

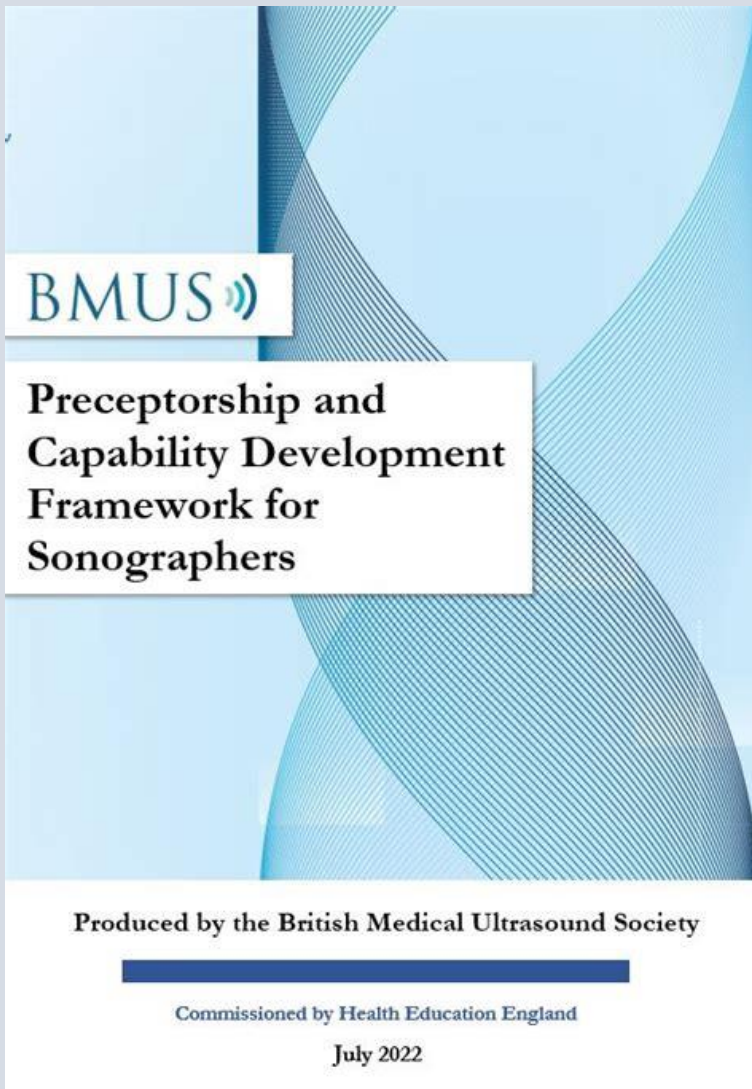
# What is preceptorship and who needs supporting?

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# A brief introduction...



BMUS commissioned by HEE to describe preceptorship and capability development for sonographers.

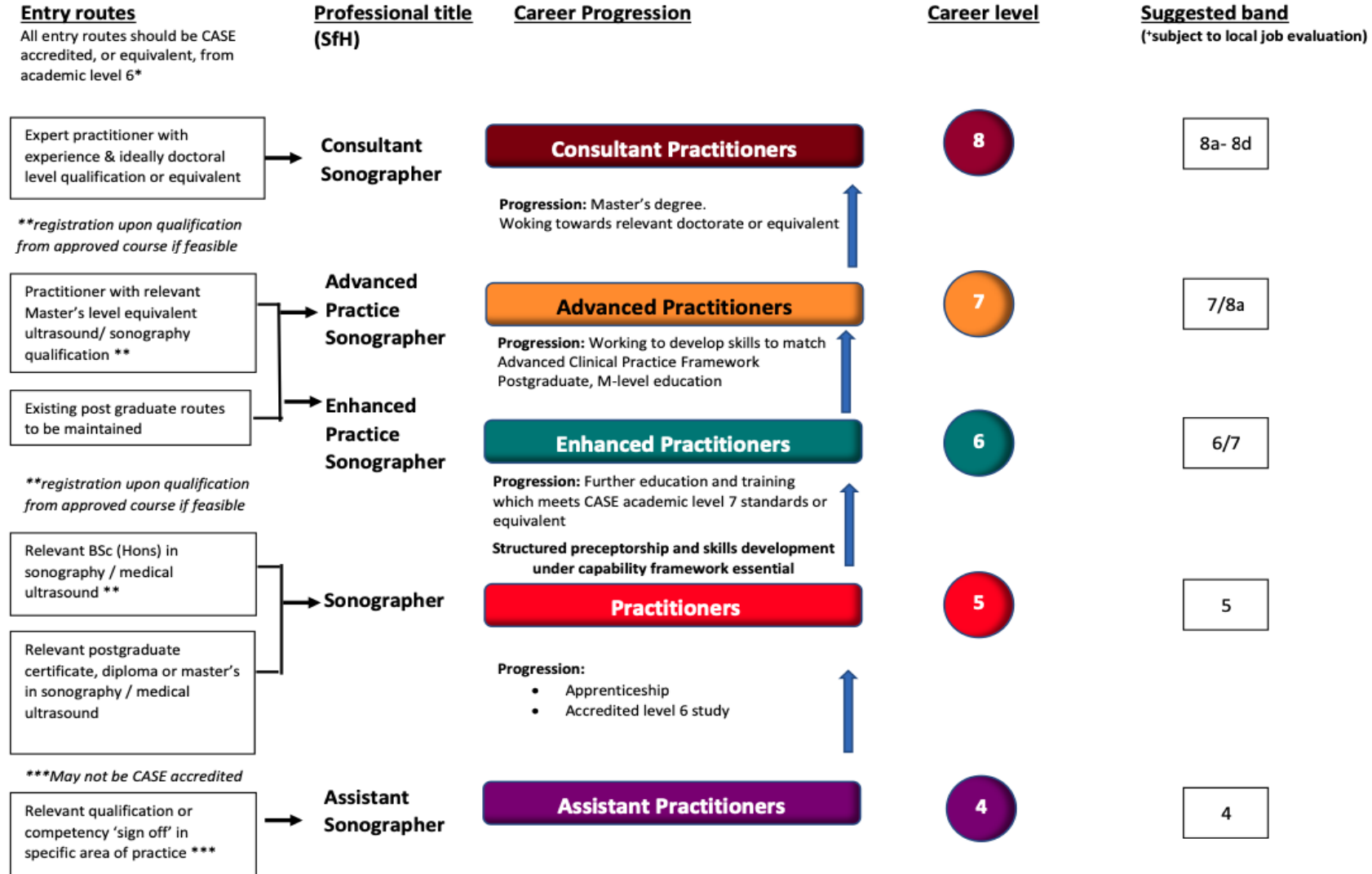
Adds to the existing Career and Progression Framework.

**Preceptorship-** Describes first-post support.

**Capability development-** Describes support for sonographers in moving between posts or moving through the career structure.

# Career progression framework

## Outline Career and Progression Framework – Final V4. Updated March 2023



\* Entry routes into sonography should be CASE equivalent i.e. the education and learning outcomes should meet CASE learning outcomes for the relevant academic level of study. See explanatory narrative for further details for non-CASE accredited awards.

## Preceptorship Definition.

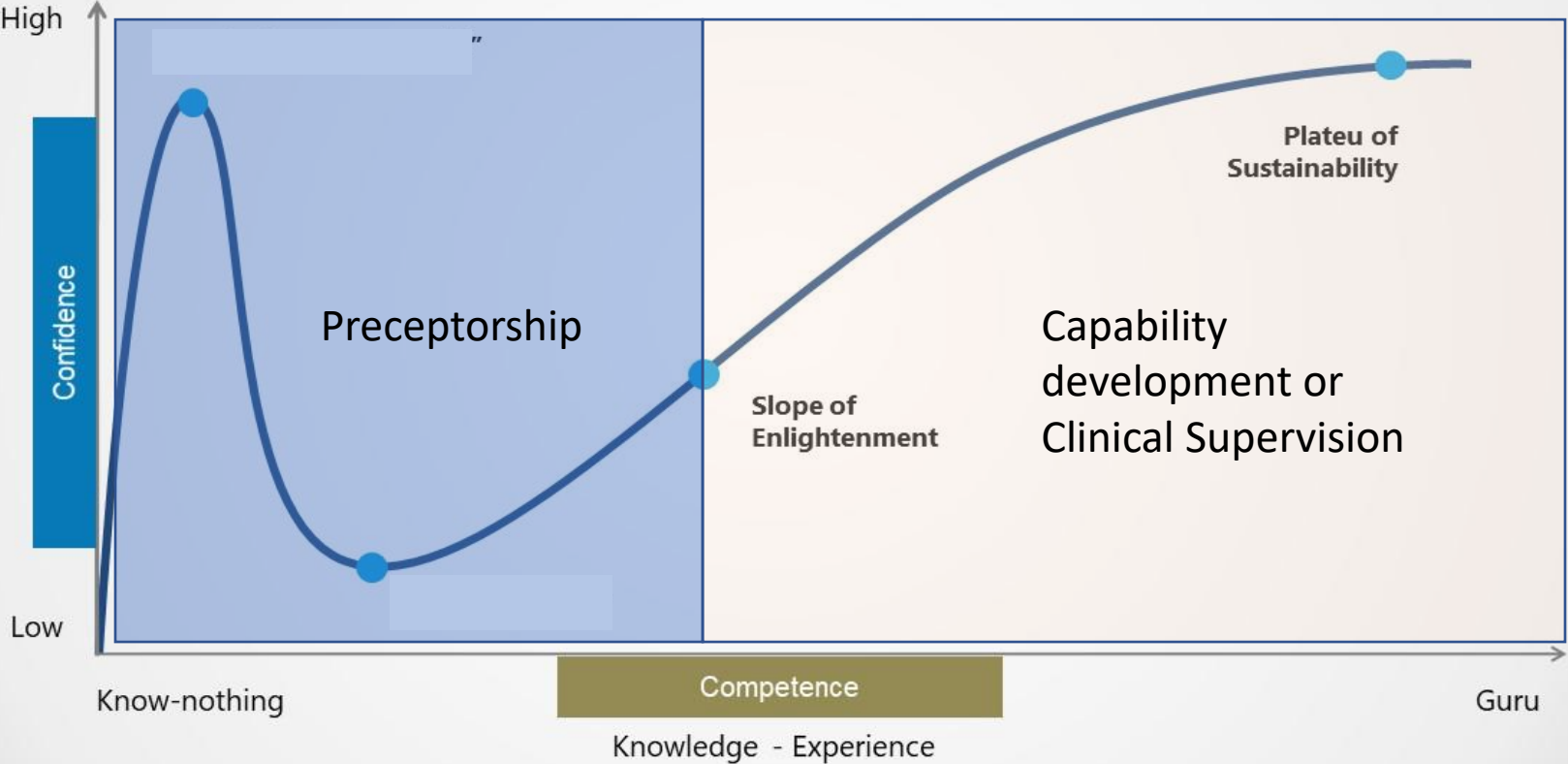
**‘A period of structured transition for the newly qualified practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.’**

# Just the newly qualified?

- Newly qualified.
- Return to practice?
- Moving between countries?
- On promotion?
- Moving between jobs?



# Dunning-Kruger Effect Curve

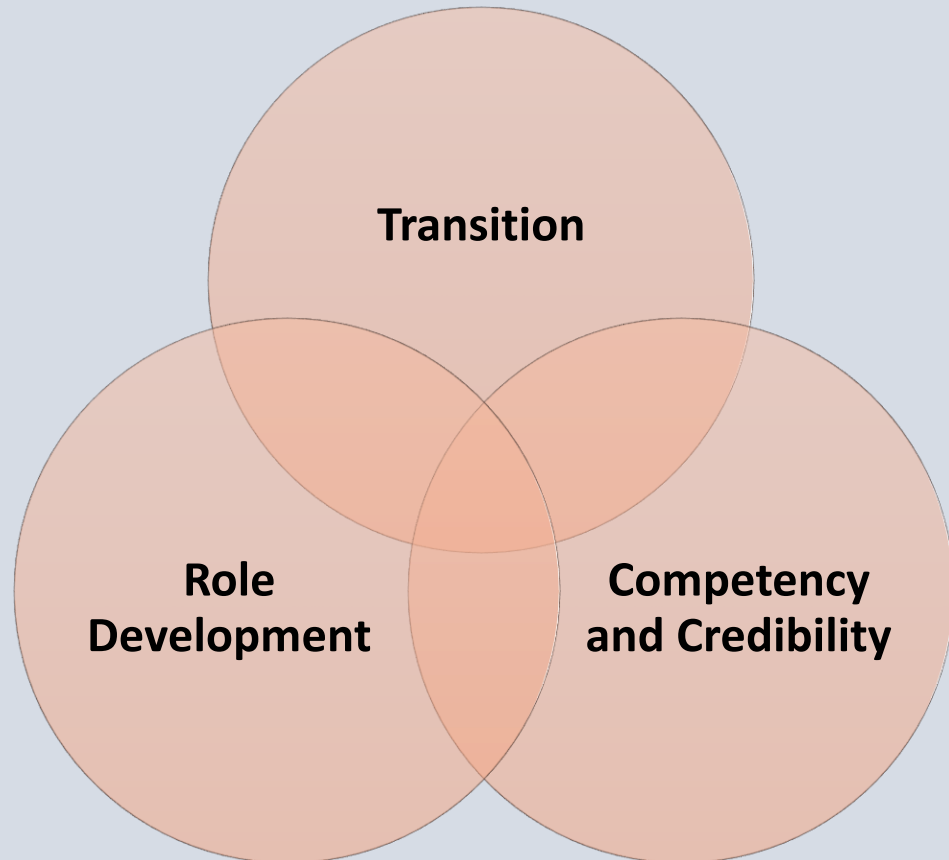


# Where are we now?

- **We don't really know.**
- **Limited evidence shows preceptorship is patchy in both delivery and quality.**
- **Anecdotal evidence shows that newly-qualified sonographers are not always well supported.**
- **Formal guidance commissioned by HEE completed in 2022. This gives a framework for preceptorship, specifically aimed at sonographers**
- **The framework is aimed equally at sonographers from undergraduate, post-graduate and overseas routes.**

# What do we know?

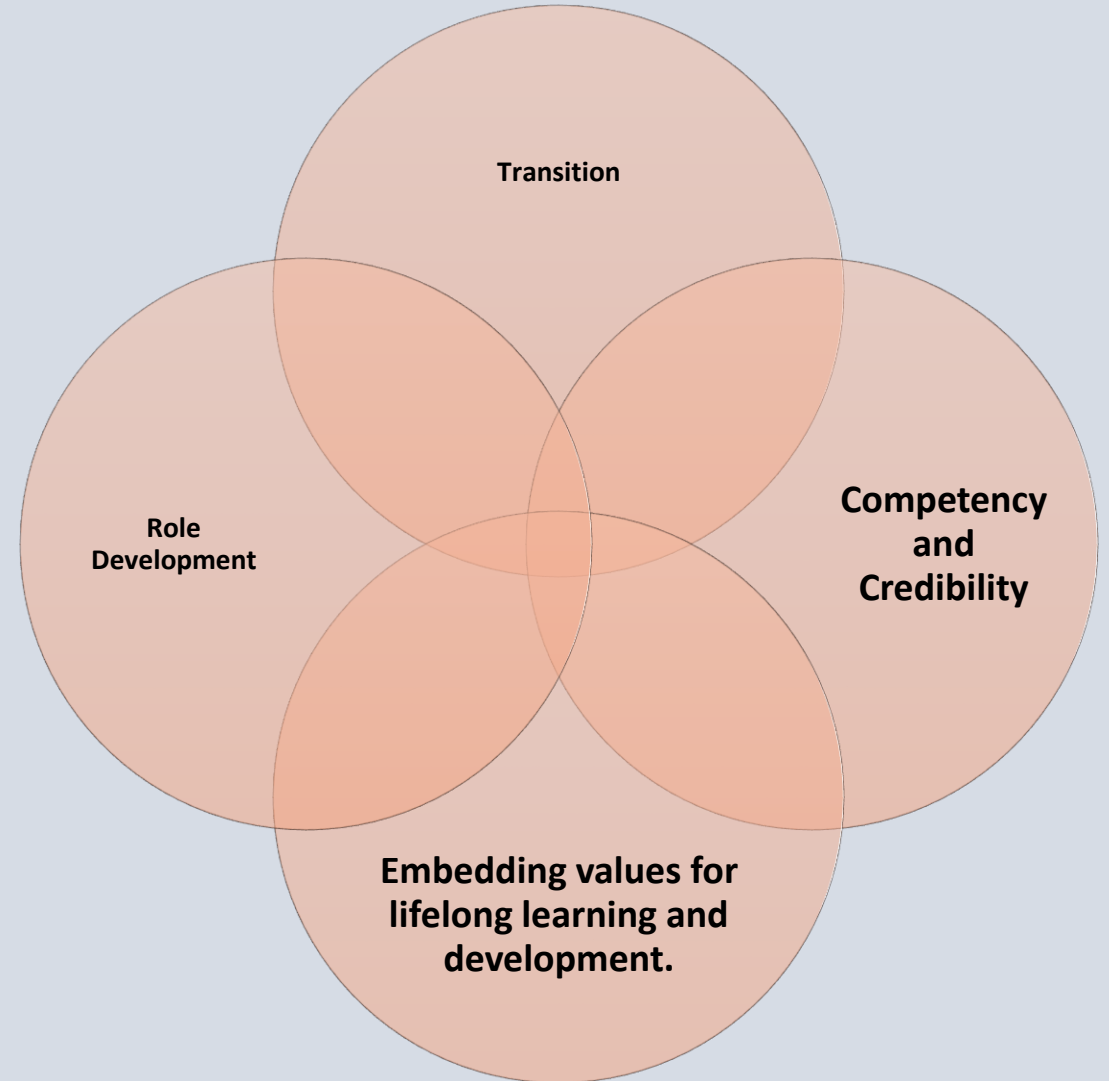
18. Phillips, R. *The experience of newly qualified sonographers: A case study design*. 2015; Available from: <https://uwe-repository.worktribe.com/output/922436/the-experience-of-newly-qualified-sonographers-a-case-study-design>.



<b>Transition</b>	<b>Minimise 'culture-shock'. Reduction of attrition rates.</b>
<b>Role Development</b>	<b>Redefinition of role. Negotiating and accepting new scope of practice. Integration into team.</b>
<b>Competence and Credibility</b>	<b>Advanced beginner to competent practitioner. E.g. Prioritisation of tasks, transfer of learning to unfamiliar situations.</b>



What should a sonographer preceptorship look like?



# Transition.

- Personal and professional support to minimise the effect of 'culture-shock'.
- Provide time and support for critical reflection.
- Provide support in adaption to new role.
- Facilitate the development of professional competence.
- Provide the preceptee with a 'critical friend'.

# Role Development

- Provide clarity on professional expectations of the preceptee.
- Ensure that job role is well understood.
- Ensure an accessible point of contact during times of personal or professional difficulty.
- Ensure that the preceptee is aware of, and adheres to their scope of practice.

# Competence and Credibility

- Ensure developing clinical competency by setting realistic goals with measurable outcomes.
- Ensure developing professional/communication competencies with patients and colleagues using SMART objectives.
- Facilitate introductions and effective team working between the preceptee and their colleagues, both within the department and within the wider multidisciplinary team

# Lifelong learning

- Ensure a clear understanding of professional accountability and code of conduct.
- Ensure that the preceptee is aware of, and proactive in taking opportunities for continuing professional development.
- Developing an awareness of the wider picture, moving from a task-orientated approach to a more holistic approach in which tasks are seen within a wider context.

# What preceptorship is not...

- To delay the preceptee accepting professional, ethical and legal accountability for their professional actions.
- Mandatory training including induction processes.
- Performance management processes.
- Regulatory body processes to deal with performance issues.
- Coaching and mentorship (although these processes may be used to facilitate learning).

# Preceptorship, coaching and line management.

	Preceptorship	Mentorship/coaching	Line Management
<b>Purpose</b>	A structured period to develop confidence as an autonomous professional and to refine skills, values and behaviours	To provide guidance and assist in the development of professional skills	Overall responsibility for staff and departmental performance
<b>Time</b>	Time limited. Generally short lived (usually a period of months)	Frequently not defined but typically long-term relationship (can be for a defined period or continue over a period of years)	Ongoing throughout the individual's employment
<b>Structure</b>	Very clearly structured programme with clear objectives and outcomes (set in advance)	Less structured with objectives set by negotiation between mentor and mentee	Very clearly defined relationship ensuring that organisational standards and objectives are met
<b>Hierarchy and Power</b>	Reasonably well-defined hierarchy. Preceptor acts as a 'critical friend' to enable the preceptee to meet required specific objectives	Less well-defined hierarchical and power balance. The mentor may act as an advisor but future objectives are by negotiation rather than by instruction. In coaching the coach assists the coachee to find their own solutions to achieve specific goals, with no hierarchy.	Clearly defined hierarchy and power differential. The line manager is responsible for performance management
<b>Outcomes</b>	Specific objectives expected to be met within a specific timescale, with the goal of transitioning from newly qualified to established practitioner	Outcomes determined by negotiation between the mentor and mentee. Outcomes may change as the relationship evolves	Line manager sets wider specific expectations according to department and organisation goals and norms

# Attributes of a Preceptor.

## Personal.

- Calm
- Confident
- Non-judgemental
- Caring
- Patient.

## Professional.

- Willingness to share knowledge, skills and experience.
- An ability to identify learning needs
- Leadership, communication and decision making skills

BMUS recognises that preceptors are an incredibly important resource. It recognises the need to provide high-quality professional support and education to preceptors for them to discharge their roles effectively.



# Length of Preceptorship.

- Document is non-prescriptive, but expected length will be between 6 and 12 months.
- Will depend on preceptee characteristics, education route and preceptee characteristics.
- Must be objective led with agreed end-point, agreed by the preceptee, preceptor and employing department

# Mechanism of preceptorship

- Formal programme with clear expectations between preceptee, preceptor and employer.
- Regular, documented meetings.
- Written agreement to clarify roles and responsibilities
- Progression and failure to progress criteria should be explicitly described with clear objectives
- Use of professional portfolio as a learning tool and demonstrate satisfactory progression.

# Employer buy-in.

- Protected time for regular meetings between preceptor and preceptee.
- Clinical support for the preceptee
- Support and training for the preceptor.
- Regular clinical sessions where preceptor and preceptee work together.
- Management support, particularly in cases of failure to meet objectives.

## In Conclusion...

- BMUS in conjunction with HEE has provided preceptorship guidance for sonographers based on best available evidence.
- Most of the guidance is common-sense and non-controversial.
- There is a need for better support for our newly-qualified sonographers and their preceptors.
- Need to develop a 'critical mass' to ensure that this becomes standard practice in every ultrasound unit.