



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

CPD profile

- 1.1 Full name:** Clinical specialist
1.2 Profession: Physiotherapist
1.3 Registration number: AB1234

2. Summary of recent work/practice

I work in an acute trust, part-time 24 hours per week, as a Band 7 Clinical Specialist in continence. My key responsibilities are the assessment and treatment of adult incontinence patients, both male & female with urinary or faecal incontinence and people with pelvic floor dysfunction in general. Patients are referred from GPs and Consultants. I am the physiotherapy expert, providing physiotherapy advice on continence, within a multi-disciplinary team which also includes consultants, urology advisers, an occupational therapist, dietician and continence adviser. I supervise and appraise two physiotherapists and also supervise one support worker. My line manager is the Women's Health Clinical Manager. I am a clinical educator and also involved in the CPD of 200 staff across the trust.

Total words: 112
(Maximum 500 words)

3. Personal statement

Standard 1

I have kept a CPD portfolio over the last two years which I update on average every month. This is a folder which I have provided for myself that is subdivided into sections using guidance from the AHP CPD co-ordinator from my last place of work and the CSP's suggestions. The evidence provided gives a summary of the CPD activities I have undertaken over the last two years (evidence 1).

Standard 2

My CPD activity is guided by my annual appraisals and the production of my personal development plan which is agreed with my manager. I have undertaken a range of activities which meet the HPC requirements including formal learning, work-based learning, self-directed learning and I have undertaken professional activity.

For example, I attended a study day on “Bowels” for the Women’s Health team organised and run by one of the CSP’s Clinical Interest Groups (CIGs), Chartered Physiotherapists Promoting Continence (CPPC). The outcomes of the day were:

- To provide an update on anatomy & physiology of bowel dysfunction
- To provide an update on physiological measurements of bowel dysfunction & their relevance to the physiotherapist
- To increase knowledge & confidence in physiotherapy bowel assessment
- To highlight the evidence base for physiotherapy interventions in the management of bowel dysfunction
- To raise awareness of the development & implementation of AHP prescribing & its potential in continence physiotherapy

I also presented the learning from the study day at an in-service education session to my colleagues.

I am also in the process of taking part in two audits, one internal to the trust looking at caseload and one external national audit using the professional body guidelines on the Management of Stress Urinary Incontinence. I am the Site project co-ordinator for the latter. At this stage, these are ongoing. I also have contributed to the trust’s policy on consent and I have undertaken a book review which was printed in the newsletter (evidence 2) for the clinical interest group, Chartered Physiotherapists Promoting Continence (CPPC).

I also organise the journal club for the women’s health team which meets on average every two months. I undertake critical incidents on a regular basis (evidence 3). I am representing the clinical interest group committee on the professional body’s CPD Panel.

Standards 3 and 4

The CPD I have undertaken has contributed to the quality of my practice, service delivery and benefited the service user as I will highlight below. Overall, through planning and undertaking CPD, I am seeking to improve my knowledge and skills in order to improve the quality of patient care. By reflecting on and evaluating both my individual practice and also assessing the team’s contribution to the service, it enables me to identify areas for improvement as well as acknowledging good practice.

Specific examples include:

1. The content of the Bowel study day included evidence-based research on treatment modalities used by physiotherapists to assist with bowel dysfunction. (evidence 4 – study day programme). Whilst there was not any specific new learning for me, the study day reinforced my current knowledge and my clinical reasoning processes as well as providing the opportunity for me to reflect on my current practice.
2. I fed back the learning from the study day to my colleagues at an in-service education session, compiling a powerpoint presentation (evidence 5). I gained peer feedback from the session and undertook self-evaluation to assess the quality and impact of it, identifying areas for improvement in further teaching sessions eg more explanation of the evidence-based research and more time for questions.

I have kept up to date within my role through supervision, both group and individual, through reading and critically appraising journal articles and undertaking the book review. This enables me to assess the evidence base relevant to my client group and my practice and apply it, where appropriate eg through the production of patient information sheets, the development of treatment plans based on best available evidence and the development of in-service sessions for peers on aspects of continence care. This activity, alongside the dissemination of my learning from the Bowel Study day to colleagues, ensures that my practice is of high quality, reflective, evidence-based and evaluative. The working environment is a questioning one in that staff discuss cases, seek advice, draw on experience as well as the evidence and reflect on the patient outcomes. This benefits both service delivery and the user and enables me to identify my learning and enhance my practice.

The Trust audit on caseload in which I played a significant part has benefited service delivery and the service user which are demonstrated through the outcome of the audit. I looked at which patients were more likely to benefit from physiotherapy in a systematic way. Those patients unlikely to benefit were referred elsewhere for more appropriate treatment. This process of referrals is ongoing. Part of the audit also involved looking at the 'did not attend (DNA)' patients which resulted in the development of a patient information leaflet (evidence 6). This leaflet explains what pelvic floor rehabilitation involves. Women who DNA are often unaware that physiotherapy has a role to play in this area. Consequently women referred for pelvic floor physiotherapy can make a more informed choice about whether to attend or not. The outcome of the audit is that our service is now treating the most appropriate patients and also the number of DNAs has reduced. The audit evidence is included to support my personal statement (evidence 7).

My contribution to Trust policy on consent issues was to advise and input using my physiotherapy specialist expertise on continence which I have developed through my CPD activities and my practice. It involved me reviewing Department of Health (DoH) & professional body consent documents (DoH pub. Ref 25751 & PA 60 respectively). While seeking patient consent is mandatory for all health practitioners, there are some specific issues concerning my client group, as when assessing pelvic floor muscles it is desirable to perform a digital vaginal/rectal examination of these muscles. This raises questions about whether written consent is essential/desirable when undertaking intimate examinations. I also undertook a review of the literature around this topic and initiated a discussion through iCSP to obtain views of peers. As a consequence, my Trust policy has a section on consent for internal examinations which was informed by my activity in this area. (evidence 8). Additionally, after discussions with CIGs & our professional body, Standard 2.9 of Standard 2 of the Standards of Physiotherapy Practice & PA 60 Consent documents were modified in relation to consent when performing intimate examinations.

My broader involvement in the professional body and the clinical interest group (CPPC) keeps me abreast of national initiatives eg evidencing CPD for the KSF development reviews and good practice, my involvement in the national audit. It has also increased my awareness and knowledge of national bodies such as Skills for Health and their role in developing work related competencies & competence frameworks. The "implementation tools" menu on their website is useful for

identifying learning outcomes when planning study day programmes for CPPC. The impact of this broader professional involvement benefits the quality of my practice, service delivery and my client group as I am able to draw on my learning and increased knowledge e.g. my treatment plans are based on best available evidence and the performance of my peers is enhanced by the informal learning opportunities involved in shadowing me during incontinence clinics (evidence 9).

Undertaking critical incidents analysis has a narrower focus but the process of reflective practice requires me to draw on my broader experience and knowledge. One incident resulted in learning about my and a colleague's communication skills which impact on service users (evidence 10).

In summary, the activities I have been involved in are related to ensuring practice is evidence-based and appropriate, the development of staff and contributes to the effective delivery of services to patients.

Total words: 1314
(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 reviews'	Eg: '3 pages', 'photographs', or 'video tape'	Eg: Standards 2 and 4
1	Copy of portfolio learning activities list	1 page	1, 2
2	Book review	newsletter	2,3,4
3	Significant incident analysis sheets	2 pages	2
4	Programme from Bowel study day	1 page	2,3
5	In- service Powerpoint presentation	3 pages	2, 3, 4
6	Patient information leaflet	leaflet	2,3,4
7	Audit report	6 pages	2,3,4
8	Critical analysis sheet iCSP report Extract from trust policy	1 page 3 pages 2 pages	2,3,4
9	Case study Informal learning reflection proforma from colleague who shadowed me	5 pages 1 page	2,3,4
10	Significant incident analysis sheet	1 page	2,3,4