Practice Based learning: Safe Learning Environment Charter Implementation and Culture in Practice

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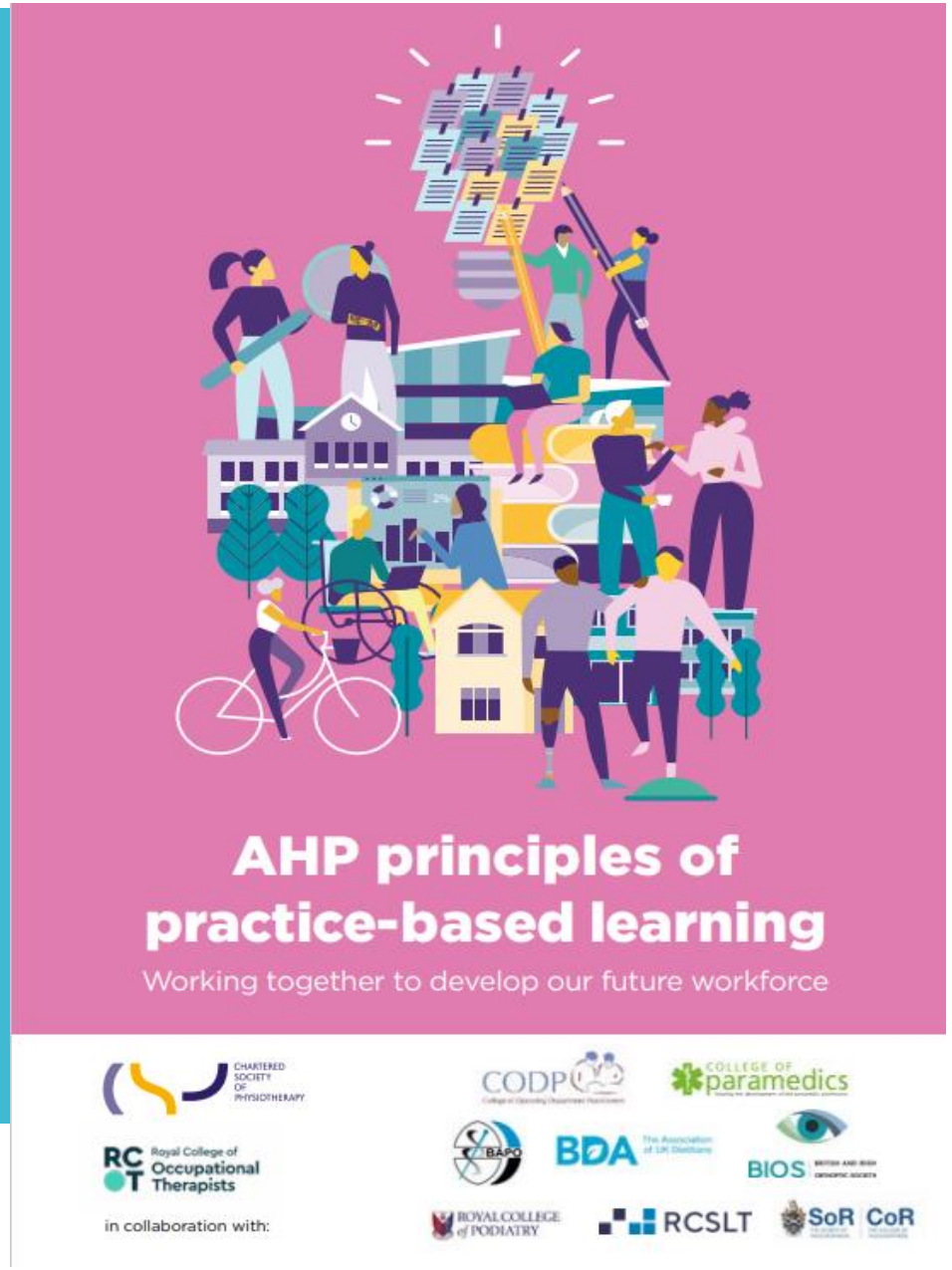

AHP principles of practice-based learning: working together to develop our future workforce

Overview

Principle 1
Practice-based learning opportunities are co-produced

Principle 2
Practice-based learning takes place across all areas, pillars and levels of practice

Principle 3
Practice-based learning environments must be inclusive and welcoming to all

Principle 4
Practice-based learning uses flexible, appropriate and supportive models of supervision and delivery

Principle 5
Practice-based learning is designed with a whole team approach

Principle 6
All those involved in practice education feel valued, respected and recognised within their roles

Principle 7
Practice-based learning is evaluated; capturing data to drive improvement and demonstrate impact

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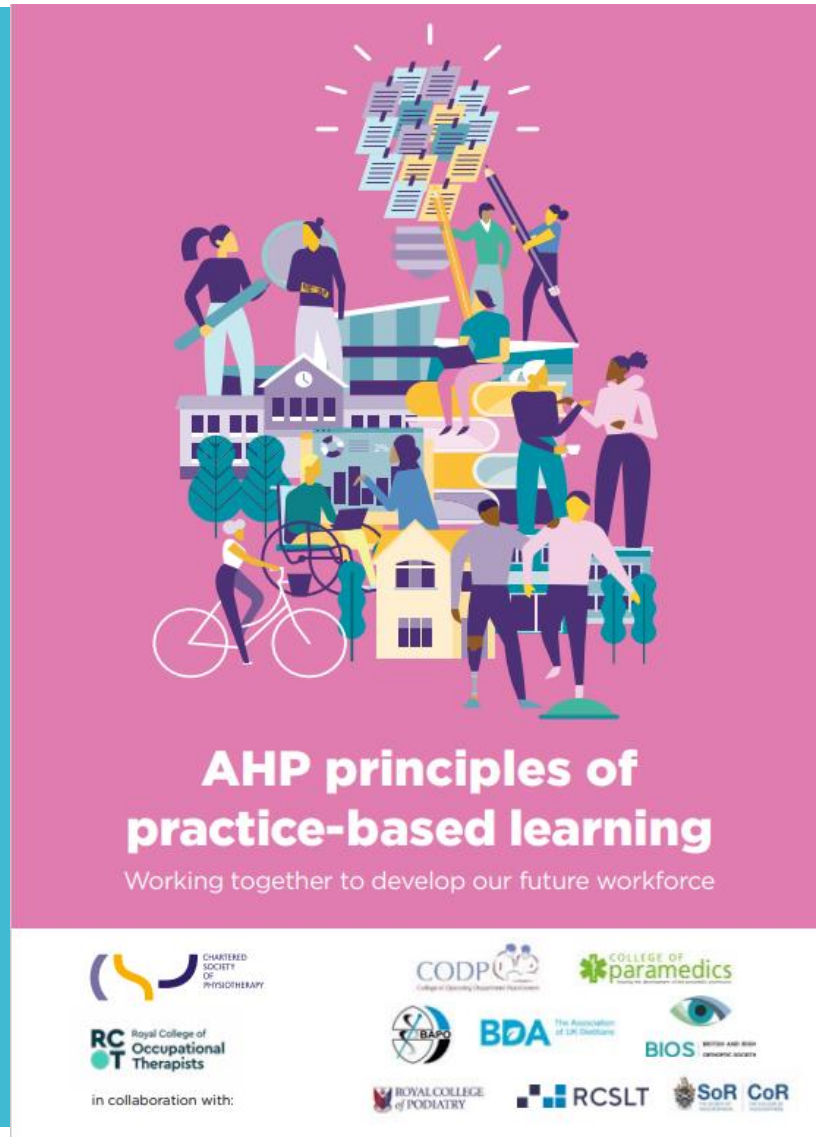

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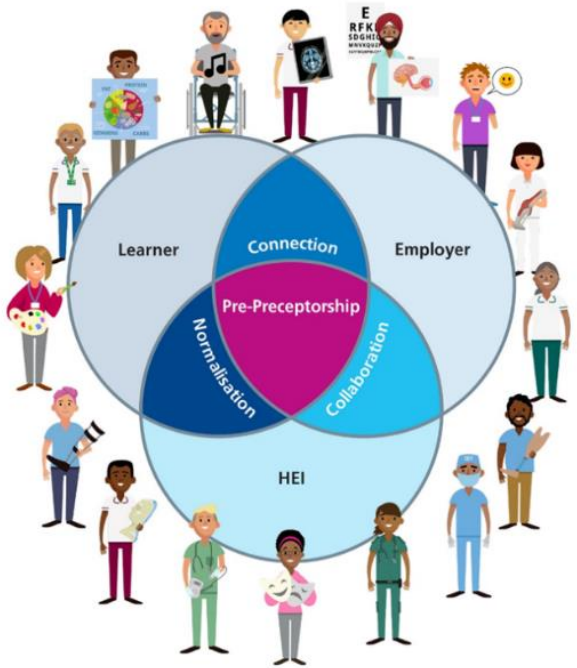
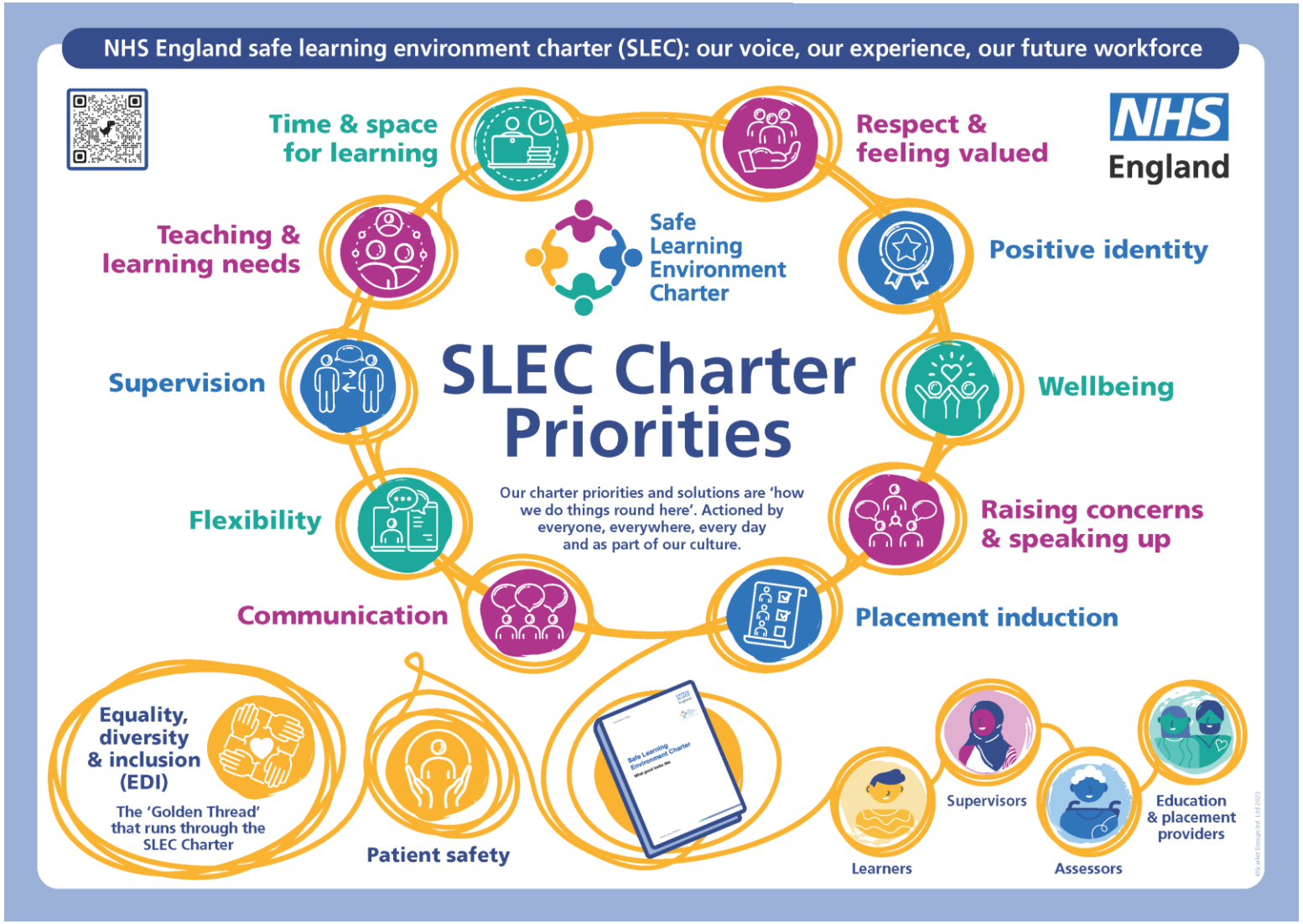


https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/pre-3

What is SLEC?



https://www.england.nhs.uk/long-read/safe-learning-environment-charter-priorities/

SLEC 10 priorities:

NHS England Safe Learning Environment Charter (SLEC) has 10 priorities:

1. Respect and feeling valued
2. Positive identity
3. Wellbeing
4. Raising concerns & speaking up
5. Placement induction
6. Communication
7. Flexibility
8. Supervision
9. Teaching and learning needs
10. Time and space for learning

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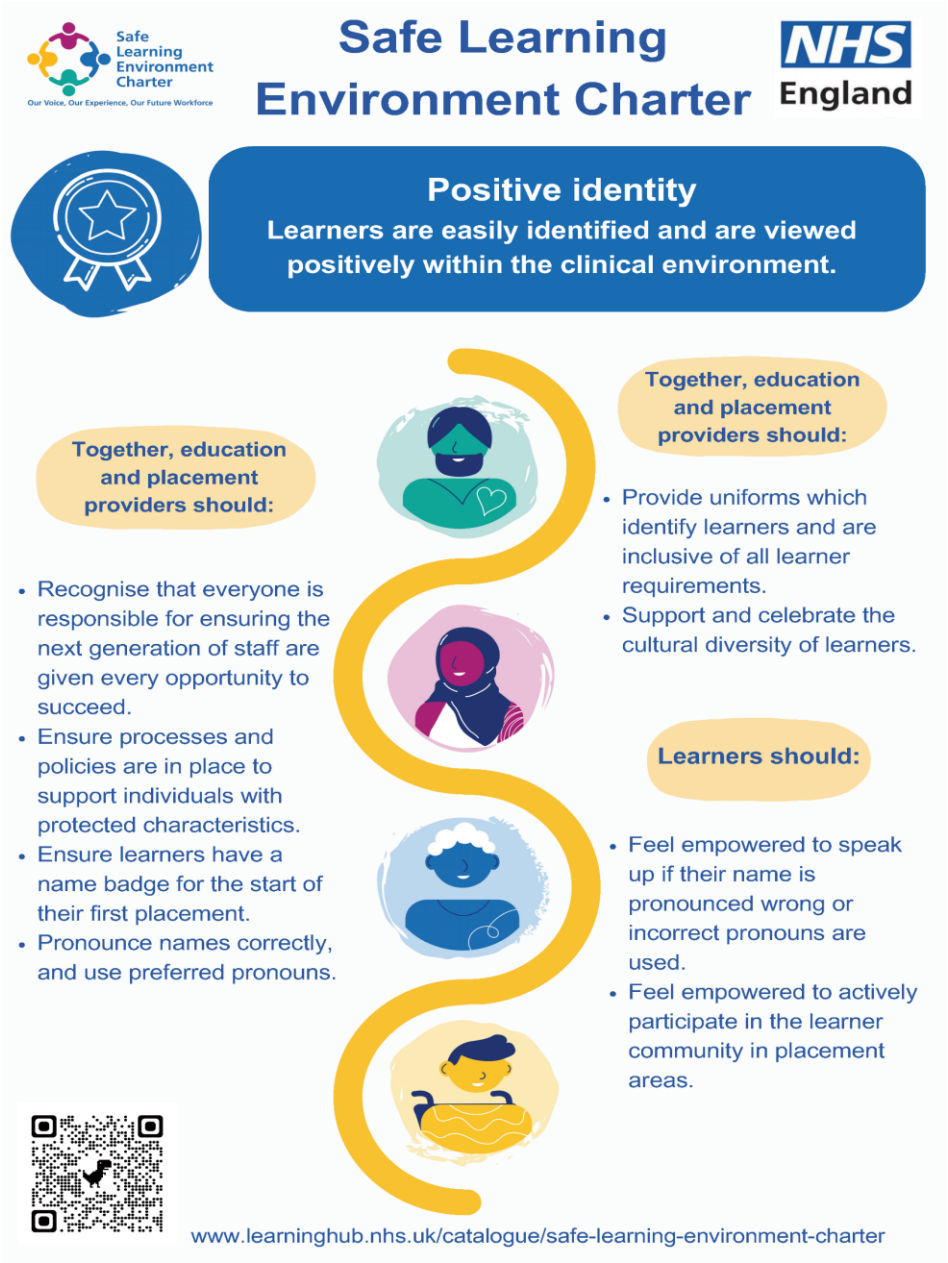
SLEC number 1:

Respect and feeling valued

Knowing the student's name

SLEC number 2:

Positive Identity

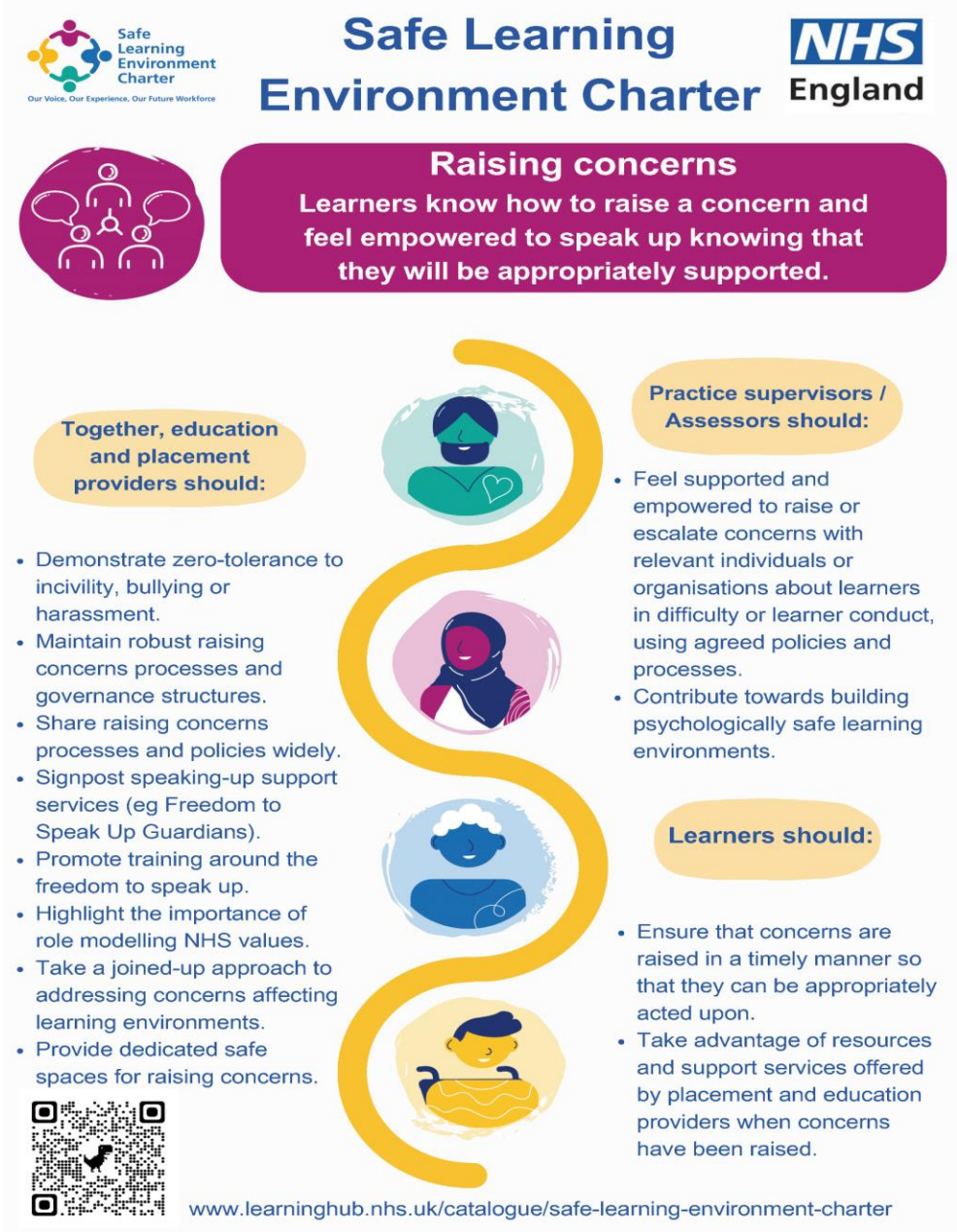


Recognising the depth and breadth of our students, and what they bring

Enablement of a positive experience

SLEC number 4:

Raising concerns and speaking up



The difficulty of the ‘power’ relationship; enabling access to opportunity to speak up.

What do we do about it?

SLEC number 10:

Time and space for Learning

Learning opportunities, time, space – and appropriate practice based education with feedback

Recognising these are learner.

HCPC Sops (a mini-selection of)

- 2.11 recognise the power imbalance that comes with being a healthcare professional, and ensure they do not abuse this for personal gain
- 8.10 act as a role model for others
- 8.11 promote and engage in the learning of others
- 8.13 demonstrate awareness of the need to encourage, support and mentor staff at all practitioner levels

Another mini-selection of…Cadbury's clearly *other selection boxes are available

Culture in Practice

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What does that mean exactly?

When we say we want to change it,

Why?
For whom?
For what benefit?

Who is doing the changing?

Where is the change coming from?

Do we just fill in the tick box?

What's the evidence?

What's the impact of not changing it?

Who cares?

Things I have heard (previously):

Working together; student-learners, HEIs, Practice teams?

I'm here for the patient, not the student

There are too many of them

The Uni should have told them that

Students get in the way, slow me down

They should know the answer to that; why are they asking me?

Why do we have to teach, isn't that what the uni should be doing?

Changing times

- Apprentices
  - importance of learning at work / in practice
- Practice Educators
  - recognition of the importance of their role
- Pre-preceptorship and Preceptorship offers
- Openness of communication about diversity of learners
  - Protected characteristics
  - Reasonable adjustments, perspective
  - Representativeness of feedback received
  - Flexibility of working practice?

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In Summary:

including Students

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https://www.skoolgo.com/worksheet/be-kind-to-others/

This is my cultural revolution!