



## REVIEW

## Personal development plans – Practical pitfalls

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## S U M M A R Y

Personal development plans are an essential requirement for progression in undergraduate and post-graduate medical education. It is also a prerequisite for the appraisal and revalidation process. The important steps in a PDP are setting specific objectives based on learning and development needs, careful planning for its achievement and monitoring of progress: these are all fundamental aspects of a PDP. Once completed feedback and reflection should be carried out and recorded. The completed PDP can be a communication tool for future PDPs. Difficulties and dilemmas may be encountered during various stages of the PDP process. Knowledge of the pitfalls associated with a PDP and its solutions may prevent failure and promote the effectiveness of a PDP. Self-directed development, skilful supervision, regular evaluation and review of portfolios are key to success. Reflection on the outcomes should be a routine component of a PDP.

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## 1. Introduction

A personal development plan (PDP) is a well-established structural process in higher medical education and an NHS professional career. PDPs provide a planning tool that facilitates identification, communication and documentation of future learning needs and opportunities for personal and professional development.

PDPs are usually prepared as part of the appraisal process for consultants and in the educational planning process for trainees. We feel that PDPs in their common format are inefficient because of practical barriers to implementation. Through this paper we aim to address the pitfalls and solutions for preparing, monitoring and evaluating PDPs.

## 1.1. PDP – purpose and problems

The PDP was introduced into higher education during the last decade. The Quality Assurance Agency<sup>1</sup> for higher education described the PDP as a 'structured and supported process undertaken by a learner to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development'. We believe preparing a PDP creates

opportunities to learn skills and gain knowledge that support life-long learning and teaching. PDPs provide a continuum between past, present and future career development.<sup>2</sup> A PDP may include wide ranging goals or tasks. Continuous professional development (CPD) activities are usually a core component of the PDP. In addition, a PDP should remain relevant to the individual and the wider team needs as emphasized in a recent General Medical Council (GMC) document (2012).<sup>3</sup>

PDPs form a fundamental part of the appraisal process, providing a starting point for discussion of the completed period and a framework on which to structure future learning objectives. They are a useful structural tool for communicating learner's needs between a clinical and, educational supervisor (ES) as well as a wider team. CPD activities then emerge from the learning objectives and should be anticipated and planned via a PDP.<sup>4</sup> A good PDP improves academic potential and is valued by society including employers and professional bodies.<sup>5</sup>

Barriers limiting the success of a PDP may originate at individual (e.g. lack of motivation, lack of time), departmental (e.g. lack of peer support or recognition), organizational level (e.g. no 'in-house' facilities or training) or in policy itself.<sup>6</sup> One example of policy limiting PDP success is the rationing of study budget. Limiting this resource may affect the choice and number of courses or CPD activities done.

Inexperience in the PDP process, lack of knowledge (e.g. curriculum), limited resources and opportunities at workplace and within the larger working or learning environment, infrequent

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monitoring of progress and lack of reflection could result in poor preparation and progress of the PDP. Brenann and Shah (2003)<sup>7</sup> have highlighted that the policy and practice of PDPs are highly variable within and between institutions, possibly, due to varied interpretations of the PDP concept itself.

The PDP can be a vehicle to understand and indeed articulate the complexity of professional practice.<sup>8</sup> It can be used to highlight the steps required to gain competence. For example, from knowledge acquisition through private study or courses to supervised clinical practice during training. However, in the medical education and profession, delivery models of professional development, are not well researched, unlike in secondary education and other professions.<sup>9</sup> To ensure the quality of the PDP, all stages of the process such as preparation, execution, completion, reflection and monitoring, are important.

## 1.2. PDP – preparation (Fig. 1)

Goal setting is fundamental for PDP formulation. For time bound PDP objectives may be in the form of learning outcomes. Learning or developmental objectives should be specific, measurable (e.g. number of workplace based assessments to be completed), achievable (e.g. realistic depending on an individual's experience), relevant (e.g. related to specific subspeciality placement) and timed. In addition, in specific circumstances, cognitive and behavioural-related goals may demand detailed attention and descriptive writing.

PDP arises as a consequence of learning needs and the number of objectives included is dependent on the experience of the clinician. Thus a new starter in anaesthetics would need a detailed PDP, with objectives for each basic competence, for example basic airway manipulation, insertion of laryngeal masks, intubation, rapid sequence induction, maintenance of general anaesthesia and spinal anaesthesia to name but a few. Whereas a post fellowship trainee, may require broader objectives for a specific skill, such as increased experience in regional anaesthesia for orthopaedic surgery, or acquiring advanced airway management skills (e.g. fiberoptic intubation).

New competencies for a junior trainee can be achieved successfully by being broken down into graduated objectives that are attainable. For example, gaining competency for a cognitive skill, such as airway management, objective number one could be gaining experience in a simulated scenario, number two supervised practice with an expert and finally performing skills in elective circumstances with distant supervision. There are no criteria as to how many objectives one should include in a PDP. Obviously this would depend on an individual's requirements and the resources available. However, designing, developing, delivering and documenting goals in a PDP should match the intended learning outcome.<sup>10</sup>

For trainees, most PDP objectives are based on the curriculum. In contrast, a consultant may set a practical goal of attending a national anaesthesia meeting during yearly PDP planning. Depending on the duration of placement it is our experience that trainees chose to keep their PDPs as simple one objective for example, 'to achieve competency in obstetric anaesthesia during 3 months placement'. However, a trainee may not spend all their time with obstetric patients. PDP should therefore anticipate and include other possible learning opportunities during that period. For example training opportunities out of hours, should be identified and incorporated to PDP objectives.

Trainees often set broad objectives with their educational supervisor such as 'to pass the examination'. However, we feel these objectives lack sufficient detail particularly if there is any difficulty in achieving objectives. For example if the trainee had failed their

exam, there is no evidence for the educational supervisor as to how the trainee had prepared for their examination, which courses they had attended etc. To prepare for the goal 'to successfully pass the examination' a subsequent PDP may provide the revision framework for the forthcoming examination attempt. With the guidance of an experienced educational supervisor the revision of the syllabus can be mapped out and marked as revised once covered. We realise that such detailed use of a PDP may not be practically possible, and could be time consuming for both the parties. However, for those trainees finding examinations difficult or struggling to gain clinical competencies, a detailed PDP is an important tool to facilitate success.

There are many other factors to consider when formulating a PDP (Fig. 1). The professional standards are set by regulating bodies or professional organizations, for example, completion of a CPD matrix as suggested by the Royal College of Anaesthetists (RCOA). In addition, the departmental and trust's strategic objectives and needs also need to be taken into consideration. However, there could be a mismatch between the learning provision and learning needs.

The General Medical Council (2012) has provided guidance, stating 'you must consider your CPD needs across clinical and the non-clinical aspects of your practice including any management, research, and teaching or training responsibilities you have'. Assessing learning needs should be a collaborative process between the trainee and the supervisor. We believe self-assessment of learning and development needs is an essential element of the PDP process. Self-assessment can take the form of reflection following completion of a workplace based assessment, or reflection when a particular skill is performed with or without supervision. However, in-depth assessment is not performed all the time. An educational supervisor should be aware of the competency and capability of a trainee to prepare their PDP.<sup>11</sup> Several strategies could be adopted to help trainees to define the learning objectives in their PDPs such as a review of the curriculum, previous assessments, e-portfolio, feedback, performance criteria or standards or benchmarks and sound professional judgements based on previous experience as an educational supervisor (Fig. 2). However, integration of the curriculum and assessment in a PDP remain a challenge.

Under or poorly developed PDPs can lead to poor utilization of time and learning opportunities. An educational supervisor should be able to advise trainees as to what opportunities are available

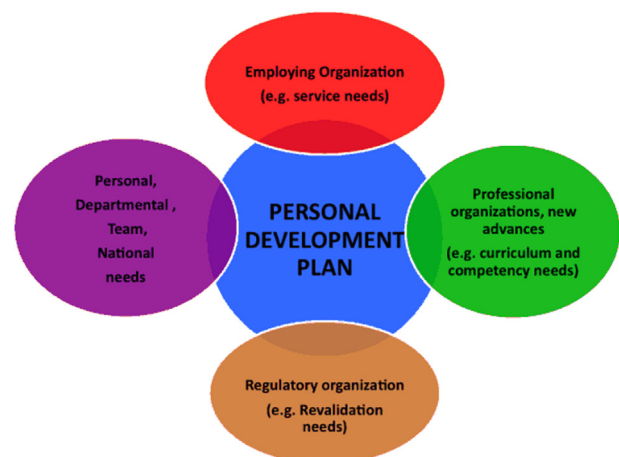


Fig. 1. Major factors influencing the formulation of a personal development plan (PDP).

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