Continuing professional development:

A toolkit for speech and language therapists and assistants

Acknowledgements
This is an updated version of the RCSLT CPD toolkit, first published in 2006.

RCSLT would like to thank all the therapists who contributed to the development of the original toolkit in 2006, in particular: Sarah Morrison, Fiona Paton, Jane Phillips, Debbie Rossiter, Julie Round, Paula Saint, Kate Toft and many others

RCSLT would also like to thank therapists Helen Sharpe, Kathryn Moyse and Dr Emma Pagnamenta for their development of the 2017 update.

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First published 2006; updated 2017

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1. RCSLT and Continuing Professional Development

RCSLT's aim is to support members' ongoing professional development and to help them meet the continuing professional development (CPD) requirements for the Health and Care Professions Council (HCPC) as well as RCSLT.

The purpose of CPD is to improve the quality of the service through developing our knowledge and skills.

Support workers and CPD

This toolkit and online diary have been designed for therapists and support workers. RCSLT encourages support workers to undertake CPD and believes that a reflective approach is as appropriate for them as it is for therapists.

Keeping CPD records

We recommend that you keep an ongoing CPD portfolio of all activities and 'evidence' that relates to your professional development. The portfolio might contain your: CV; appraisal forms; conference or course certificates; reflective diaries; feedback from patients and service users; survey results; previous RCSLT logs; paper or book reviews; published work; reports; protocols; audits; peer review; clinical supervision records; and any other written documentation that relates to your professional development.

What is the CPD toolkit?

The CPD toolkit gives you the requirements for CPD from HCPC and the RCSLT and a collection of methods designed to help you meet those requirements. Any forms that you use from the toolkit should be stored in your portfolio. HCPC requires you to undertake CPD as part of your re-registration as an SLT. Much of the activity and the records that go with them will be the same. A portfolio will allow you to manage all your CPD in one place and pull out information as required. You will still need to 'cut and paste' your records onto separate forms, but the toolkit will help you to do the necessary work as you go along and give you guidance at each stage.

The key to the toolkit is the personal development plan (PDP) because this is where you record your learning needs as well as your achievements, wherever you are in terms of career progression.

What is the online CPD diary?

The online CPD diary is an electronic record of your CPD activity. It allows you to:

- Store all your CPD activities in one place;
- Analyse what you have done and how much time you have spent on CPD; and
- Record your reflections on your learning.

For more information on how to register please follow this link:
https://www.rcslt.org/members/professional_development/intro

2. The HCPC and CPD

This section of the toolkit explains what the HCPC requires in relation to CPD. All practising SLTs must be registered with HCPC and therefore must comply with HCPC's standards.

Introduction

The HCPC's standards on CPD specify that registered professionals must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;

2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;

3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;

4. seek to ensure that their CPD benefits the service user; and

5. upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD.

HCPC Standards

The HCPC's standards have much in common with RCSLT's approach to CPD, in that they reflect an emphasis on the outcome of learning. They demand a rigorous system of record-keeping and require therapists to undertake a range of CPD activities, which can be shown to be relevant to practice. This means that CPD activities must include more than formal courses and must be relevant to a therapist's current or future scope of practice. The standards encourage therapists to think more broadly about CPD activities and reflect on how each activity impacts on practice. Table 1.1 gives a list of activities currently accepted as evidence by HCPC. This is a guide, rather than a definitive list.

- **HCPC CPD guidance document (updated 2017):** http://www.hcpc-uk.org/publications/index.asp?id=103#publicationSearchResults
- **HCPC CPD guidance pages:** http://www.hpc-uk.org/registrants/cpd/audit/
- **HCPC sample profiles:** http://www.hpc-uk.org/registrants/cpd/sampleprofiles/

Table 1.1: activities accepted as evidence by HCPC

Work-based learning	Professional activity	Formal/educational	Self-directed learning	Other
• Learning by doing • Case studies • Reflective practice • Audit of service users • Coaching from others • Discussions with colleagues • Peer review • Gaining and learning from experience • Involvement in the wider, profession-related work of your employer (for example, being a representative on a committee) • Work shadowing • Secondments • Job rotation • Journal club • In-service training • Supervising staff or students • Expanding your role • Significant analysis of events • Filling in self-assessment questionnaires • Project work	• Involvement in a professional body, specialist-interest group or other groups • Lecturing or teaching • Mentoring • Being an examiner • Being a tutor • Organising journal clubs or other specialist groups • Maintaining or developing specialist skills (for example, musical skills) • Being an expert witness • Giving presentations at conferences • Organising accredited courses • Supervising research or students • Being a national assessor	• Courses • Further education • Research • Attending conferences • Writing articles or papers • Going to seminars • Distance or online learning • Going on courses accredited by a professional body • Planning or running a course	• Reading journals or articles • Reviewing books or articles • Updating your knowledge through the internet or TV • Keeping a file of your progress	• Relevant public service or voluntary work

3. RCSLT guidelines on CPD

This section of the toolkit outlines RCSLT's processes for recording and monitoring CPD. It also explains the implications for membership categories and the annual renewal processes.

Introduction

The RCSLT CPD scheme (introduced in 2006) provides the mechanism for maintaining HCPC registration and RCSLT certification at the same time. Individual members are responsible for their own professional development, but RCSLT has a role to play in providing support and resources that will reduce paperwork and time spent on recording CPD. The RCSLT provides members with an online CPD diary to record completed CPD.

What are the CPD guidelines?

The guidelines give a suggested minimum number of hours of CPD. They provide guidance on the range of CPD that needs to be planned and undertaken. They require therapists to keep up-to-date records of their CPD and to write reflective commentaries on their learning. The online diary has been designed to help RCSLT members to meet these guidelines.

RCSLT's guidance on CPD

1. Amount of CPD	Undertake a minimum of 30 hours' CPD per year
2. Type of CPD	Undertake a mixture of CPD activities (work-based, formal, self-directed, professional activity)
3. Record of CPD	Maintain an up-to-date record of CPD activities
4. Reflective account	Maintain an up-to-date record of the outcome of impact of CPD learning (impact on practice)

Guidelines 2, 3 and 4 mirror HCPC standards. Guideline 1 is RCSLT's guideline on the minimum amount of CPD required.

Exemptions:

Part-time workers working 5 sessions or less: 15 hours per year (50%)

Maternity leave
<6 months: 10 hours per year (33% of full requirement)
6-12 months: 15 hours per year (50% of full requirement)

Extended leave/sabbaticals of more than 12 months: 20 hrs (66%) spread over 3 years by special arrangement

Those undertaking post-graduate diplomas, degrees and research will also be able to claim exemption from guideline 2 within a specified period. They can enter the start date on their online diary, which will then be flagged if they are selected for audit. There may be other exemptions, agreed on an individual basis.

What is the online CPD diary?
The RCSLT online diary is a simple electronic record of your CPD activities. You access it via the RCSLT website, using your membership number and a password (www.rcslt.org). The password is sent to you via email when you register for the diary. The diary allows you to record each CPD activity on an ongoing basis, write a reflective commentary on

your learning and print a record of all your CPD activities, as required. The activities are cross-referenced to HCPC CPD categories:

A - Work-based learning

B - Professional activity

C - Formal/educational

D - Self-directed learning

E - Other activities, e.g. voluntary work

When you log on, you will be able to access a user guide that takes you through each page of the diary. You can read this online or download it for future reference.

Why use the CPD diary?

The diary is a paperless record of your CPD activities. The data you enter is backed up every 15 minutes and therefore a secure, permanent record. Paperless records are more time-efficient and encourage you to record on an ongoing basis. The diary encourages you to keep an ongoing record because you cannot complete it retrospectively at the end of the year and there is a time limit on editing records. The diary allows you to print reports of different activities at specified times, for different purposes. For example, your reflective commentaries can be pasted into an HCPC profile if you are selected for audit. Electronic records are a more efficient way of auditing CPD activity as well, reducing the time required to produce paper records and check compliance with the RCSLT standards.

Evidence of CPD

In addition to keeping a record of your CPD activity, you must keep evidence of each activity in a CPD 'portfolio'. This must be up-to-date and include a range of CPD activities. All evidence of CPD will be expected to adhere to guidelines on client confidentiality. Evidence of CPD should be collected on an ongoing basis and stored in a folder, cross-referenced to the CPD online diary record if possible. Your evidence will take different forms and include all CPD activities accepted by HCPC. For example, NHS therapists could use local Trust PDPs, whereas therapists in independent practice could use RCSLT PDP forms from this toolkit.

4. Preparing a PDP

This section of the toolkit describes the process of writing a PDP. The PDP is central to the CPD planning process and an essential part of a CPD portfolio.

Introduction

Think of your PDP as a record of your ongoing learning needs for each year. Completing this record allows you to plan what CPD you want to engage in over the coming year and then return to review your plans. PDPs can evolve and change along with your needs, unforeseen events and opportunities. You may also want to revise them during the year.

Many organisations already use PDPs as a tool for staff review and appraisal. PDPs can be used by health professionals at all stages in their career and are relevant to therapists and support workers alike. PDPs are, by their nature, personal, but linked to service plans, organisational objectives and business plans as well.

Preparing for your PDP

In order to prepare for your PDP, complete **Form 1** (see appendix). This is a record of who you are, where you work and what you do. You may already have this information in another format (e.g. a job description). You are likely to need to record this type of information for HCPC purposes as well.

Where you work and what you do will have an influence on the kinds of ongoing learning you can engage in, so it is important that you spend some time completing this form, as it will help you to think about what your learning needs might be.

It may help you to think about the different activities that are part of your day-to-day work.

Some examples are shown in the following box:

Examples of direct and non-direct client work in speech and language therapy

Direct client work:
Dealing with referrals
Assessment/screening activities
Diagnosis and discussion with client/carer
Planning and implementing therapy
Evaluating progress
Writing reports/summarising assessments
Communicating with other agencies/carers/parents
Keeping records, IT/information processing
Preparing therapy materials

Non-direct client work:
Teaching/training/supervision
Audit/research activities
Management (people/budgets/policy review/practice development/etc.)
Promoting health and well-being
Public relations activities
Generating accessible information
Health and safety checks

Identifying your personal learning needs

Identifying a learning need involves identifying an area where you would like to see change and development in your practice.

You could ask yourself:

- Which three clients/areas of responsibility do I feel most comfortable with?
- Which three do I feel least comfortable with?

Write a sentence or two about why this is the case. Use **Form 2** (see appendix) to record this. This helps you to begin to identify where your needs might be.

Identifying your practice learning needs

If you do not find completing **Form 2** to be a helpful exercise, you could look at your development in terms of your practice. For example, consider:

- Your own practice (diaries, meetings, teaching activities, significant events, courses, CENs, reading)
- Feedback from clients/peers/mentor/manager (questionnaires, peer review, appraisal meetings)
- Local and national policies

Use **Form 3** (see appendix) to record this.

If you are struggling with this, go to the section in the toolkit on 'significant event analysis'. This is a reflective technique designed to help you to review 'significant events' in your practice in order to identify your learning needs. Significant events can be positive or negative experiences that involve individual clients, carers and colleagues or new/non-routine activities.

Your PDP

You should now have identified at least one (possibly more than one) learning need. Use **Form 4** (see appendix) to record this. Having identified your learning need, try and identify why you have this need. What is the reason behind it?

Example 4.1: Clinical decision making

Trisha is an SLT working in a community clinic. She qualified in 2004 and worked for seven years. She took a career break for four years to look after her children and is now back at work part time. In her PDP, her learning need was:

Learning need:	**Why?**
'To improve my skills in shared clinical decision making, taking account of the evidence, the context and perspective of the families that I am working with'	Because parents/carers are doing their own research on the web and have questions about interventions they have come across and what is possible for their children/family member. There are gaps in the evidence base and interventions for which we have a limited evidence base and we need to be able to communicate this professionally and put things in place in terms of continually evaluating the effectiveness of our intervention.

The reason why she felt she wanted to address this gap in her knowledge was her reflection on a discussion with a parent who asked her opinion on a new clinical approach she had heard about. Trisha felt unable to give an informed reply.

When you are thinking about your answer to the 'why?' question, it may be helpful to consider the following:

- Does this need relate to my work with clients/carers?
- Is it relevant to my day-to-day work?
- Does it relate to any specific duties, e.g. teaching, supervision, management?
- Can I address this need at present? *(Is it realistic?)*

Once you have identified the answer to the 'why' question, you are ready to go on to the learning objective.

Identifying your learning objective(s)

This is probably the hardest part of the PDP, so don't worry if you struggle with it! People have a tendency to set learning objectives that are too broad and then have difficulty evaluating whether or not the objective has been achieved.

Learning objectives should be as specific as possible. They should relate to a change in knowledge, the acquisition of a skill or a change in belief. Ideally, they should also relate to a service plan. The key question here is: *What do you want to be able to do differently?*

Use phrases like:

Know how to…
Undertake…
To be able to…
Write about…
Prepare for…
Describe how…

….when writing your objective.

Example 4.2: Clinical decision making

Learning need	Why?	Learning objective
'To improve my skills in shared clinical decision making, taking account of the evidence, the context and perspective of the families that I am working with'	Because parents/carers are doing their own research on the web and have questions about interventions they have come across and what is possible for their children/family member. There are gaps in the evidence base and interventions for which we have a limited evidence base and we need to be able to communicate this professionally and put things in place in terms of continually evaluating the effectiveness of our intervention.	***To ensure I am using evidence-based approaches and can justify these.***

Trisha's objective was that she wanted to be better informed about the evidence base and clinical decision making. This would allow her to communicate more effectively with parents about the subject.

Identifying the learning activity

It may not be clear at the beginning which activity or method can meet your learning need. You can expect this to change over time. Some examples of learning activities:

- Observing an experienced therapist
- Using a peer-review process
- Doing a literature search on your topic using the internet
- Writing a reflective diary
- Attending a short course or master class
- Undertaking an elearning module
- Reading a text book or guideline
- Learning by doing under supervision

Example 4.3: Clinical decision making

Learning need	Why?	Learning objective	Learning activity
'To improve my skills in shared clinical decision making, taking account of the evidence, the context and perspective of the families that I am working with'	Because parents/carers are doing their own research on the web and have questions about interventions they have come across and what is possible for their children/family member. There are gaps in the evidence base and interventions for which we have a limited evidence base and we need to be able to communicate this professionally and put things in place in terms of continually evaluating the effectiveness of our intervention.	To ensure I am using evidence-based approaches and can justify these.	***-Use the RCSLT resources:*** - ***Research Centre including the Clinical decision making tool*** - ***Clinical web pages*** ***- Consult websites and journals*** ***-Discuss with colleagues and the MDT***

Trisha was already aware of the importance of evidence-based practice in clinical decision making. She asked her colleagues for advice on where to look for evidence about the approaches she was using and looked at the RCSLT's Research Centre web pages. She also wanted to find reading material that would be helpful to parents. Finally, she felt she needed time to rehearse the arguments with some of her colleagues before discussing it again with a parent, to gain feedback on her ability to explain the research clearly. She arranged a session with two other SLTs in order to do this.

Keeping a record

There are various forms of evidence that you can keep. The obvious ones are certificates of attendance/completion and other formal records of learning. However, your own records are also 'evidence' of your learning. These might include: summaries of your observations of an experienced therapist; peer review checklist; reflective diary; summary of your literature search; book reviews; articles; protocols; or patient questionnaires that you have developed with colleagues.

See example 4.4 for how 'Trisha' added evidence to her plan

Trisha and her colleagues spent half an hour over coffee discussing the approach she was currently using with the child and the approach suggested by the parent, looking at the evidence for and against each one. Trisha then did some online research, read some of the articles that her colleagues had recommended and found a useful guide for parents. She wrote her own summary of the discussion with her colleagues and her personal review of the evidence she found.

Example 4.4: Clinical decision making

Learning need	Why?	Learning objective	Learning activity	Evidence
'To improve my skills in shared clinical decision making, taking account of the evidence, the context and perspective of the families that I am working with'	Parents/carers are doing their own research on the web and have questions about interventions they come across and what is possible for their children/family member. There are gaps in the evidence base and interventions for which we have a limited evidence base and we need to be able to communicate this professionally and put things in place in terms of continually evaluating the effectiveness of our intervention.	To ensure I am using evidence-based approaches and can justify these.	-Use the RCSLT resources: - Research Centre including the Clinical decision making tool - Clinical web pages - Consult websites and journals -Discuss with colleagues and the MDT	***Summary of discussion with colleagues and the MDT*** ***List of useful references and website addresses*** ***Summary or arguments for and against clinical approach*** ***Guide for parents***

Evaluating the learning

This is the final stage in the PDP process. It is very likely that at this stage you will identify further learning needs which lead you to start again at the first stage.

Example 4.5: Clinical decision making: evaluating the learning

Trisha saw a mother soon after her learning had taken place, which gave her an opportunity to discuss the topic and evaluate her learning. Feedback from the mother at the time suggested that she had helped her understanding of the issues. However, when the mother came back the following week, after having read the leaflet, she said she was still confused and wanted more information. Trisha discussed the issues with her again and by the following week had prepared a 'handout' from her own notes, which she gave to the mother. These were well received and seemed to reinforce the discussion they had had the week before.

In this example, the SLT revised the materials she gave to the parent, but felt her own understanding had improved considerably. She was more confident, having learned something new about her ability to give a clear explanation to a parent, to ask for feedback and not be afraid when she did not get it 'right first time' with the leaflet.

Evaluation requires honest and careful reflection on your learning. The key questions here are:

- *How have I applied this learning in my practice?*
- *Can I identify a change in my knowledge, skills, attitudes or values?*

If the experience has been successful, then you should be able to identify a change in your practice. This may not happen straight away. You may want to set a review date to look at the impact over time. If the experience has not been worthwhile, you need to record this and describe why this is the case. If you feel it has not had any direct benefit to you or your clients, then say why.

Once you have completed your evaluation, you may want to identify a new learning need or change the one you started with. This reflects the cycle of learning in which you are engaged throughout your working life.

5. Reflective writing

As health professionals become more focused on how to describe and measure continuing professional development, the need for personal reflection on skills, knowledge, attitudes and personal values will increase.

Introduction

Personal reflection happens as part of day-to-day living. If we find ourselves in a difficult or challenging situation, we often spend time 'reflecting' mentally on what happened, what went wrong, what we could have done or said differently. Equally, we may reflect on what went well and why. We may discuss the event with friends or family. We may (or may not) deal differently with similar challenges when they happen again.

We recommend you complete the reflective writing elearning workshop available on our website:

www.rcslt.org/members/professional_development/reflective_writing_workshop

The workshop is divided into chapters so you can choose to complete it in parts or in one sitting. Feedback from other SLTs suggests that it may take between one hour and 30 minutes on your own or up two hours and 30 minutes in a group. It also depends on your personal learning pace.

6. Significant event analysis

This section of the toolkit explains the principles of significant event analysis (SEA) and gives examples of ways of recording this CPD activity.

Introduction

Significant event analysis is an example of shared reflective practice. It is a technique for reviewing 'events' or experiences in order to learn from them. In some contexts, it is a form of audit with a focus on single events, which tend to relate to negative experiences, where it may be called critical incident analysis. However, SEAs can be undertaken on positive experiences as well.

The criteria for selecting an event is that it holds significance in your professional life. By reviewing the event, you may identify a learning need that you can incorporate into your PDP. Significant event analysis is not about attributing blame, but rather understanding, recording and learning from an event. Ideally, it should lead to improvements in service delivery and client care. Significant event analysis should never be used to review personnel issues, contractual arrangements or any other personal performance issues relating to work.

Significant event analysis can be undertaken in pairs, groups or individually. Significant events often involve more than one team member. It can therefore be useful to review the event with others in the team. Significant events can occur in clinical and non-clinical contexts.

Choosing a significant event

If the event is clinical/relates to a client, choose an event that has happened in the last three weeks. Use your reflective diary to make notes of events as they occur. This will make it easier when you come to do the analysis.

If the event is non-clinical/non-direct then it is less important that you carry out your SEA within three weeks, as it is likely to be an ongoing issue.

If you are working as part of a team, you will probably arrive at a consensus on what you want to discuss before you meet. Agree before the meeting what you want to discuss. Make sure that everyone involved in the event is invited to the meeting, although they

may not all want to come.

If your meeting involves more than four people, chose a chairperson to facilitate the meeting and another person to take notes. Using the questions on **Form 5** (see appendix) invite everyone present to give their account of the event. There may be strong feelings associated with the event and it is important to allow each person to give their account. Make sure your account is anonymised, i.e. no one can be identified personally from the account.

If appropriate, discuss:

- What went well
- What could have gone better

Discuss what could have made a difference (time, resources, knowledge, skills, better communication, etc.). Make a list of what improvements could be made. Are these realistic? What would it take to make these changes happen? Who needs to be involved?

You may wish to take the discussion further or it may lead to a discussion of other related events. It is important that you make a record of this event and identify action points from it.

Keep the record of the meeting in your CPD portfolio.

Significant event analysis is a way of structuring your reflections on a specific event and seeking to learn from those reflections. It is part of CPD because it encourages structured analysis of an aspect of your work that you have found challenging. SEA can be stressful and disheartening, but ultimately it should leave you feeling more positive about the event and the learning that arises from it. As with all the techniques described in this toolkit, it takes time to become familiar with them. Don't expect to get it right first time! Below are some examples to get you started.

Example 6.1: SEA

Description of event
A father has written to the service, saying he is unhappy with the amount of speech and language therapy his child is receiving. His three-year-old child has a mild expressive difficulty and has attended three weekly sessions of group therapy before having a break over the Easter holidays. He has been to see the SLT and told her that he is going to write to complain about the service. She has explained that his child has a relatively mild delay and that intensive one-to-one therapy is not indicated. He says he is still going to complain.

Date of event: *11 April 2017*

Date of meeting/SEA: *21 April 2017*

Length of meeting: *1 hour*

What went well?
The child is making good progress and is likely to be discharged with normal language scores by mid-term. The father brings his son every week. He does not want to be involved in doing anything at home and wants the therapist to 'fix' the problem.

What didn't go well/what could have gone better?
Despite the reassurance and explanation, the father is still going to complain about the service. The SLT feels that she did her best to explain why intensive one-to-one therapy is not appropriate.

Why did it happen?
The information that the therapist gave to the father did not prevent him from making a complaint. He was anxious about his son, a single parent who had recently lost his job. The assistant had also had contact with the father, felt he was anxious and wanted to pass responsibility onto someone else.

Continued…

What improvements can be made? What lessons were learned?

I thought I had explained everything to him. However, on further reflection I feel I could have made more of an attempt to involve him in the initial assessment and spend more time explaining language development to him. I also wondered if he might have benefited from watching a video about language development and reading the Dorling Kindersley book, 'Learning to Talk', which other parents had found helpful. Taking more time to reflect on my skills around explaining speech and language development to parents. Finding more resources to help me with this. Accepting that sometimes parents don't want to be involved in therapy.

Signed SLT, SLT manager, SLT assistant:

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7. CPD and evidence from practice

This section is designed to explore the links between CPD and evidence gathered in practice such as evidence-based practice (EBP), outcome measurement, service user involvement and evaluation clinical audit, and research.

Introduction

There are a number of CPD opportunities within practice which are based on reviewing evidence and feedback. All these channels can create opportunities for personal development as well as lead to improvements in service delivery.

Evidence-based practice

Evidence-based practice is the integration of research evidence with clinical expertise and patient values (Sackett, 2000) and is critical to clinical decision making and improving the quality of services.

There are five steps to EBP, all of which involve the development of knowledge and skills that form part of your CPD:

1. Formulating the question that you are interested in (e.g. what interventions are effective for my client?)
2. Looking for existing evidence
3. Critical evalution of the evidence for quality and relevance to the invidual client and the context
4. Application of the evidence to the clinical situation
5. Re-evaluating the application of evidence and areas for improvement

Evidence can take different forms including systematic reviews of research evidence, peer-reviewed research articles, evidence synthesis, position papers and guidelines (https://www.rcslt.org/members/research_centre/evidence_based_practice__ebp_) .

Where published evidence does not exist or there is a limited evidence base it is important to seek advice, assess the risks and take account of local outcome data. You

can find step-by-step guidance in the RCSLT evidence-based clinical decision making tool (https://www.rcslt.org/members/research_centre/e_learning/launch_evidence_based_clinical_decision_making_tool). Exploring this tool and documenting your decision-making process in relation to the specific clinical scenario provide ideal opportunities for CPD.

Our professional toolkit needs to include skills in involving our service users in discussions about the evidence base and shared decision making,

Outcome measurement

What is outcome measurement and why is it important?

Measuring and evaluating outcomes is a key part of professional practice for SLTs. 'Outcomes' can be defined as the long-term benefit or difference made to an individual as a result of an intervention.

It is important to measure outcomes in a robust way (i.e. using validated outcome measures) to evidence the impact of SLT intervention.

Outcomes data can be used to evaluate our clinical practice: 1) appraise the intervention, service delivery, etc.; 2) reflect (e.g. is the service user responding to my intervention?); and 3) improve the quality of their own work.

Measuring and evaluating outcomes is part of the wider process of clinical governance (the organisation-wide approach to improving the quality of care). Measuring of outcomes is important for ensuring the development and delivery of quality services.

What is the link to CPD and evidence-based practice?

Outcome measurement has links with the implementation of evidence-based practice - comparing practice with evidence from the literature and appraising 'what works' (e.g. which interventions are most effective and for whom?).

Reflecting on outcomes is part of the quality improvement process, and therefore measuring and evaluating outcomes can support CPD.

Service user involvement

Budget holders, commissioners and decision makers place importance on measuring outcomes that matter to those accessing the service. Each of the four nations of the United Kingdom has a well established policy on inclusion of the public:

- England: Liberating the NHS: https://www.gov.uk/government/publications/liberating-the-nhs-white-paper
- Northern Ireland: Strategy for personal and public involvement in health and social care research: www.publichealth.hscni.net/publications/strategy-personal-and-public-involvement-health-and-social-care-research
- Scotland: The Quality Strategy: www.gov.scot/Topics/Health/Policy/Quality-Strategy
- Wales: Get Involved: www.wales.nhs.uk/ourservices/getinvolved

Commissioning Guidance for Rehabilitation (2016) stresses the importance of measuring outcomes that are important to the people accessing the service:

- One of the key principles underlying 'good' rehabilitation service focuses on understanding the impact of intervention through the use of clinical outcome measures, patient-reported outcome measures and waiting times.
- Measuring outcomes links to providing person-centred care.

Patient and Public Involvement (PPI) or (service user involvement) is integral to all stages of service design, evaluation and research.

- The Healthcare Quality Improvement Partnership provides resources on PPI in quality improvement: www.hqip.org.uk/involving-patients/
- Social Care Institute for Excellence: http://www.scie.org.uk/publications/guides/guide51/NHS
- Networks has developed a series of guides to engaging public and patients: https://www.networks.nhs.uk/nhs-networks/smart-guides
- You can find information in the RCSLT Research Centre about involving patients, service users and the public: www.rcslt.org/members/research_centre/doing_research/patient_and_public_research_involvement

Service evaluation

Service evaluations aim to determine effectiveness or efficiency by asking questions such as, "Has this service been a success?" or, "How satisfied are patients with the service being provided?"

One way to evaluate your service is by benchmarking: the process of service evaluation involving comparisons between the practice of one organisation with that of others. Benchmarking enables an organisation to identify best practice and areas in which improvements are required, to compare performance with other organisations and use this information to improve quality of care provided, i.e. can compare outcomes to identify good practice and areas for improvement.

While benchmarking may be used to compare services, the evaluation will not involve measurement against agreed standards (which would be described as clinical audit).

Healthcare Quality Improvement Partnership (HQIP) has a guide to quality improvement methods: http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/

Clinical audit

Clinical audit is a quality improvement method that is used to check that clinical care meets defined quality standards (HQIP 2015). Participation in audit procedures is included in the HCPC standards for profiency for SLTs.

Audit can be used to provide professionals with feedback on their performance. This is important because, “There is now extensive evidence demonstrating that there is a gap between the health care that patients receive and the practice that is recommended.” (World Health Organisation (2010) 'Using Audit and Feedback to Health Professionals to Improve the Quality and Safety of Health Care' page iv).

On a national level, clinical audit studies evaluate service provision in rehabilitation (e.g. Sentinel Stroke National Audit Programme, UK Rehabilitation Outcomes Collaborative).

Commissioning Guidance for Rehabilitation (2016) states that the sharing of good practice, collecting data and contributing to the evidence base by undertaking evaluation/audit/research activities are core principles of a ‘good service’.

Services need to reflect on the following questions:

- Are we providing an equitable service that meets local population needs?
- Is this the best way to do it?
- Does the service reflect the best available evidence?
- Are we providing value for money?
- Are we as proficient as another provider?

Research

Research is designed and conducted to generate new knowledge. Whilst all SLTs will use research to inform their practice, only some will be actively involved in doing research. Involvment in research can be on many different levels, from highlighing gaps in the evidence base to guide new research, supporting recruitment of participants to a clinical research study to designing and leading your own research.

The development of a workforce skilled in carrying out research is essential to ensuring that the speech and language evidence base continues to evolve and the quality of our services improves.

Research involvement creates a wealth of opportunities for personal development.

Find out more about getting invovled in research in the RCSLT Research Centre: https://www.rcslt.org/members/research_centre/doing_research/carrying_out_research

Not sure whether you conduct audits, service evaluations or research? Find out using this decision tool:
www.hra-decisiontools.org.uk/research/

References and resources

Commissioning Guidance for Rehabilitation (2016) NHS England: https://www.england.nhs.uk/wp-content/uploads/2016/04/rehabilitation-comms-guid-16-17.pdf

Developing clinical audit patient panels: www.hqip.org.uk/resources/developing-clinical-audit-patient-panels/

Guide to clinical audit (2015): www.good-governance.org.uk/wp-content/uploads/2015/01/CA-Guide-.pdf

HQIP: the National Clinical Audit Programme: www.hqip.org.uk/national-programmes/a-z-of-nca/

NHS Networks has developed a series of guides to engaging public and patients: https://www.networks.nhs.uk/nhs-networks/smart-guides/

RCSLT Research Centre: www.rcslt.org/members/research_centre/doing_research/patient_and_public_research_involvement

Sackett D, Strauss S, Richardson W, Rosenberg W, Haynes R. (2000) Evidence-Based Medicine: How to Practice and Teach EBM, 2nd edition. Churchill Livingstone: Edinburgh.

The English government's Mandate to NHS England for 2016-17 emphasises the need "for local areas to see how their services and outcomes compare to others and make consistent improvements": https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494485/NHSE_mandate_16-17_22_Jan.pdf

World Health Organisation. (2010) Using Audit and Feedback to Health Professionals to Improve the Quality and Safety of Health Care, page iv: www.euro.who.int/__data/assets/pdf_file/0003/124419/e94296.pdf

8. CPD and mentoring

This section of the toolkit explores the links between mentoring and CPD. It includes guidance and record forms for mentoring sessions.

Introduction

Like other work-based learning activities, mentoring has been integral to the lives of many professionals for decades, but not always acknowledged as an important aspect of CPD. Mentoring can bring benefits, both for the mentor and the mentee, in terms of personal and professional development (Connor et al, 2000). The British Medical Association suggests that mentoring can contribute to the retention of staff, increase understanding of diversity issues and help professionals with career choices www.bma.org.uk/developing-your-career/career-progression/mentoring). It is therefore encouraging that mentoring is recognised by the HCPC as a CPD activity (www.bma.org.uk/developing-your-career/career-progression/mentoring). Becoming a mentor is one way in which you can develop as a professional, as well as helping others to develop skills, knowledge and new insights.

What is a mentor?

There are a variety of interpretations of mentoring. According to Oxley et al (2005), a mentor is someone who guides another individual in the development and re-examination of their own ideas, learning, personal and professional development.

Attributes of a mentor Houghton (2005):
Ability and willingness to listen
Being non-judgmental
Being facilitative, not directive
Being supportive
Maintaining confidentiality
Being gently challenging
Being forward-looking

Houghton also suggests that a mentor is not there to give answers, but rather to facilitate the process of self-discovery. Mentoring can be a formal and informal process.

Formal mentoring has agreed objectives, measurable outcomes and ways of recording them. Informal mentoring relies more on colleagues selecting each other and agreeing to meet regularly, but without specified aims.

If mentoring is to become part of the CPD process it must have a formal footing. You will need to be able to keep records of the mentoring process in your CPD portfolio as 'evidence' of CPD. You should also record your mentoring sessions (whether as mentor or mentee) in your online CPD diary. If you work in the NHS, this activity may not necessarily be additional to your employer's professional support requirements but can be part of, or complementary, to it.

Clinical supervision

Feedback from therapists has highlighted the link between what is described here as mentoring and clinical supervision and the possible confusion that may occur.

Mentoring and supervision are processes along a learning continuum**,** rather than distinct from each other. Clinical supervision can be organised in many ways, but, in general, it is helpful for colleagues and senior therapists to act as supervisors. In some contexts, a colleague who is not a manager always undertakes clinical supervision. In other contexts, managers fulfil this role. Follow this link to find out more about clinical supervision: https://www.rcslt.org/cq_live/resources_a_z/supervision/supervision

Suggestions for setting up a mentoring process as part of your CPD

Ideally, mentees should be able to choose their mentors. This is obviously more difficult for new staff or newly-qualified therapists. In many contexts, newly-qualified practitioners are allocated a mentor during their first six months of working and thereafter choose a mentor for themselves. A mentor is usually someone whom you respect, is more experienced than you and above all someone you feel you can trust.

Ideally, a mentor is someone who has had experience (and training) in mentoring and supervision, and sees this role as important in terms of her/his own CPD. The most common reasons for failure in mentoring schemes are: poor pairing; lack of time; and absence of a monitoring process (BMA, 2004). That is why it is important that the mentoring process is supported by your manager and your trust, and that there are systems in place to allow both mentor and mentee to give independent feedback on the experience.

Mentoring can be beneficial at all stages of your career. It is more common for newly-qualified practitioners and professionals coming into a new post to seek out a mentor, but there are good reasons for continuing the process throughout your career (Connor et al, 2000). Usually, mentoring relationships have a time limit to them. It important to agree on the number of times you plan to meet and the time period.

Initially, you should meet every fortnight for three months, for about half an hour. You will probably need to meet less often after this. Try to structure the discussion so that you know what you want to talk about and what you want to get out of the meeting. Make some notes before and after the meeting (use Form 8 – see appendix – if you do not have your own form for this). There may be instances when it is not appropriate to record the detail of the meeting, for example, if there have been breaches of confidentiality. However, you should still record that the meeting took place and summarise its outcome.

Some examples of what you might explore in relation to your CPD:

- Review your workload over the last fortnight
- How are you coping?
- Identify clients you have found easy to work with/tasks that have gone well
- Can you discuss why?
- Identify clients you have found difficult to work with/tasks you have found difficult
- Can you discuss why?
- Can you identify specific learning objectives from this?

You may find that the discussion contributes to your PDP. At a later stage you might want to explore the following:

- Are you able to see progress in your PDP?
- Have any of your learning objectives been met?
- Are you finding time to record and reflect on your CPD activities?
- Are there ways in which you could increase your work-based CPD activities?

You need to decide what you want to focus on. There may be issues that relate to your clinical experience or service delivery or organisational issues that you want to discuss. Your mentor is there as a sounding board, to help you to problem-solve and reflect on your situation.

There may be a more specific issue that you want to discuss. Houghton (2005) suggests the following questions may be useful for structuring a discussion around a specific problem. You may want to record your responses using these prompt questions as headings:

- How is that a problem for you specifically?
  (This question aims to explore what lies beneath the stated problem)
- What would you rather have?
  (Make sure that this is phrased positively, i.e. *I would like…)*
- If you achieved that, would you be happy?
  (It is important to check that the person is reasonably sure about this; otherwise return to the previous question.)
- How will you know when you've achieved that? What will it be like?
  (Check out what 'evidence' the person has. What will the person see, think and feel?)
- What do you need to do first?
  (Identify the first step to achieving the outcome.)

If you want to become a mentor, find an experienced mentor who can work with you to develop your skills. You may want to undertake training, either locally or via distance learning. Bayley et al (2004) have produced a helpful book on mentoring for health professionals. If you are undertaking mentoring in relation to CPD, the following guidelines may help you:

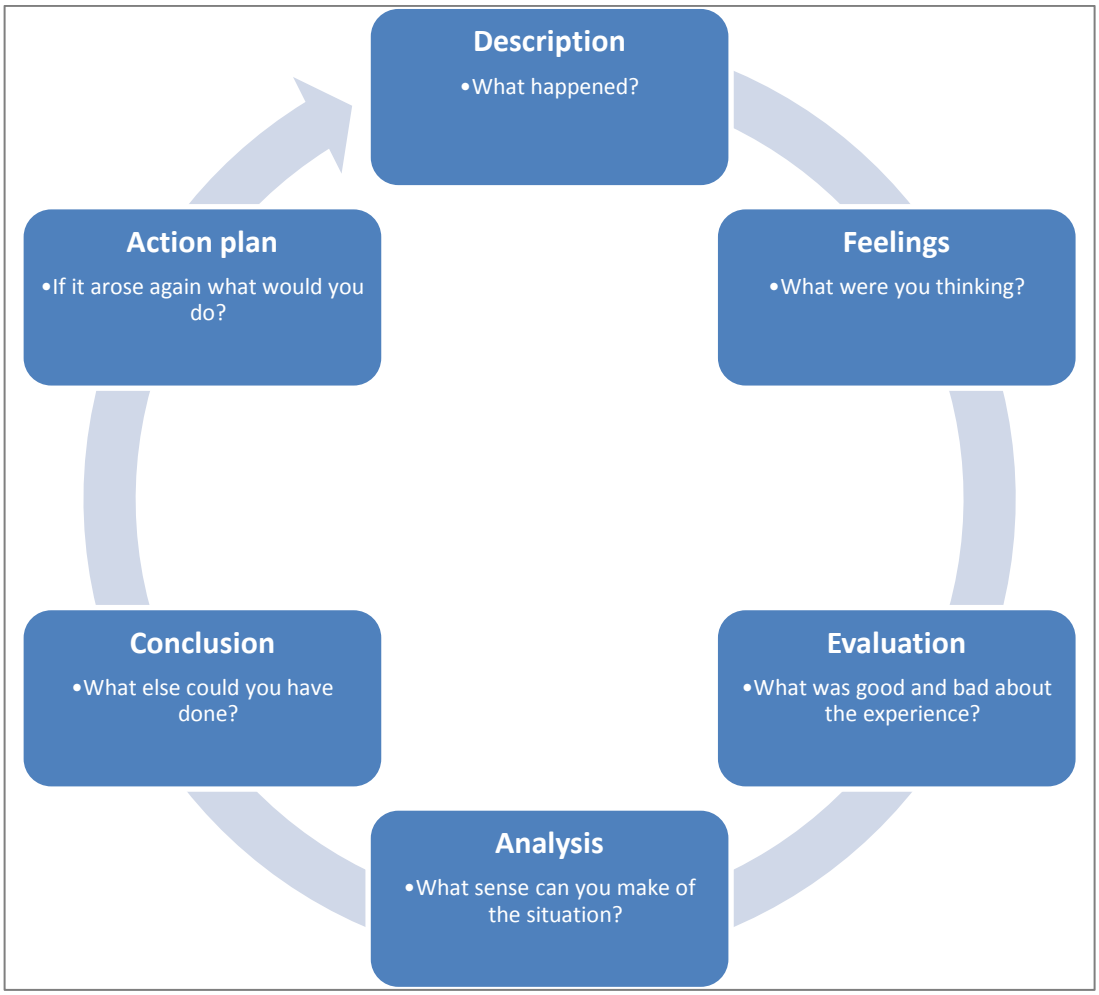
- Be aware of your own preconceptions and beliefs about CPD when you come to the meeting. They may not be the same as your colleagues'
- Your role is to be an active listener
- Give feedback only when it is asked for
- Make sure there is a clear structure to the meetings
- Everything that is said to you must be kept confidential

Further guidance on the code of ethics for mentors can be found at the European Mentoring Centre's website: www.emccouncil.org/src/ultimo/models/Download/4.pdf (2016).

The British Medical Association also has useful guidance on mentoring: www.bma.org.uk/developing-your-career/career-progression/mentoring

It may be useful to familiarise yourself with other sections in the RCSLT CPD toolkit before you begin the mentoring process. You may be able to use some sections of it to guide your discussion (for example, the prompts in 'significant event analysis' or 'peer observation' might be useful). See Nieuwenhius (2003) for another example of good practice in supervision of students and a helpful discussion of the differences between 'constructive feedback' and 'subjective comments'.

Example 6.1: Mentoring in practice: an account from a newly-qualified therapist
"*During the mentoring sessions we used a clinical supervision framework used in our Trust by nurses, midwives and health visitors. This included acknowledging the rights and responsibilities of the mentor and mentee at the start, signing a mentoring contract/agreement, keeping a record of mentoring sessions and using the reflective cycle model.*"



Reflective cycle, Johns, 2006

This is an example from a mentoring session:

Mentoring session

Date: *12th March 2017*

Mentor: *JD*

Mentee: *ML*

Focus of the session:

- *Difficulties with knowing how the 'system' on the wards works*
- *Trying to be autonomous, whilst undergoing dysphagia training on the wards*

Key issues discussed:

- *Respect for my role as an SLT*
- *My own sense of pride in doing a good job*
- *Making sure not to 'tread on other people's toes'*
- *Work on how to feel less like a 'student'*
- *How much I feel supported by colleagues and enjoy the job*

Summary of mentee's reflections:

- *I have high standards for myself*
- *I am on the right track when dealing with difficult situations*
- *I need to focus on the things I can do well and independently to help me feel less like a student*

Mentor's response:

How would you do things differently now if the same situations arose again? Reflected mentee's feelings back to her to facilitate thoughts on solving problems

Outcome and agreed actions:

By the next mentoring session, be using stethoscope for cervical auscultation. This allowed us to focus on one area where I wanted to feel more confident in my skills and to return to reflect on this in another session.

Important issues for me:

Confidentiality and trust; During my initial mentoring sessions I very much felt that I was exposing my weaknesses. As a NQT I was unsure as to what was acceptable to feel unconfident about. Therefore it was important that I felt I was in a safe, non-judgmental environment. *(continued…)*

Mentoring session continued…

Learning new skills

Mentoring provided the opportunity to develop the skills required to problem-solve successfully in a variety of situations through the use of reflection, evaluation and analysis of events and feelings. It also produced a concrete action plan. At the end of each session I felt a sense of achievement, from starting the session with issues I had been unable to resolve, to ending with a solution that I had reached myself with the support of my mentor. This was more fulfilling than being given direct advice on how to manage a situation; it gave me confidence in my own decision-making and problem-solving skills.

What this example illustrates

The account from this therapist illustrates how structured mentoring sessions can have an impact on interpersonal and technical skill development. She felt that her confidence as a therapist and her ability to undertake specific clinical tasks were enhanced by engagement in the mentoring process. In terms of her CPD, she was developing both as a reflective practitioner and a skilled clinician.

Mentoring, clinical supervision, and peer review/observation are all examples of work-based learning activities. They may lead to more formal learning activities, such as post-graduate courses and higher degrees, or they may exist alongside them. Either way, they are an important part of CPD and are now recognised as such by HCPC and RCSLT. The suggestions in this section are intended as a guide only for those unfamiliar with such activities. If you have already well-established systems for mentoring and supervision please continue to use them. Record them in your CPD portfolio.

References and resources

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9. Peer review and observation

Peer review and observation is used across the health, education and social care sectors. It occurs outside line management responsibilities and is used as a personal learning and development tool.

Introduction

Informal peer 'review' has a long history across many of the professions. Its purpose has been to provide mutual support and feedback on specific aspects of practice or advice on working with particular clients. In traditional models, colleagues provide each other with feedback and derive benefit from sharing expertise and gaining new insights into well-established patterns and practices. This kind of feedback often takes the form of stories and anecdotes, now recognised as a powerful and enduring aid to learning.

The RCSLT recommends peer observations as a possible professional development activity for all practising SLTs, newly-qualified practitioners, returners to practice and support practitioners as part of adopting a wider reflective practice ethos.

For peer review to be effective, there must be a level of mutual trust. There must be good preparation and clear ground rules on the purpose of the activity and how it relates to other aspects of service delivery. Is the peer review about a particular client, therapy technique or service delivery issue? What do you hope to get out of it? What will you focus on?

Some ways of getting started

If you work in schools, you may find it useful to look at the Institute of Education's guidance on peer observation: http://dera.ioe.ac.uk/13069/1/gosling.pdf

If you work in a health service setting and want to use peer review in relation to your clinical work, you may find it useful to use the RCSLT peer review process (see **Form 7b** in the appendix).

Guidance on using the RCSLT peer review process

Choose a colleague who is at the same or similar band to you and who is not your line manager. Arrange to meet for about 45 minutes to an hour, about once every three months. Make sure you are well prepared for the session and know what and why you are undertaking this activity. Bring all relevant materials with you.

Ask yourself beforehand: what do you hope to get out of it? What will you focus on?

Using the prompt questions in **Form 7b,** choose a client at random from your peer review partner's case notes and work through the prompt questions for each. Use the questions to reflect on your partner's work with the client, the progress made to date, materials and techniques used, etc. Make sure you each have a turn to discuss your client and keep notes throughout.

You may want to follow up your peer review sessions in departmental meetings to feedback on the process, how it has helped you, what commonalities you share with other colleagues and what differences you became aware of during the discussions.

You may decide to select clients rather than choose at random or you may want to look in more detail at your management of individual clients and how they compare with your colleagues. You may want to review a video or audio recording of a session with a client. The purpose behind this exercise is to create opportunities for reflection on practice and to share experiences and expertise. This in turn contributes to your CPD.

If you already have a well-established system for peer review, then all you need to do is keep copies of the review session in your CPD portfolio for future reference and record the activity on your CPD online diary.

Reference

Davys D, Jones V. Peer observation: A tool for continuing professional development. *International Journal of Therapy and Rehabilitation* 2007; 14: 11. Available at: http://usir.salford.ac.uk/15805/6/article_cgi.pdf

10. Appendix

The Appendix contains examples of forms you might want to use or adapt for your CPD:

Personal Development Plan forms
Form 1 – Personal details
Form 2 – Identifying my learning needs – personal
Form 3 – Identifying my learning needs – around my practice
Form 4 – PDP
Form 4 – Examples

Significant Event Analysis
Form 5

Audit
Form 6

Peer review
Form 7a – Peer observation proforma: Nightingale Primary School
Form 7b – Peer review

Mentoring
Form 8

Form 1: Personal details, p1

Name:

Sector:
(i.e. NHS, independent sector, higher education)

Job title:

RCSLT number:

Address:

Phone:
Email:

What you do

Date:

Clinical work:
(who you work with, your clinical responsibilities)

Continued…

Form 1: Personal details, p2

Non clinical duties:

(management, practice development, administration)

Teaching duties:

(supervision, in-service teaching, staff training)

Audit/research activities:

Work for local, national and international organisations:

Other professional activities:

Form 2: Identifying my learning needs - personal

What three things do I do well?

What three things could I do better?

Alternatively, you could ask yourself: Which three clients/areas of responsibility do I feel most comfortable with? Which three do I feel least comfortable with? Why?

Form 3: Identifying my learning needs - practice

My professional practice:

(diaires, case reports, meetings, significant events, teaching, courses, CENs)

Feedback about my practice:

(questionnaires, peer review, complaints, previous appraisals)

Local/national policies:

(NSF, new legislation, local guidelines)

Form 4: Personal Development Plan (PDP Plan)

Learning need (This is what I need to learn.)	**Why?** (This is why I need to address this area.)	**Learning objective** (What I hope to do differently as a result of addressing this need. Relate to service plan where possible)	**Learning activity** (How I am going to achieve my objective.)	**Priority?** ***A=top B=important C=desirable (*KSF categories)**	**Evidence** (Reflective diary, local protocol, audit, short course, SEA)	**Evaluation** (How have I applied this learning in practice?)

Form 4 example: Personal Development Plan (PDP) form for an SLT support worker

Learning need (This is what I need to learn.)	**Why?** (This is why I need to address this area.)	**Learning objective** (What I hope to do differently as a result of addressing this need. Relate to service plan where possible.)	**Learning activity** (How I am going to achieve my objective.)	**Priority?** *A=top B=important 3=desirable (*KSF categories)	**Evidence** (Reflective diary, local protocol, audit, short course, SEA)	**Evaluation** (How have I applied this learning in practice?)
Use IT system to generate referral acknowledgement letters	To improve my IT skills	To generate acknowledgement letters using computer rather than by hand	Training session with IT person Thursday am (1 hour)	A	Letter template generated by me	From 1 May, all my letters are generated by computer using mail merge

Form 4 example: Personal Development Plan (PDP) for an SLT support worker

Learning need (This is what I need to learn.)	**Why?** (This is why I need to address this area.)	**Learning objective** (What I hope to do differently as a result of addressing this need. Relate to service plan where possible.)	**Learning activity** (How I am going to achieve my objective.)	**Priority?** *A=top B=important C=desirable (*KSF categories)	**Evidence** (Reflective diary, local protocol, audit, short course, SEA)	**Evaluation** (How have I applied this learning in practice?)
Learning how to support witnesses with learning disabilities	Increasing nos of clients are coming to court as witnesses. Many have communication disabilities	To become a Registered Intermediary and use my expertise in the criminal justice system	1. Apply to become an RI 2. Undertake RI training	B	Certificate of completion (RI training)	Provide expertise with one client within one month of completion Feedback from client/police/ social services was positive (see Qs)

Form 4 example: Personal Development Plan (PDP) form for an SLT

Learning need (This is what I need to learn.)	**Why?** (This is why I need to address this area.)	**Learning objective** (What I hope to do differently as a result of addressing this need. Relate to service plan where possible.)	**Learning activity** (How I am going to achieve my objective.)	**Priority?** *A=top B=important C=desirable (* KSF categories)	**Evidence** (Reflective diary, local protocol, audit, short course, SEA)	**Evaluation** (How have I applied this learning in practice?)
Increase knowledge and skills for management of dysphagia in trach/vent patients	*Part of caseload of new post*	*To generate knowledge and skills in dysphagia management for these patients and be able to work autonomously within department and professional guidelines*	1. Attendance at accredited course 2. Attendance at relevant in-house activities 3. Read relevant literature	A	*No places available at present. On waiting list* *Kept reflective diary of in-house activities* *Collated relevant articles*	Knowledge and skills have increased despite not attending course. Increased my awareness of MDT issues affecting decision making *Undertaking in-house training with a senior SLT (reading, shadowing, teaching, case discussions, participating in MDT decision-making meetings)*

Form 5: Significant Event Analysis (SEA) form

Description of event/key areas:

Date of event:

Date of meeting:

Length of meeting:

What went well?

What could have gone better?

What improvements can be made? What lessons learned?

Signed: ……

Date: ……

Form 6: Audit summary sheet

Description of audit:

Date of audit:

Why did this audit take place?

What were the standards being assessed?
(This question may not be applicable to your audit. If it is not, delete)

What were the criteria/compliance levels, if any?
(This question may not be applicable to your audit. If it is not, delete)

Results:
(Attach separately if required)

What changes have been introduced since the audit?
(Add specific personal learning on a separate sheet or use the on-line diary to record this)

How will improvements be continued? (Attach separately if required)

Signed: ……

Date: ……

Form 7a: Peer observation proforma: Nightingale Primary School, p1

(from www.gtc.org.uk)

Name of observing teacher:

Name of observed teacher:

Focus of observation:

Prompts for the observing teacher:

What are the similarities between what I saw and the way I do things?

What are the differences?

Why did you do it this way?

Could I transfer some of this practice to my class?

Continued…

Form 7a: Peer observation proforma: Nightingale Primary School, p2

What are the likely barriers to transferring it?

How can I get over those barriers?

What is the next thing I'd like to do?

Reflection prompts for the teacher being observed:

What did I learn from being observed and from the conversation afterwards?

Form 7a : Peer observation project evaluation questionnaire, p1

Nightingale Primary School

What lessons did you observe?

What lessons of yours were observed?

How useful were the following features of the peer observation?

Having a school-driven focus	**1**	**2**	**3**	**4**	**5**
Being able to choose a focus	**1**	**2**	**3**	**4**	**5**
Reflection time	**1**	**2**	**3**	**4**	**5**
A chance to feed back on next steps	**1**	**2**	**3**	**4**	**5**
A prompt to think about the impact of being observed	**1**	**2**	**3**	**4**	**5**

Did the peer observation experience have an impact on your practice? YES/NO

If yes, give an example:

Continued…

Form 7a: Peer observation project evaluation questionnaire, p2

Did the peer observation experiences have any impact on your subject knowledge strategies? YES/NO
If yes, give an example:

Did the peer observation experiences give you new ideas about your strengths or your professional development needs? YES/NO
If yes, give an example:

Do you think the school now has systems for sharing good practice? YES/NO

How could peer observation systems be improved?

Form 7b: Peer review, p1

Select a set of case notes from each other's active case files at random, or if you prefer, select one that you are having difficulties with.

Use the following questions as prompts:

1. Describe your most recent session with this client:

2. How would you rate this session?

Poor Fair Good Very Good Excellent

3. What are your aims with this client?

4. How are you measuring progress?

5. Do you have any specific difficulties with this client?

6. Are there additional skills/training that would add to your management of this client?

Continued…

Form 7b: Peer review, p2

7. What do you feel this client has taught you?

8. How do you feel about your work with this client?

Not confident at all	**Quite confident**	**Confident**	**Very confident**

You may want to reflect on different aspects of your confidence, e.g. with this type of therapy, with this client, within this environment, with the other members of the team.

At the end of the discussion decide:
- Whether you want to follow up particular issues with your manager
- What you want to do at the next peer review meeting
- A date for the next meeting

Keep this record in your CPD portfolio and record the meeting in your online diary.

Signed:……
Date:……..

Form 8: Mentoring record form

Date and time of session:

Mentor/mentee:

Overall focus of session:

Key issues discussed:

Summary of mentee's reflections:

Mentor's response to mentee:

Agreed actions:

Date/time of next session:

Mentor (sign):……

Mentee (sign):……