



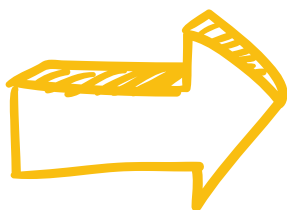
ALLIED HEALTH PROFESSIONALS
PRECEPTORSHIP PROGRAMME

Resources



If you're reading this, you've had your Preceptorship 1:1 - YAY! We love meeting you all on a 1:1s basis, understanding your role and introducing you to the AHP Preceptorship Programme. We understand we go through A LOT of information during the 1:1, please utilise this support pack to revisit anything we discussed. As mentioned, you can contact us at ANY point if you have any questions or would like to arrange another 1:1.

Please ensure you revisit the tick list to make sure you're on track. We have ticked off having your 1:1 and reviewing resources, as that's what you're doing right now! Once you get these all ticked off, you'll be off to the BEST start.



Points to remember....

1. The programme is 12 months but this is flexible, as we are aware everyone has different learning styles, different clinical pressures.
2. You can book in additional 1:1s at any point, we advise on contacting us to do a mid-way 1:1 when you are close to finishing your 6 month competencies
3. Please ensure your preceptor has had their Preceptor training, if they haven't, send us their email and we can send over the training dates
4. Book in your monthly protected time to complete your portfolio (at least half a day per month)
5. Get creative!!! Preceptorship isn't a pass or fail, it's there to aid your development :)





FOLLOW
Us, ...



Getting started...


Register for the portal on www.oxleasahppreceptorship.com	
Add Preceptorship Meeting dates onto calendar/clinical diary	
Book introductory 1:1 with AHP Preceptorship Leads	✓
Review resources (example evidence etc)	✓
Identify your preceptor (usually your supervisor)	
Book first Preceptorship Supervision with Preceptor	
Sign Preceptorship Contract with Preceptor	
Agree protected time for Preceptorship with Preceptor	
Identify Preceptorship Buddies	

HCPC Categories of Learning

-  We want to see all 4 Categories of Learning in your whole portfolio, not for each competency
-  You tick which one your evidence falls under, sometimes evidence can cross-over a few categories
-  Majority of your evidence will be work-based
-  A reminder to also write your HCPC Standards 3 & 4 reflection (guidance on that on the next page)


Professional

Examples inc but not exclusive to:

- Supervision
 - Having students
 - Member of a Clinical Excellence Group (e.g with your Professional Body or Organisation)
 - Writing for Journals
- 


Work Based

Examples inc but not exclusive to:

- Clinical Notes/Reports
 - Case Studies
 - Care plans
 - Referrals
 - Assessments/Interventions
 - Audit
- 

Self-Directed

Examples inc but not exclusive to:

- Reflections
 - Reading Journals/Evidence Based Practice
 - Networking
 - Podcasts
- 

Formal

Examples inc but not exclusive to:

- Mandatory Training
 - PDR's/Appraisals
 - External Courses/Training
- 

Example Evidence

SIX MONTH PORTFOLIO / COMPETENCIES / 03 COMMUNICATION

03 Communication



To be achieved within first six months:

HCPC Standard 3 - How have you benefitted from this CPD activity?

HCPC Standard 4 - How has your learning benefitted your service users?

HCPC Category of learning, please indicate:

- Work Based (WB) Self Directed (SD)
 Professional (P) Formal (F)

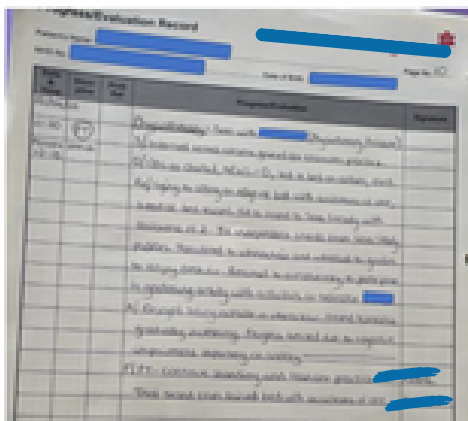
To adhere to all HCPC standards on communications (such as ensuring notes are written within 24 hours)

Evidence (Reflection, Observed Practice, Clinical Notes):

The HCPC standards on communication includes:

- keeping full, clear and accurate records for everyone you care for, treat or provide services to
- completing all records promptly and as soon as possible after providing care, treatment or other services.

A set of notes taken from April 2022 demonstrates my record keeping.



HCPC Standard 3 – How I have benefitted from this CPD activity:

By reviewing the HCPC standards on communication, I confirmed that I meet these set standards with each patient I see on the ward. My notes below demonstrate my record keeping is clear with legible handwriting, as well as the notes being written promptly after seeing the patient (written at 11:30am, after seeing the patient an hour before at 10:15am).

HCPC Standard 4 – How my service users have benefitted from my learning:

My patients benefit from clear handwriting and a full set of notes written promptly as it allows the other members of the team to read the latest therapy update. It also ensures the patient records can be easily read, aiding written communication between staff members which prevents information being misread and therefore, misinterpreted.

Ticked 'Work Based' under Category of Learning

Brief summary of evidence

Clinical notes to evidence (ensure all records are anonymised)

HCPC Standards 3 & 4 reflection; short & concise

Example Evidence

02 Quality

To be achieved within first twelve months:

HCPC Standard 3 - How have you benefitted from this CPD activity?

HCPC Standard 4 - How has your learning benefitted your service users?

HCPC Category of learning, please indicate:

- Work Based (WB)
- Professional (P)
- Self Directed (SD)
- Formal (F)

To support with supervision and/or training of unqualified staff or students

Evidence (Reflection, Observed Practice, Clinical Notes):

I went to the BSU practice educator training, in which I was introduced to what it means to have a student, what is expected of them and what is expected of us. This made me more comfortable to support a student and with the support of my line manager, we decided to take on a first-year student, quickly after I completed the training.

The student was shadowing me for 5 weeks. The fact that she was a first year, put me at ease, as it was my first student and did not quite know what to expect. I was initially a bit hesitant to give her too many tasks, afraid that she would not be able to finish everything. However, during our weekly supervisions, we helped each other understand our roles and we provided each other with feedback. I provided her with feedback on how she was doing and how she was engaging with the clients, and she provided me feedback on the tasks that I had set her and was honest about the workload. There were times where she asked for more work and there were times where she felt confident enough to tell me that it was too much for her.

Having the student showed me that I have more knowledge than I thought I did, and I needed to think about how I phrase my clinical reasoning, so that it made sense to her. If I was unclear, she would ask follow-up questions, but towards the end of the placement, we had a good understanding of the way each of us worked and I felt comfortable giving her more responsibility.

At the end of the placement, I asked the student to fill out a feedback form for me, as her practice educator and she was very positive in her review of how I had supported and guided her:

HCPC Standard 3 and 4:

Standard 3: Supporting a student gave me insight in my own knowledge and brought out a different side of me. Unexpected situations and questions made me look at my work in a different light and gave me new tools that I can use in my day-to-day work.

Standard 4: With the new skills I learnt, I am more confident supporting students and providing them with the knowledge and skills that they require in the future, after they graduate and start working as physiotherapists.

To the left is an example piece of evidence. This is roughly the amount the preceptee is required to write, supported by their evidence. However, we advise preceptees they can get creative with the evidence they use e.g audio reflections. Example evidence is sent to all preceptees once they've had their 1:1.

Ticked 'Work Based & 'Professional' under Category of Learning

Brief summary of evidence

Two screenshots of evidence; email trial & powerpoint (ensure all work in anonymised)

HCPC Standards 3 & 4 reflection; short & concise