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Review Article

Evidencing Continual Professional Development: Maximising Impact and Informing Career Planning

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ABSTRACT

Continuing professional development (CPD) is essential for radiographers to maintain and update their specialised knowledge base in light of constant professional changes. CPD is the continuous and systematic maintenance, improvement, and broadening of knowledge and skills and the development of personal qualities necessary for the execution of professional and technical duties. Professional and regulatory bodies are increasingly relying on proof of CPD through a variety of learning opportunities to provide evidence of clinical competence. Importantly, CPD has been linked not only to competence but also to motivation and job satisfaction. However, for CPD to be embraced fully, the individual needs to see how activity can be planned and recorded in a way that is meaningful to them in the context of their career aspirations. This article will review basic principles of why evidence is needed for CPD, what constitutes evidence (direct and indirect), and how that evidence can be presented. This will be discussed in the context of having a longer-term career vision, and embedded within Donner and Wheeler's five-phase career planning and development model.

RÉSUMÉ

Le perfectionnement professionnel continu (PPC) est essentiel pour permettre aux radiographes de maintenir et de mettre à jour leur base de connaissances spécialisées au vu de l'évolution continue de la profession. Le PPC est « l'entretien, l'amélioration et l'élargissement continu et systématique des connaissances et des compétences et le développement des qualités personnelles requises pour l'exécution des tâches professionnelles et techniques » Henwood (2000). Les organismes professionnels et réglementaires s'appuient de plus en plus sur les preuves de PPC par une variété d'occasions d'apprentissage dans la détermination de la compétence clinique. Il est important de noter que le PPC est lié non seulement aux compétences, mais aussi à la motivation et à la satisfaction au travail. Cependant, pour que le PPC soit adopté pleinement, l'individu doit pouvoir constater de quelle façon les activités peuvent être planifiées et consignées d'une façon significative pour lui dans le contexte de ses aspirations de carrière. Cet article passe en revue les principes de base autour desquels s'articule le besoin de preuves du PPC, ce qui constitue une preuve (directe ou indirecte) et comment ces preuves peuvent être présentées. Ces éléments sont traités dans le contexte d'une vision de carrière à long terme, et inscrite dans le modèle de planification et développement de carrière en cinq phases développé par Donner & Wheeler (2001).

Key Words: Professional development; career planning; evidence; portfolios; profiles

Introduction

Radiotherapy and oncology is a rapidly evolving discipline that requires radiation therapists to maintain, update and enhance their knowledge, skills and attributes in the context of emergent technology and techniques [1–4]. Continuing

professional development (CPD) is an approach to maintaining and broadening knowledge and skills along with the development of personal qualities for the execution of professional and technical duties [5]. This is a tool for radiographers to maintain and update their specialised knowledge base in light of constant professional changes [4].

Professional and regulatory bodies are increasingly relying on proof of CPD through a variety of learning opportunities to provide evidence of clinical competence [2, 6]. Importantly CPD has been linked not only to competence, but motivation and job satisfaction [7–9].

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CPD should incorporate activities that are planned in agreement between the individual and the organisation to impact on the service and benefit the patient and the practitioner. Planned CPD in an organisation can improve the flexibility of the workforce, improve patient satisfaction, and enhance career development for individuals [10]. It is also essential in maintaining a motivated workforce [7–9].

Evidence of CPD is generally required to satisfy patients, the public, professional and statutory bodies, employers, and colleagues that individuals are safe and competent practitioners. However, the onus to provide evidence of CPD is on the individual and may be viewed as a form of personal clinical governance, whereby an individual is accountable for continuously enhancing their own knowledge, competencies, skills, and the quality of the service they provide to patients. This should ensure that they are able to practise safely, effectively, and legally, within a defined scope of practice. Importantly, there needs to be a clear understanding between employees, the employer, and regulatory or professional bodies on what constitutes a CPD activity and what is requested for evidence [7].

For CPD to be embraced fully, the individual needs to see how activity can be planned and recorded in a way that is meaningful to them in context of their career aspirations. Basic principles will be reviewed on what constitutes evidence of CPD activity (direct and indirect) and how that evidence can be presented. This will be developed further and discussed in the context of a longer term career vision, using the [11] five-phase career planning and development model.

Dimensions of Evidence

It may be helpful at this point to think about evidence in terms of having two dimensions:

Direct Evidence (Information From You)

This is something an individual will have directly created and/or has a tangible output [12]. Examples include: pivotal incident analysis, reflective reports, case studies, personal development plan (PDP), conference poster or presentation, article critique, or an article you have written. It could also include samples of selected work: assignments, audit reports, feedback given to students/colleagues, and so forth.

Indirect Evidence (Information About You)

This is information provided by others which supports an individual's claim [12]; for example, witness testimony from a line manager about your role in developing work instructions and/or protocols or participation in staff recruitment interviews. It could include feedback from appraisals, feedback from peers, students, patients, references from managers, feedback on assessed work, presentations, and so forth.

It may be that after your contribution to a tweetchat, for example #MedRadJClub, you create evidence using Storify, a social network service that lets the user create stories or timelines using social media such as Twitter.

In general, direct evidence is preferable, as this is evidence the individual personally created or contributed to. The “or” is important. The individual does not have to be the sole creator of an item of evidence, but proof of participation would be needed. It is worth thinking prospectively about how one might collect the evidence from group or working parties. Evidence in this case could include minutes and records of participation and/or actions and/or tasks undertaken, and the inclusion of those to develop a tangible “package” of evidence. In this situation, indirect evidence may be sought to strengthen the evidential package. A witness statement and/or testimony of participation from a project group lead verifying the nature and extent of participation would add weight to the claim.

Presenting Evidence

Keeping a dated list of CPD activity is a good foundation, but is only a frame of reference. Taking a step further, does attaching a Certificate of Attendance (CoA) at a study day constitute evidence? On its own, it shows attendance; but it does not indicate what was learnt or how it might impact on future practice. To present CPD in a meaningful way, it would be prudent to present this as an evidential package. For example, you could combine the CoA with a copy of the programme, copies of presentations and/or abstracts, a reflection on key takeaway messages, anything to add to a PDP that might be a part of a staff appraisal system, copy of notes or presentations you used to disseminate information to colleagues, feedback you received from them, and so forth.

When presenting evidence to support claims made or to meet specific criteria and requirements, there are a number of things to consider:

- Authenticity—evidence must not be fabricated and work produced should be your own.
- Relevance—justify the inclusion of evidence, its value should be linked or applied to a specific claim; for example, to meet a specific criteria, or standard, it is important to be selective and tailor evidence accordingly.
- Volume or sufficiency—the amount of evidence required will vary depending on the situation. Sometimes it may require more than one piece to complete an evidential package. Equally, you need to justify the evidential inclusions. If you cannot justify its deployment, leave it out— it is about quality rather than quantity of evidence.
- Academic level—usually only relevant in relation to academic work; for example, if submitting a profile of evidence for a masters level qualification.

Profiles and Portfolios

“A portfolio is ultimately a very individual expression of personal and professional development” [13], and the form in which CPD evidence may be collated and presented varies according to context. Hence, it may be useful to draw a

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