, 2010).

The pathway aims to support the Preceptee (newly qualified /returning staff) to develop their skills and knowledge under the support and guidance of an experienced clinician (Preceptor). This framework is most relevant to newly qualified clinicians entering their first employed role within the field of audiology, however may also be applicable to qualified personnel returning to practice or undertaking a UK-based role for the first time.

**Benefits of Preceptorship**

When students complete their formal training programme they are then able to apply for relevant available positions within the field of Audiology. Upon achieving employment there are often many changes as they transition into their new role:

* Less support and supervision.
* Loss of student peer support and relations.
* The assumption that they will be fully competent in all aspects of their new role.
* The perception that the time taken for specific tasks will match that of other clinicians.

The preceptorship allows the Preceptee to follow a programme of individual learning and support from an assigned Preceptor. The aim of the preceptorship is to ensure that the newly qualified clinician is able to:

* Practice in accordance with the Code of Professional Conduct for the applicable registration body, *e.g.* HCPC, RCCP.
* Apply and expand skills, competencies and knowledge developed during time as a student.
* Develop confidence in their clinical competences.
* Identify areas for personal and professional development.
* Identify and understand ‘scope of practice’ in order to prevent inexperienced clinicians being given unsuitable responsibilities or undertaking roles outside of their capability.
* Undertake appropriate tests and document findings appropriately
* Receive and reflect on constructive feedback.
* Take responsibility for and undertake individual learning and development, documenting post-registration Continuous Professional Development (CPD), continuing career-long learning.

**Who can be a Preceptor?**

The Preceptor will be a registered Clinician, ideally registered on the same professional register as the Preceptee, having qualified and registered at least two years prior with active and regular practice since registration. The Preceptor must be able to demonstrate the attributes of an effective Preceptor, including the ability to provide clinical supervision, being approachable developing an environment of trust, ability to provide honest and objective feedback identifying areas that require improvement. It is paramount that the preceptor is familiar with relevant tools and policies in the area of practice.

**Initial meeting**

* This initial meeting should ideally take place within the first week of the preceptorship being agreed or employment in post.
* The meeting should be informal allowing the Preceptee to be open and honest to allow strengths and weaknesses to be discussed. This open discussion should facilitate development of the preceptorship plan.
* Keen areas of interest should be explored and if possible factored into the preceptorship plan (if appropriate to employed role).
* An initial clinical supervision plan should be developed (please see below) and protected time should be scheduled for learning and development.
* The date for the next meeting should be set.

**Supervision and Support**

For a period of time, discussed and agreed at the initial meeting, the Preceptee shall be supernumerary to allow observation of clinics and direct guidance and supervision by an experienced clinician for all clinics. Even the most competent of students or newly qualified clinicians may have to be trained and become familiar with different equipment, hearing aids and processes. This period of time allows the Preceptee to become familiar with the Standard Operating Policies (SOPs) of the individual department and ensure that they are confident with the equipment or devices used.

Following the supernumerary period, for an agreed period of time, discussed at the initial and potentially subsequent meetings, a named experienced clinician should be available within the clinic for distant supervision as required.

**Developing a preceptorship plan**

The plan should start to be developed during the initial meeting but it is likely to not be finalised until the one-month review. This time allows individualised competencies to be developed between the Preceptee and Preceptor based upon performance over the initial month of employment.

The BAA have developed preceptorship plan templates for ease of plan development (Appendix B). The plan should be set to be achievable over the 12 month period of the preceptorship. In the situation of significant periods of absence during the preceptorship, for example, long-term sickness or maternity leave, the duration of the preceptorship can be increased. In addition the period of preceptorship can also be extended to support any staff with disabilities, long-term health conditions, or any other reason deemed appropriate by both parties.

The preceptorship plan should outline the frequency of review. Regular monitoring and support meetings should take place between the Preceptee and Preceptor where objectives and performance can be reviewed. BAA recommendation is that the first meeting should take place within the first week of employment, followed by meetings at 1, 2, 3, 6, 9, and 12 months. Informal meetings may be held whenever a meeting is required.

**Subsequent Review meetings**

The purpose of review meetings is review and reflect upon learning to date, to allow this the process should be informal and facilitate open conversation.

Progress can be monitored using BAA preceptorship review meeting templates (Appendix C). Specific competencies from preceptorship plan can be chosen to focus on over given review period and action plan amended. Next review meeting date should be set.

**Final Review meeting**

This should be treated as a formal review meeting and can be organised to coincide with annual Personal Appraisal and Developmental Review (PADR). It can be useful for the ongoing developmental plan to be shared with the Preceptee’s line manager for use in PADR objective setting. BAA preceptorship final review template is available for ease (Appendix D). It is good practice for the Preceptee to write a reflection on their preceptorship experience.

**Appendix A:** Flowchart of preceptorship scheme

**Celebrating Progress**

**Reviewing Progress**

**Finalising Preceptee Plan**

**Start to develop the Preceptorship Scheme Plan**

**Appendix B:** preceptorship plan templates. Editable pdf version available from BAA webpage.

**PRECEPTORSHIP SCHEME PLAN**

**Date(s) amended:**

**Date plan established:**

**Anticipated completion date of preceptorship:**

**PRECEPTEE:**

**Date of commencement of preceptorship:**

**Details of indirect supervision period:**

**Details of supernumerary period:**

**PRECEPTOR:**

**MEETING RECORD:**

All meetings can be recorded here for record. *Please add rows as required for additional meetings.*

|  |  |
| --- | --- |
| **Date** | **Meeting summary** |
|  |  |
|  |  |
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|  |  |

**TUTORIAL RECORD:**

Tutorials are recommended during preceptorship. The requirement for these will link in with the agreed development goals. Preceptees and Preceptors should agree on the need for a tutorial and arrange a suitable tutor (usually a clinician). The Preceptee should complete any recommended pre-reading and reflect upon learning following the tutorial.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Tutorial title** | **Tutor** | **Summary** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Add further rows as needed**

**DEVELOPMENT GOALS RECORD:**

Preceptor and Preceptee should together agree on development goals. How these will be achieved and how they will be evidenced should be discussed through the length of the preceptorship programme. The Preceptor should ensure that the evidence fulfils the learning outcomes required and can be scored as Green, Amber or Red dependent on standard of evidence received.

*Examples of goals are available on BAA webpage.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Details (when, how, support needed?)** | **How will we show this has been completed?** | **Date goal achieved and scoring (Red, Amber, Green)** |
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**Add further rows as needed**

**REFLECTION ON DEVELOPMENT ACTIVITY**

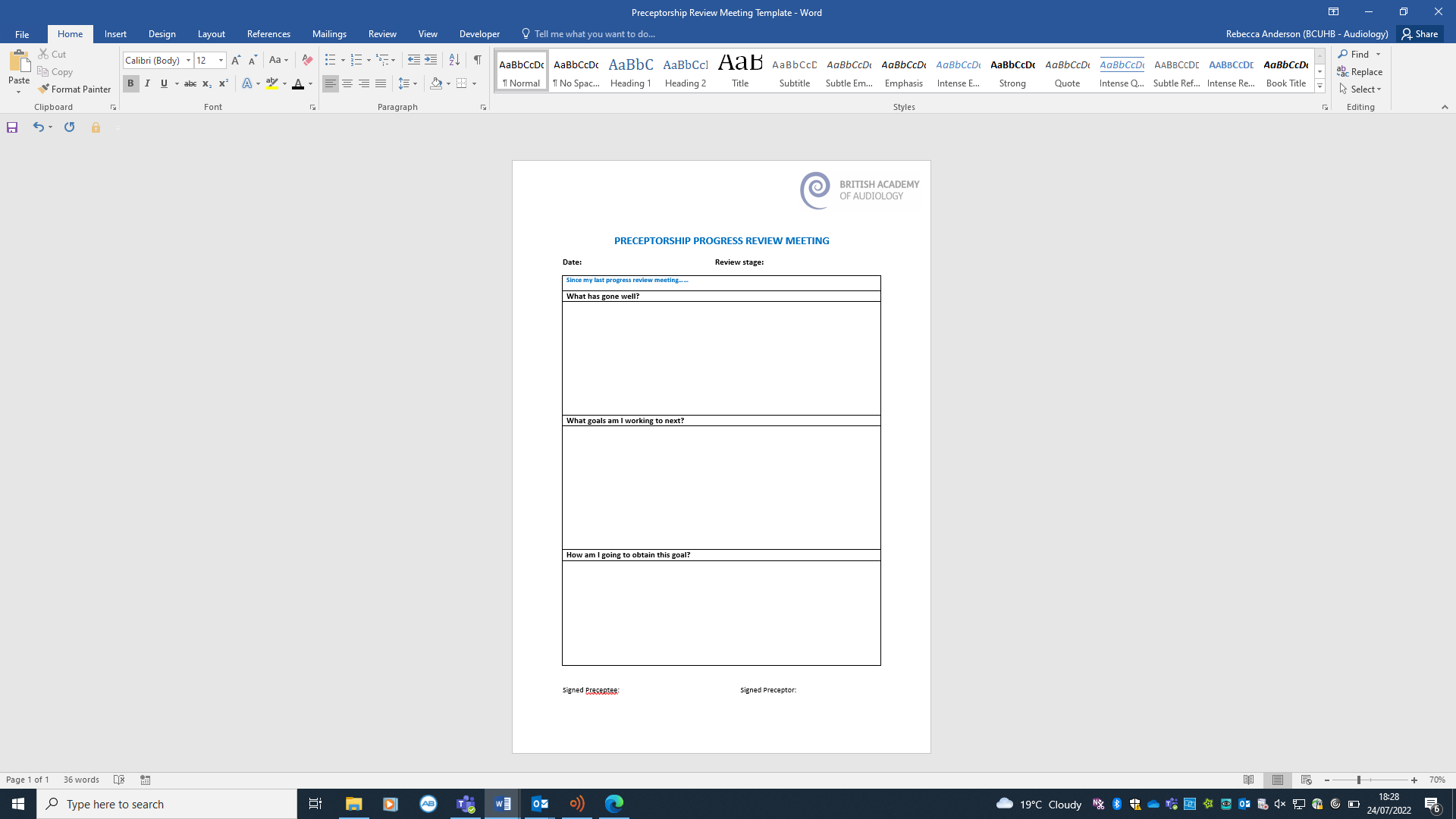
Do you need further actions to meet the goal? Would you like to develop further in this area?

How did it go? How will it change your practice?

What did you do? How and why?

**Agreed Goal:**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Learning activity** |
|  |  |  |

**Appendix C:** BAA preceptorship review meeting templates. Editable pdf version available from BAA webpage.

**Appendix D:** BAA preceptorship final review template. Editable pdf version available from BAA webpage. 