

### Aim and background

Newly-qualified speech and language therapists (SLTs) face many challenges in their preceptorship year, including variable and sometimes limited experience gained as a student, due to the availability of placements. In our experience newly gualified practitioners (NQP) are dedicated, enthusiastic and keen to start their new role, however they can struggle when they realise how much more there is to learn, the complications of putting theory in to practice with communication clients and anxiety over developing dysphagia skills. In addition, NQPs may fear that they are a drain on already stretched SLTs. They are initially unable to have a significant impact on waiting lists and require support with the clients on their caseload, which can add to their sense of not feeling competent and even that they are not fully contributing to the team.

From a service perspective, it is important to us that our NQPs thrive. We are generally able to recruit to Band 5 posts, but rarely draw external applicants to Band 6 posts, so for us, NQPs are the life blood of our service as we hope that they will stay and develop their career within our trust.

Previously in our service, NQP training has depended on the individual preceptor/supervising SLT and their own approach to preceptorship. This in turn has led to inconsistencies in the quality and experience of training, levels of support and speed of progression to independence.

Our aim was to create in 12 months a model of preceptorship that provides:

- Consistent and equitable training across the service
- Evidence-based, structured training in both dysphagia and communication
- Incremental structuring of expectations around caseload management and administrative skills
- A protected space that facilitates learning
- A clear framework for both NQPs and preceptors to refer to which will guide them in the first year
- A supportive, individual, positive experience of their preceptorship training.

## Measures/results: What was the impact of the changes?

Due to the "just do" nature of the project, no initial measures were put in place. However, following the 12month pilot, feedback from the NQPs and SLTs has been very positive. The following comments from the NQTs highlight the benefits of the Clinical Development Lead role:

- "I have felt the tangible difference of the extra resource made available to me/us. I am nearing the end of my preceptorship, yet I found our last session - no less valuable than our first several months ago."
- "I feel completely at ease and can show you the shiny as well as the wartier sides of my professional persona which maybe I would be more reticent of in other company - to be able to do this helps with my confidence as discussing all aspects/feelings/fears helps me to better process putting everything together as a holistic patient centred practitioner."
- "As a new Band 5, choosing to work for a SLT service that offered continuous support in the preceptorship year by a designated mentor has made the transition from student to NQP speech and language therapist less daunting."

In addition to this, two of the NQPs that participated in the pilot are now Band 6, a further NQP is waiting for a Band 6 position with our trust and two other NQPs have taken Band 6 positions in other trusts.

## Change ideas: What changes did you make?

Through consultation with the NQPs, service and team managers and supervisors, the following change ideas were identified and implemented:

- managers.
- an errorless learning approach.

# Lessons learned and what's next?

Within the service it is felt that the project has had significant benefits including:

- NQPs that participated in the pilot have gained an excellent well-rounded training programme preparing them to develop their specialist skills
- Increased collaboration with Canterbury Christ Church University and involvement of the Clinical Development Lead with the final student modules and preparation for being an NQP.

As a result, the Clinical Development Lead post has been made permanent. In the future we aim to evaluate and analyse the changes put in place in order that we can continue to develop the model in a dynamic and creative way. We also aim to further develop and provide an ongoing supportive framework/pathway for NQPs to Band 6 positions and support their ongoing development and specialist knowledge / clinical skills.

# (we care)



The creation of a part-time role was created, Clinical Development Lead, to co-ordinate the pilot, create a working model and provide one-t-one and group facilitation/supervision of clinical skills to all NQPs in the service and support to line managers and preceptors.

The development of an evidence-based preceptorship frameworks for communication, dysphagia and caseload management/administrative skills. Outlining a gradual structuring of establishing competencies, giving time frames and the anticipated support needed.

A consistent approach to supervision and training used between the clinical development lead and locality-based supervisors and line

One-to-one supervision based on the individual needs of the NQP using