

CPD profile

1.1 Full name: Practitioner
1.2 Profession: Occupational Therapist
1.3 Registration number: OT1234

2. Summary of recent work/practice

I am currently Senior II occupational therapist for social services in the community working with adults with a physical disability. I also deal with cases involving sensory integration issues. My key responsibilities are to provide assessment and intervention for those clients referred to me, taking into account their environments (home, study, work etc) as relevant. In order to achieve optimum independence I will recommend and/or provide equipment for the user and for the carer as relevant. My role requires me to consult with a range of professionals for example, builders and property developers on ergonomic design, equipment providers, budget holders and of course other health and social care practitioners. I regularly engage in the development of others, taking an active involvement with students of my own and other professions and I advise and guide disability officers on occupational dysfunction and impact of the disease process on occupation. On a day to day basis I utilise skills of self-management, time management and caseload management and use regular supervision with my manager and/or mentor to discuss and develop these issues.

I am also the local Manual Handling assessor with responsibility for training informal carers in the use of hoists etc. This role also includes a responsibility for assessing equipment available and needed within relevant agencies for carers to carry out their role.

Total words: 221
(Maximum 500 words)

3. Personal statement

I keep a portfolio which documents my CPD activity and enables me to map this against the HPC categories, providing evidence of the range of CPD activity during the last two years. Maintaining a portfolio document, visited on a weekly basis, enables me to document learning opportunities that have occurred and to reflect on the impact of these events on my practice and the user. My reflections are aided by John's model of reflection and I make use of a variety of reflective tools as recommended by COT.

My portfolio contains evidence of formal and informal learning events and documents my reflections of these. These reflections are discussed regularly with my supervisor and links are made both to my current practice and to my personal development plan. The reflective tools provided as evidence for my CPD in this statement are from my portfolio. Further examples can be available if requested.

In planning my CPD I aim to ensure that I undertake a range of activity which incorporates work-based, professional, self-directed and formal categories as described by HPC. The examples I have chosen to discuss to evidence Standards 3 and 4 will serve to demonstrate the mixture of CPD activity in which I have engaged and therefore how I meet Standards 1 and 2.

I have selected a number of CPD activities from my portfolio which illustrate how I have met Standards 3 and 4, as they have a direct impact on the quality of my work and on the service users and/or students with which I work.

- I keep self-directed learning logs which document areas in which I need to continue to develop (clinically, professionally, personally) and again, these issues are then discussed with my clinical supervisor and learning opportunities are identified to enable me to meet these needs where relevant. (Evidence 1: a sample of a completed self-directed learning log)
- As mentioned previously, regular supervision sessions with a clinical supervisor enables me to monitor my development and identify further development needs in line with established PDP objectives, but also the opportunity to prioritise these in line with current issues and ongoing cases. One example was during a number of cases where a new building had been commissioned to house young adults with complex physical needs. The referring body had requested a physical and mental functioning assessment of each client in order to process their admission. I was concerned that I did not have the experience of standardised mental health assessments and took the matter to supervision. In this case, referral to another agency was required and it also identified a learning need that needed to be addressed. (Evidence 2: a sample of my supervision record and my PDP for the last 2 years together with the organisations policy and procedure followed)
- I am regularly involved in peer support sessions whereby I meet with other occupational therapists in similar service provision where cases are discussed and interventions and outcomes are debated and discussed -this enables me to explore my philosophy of practice and ensure that my practice is evidence based and in line with current thinking. These sessions can often identify areas for further development and also areas for future research and/or development for example one discussion took place around adapting a difficult housing layout in that a stair lift was not appropriate and neither was an extension yet the client needed access to bathing and toileting facilities. Through discussions I was introduced to an adaptation I had not previously been aware of (an under stairs toilet and shower unit) and I was able to recommend this to improve the client's quality of life. (Evidence 3: reflective log on a peer support session and a copy of the client's report (anonymised)).
- I engage in a mix of CPD activity as advised by HPC. Formal aspects have included mandatory in service training (CPR, Fire and Safety, Manual Handling, Children in need and Child Protection). These courses ensure that my practice is safe and current (Evidence 4: certificates of attendance and reflective logs) and I have also engaged in formal study on external courses for example:
 - Community equipment and the Law: this course clarified the law as it currently stands and expected changes to occur in the near future. Consideration was given to fair access to care issues and the correct application. In light of my learning, I discussed these issues within the team and with relevant management and the framework by which criteria for services are decided was changed. (Evidence 5: evidence of referral framework before and after course and my reflections on my leaning). Thus users should now receive a better service in terms of access to care.
 - Equipment and Home adaptation for children: this course has given me skills and knowledge that I can apply in the future development of my role in working with children (Evidence 6: reflective tool identifying future action for practice)

Informal training has included:

- Work shadowing: I worked alongside a senior colleague for a short period of time in order to have a clearer understanding of the procedural aspects of the manual handling role and also to consider her approach and knowledge and skills with this area . As a result of this my confidence in the role has increased and thus a more individualised and effective service can be offered to my clients (Evidence 7: a reflective piece of this learning experience and testimonial from the senior colleague shadowed).
- I regularly read articles with the BJOT and make comment on a reflective log and discuss particular areas of relevance with colleagues and within supervision sessions. This ensures that I am upto date with current professional thinking and enable me to engage in relevant discussion and debate. One such example was a client who was not sitting on his stair lift due to his size and the room available on the chair. Due to arthritis in his knees he was in danger of falling. I had recently read an article on through floor lifts and the requirements so I was able to further my research in this area and eventually recommend this adaptation for the client. (Evidence 8: article critique and client's report (anonymised))
- I am involved with students on a regular basis and have produced a booklet on the role of the community occupational therapists that enables the student to have a greater understanding of the referral criteria and intervention for future information. It also provides the student with an upto date idea of equipment available (Evidence 9: copy of the booklet developed). I have also delivered a presentation to students on the undergraduate occupational therapy programme on my role. This has enhanced my ability in presentation and communication skills and has given me a basis involvement in the undergraduate programme which I would be keen to explore further.
- As mentioned previously, I keep regular reflective logs on issues that arise throughout my working practice. This might be areas of conflict, areas of difficulty and areas of success in order to reflect on my involvement and how this might be enhanced for the future. These reflections are regularly discussed with my clinical supervisor. An example of this is dealing with the dilemmas regularly faced in conflict between authority policy and budget with professional and ethical practice. The service in which I work prioritises referrals into cases rated as severe, moderate or mild. On assessing a moderate referral I found that the client should be prioritised as severe. This had implications for resources and intervention and I needed to defend my decision. The opportunity to reflect and discuss this issue has enabled me to develop more confidence in my professional reasoning skills and to ensure that I utilise all support available to me (Evidence 10: reflective log)
- Another example: on one occasion I was asked to be involved in the discharge of a patient from hospital, thinking this a routine home visit, I conducted the visit with the patient's spouse in attendance. I was making preparations for further work to be assessed for major adaptations to be recommended when the spouse asked to see me. It was made clear that she no longer wanted her husband at home not only due to the care issues but due to ongoing marital difficulties. This demonstrated the need for effective and efficient communication strategies with referrers in order to obtain all necessary facts and, in addition, the need for carers to express their needs in confidence. I have since ensured that I facilitate clear communication with all

involved before making clinical decisions (Evidence 11: supervision record detailing discussions on this case).

- I am a member of the professional specialist section in Housing (COTSSIH). This enables me to meet on a regular basis with colleagues in similar roles to myself. A regular newsletter and annual conference enable me to consider current issues and the latest evidence based practice for my area of practice. The links and networking opportunities are invaluable in facilitating my learning and development.

In terms of future development needs, I intend to keep upto date with policy and law by attending another formal training session on legal issues. I would also like to extend my role into the professional undergraduate programme and will discuss this with my manager as to how a secondment opportunity may enhance my practice and be of benefit to the service in creating links and network opportunities.

Total words: 1578
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD Standards that this evidence relates to
Example	Eg: 'Case studies' or 'Critical literature review'	Eg: '3 pages', 'photographs', or 'video tape'	Eg: Standards 2 and 4
	Summary of CPD activities	2 pages	Standard 1
1	Self-directed learning log	2 pages	Standards 2 and 3
2	Supervision record appraisal/PDP and policy system used	3 pages 3 pages	Standard 3 & 4
3	Reflective log on peer support and Client report	2 pages 5 pages	Standard 2 and 3
4	Course attendance certificates and reflective logs	6 pages	Standard 3 and 4
5	Referral framework before and after training opportunity	4 pages	Standard 3 and 4
6	Reflective tool	1 page	Standard 2 and 3
7	Work shadowing reflective tool and testimonial	2 pages	Standards 2 3 and 4
8	Article critique and client report	2 pages 5 pages	Standards 2 and 3
9	Student booklet	5 pages	Standard 4
10	Reflective log	3 pages	Standard 3 and 4
11	Supervision record detailing specific	1 page	Standard 3

	case discussion		and 4
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Date
2006-03-20

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Dept/Cmte
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Doc Type
AOD

Title
CPD profile OT practitioner

Status
Final
DD: None

Int. Aud.
Public
RD: None