

BMUS)))

Preceptorship Endorsement Scheme:

A Practice Educators
Perspective

Presented by : Sharon Watty
s.watty@nhs.net

July 2025

Sharon Watty



**Ultrasound Practice Educator and
Professional Development Lead**

Guy's and St Thomas' NHS Foundation Trust

BSc (Hons) Diagnostic Radiography
MSc Medical Ultrasound.
Postgraduate Certificate Clinical Education

Disclaimer

This presentation is based on my experience undertaking pilot for BMUS preceptorship endorsement scheme. No financial/industry or interests declared.

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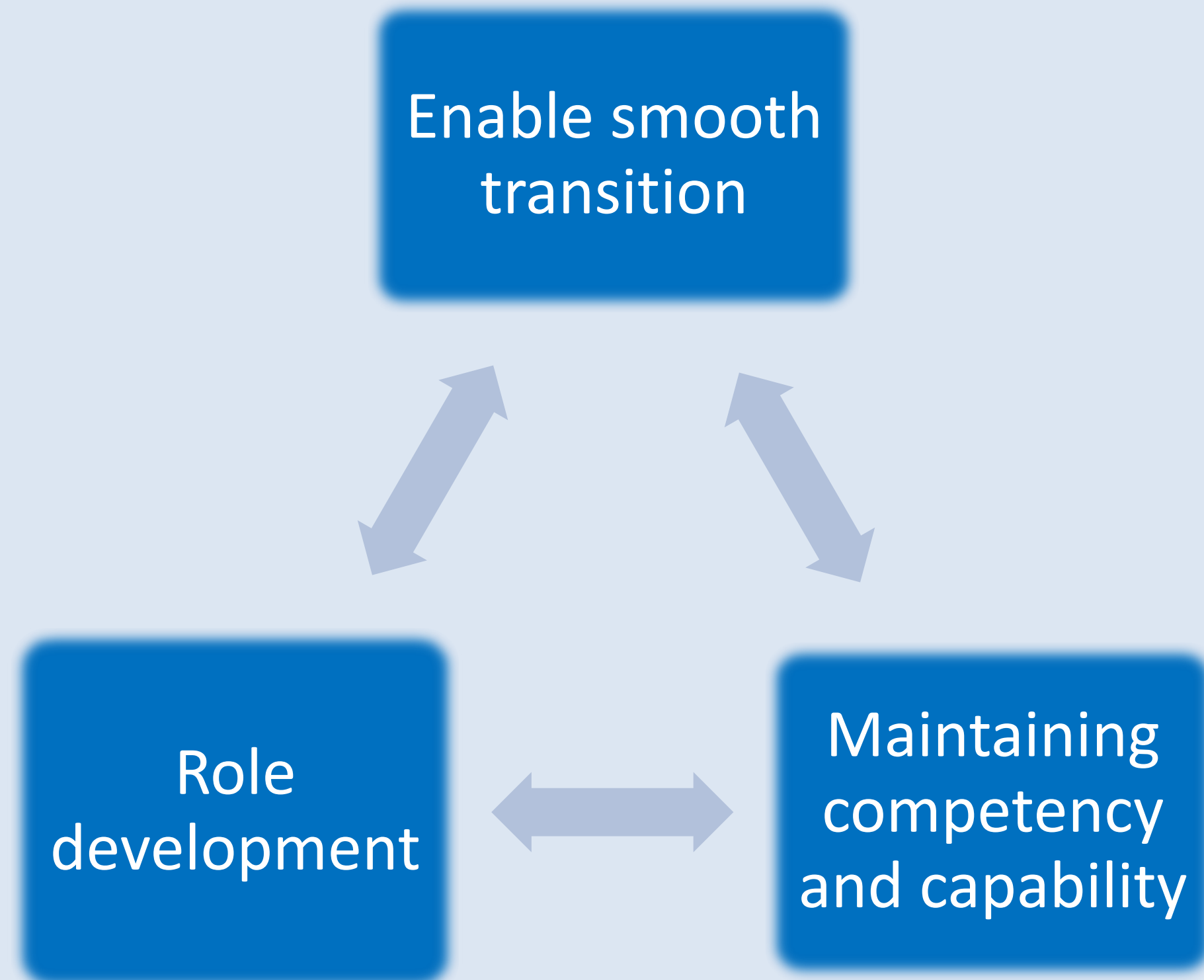
Preceptorship and Capability Development Framework for Sonographers

Produced by the British Medical Ultrasound Society

Commissioned by Health Education England

July 2022

Updated March 2023 with revised Career and Progression Framework (appendix A)



The role of the practice educator taking part in the endorsement scheme

- Enables a deep dive into your own preceptorship practices
- Standardising and streamlining documents (QSI/ CQC/ NSC)
- Providing a balanced and thorough preceptorship, shows value and engagement with staff.
- Recognition of the value of practice education





Increasing
demand

Time

Support

Financial constraints

Workforce shortages

BMUS Preceptorship Endorsement Scheme

Who is preceptorship for?

1. Newly qualified ultrasound practitioners
2. Newly appointed ultrasound practitioners from other locations (new starters)
3. In-house ultrasound practitioners transitioning to a new position e.g. promotion, role extension or progressing to a higher level of practice
4. Return to practice employees after extended absence



Essential Criteria

1. A named mentor
2. An induction programme
3. Template for meetings
4. Evidence objectives have been met
5. Evidence accessible policies
6. Time for learning and reflection
7. Time for attending meetings
8. Support for mentor/ preceptor
9. Culture to develop four pillars of practice
10. Pathway to address lack of progression

1. A named mentor / preceptor for all new starters, transitioning staff and newly qualified staff

Guy's and St Thomas' **NHS**
NHS Foundation Trust

RADIOLOGY ULTRASOUND

Induction Information for
Sonographers



Radiology Ultrasound Induction Pack

The GSTT Team

Head of Radiology
Head of Nursing
Deputy Head of Radiology
St Thomas Superintendent
Guys Superintendent
Practice Educators
Paediatric Specialist Sonographer
Key Mentor
Clinical Supervisor (if applicable)
Clinical Assessor (if applicable)

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**BMUS Preceptorship
Endorsement Scheme**

Other key team members

Sonographers – 25-30 full and part time Sonographers and 1-2 Trainee Sonographers.

Radiologists – [redacted] y- Ultrasound Lead.

Ultrasound Nursing Assistants

Admin team

Trust telephone number

020 7188 7188

2. A **local induction programme** should be completed for all new starters, transitioning staff and newly qualified staff. This will comprise a check list, agreed timeframe, completion deadline and sign-off

Guy's and St Thomas' **NHS**
NHS Foundation Trust

Radiology Department

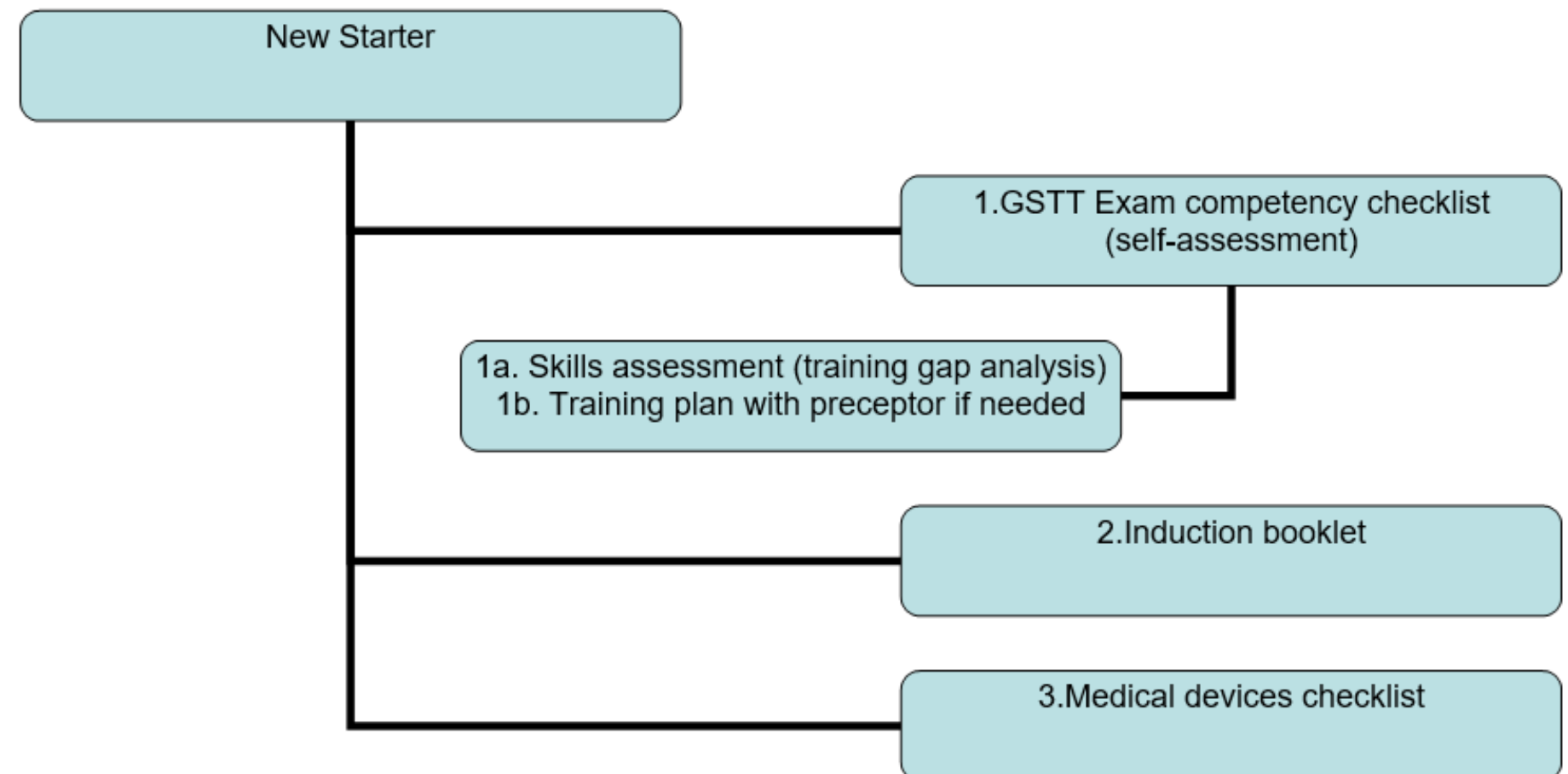
Sonographer Training and Competency Framework

This document gives an overview of training processes, expectations and competencies of all bands of qualified and training Sonographers working at Guy's and St Thomas' NHS Foundation Trust.

Document Detail	
Parent policy	N
Document location	S
Version	C
Approved by	K
Effective from	J
Date last reviewed	n
Date of next review	J
Owner	J
Author	J
Superseded documents	n
Related documents	L
Keywords	L

BMUS Preceptorship Endorsement Scheme

on PDR



Ultrasound Clinical Competency and Training Checklist

Name:

Date:

Area:

Assessor:

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BMUS Preceptorship
Endorsement Scheme

Please complete all tabs or printed version. Email Supts once complete.

Communication skills

Able to demonstrate:

Appropriate communication skills with patients and visitors	COMPETENT
Appropriate communication skills with colleagues/staff members including team members of other disciplines	COMPETENT
Professional appearance	COMPETENT
Appropriate commitment and attitude	COMPETENT

Knowledge and Skills

Able to demonstrate:

Relevant IT skills	COMPETENT
Appropriate knowledge of equipment use	COMPETENT
Appropriate examination technique	COMPETENT
Appropriate speed	COMPETENT
Understands how to write a report	COMPETENT
Demonstrates depth of background knowledge of area of work	COMPETENT
Demonstrates depth of knowledge of patient condition/history/previous reports	COMPETENT
Ask appropriate questions	COMPETENT
Ability to cope with workload and skills required at GSTT	YES

General ultrasound skills

Ability to routine demonstrate the following to protocol and GSTT standard:

Full abdominal scan	Competent
Testicular scan	Competent
Upper limb DVT	In development
Lower limb DVT	Competent
Thyroid/ head&neck	Competent
Soft tissue lumps	In development
Hernia	In development

COMMENTS

Confident to scan soft tissue lumps and bumps (lipomas/sebaceous cysts etc). Can scan anterior abdominal hernias however will need fun

In development
Competent
Advanced/Trainer

Gynae ultrasound skills

Ability to routine demonstrate the following to protocol and GSTT standard:

Perform a routine gynae scan	Competent
Perform a complex gynae scan	Competent

Introduction 1.Communication 2.Knowledge & Skills 3.Technical ability

COMPETENCY IN ULTRASOUND

>Ability of the practitioner to practice safely and effectively to a professional standard (PSA, 2002)

>An aid to determine what skills are needed and a way to measure performance.

>Ensures local measures are in place to support trainees and the trainer

Based on examinations performed at GSTT

NOVICE - no background training	no knowledge or experience
BEGINNER - some background experience	attending uni/ observed and limited performance of the skill
COMPETENT - consciously efficient and competent to perform the scan	however aware of short comings for some complex clinical presentations.
EXPERT - High level of theory and practice (unconsciously competent)	perform and teach a range of scans without concern, can safely answer clinical question

This is a Self Assessment - backed up relevant CPD, audits and appropriate qualification

DATE:

TICK ONE BOX

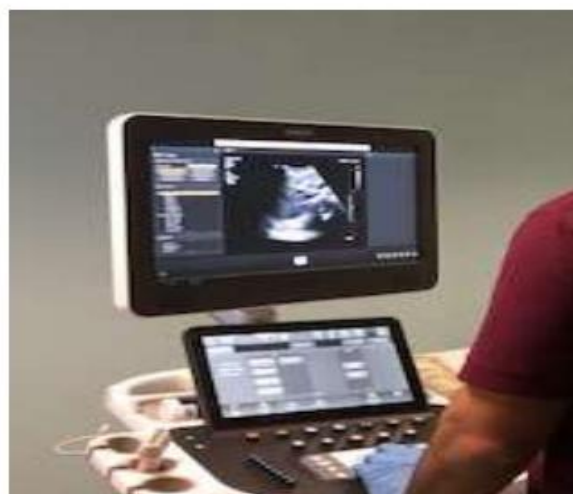
TICK WHERE APPROPRIATE

Type of ultrasound scan	NOVICE	BEGINNER	COMPETENT	EXPERT	Teach/ Supervise	Training planned
1 Abdomen			X		X	
2 Abdominal Wall	X					
3 Appendix			X		X	
4 Abdominal aorta			X		X	
5 Bladder with flow rate		X				
6 Doppler: Lower limb venous			X		X	

2. **Local induction programme** should be completed for all new starters, transitioning staff and newly qualified staff. This will comprise a **check list, agreed timeframe, completion deadline and sign-off**

RADIOLOGY ULTRASOUND

Induction Information for
Sonographers




- 8th Floor North wing
- ☒ Main Reception
 - ☒ Fire exits, fire-f
 - ☒ Photocopier
 - ☒ Local areas (An (EPAGU), Fetal
 - ☒ Maternity Asse North wing
 - ☒ Superintendent
 - ☒ Quiet rooms
 - ☒ Staff room, cha
 - ☒ Emergency dru
 - ☒ Equipment and
 - ☒ Location of loca
 - ☒ Ultrasound Roc

Now complete:

- 1 hour at recep
- In addition for Obs!
- Gain security ac
- Badgernet Acce
- Astraia Access

Clinical Area Induction Pack

Miscellaneous	BASIC TRAINING	TRAINER'S SIGNATURE	DATE
Recording gender	<input checked="" type="checkbox"/>	 BMUS Preceptorship Endorsement Scheme	
Recording/filming and thermal prints	<input checked="" type="checkbox"/>		
Astraia messages	<input checked="" type="checkbox"/>		
Where to seek obstetric vs ultrasound advice	<input checked="" type="checkbox"/>		
Conflict resolution and security	<input checked="" type="checkbox"/>		
Locating stock	<input checked="" type="checkbox"/>		
Infection control/ PPE	<input checked="" type="checkbox"/>		
QA	<input checked="" type="checkbox"/>		
Other: interesting cases, referral box, audit	<input checked="" type="checkbox"/>		
Undertake online course and send certificate to Sharon.Watty@gstt.nhs.uk https://portal.e-lfh.org.uk/FASP			

Obstetric training is complete once all competency boxes are filled in.

Signature

Trainers Name

Trainers Signature

Date training completed 25/01/22

2. **Local induction programme** should be completed for all new starters, transitioning staff and newly qualified staff. This will comprise a **check list, agreed timeframe, completion deadline and sign-off**

Radiology Department

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on PDR

Serena Patel- Preceptor		Training Plan
NAME :		Training Plan Start
	ACTIVITY	ANTICIPATED COMPLETION DATE
November	OBS	
	Confident with growth scans and feels ready to move onto starting early lists with growths only	19.12.22
	Still doubled up with a sonographer for remote supervision until end of preceptorship period	30.12.22
	Practice and exposure to scanning more twins- RG to highlight this to obs flow co/ reception first thing that she would like to scan twins	30.12.22
	Gynae	
	More McNair sessions still required for more complex gynae pathology reporting	30.12.22
	Complex reports/ IP requests double checking	Ongoing
	Signing own reports where feels confident to do so	30.12.22
	Gynae scanning sessions with extended appointment times in GUSS	Ongoing
	Report catchup/ complex pathology follow up sessions may be considered- RG to highlight if required. May be useful initially	30.01.23
	Early pregnancy	
	Scanning completely independently	30.12.22
	Recognises need for asking for second opinions	30.12.22
	Feels confident in this area	30.12.22
	Other	
	Mandatory training update	Complete
	Reporting templates setup and ready	Complete
	Find and listen in to IOTA webinar to familiarise	Complete
	Background reading on ovarian pathology	Complete
	Badgernet access- to discuss login details with SD	Complete
	Student diary updated by SP til end of Dec	Complete
	Started post	Complete

Upper limb DVT Ultrasound Assessment

3. A method in place to evidence that objectives set by the preceptor and preceptee have been met

Assessment:

Purpose: The document is designed to provide understanding and a high level of knowledge.

Objectives:

1. Demonstrate detailed understanding of the anatomy and pathology of the upper limb.
2. Demonstrate knowledge of the clinical presentation of DVT.
3. Demonstrate suitable reporting skills.

Learners are expected to undertake supervised ultrasound sessions to gain practical skills and develop accurate reporting skills. Background reading is expected to support the training as well as attending the sessions.

During the training period the learner is expected to:

1. Perform routine and complex examinations.
2. Recognise anatomy and pathology.
3. Diagnose and report abnormalities.
4. Recognise their limitations and when to refer.

To demonstrate this has been achieved, the learner should indicate this on the competency assessment. An assessment will take place by a suitable assessor. The learner will be expected to perform the examination with or without assistance. Throughout the learning a log book (min 100 scans) should be maintained. The logbook and final competency assessment will commence training.

To demonstrate continuous professional development, the learner should maintain a portfolio which includes evidence of reflective learning and courses attended as well as a list of mentors.

All qualified sonographers undertaking the upskilling program are expected to meet the below standards for each scan they perform.

- Check the patient's identity
- Ensure the patient was correctly prepared for the examination
- Understand the implications of the request being made
- Ensure the patient's comfort, privacy and safety during the examination
- Carry out the scanning technique appropriate for the examination
- Demonstrate all relevant anatomy and/or pathology in keeping with the departmental protocol
- Take measurements as required
- Record relevant images at appropriate times during the scan
- Explain to the patient the significance of observations and measurements
- Complete the examination within the allotted time in keeping with the departmental protocol
- Come to the correct conclusion from the observations and measurements made

ARM DVT COMPETENCY COMPLETION

Sonographer name:

Assessor name:

Date:

Scan clinical info:

Task	Competent (Y/N)	Signed
Correct use of transducer		
Optimisation of settings		
Can demonstrate normal anatomy		
Recognise patency and occlusions		
Utilisation of colour and spectral Doppler		
Assess venous system with PICC lines		

4.A template for recording preceptor/preceptee meetings

Band 7 Sonographer Preceptorship

Welcome to your preceptorship in Ultrasound at Guy's and St Thomas' NHS Foundation Trust (GSTFT).

It is suggested and we whole heartedly agree that newly qualified Sonographers and sonographers training in a new skill, should have a period of support when they first start working as an independent and autonomous professional. This document is designed to help you structure this time period. Use this as a stimulus for arranging meetings with the Tutor Sonographer and your line manager. Use the reflection and feedback log sections as a start for your learning and a space to save your continued professional development in the final log page. You should also think of reading materials and attending organised study days to supplement your learning.

We hope to...

- Provide support and guidance to the newly qualified Sonographer
- Acting as a role model and critical friend
- Facilitating introductions and promoting good working relationships
- Participating in all preceptorship activities including completing required training, preparing for, attending and documenting regular scheduled meetings
- Providing timely and appropriate feedback to the preceptee
- Liaise with manager and Tutor Sonographer about preceptee's progress as appropriate
- Advise on learning and development needs, facilitating a supportive learning environment and signposting learning resources

Your aim is to....

- Complete all Organisation and local induction, statutory and mandatory training
- Attend study days and doing all required training to complete my preceptorship
- Observe and adhere to Organisation values
- Participate fully in the preceptorship programme by preparing for and attending meetings as scheduled
- Working collaboratively to share my reflections and identify learning and development needs
- Seeking feedback from others to inform my progress
- Owning my learning and development plan
- Identify Trust, dept. & specific personal objectives
 - Think about your expectations - What support would you like over this time period and from your preceptor? Think about how often you would like to meet, what support looks like to you, how will you be in contact with your preceptor?

Reflection Log

After the first week in each area and after each preceptor meeting:

Reflection on what has gone well and any challenges :

Study days / eLearning / competencies completed:

Preceptorship Meeting

Name :

Preceptor: Sharon Watty

Date of meeting:

02/07/2022

What has been going well?

In recent weeks I have been performing the majority of my lists as independently as possible and I have seen overall improvements in my timekeeping and in my report writing.

I have become increasingly confident scanning in obstetrics. I am happy with my scanning technique, and in the times I have experienced running my own list, I have been able to stick to the allocated scan times for most patients.

With regards to general scanning, I feel comfortable in abdominal, renal, testes and DVT Doppler studies for outpatients and most inpatients (complex cases aside).

I have started taking more ownership of my scans and feel more confident discussing cases with other clinicians. For example, I have been contacting radiologists for second opinions, discussing patients with FMU consultants, and organising relevant follow-ups.

Reflection Template

TITLE (delete as appropriate):

DATE:

Your name

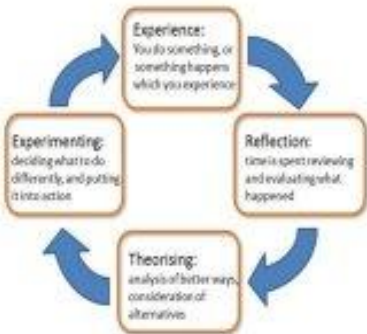
What is reflection in clinical practice?

Kolb proposed a four-stage learning process with a model that is often referred to in describing experiential learning. The process can begin at any of the stages and is continuous, i.e. there is no limit to the number of cycles you can make in a learning situation. **This theory asserts that without reflection we would simply continue to repeat our mistakes.** We should therefore use reflection to fully engage with the learning process.

The experiential learning cycle:

Kolb's research found that people learn in four ways with the likelihood of developing one mode of learning more than another. As shown in the 'experiential learning cycle' model, learning is achieved through:

- Concrete experience
- Observation and reflection
- Abstract conceptualisation
- Active experimentation



What happened today?

What did I learn?

5. Contemporary, evidence-based and readily accessible policies and procedures

PC > Shared (S:) > Radiology > Ultrasound > Policies, SOPs and Protocols

Search Policies

Name	Date modified
Archive	10/08/2023 14:43
Evelina Children's Ultrasound	07/02/2024 10:57
General & Gynae Ultrasound	16/02/2024 14:12
Generic guidance	20/12/2023 11:30
Obstetric Ultrasound	23/02/2024 12:21
US SOPs Word Version templates	11/03/2024 11:58
Radiology policy link	22/06/2020 14:52

Guy's and St Thomas' NHS
NHS Foundation Trust

Clinical Guidance

Gynaecology
Ultrasound Guidelines

Summary:

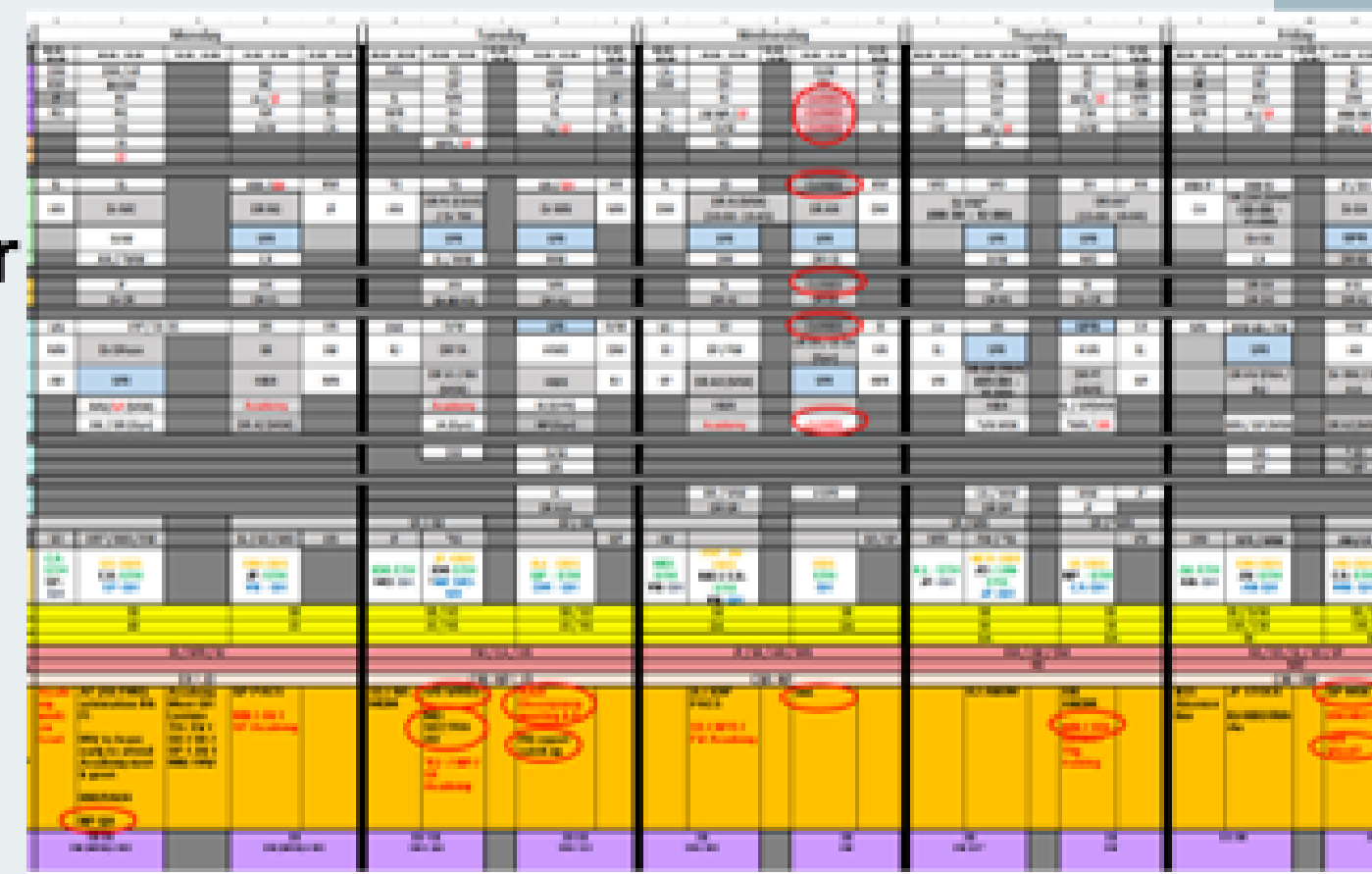
This document provides guidance for all ultrasound practitioners scanning and reporting Gynaecological ultrasound within the radiology departments at Guys and St Thomas' Hospitals.

Document Detail	
Document type	Clinical Guideline
Document name	Gynaecology ultrasound guideline
Document location	GTi Clinical Guidance Database
Version	V3.2
Effective from	Jan 2008
Last review date	May 2023
Review date	May 2026
Owner	Clinical lead, Radiology
Author	Sharon Watty, Ultrasound Practice Educator and Professional Development Lead.

-Regular time allocation for learning and reflection for all new starters, transitioning staff and newly qualified staff

-Provision made to allow attendance to Governance and/or Multidisciplinary Team (MDT) meetings

- Regular staff meetings
- REALM
- Learning from incidents
- Newly qualified – time to report, reflect, second opinions, follow up cases.
- Learning to audit, Vet, CPD sessions, doubled up sessions for training
- Clinical governance, MDTs



8. A support network for the mentor/preceptor

Scope of the Key Mentor Role – Mentorship in Radiology

To assist and maintain an effective learning environment which ensures the safety of patients and the growth of the learner. The expectation is that each trainee sonographer will have access to a named mentor. The mentoring role will be undertaken alongside the Practice Educator(s)/Superintendents/ clinical supervisors/ clinical assessors within their responsibilities.

What is a mentor :

Encourage, support, coach advise. Should be a different person to line manager/ teacher/ supervisor/ assessor or can lead to confusion. What is a preceptor/ preceptorship: peer support, can be at the same band but with more experience.

How to mentor:

Establish working relationships with the mentee.
Demonstrate the characteristics of good mentor: good communication skills and role model (by meeting professional standards).
Facilitate learning of mentee.
Create best learning environment – ‘future of radiography depends on good clinical placements’ Society of Radiographers.

Responsibilities

- Be the named mentor, act as a link and resource between the Tutor sonographer and/or university practice educators.
- Liaise with the Tutor Sonographer with regards to mentoring issues
- Ensure that each student is satisfied with clinical placement time to achieve their numbers/ university requirements in each area.
- Establish inter-professional learning and professional integration as part of the practice placement experience, to develop the trainee into a well rounded competent sonographer.
- Identify any outstanding issues with student supervision.
- Encourage
- Assist in

LONDON
IMAGING
ACADEMY



useful

Education Leads Meeting Terms of Reference

Purpose

The purpose of this group is to support the education and development opportunities within the department, aligning educational motives with local and Trust level strategies, allow timely and appropriate processing of funding, provide support and empowerment to the education leads and ultimately improve the delivery of education within radiology by our dedicated education leads team.

Membership and frequency of meetings

The meeting will be pre-arranged by the Ultrasound practice educator lead (SW) via a TEAMS link.
There will be a rotation of the host for each meeting with an associated theme and agenda sent to all

ULTRASOUND LEAD PRACTICE EDUCATORS MINUTES

The purpose and aim of this meeting is to consolidate, learn and develop a positive learning and working culture between the ultrasound practice education sonographers at GSTT on a regular monthly basis.

Attendance is mandatory.

Apologies should be sent when attendance is not possible.

Asana platform is currently used to define the tasks and roles and can be used a guide for this practice educator meeting.

It will envisaged that the Asana platform will also serve as a point to record the minutes/ outcomes of this meeting.

MEETING DATE: 30/03/2023
TIME: 12:00- 13:00

AGENDA:

1. Agree to the meeting purpose (terms of reference), time, date and regularity. (5min)
2. Measuring Impact (Imaging Academy slides) and improving quality of upskilling data (20 min)
3. JWs Upskilling feedback – solutions/ survey monkey (10min)
4. BMUS Preceptorship (10min)
5. QSI (10 min)
6. Asana tasks (if time)
7. AOB

STUDENT SUPERVISION

SW 22/09

Comments in red:

- Training Students - need more time in Obs to give proper hands on

There is now more time due to changes to bookings – there is no obligation to let students scan all patients. There is a shortage of appointments and it's difficult to reduce lists.

- General feeling that more support from the Tutor sonographer with practical teaching is needed particularly in Obs/gynae

Will be discussed with Tutor sonographer – always happy to hear any suggestions and interested to know what sonographers needs with practical teaching are. Is it general tips? Training lists in OBS would be ideal but as mentioned due to capacity I do not think they are possible.

- Can more sono's train in obs, it does not always have to be the supervisors

All obs sonographers can and do train, I wonder if this is a misunderstanding – I looked through a random 3-4 weeks (April and May). On average, out of 9 sessions per week, Matt scanned with a designated supervisor twice, 7 sessions with another B7?

Who/ what are student supervisors?

• Graham
• Jessie
• Jason
• Nic Fiddimore-Rowe
• (Buna)
• Chantelle

TUTOR SONOGRAPHER
UNIVERSITY

- TS meet with supervisors.
- Regular meeting with trainees
- Ultrasound TA
- SIM
- Arrange lists – formative/summative.
- Extra paperwork writing feedback.
- Rota
- Support extra needs/ guidance

Your role in training?

1. Understand ultrasound as a modality and how it fits in to patient management (purpose, use, benefits, limitations).
2. Understand how to use the machine, hold the probe.
3. Understand how to use BN, Astria, CRIS, SECTRA.
4. Finally, how to scan.
5. How to report (verbally/ written).



supporting
visitors can be

OBSTETRICS

- Obstetric concerns are complex as there are multiple issues

• 'I think with limited time, late patients, limited appointments (pressures not to rebook) no training lists and the same sonographers doing all the obs training it has a compounding affect'.

9. Foster a progressive culture within the department that recognises and understands the four pillars of practice associated with advanced and consultant practice

Advanced practice-
Ultrasound future

Jan 2023

Evidence of staff who are or working towards advanced/ consultant practice

Evidence staff participation in four pillars (incorporate into staff meetings, presentations)

Find local research departments. (MSc, PhD students, Clinical academic centers, HEIs, BMUS/ SOR, NIHR websites and support)

Certificates, awards or evidence in leadership, service innovation, educational achievements, clinical excellence

*Now forms part of induction/ preceptorship framework for all staff

JOINT FMU and WUS Study Afternoon: 5.

DATE: March 3rd 2020.

TIME: 2-5pm

LOCATION: Raynes Institute, 4th floor Lambeth wing

Welcome!

Welcome to the 5th Joint FMU and Women's ultrasound meeting –bringin and building clinical expertise with education and research within Ol ultrasound. By keeping up to date with changes and jointly developing our lead our practice as clinical experts.

SCREENING/ OELM: LEARNING FROM DISCREPANCIES

2:00 Elsa Moro & Sharon Watty

Short break

AUDITS

3:00 BMUS referrals Audit – Hutton Anan

Guy's and St Thomas' NHS Foundation Trust

Radiology Department

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term advanced practice and/or advanced s within ultrasound?

ered: 18 Skipped: 1

AREA	Clinical Practice	Education		Leadership and management		Research
PAEDS	1-2 sessions p/w <u>Approx 3-6 months</u> Aim scan and report independently	In house- Log book and assessment	Supplement with relevant CPD	Work in a MDT/ team work Manage workload Follow protocol	Adapt communication skills Know limitations	Supplement with contribution to audit and potential research proposal



10. A fair and transparent pathway to address lack of progression of individuals

PEOPLE P



MANA
DIFFERENT
PERFOR





Managing Performance

Areas to discuss	Praise strengths	Communicate areas of
Delivery of out in the		
Meeting of what?		
Meeting to standards,		

Perf

Continue

AC1

Capability Policy & Procedure

Guy's and St Thomas' NHS Foundation Trust requires high standards from all employees in order to provide an efficient and effective service to its patients. The Trust is committed to providing a fair and effective procedure where an employee does not meet the required standards of work performance

Document Detail	
Policy group	HR
Version	1.5
Approved by	Joint Policy Forum
Effective from	April 2016
Date last reviewed	April 2019

Guy's and St Thomas' NHS Foundation Trust

Monthly One-to-One Form

ed to record you member of staff's progress against their objectives
ormance management cycle.

Date of
meeting:

since last one-to-one

Priorities / Areas of focus for next

Development Needs / Any
support required by your member

responsibility

By When

Desirable Criteria

1. A named Practice Educator who has completed a formal training programme
2. Evidence of fulfilling the sonographer career and progression framework
3. Evidence of links with relevant regional and/or national networks

Desirable Criteria

1. A named Practice Educator who has completed a formal training programme



King's College London
Faculty of Life Sciences & Medicine

Certificate of Achievement

This is to certify

Serena Patel

has attended the
Practice Educator's Virtual Course
on 31st March 2022

3 hours of continuing professional development
to include supporting King's College London Postgraduate Students

Signed

Dated:



Certificate of Achievement

Serena Patel

has completed the following course:

TRAIN THE HEALTHCARE TRAINER
HEALTH EDUCATION ENGLAND

The course explored key concepts of training in healthcare, focusing on the importance of
lasting learning and the transfer of newly acquired knowledge

5 weeks, 5 hours per week

Dr Nick Napper
Educationalist, Health Education England
Health Education England

NHS
Health Education England

TOT



Teaching our Teachers Portfolio. September 2022.

Name: SHARON WATTY

Job Title: ULTRASOUND PRACTICE EDUCATOR AND PROFESSIONAL
DEVELOPMENT LEAD

Area of work: ULTRASOUND - RADIOLOGY

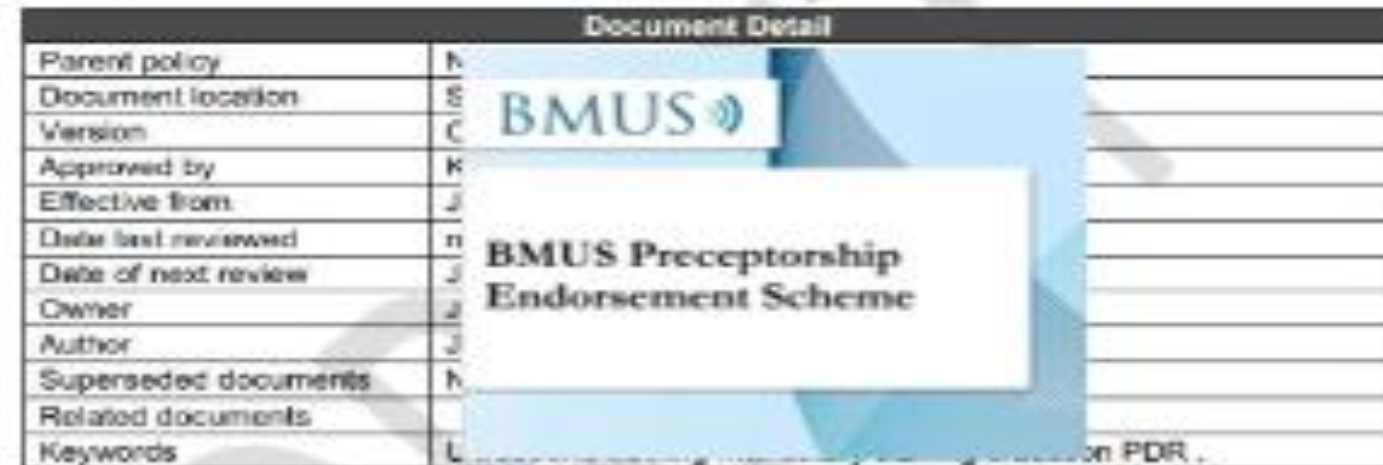
Named Mentor: EMMA CHUNG – ULTRASOUND JOINT COURSE DIRECTOR
KCL

This portfolio forms your summative assessment of the Teaching our Teachers course. Please familiarise yourself with the portfolio and its requirements. Your learning during the course will be an iterative process and your ability to reflect on, and learn from your experiences will enhance your understanding and your performance as a teacher. You will need to identify a mentor, with a teaching qualification (or equivalent experience), who comes on this journey with you and supports you through the course. They will ultimately observe you teaching and give you relevant and useful feedback to inform your development as a teacher. Please let the TOT faculty know the name, job title, teaching qualification and email address of your mentor by sending their details to:

Teachingourteachers@gstt.nhs.uk

BMUS)))

Evidence of fulfilling the sonographer career and progression framework
Evidence of links with relevant regional and/or national networks



Benefits of BMUS endorsement?

- Allows a critique of current process and potential for future development
- Staff are well supported
- Recruitment
- Practice educator involvement and networking
- Sustainable practice




Next steps....


[Home](#) / [Preceptorship Endorsement Scheme](#)

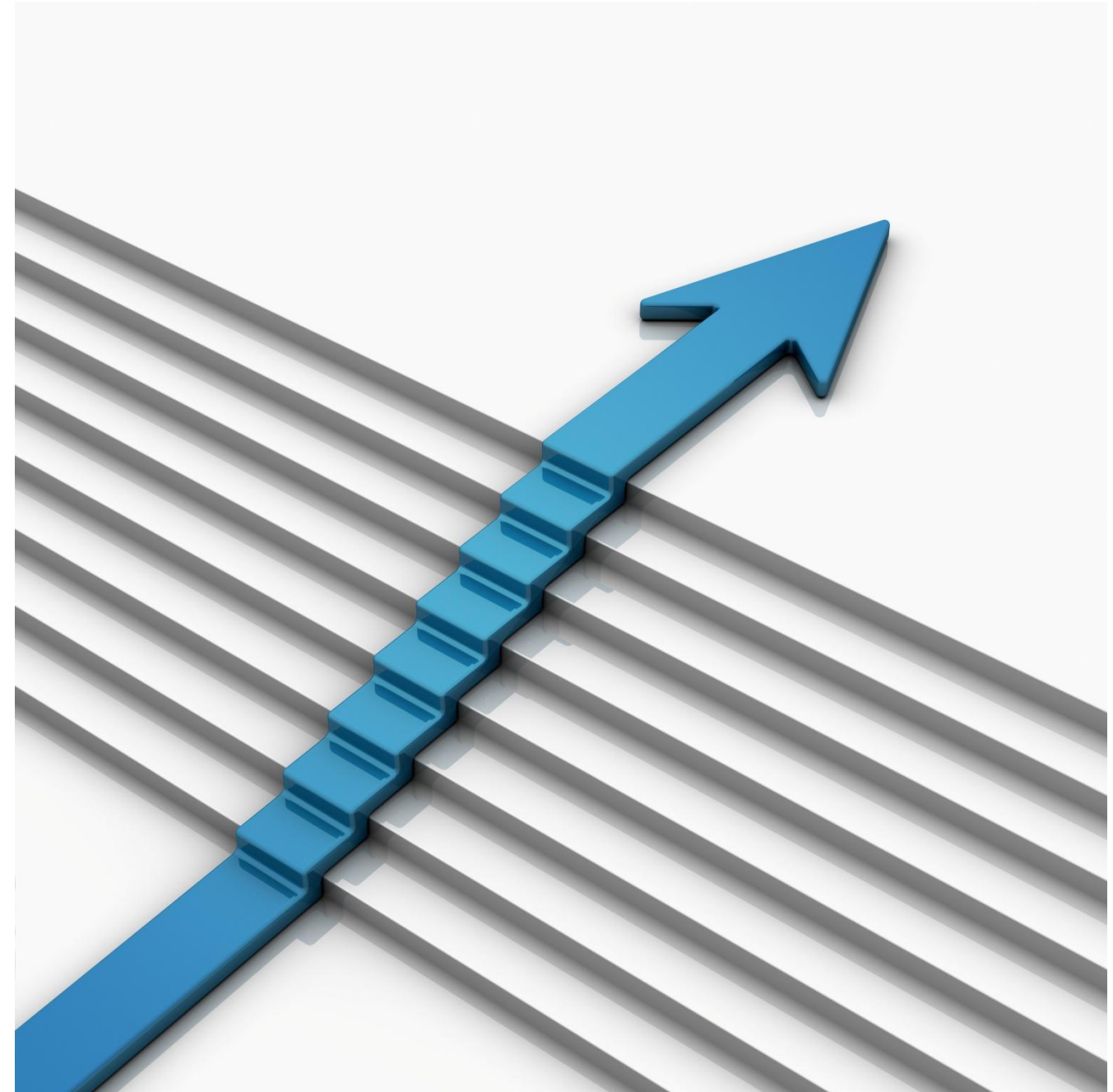
PRECEPTORSHIP ENDORSEMENT SCHEME

What is the BMUS Preceptorship Endorsement Scheme?

This is a simple scheme that aims to recognise departments that are able to offer a supportive environment for ultrasound practitioners of all grades and experience. By aligning with principles set out in the [BMUS Preceptorship and Capability Framework for Sonographers](#), the scheme provides departments with a useful checklist of essential and desirable criteria associated with best practice and equitable staff management. It helps managers and ultrasound leads identify how well they are supporting staff and highlights areas where they may be able to improve.

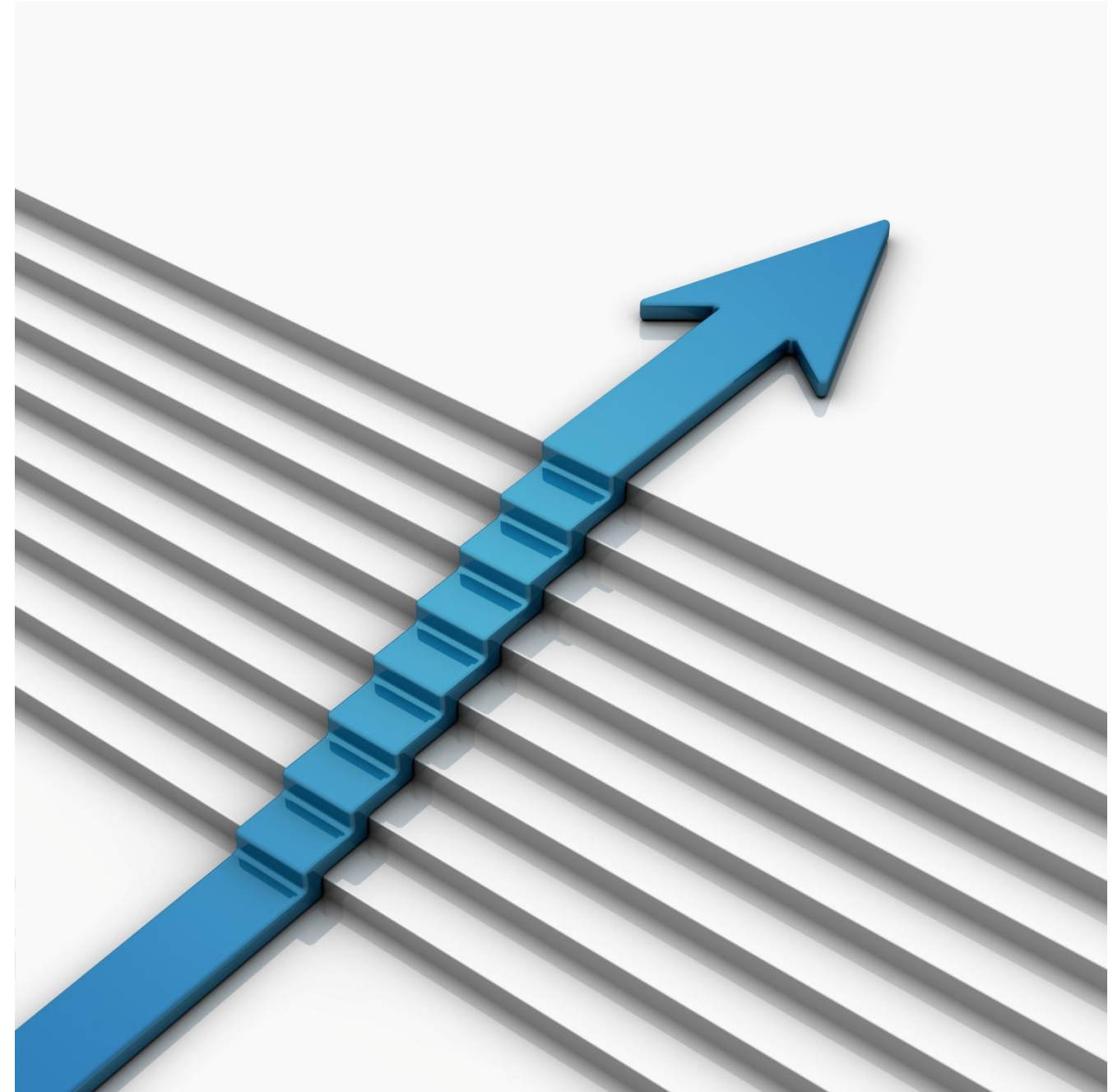
 **Preceptorship Endorsement Scheme Guideline**
[View Resource](#)

 **Template for Submission of Evidence**
Full editable template will be sent on application
[View Resource](#)



Next steps....

- Submit anonymised evidence via electronic portfolio
- Evidence assessed
- Review panel will reach a decision





BMUS Preceptorship Endorsement Scheme



*Thank
You!*

References

- British Medical Ultrasound Society. Preceptorship and Capability Framework for Sonographers. July 2022.
[Preceptorship and Capability Development Framework for Sonographers.v5 A vmkHHDn.pdf](#). Accessed June 21 2025
- British Medical Ultrasound Society. www.bmus.org/Preceptorship
[Endorsement Scheme | BMUS](#) Accessed June 21 2025
- Images and documents from personal files of Watty, Sharon of Guys and St Thomas NHS Trust (on file with author).