



# **SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology)**

## **Preceptorship Appendix**

Professional Body for Cardiac Scientists

Next review: May 2022

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## Declaration to Submit Preceptorship Evidence Record

A minimum of 6 weeks' notice must be provided to the SCST to indicate your Preceptorship Evidence Record will be submitted for evaluation for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

### Healthcare Science Practitioners details:

Full name	
SCST Membership Number	
RCCP / AHCS Registration Number	
Hospital address & contact number	

In making this declaration to submit the PER to the SCST for evaluation there must be an agreement between the HSP, preceptor and manager that the named HSP has demonstrated an all-round proficiency in their role and that this can be supported by the PER that will be submitted for review. This application is further supported in the HSPs full preceptorship evidence portfolio which could be requested by the SCST Board of Assessors in support an application.

Preceptorship start date	
2 year maximum preceptorship deadline date	
<b>Proposed electronic submission date</b>	

### Signature and Date:

HSP		
Preceptor		
Manager		

### For completion by SCST only

Date declaration received:

Approved for application: YES / NO

Date HSP details verified:

HSP notified of decision: YES / NO

## Preceptorship Evidence Record Checklist

This checklist should be completed in advance of submitting the PER to the SCST for evaluation. It should be used to establish that the correct, high quality evidence has been submitted that supports that HSPs application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

	HSP Signature	Date
Declaration to Submit Preceptorship Evidence Record form sent to SCST		
Approval of Declaration to Submit PER received from SCST		
Preceptorship Programme Agreement completed		
All patient identifiable data are removed from the evidence in line with the Data Protection Act		
Completion of all paperwork for the evidence submitted		
All Preceptorship Programme Review Meeting records provided		
Agreement of Proficiency form completed and signed		
I declare that the submission of this evidence has been made in good faith that all sections have been completed		

	Preceptor Signature	Date
Preceptors approval of PER content and quality		

## Appendix 3

## Agreement of Proficiency

From the moment they are registered, a Healthcare Science Practitioner is autonomous and accountable. To this end they are responsible for the clinical work they undertake, and are responsible to ensure they work within the remit of their role and competence.

By completing the preceptorship programme the Healthcare Science Practitioner in Cardiac Science has demonstrated the application of their academic and work-based training during the PTP to clinical practice in the workplace as an autonomous healthcare science employee.

The preceptorship programme develops attitude, behaviours, critical thinking and clinical practice that are required of the Healthcare Science Practitioner.

**The signing of this form signifies that the Healthcare Science Practitioner, Preceptor and Manager agree that the HSP has met a level of proficiency that is supported by the evidence submitted in the PER. The PER is ready for evaluation for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).**

ROLE	NAME	SIGNATURE	DATE
HSP			
Preceptor			
Manager			

## Appendix 4

The Evidence Matrix can be used to guide the HSP through experiential learning activities throughout the preceptorship. The exact purpose of the preceptorship programme is to minimise prescriptive means of evaluation and to entrust the preceptor and manager with the professional guidance and development of the HSP, as they become an autonomous member of the workforce.

The OCE Evidence Matrix identifies a range of pathophysiologies that the HSP could encounter in the professional setting, and as such can be used to identify gaps in training or knowledge that could be supported through alternative means of evaluation, such as CbD, critical reflection, an essay or it may indicate that an observational visit to another centre would be of benefit.

At the final review meeting the Evidence Portfolio Matrix (found in the Preceptorship Guidance for Preceptors, Managers and Employers) should be completed with the HSP, in order to identify the evidence that is being submitted to SCST.

The preceptor will guide the Healthcare Science Practitioner through the use of the evidence matrix.

1	Hypertension	AoV disease	ASD / PFO	Hypertension	Atrial Fibrillation	Long QT Syndrome	Idiopathic
2	Ischaemia	MV disease	VSD	NYHA class I-IV	Atrial Flutter	Short QT Syndrome	Hypertrophic
3	Angina	TV disease	LV aneurysm	Clinical presentation	SVTs	ARVC	ARVC
4	Unstable Angina	PV disease	Coarctation of the Aorta	AF with HF	Accessory pathways	Brugada syndrome	Dilated
5	Myocardial Infarction	Valve replacement	Transposition of the great arteries	CI with HF	Sinus node disease	CPVT	Takutsubo
6	Post-MI	TAVI	Complete atrioventricular canal defect	CRT - P	Chronotropic Incompetence	PCCD	
7	Angiography	Mitral clips	Ebstein's Anomaly	CRT - D	AV blocks	Familial AF	
8	Angioplasty	Endocarditis	PDA	L-VAD	VT		
9	CABG		Tetralogy of Fallots	Transplant	Cardiac Arrests		

## Appendix 5

### Preceptor Skills Checklist

In addition to the quarterly Preceptor Review Meetings this checklist should be completed, by the manager and preceptor, at the start of the preceptorship and on an annual review basis.

<b>Understands the concept of preceptorship and its positive influence on HSP</b>	
Has an understanding of the concept of preceptorship	
Has the ability to work within the scope of preceptorship	
Able to describe the purpose and process of preceptorship	
Has an understanding of the role of preceptors and HSPs in implementing preceptorship	
Identifies how preceptorship can be used to enhance the confidence and competence of the HSP	
Relates preceptorship to lifelong learning for preceptor and HSP	
<b>Management of the Preceptorship Programme</b>	
Plans and manages preceptorship sessions and demonstrate effective record keeping	
Establishes the preceptorship agreement and ground rules	
Works within the SCST / RCCP / AHCS / HCPC codes of conduct	
Manage concerns and any conflict arising throughout the preceptorship	
Uses facilitation skills to ensure appropriate engagement with the HSP	
Facilitates HSP to engage in critical reflection to develop confidence and enhance competence	
Facilitate the HSP in creating appropriate action plans	
Critically evaluates own role as a preceptor	
<b>Facilitates HSP in engaging actively in development of their confidence and enhancement of competence</b>	
Has an understanding of the context within which the HSP practises in relation to legal, professional, organisational and personal accountability	
Facilitates HSP in developing practice	
Uses positive challenge to encourage the HSP to reflect in and on practice	
Promotes critical thinking and decision making, team working, leading and self-reliance in the HSP	
Facilitates HSP in identifying and managing conflict	
Has the ability to motivate, support, and empower HSP	
Facilitate HSP in using problem solving techniques	

	Signature	Date
Preceptor		
Manager		



## Appendix 6

# Review Meeting Documentation

Preceptorship Start Date:

Review Meeting Date:

Review of objectives set at last meeting.

### Review Score Chart

<i>Tick score as appropriate</i>	1	2	3	4	5	6
<b>Behaviours and Attitude</b>						
<b>Communication</b>						
<b>Health and Safety</b>						
<b>Clinical Practice</b>						
<b>Patient Experience</b>						
<b>Professionalism</b> (average of scores)						



SCST

## Feedback on Scores

### Behaviours and Attitude

### Communication



SCST

## Health and Safety

## Clinical Practice



SCST

## **Patient Experience**

## **Professionalism**



SCST

### New Objectives and Deadlines

	AGREED OBJECTIVE	DEADLINE DATE
1		
2		
3		
4		
5		
6		
Add more as required		

Next Review Date:

Agreement to the documented scores, feedback and objectives:

	Signature	Date
HSP		
Preceptor		

## Appendix 7

### Example of Scoring Chart

<i>Tick score as appropriate</i>	1	2	3	4	5	6
<b>Behaviours and Attitude</b>						✓
<b>Communication</b>					✓	
<b>Health and Safety</b>				✓		
<b>Clinical Practice</b>					✓	
<b>Patient Experience</b>			✓			
<b>Professionalism</b> (average of scores)			4.6			

## Appendix 8

The Evidence Matrix should be used by the preceptor to record all experiential learning activities throughout the preceptorship. The exact purpose of the preceptorship programme is to minimise prescriptive means of evaluation and to entrust the preceptor and manager with the professional guidance and development of the HSP as they become an autonomous member of the workforce.

The OCE Evidence Matrix identifies a range of pathophysiologies that the HSP could encounter in the professional setting, and as such can be used to identify gaps in training or knowledge that could be supported through alternative means of evaluation, such as CbD, critical reflection, an essay or it may indicate that an observational visit to another centre would be of benefit.

The Evidence Portfolio Matrix should be completed with the HSP at the final review meeting, in order to detail the evidence that is being submitted to SCST. Based on the evidence matrix it is possible to see how many evaluations have taken place for each investigation type. The Evidence Portfolio Matrix reflects the evaluations carried out over the entire preceptorship programme.

## Appendix 8 Evidence Matrix – Pathophysiology Examples

	(IHD) ISCHAEMIC HEART DISEASE	(VHD) VALVULAR HEART DISEASE	(CGS) CONGENITAL, GUCH AND STRUCTURAL	(HF) HEART FAILURE	(A) ARRHYTHMIAS	(ICC) INHERITED CARDIAC CONDITIONS	(C) CARDIOMYOPATHIES
1	Hypertension	AoV disease	ASD / PFO	Hypertension	Atrial Fibrillation	Long QT Syndrome	Idiopathic
2	Ischaemia	MV disease	VSD	NYHA class I-IV	Atrial Flutter	Short QT Syndrome	Hypertrophic
3	Angina	TV disease	LV aneurysm	Clinical presentation	SVTs	ARVC	ARVC
4	Unstable Angina	PV disease	Coarctation of the Aorta	AF with HF	Accessory pathways	Brugada syndrome	Dilated
5	Myocardial Infarction	Valve replacement	Transposition of the great arteries	CI with HF	Sinus node disease	CPVT	Takutsubo
6	Post-MI	TAVI	Complete atrioventricular canal defect	CRT - P	Chronotropic Incompetence	PCCD	
7	Angiography	Mitral clips	Ebstein's Anomaly	CRT - D	AV blocks	Familial AF	
8	Angioplasty	Endocarditis	PDA	L-VAD	VT		
9	CABG		Tetralogy of Fallots	Transplant	Cardiac Arrests		

**OCE Evidence Matrix - ECG**

	IHD	VHD	CGS	HF	A	ICC	C
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							

Mark chart with a tally for all OCEs carried out. Patients with multiple pathophysiologies should be marked as the primary cause for investigation, and not more than 2 others. Through this matrix the preceptor can identify areas that are less commonly observed and initiate CbD to determine all-round proficiency. This list is not exhaustive and should only be used as a guide. Other pathologies that do not feature on this chart are still included as part of the evaluation and evidence portfolio.

**OCE Evidence Matrix - Resting BP and Ambulatory BP**

	IHD	VHD	CGS	HF	A	ICC	C
1							
2							
3							
4							
5							
6							
7							
8							
9							

Mark chart with a tally for all OCEs carried out. Patients with multiple pathophysiologies should be marked as the primary cause for investigation, and not more than 2 others. Through this matrix the preceptor can identify areas that are less commonly observed and initiate CbD to determine all-round proficiency. This list is not exhaustive and should only be used as a guide. Other pathologies that do not feature on this chart are still included as part of the evaluation and evidence portfolio.

**OCE Evidence Matrix - Ambulatory ECG**

	IHD	VHD	CGS	HF	A	ICC	C
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							

Mark chart with a tally for all OCEs carried out. Patients with multiple pathophysiologies should be marked as the primary cause for investigation, and not more than 2 others. Through this matrix the preceptor can identify areas that are less commonly observed and initiate CbD to determine all-round proficiency. This list is not exhaustive and should only be used as a guide. Other pathologies that do not feature on this chart are still included as part of the evaluation and evidence portfolio.

**OCE Evidence Matrix - Provocative ECG**

	IHD	VHD	CGS	HF	A	ICC	C
1							
2							
3							
4							
5							
6							
7							
8							
9							

Mark chart with a tally for all OCEs carried out. Patients with multiple pathophysiologies should be marked as the primary cause for investigation, and not more than 2 others. Through this matrix the preceptor can identify areas that are less commonly observed and initiate CbD to determine all-round proficiency. This list is not exhaustive and should only be used as a guide. Other pathologies that do not feature on this chart are still included as part of the evaluation and evidence portfolio.

### OCE Evidence Matrix - Pacing Implantation

	IHD	VHD	CGS	HF	A	ICC	C
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							

Mark chart with a tally for all OCEs carried out. Patients with multiple pathophysiologies should be marked as the primary cause for investigation, and not more than 2 others. Through this matrix the preceptor can identify areas that are less commonly observed and initiate CbD to determine all-round proficiency. This list is not exhaustive and should only be used as a guide. Other pathologies that do not feature on this chart are still included as part of the evaluation and evidence portfolio.

### OCE Evidence Matrix - Diagnostic Cardiac Catheterisation

	IHD	VHD	CGS	HF	A	ICC	C
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							

Mark chart with a tally for all OCEs carried out. Patients with multiple pathophysiologies should be marked as the primary cause for investigation, and not more than 2 others. Through this matrix the preceptor can identify areas that are less commonly observed and initiate CbD to determine all-round proficiency. This list is not exhaustive and should only be used as a guide. Other pathologies that do not feature on this chart are still included as part of the evaluation and evidence portfolio.

<b>INVESTIGATION</b>	date 1 x OCE	date 1 x CbD	1 x Critical Reflection date	<b>Signature of Preceptor</b>	<b>Signature of HSP</b>
Resting ECG					
Resting BP					
Ambulatory BP					
Ambulatory ECG					
Provocative ECG					
Pacing implantation					
Diagnostic Cardiac Catheterisation					



## Appendix 9

## Preceptor Evaluation Form

	Name	Job Title
Preceptor		
Line Manager		

HSP Name	
Preceptorship start date	
2 year maximum preceptorship deadline date	
Present date	

1. Perform review of HSPs Review Meeting Forms
2. Review of HSPs Feedback Form
3. Scoring Chart

The manager should complete this scoring chart and provide feedback related to the topics provided. Preceptorship Management should be an average of scores.

<i>Tick score as appropriate</i>	1	2	3	4	5	6
<b>Record Keeping</b>						
<b>Providing Support to HSP</b>						
<b>Constructive Feedback</b>						
<b>Escalation of Concerns and Commendations</b>						
<b>Motivation and Attitude</b>						
<b>Preceptorship Management (average of scores)</b>						



SCST

## Feedback on Scores

### Record Keeping

### Providing Support to HSP



SCST

## Constructive Feedback

## Escalation of Concerns and Commendations



SCST

## **Motivation and Attitude**

## **Preceptorship Management**



SCST

### Recommendations for Improvement

**Next Review Date:**

(Every 3 months)

**Agreement to the documented scores, feedback and recommendations:**

	Signature	Date
<b>Preceptor</b>		
<b>Manager</b>		

## Appendix 10

### Preceptorship Audit Tool

<b>Standard 1: Preceptorship Implementation</b>	<b>Evidence of achievement of standards</b>
<p>All HSPs will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable workforce by enhancing their knowledge, skills and attitudes with the help of a preceptor</p>	<p>Organisations will provide evidence which demonstrates achievement of each criterion related to the standard</p>
<p>The period of preceptorship should not exceed 2 years, unless there are circumstances which may require an extension. Request for extensions can be made through the Preceptorship Extension Request Form found online at <a href="http://www.scst.org.uk">www.scst.org.uk</a></p>	
<p>1. Organisations will ensure that HSP understand the preceptorship process and engage fully with it</p>	
<p>2. HSPs should engage in formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period</p>	
<p>3. Line managers should ensure that HSPs are allocated time with their preceptor to meet their identified learning and development needs</p>	
<p>4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness</p>	
<p>5. Preceptors will use existing networks in their organisation to share experiences, challenges and solutions</p>	
<p>6. Organisations will have a process to facilitate continuity of the preceptorship process</p>	

<b>Standard 1: Preceptorship Governance</b>  Preceptorship will become an effective tool to support HSPs through the transition period and it will be embedded within the organisation's governance arrangements, supporting effective leadership and performance management	<b>Evidence of achievement of standards</b>  Organisations will provide evidence which demonstrates achievement of each criterion related to the standard
The period of preceptorship should not exceed 2 years, unless there are circumstances which may require an extension. Request for extensions can be made through the Preceptorship Extension Request Form found online at <a href="http://www.scst.org.uk">www.scst.org.uk</a>	
1. Organisations will have a written process/procedure to guide the implementation of preceptorship	
2. Organisations will have systems in place to track and monitor HSPs, from commencement through to completion of the preceptorship period	
3. Organisations will demonstrate that preceptors are supported in undertaking the role	
4. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements	
5. Organisations will ensure that preceptorship is part of their governance arrangements	
6. Organisations will hold quarterly Preceptor Review Meetings and audit the Preceptorship Standards annually, using this Preceptorship Audit Tool	

## Preceptorship Programme Flowchart

Qualified Healthcare Science Practitioner commences role and is allocated a named preceptor

HSP and preceptor meet as soon as it practicable to set objectives, identify learning needs and to commence the preceptorship programme.

Complete Preceptorship Programme Agreement and Application Form with full payment to be sent to SCST for audit

Monthly Review Meetings

- Document objectives
- Provide feedback
- Confirm next review date

Complete the Review Meeting Form \* at each review

Declaration to Submit Preceptorship Evidence Record made to SCST \*

Final Review Meeting

PER completed and PER Submission Checklist completed \*

Agreement of Proficiency completed \*

Submission of completed PER to SCST for evaluation

\* Forms available online at [www.scst.org.uk](http://www.scst.org.uk) or in the Appendix Document