

CPD profile

- 1.1 Full Name: Educator**
1.2 Profession: Operating Department Practitioner
1.3 Registration number: ODP0000

2. Summary of recent work/practice

I currently work as a Senior Lecturer on the Diploma in Higher Education Operating Department Practice/RODP programme, at the University of *****. My key responsibilities can be considered in the following areas:

Teaching, Learning and Assessment:

My predominant teaching, learning and assessment activity includes the management, preparation and delivery of subject specific lectures for this programme. This includes facilitating student learning through taught lectures, seminar group work, problem based learning and high / low fidelity simulation.

I am a Unit Coordinator for five units on this programme, which span the academic levels of the course. This involves delegation and management of course delivery to other academic members of the programme team and multi-disciplinary partners, ownership for primary assessment including marking, tutorial and pastoral support, as well as quality control of those units.

I also undertake teaching within the clinical environment for perioperative practitioners who hold mentorship status. This involves updating those clinical colleagues in the advancement of teaching/mentoring and assessment, as well as acting as a support mechanism.

Research:

I have recently completed my second research study which has contributed to the University research strategy. I am a named Investigator in a national teaching fellowship (NTF) research project that is utilising a multi-disciplinary approach into researching the advancement of clinical education through innovative methods. I have had the opportunity to act as a mentor to new members of staff and develop their research knowledge through dissemination of my own research activity.

Administration:

I have the responsibility for ensuring that all level 1 cohort members leave the University after their initial induction block with the necessary and relevant health and safety skills prior to exposure prone procedures. This involves liaison with occupational health colleagues and delivery and assessment of mandatory subjects. I educate all new students about the academic support available from other departments of the University and I am responsible for teaching a University wide strategy on web based learning and virtual learning environments.

I have a personal tutor role for twelve students for whom I provide both professional and pastoral support and represent them when required within the clinical environment. This involves advice, guidance and assistance with the development of their individual personal development planning.

My specialist areas include anaesthetics, surgery and post operative recovery care, manual handling, basic life support, automated external defibrillation, learning theory and styles, information technology, innovative learning technology and high / low fidelity simulation education. I have expertise as a registered operating department practitioner, as a clinical educator, team leader, mentor, scrub and anaesthetic practitioner and am developing my knowledge of these areas by maintenance of clinical competence and progression of study through a higher degree.

Word count: 442
(Maximum 500 words)

3. Personal statement:

I have produced and maintain a portfolio of evidence which documents my CPD activity. This is mapped against the HPC standards, providing evidence of the range of CPD activity over the last two years. I have enclosed a summary of all the CPD I have undertaken over the past two years (evidence 1).

Standard 1: Maintain a continuous, up to date and accurate record of CPD activity.

The maintenance of this portfolio enables me to document learning opportunities through a wide range of activity and facilitates personal reflection highlighting the way my own activities develop me both as a clinical practitioner and educator (evidence 2-11). My portfolio is used to inform my appraiser at annual events and provides benchmark guidance for future development and career planning. All of my personal reflections are based on a structured model of reflection to allow for a cohesive approach. The model I utilise is John's model of reflection. A copy of which can be found in my portfolio of evidence.

My portfolio contains a variety of learning events, both formal and informal and includes reflections on these learning events including analysis of meetings and seminars with both academic and clinical colleagues. These reflections are

shared with other members of this programme team to facilitate accurate communication of events and dissemination of relevant thoughts, feelings and findings. This helps to contextualise learning and involves other team members in experiential findings. Evidence of personal reflection is available within my portfolio (evidence 2: reflection on teaching activity). Further examples are available upon request.

Standard 2: Demonstrate that CPD activities are a mixture of learning activities relevant to future or current practice.

In planning my CPD I ensure that I undertake a wide range of activity including work-based, professional, educational, self directed and other activities as described by the HPC. The examples that follow will demonstrate my mixture of CPD activity in relation to standards 3 and 4 in that they have a direct impact on the quality processes in relation to my work. In addition they demonstrate how my CPD activity benefits the service user. It is envisaged that demonstration of standards 3 and 4 will illustrate how I have met standards 1 and 2.

My personal development consists of two strains (evidence 4 and 11); these are: educational and clinical development. Educational development allows me to stay current in educational theory and technology. This supports a contemporary approach to teaching and supporting my students, for example I have developed a Virtual Learning Environment (VLE) to facilitate remote access to taught material increasing student support. I also engage in clinical placements allowing for up-to-date assimilation and dissemination of perioperative experience. A good example of this is developing my own subject knowledge in surgical specialties and equipment that I had not otherwise had much experience of. This allows for shared learning between myself and my students. I take the opportunity to stay current with perioperative and wider medical news by reading journals and newspapers. I am on the distribution list for several publishers who send inspection copies of latest editions of relevant texts, which I review and report on. This ensures that I maintain a current bibliography of relevant texts which I share with both my student group and clinical partners. Finally I attend professional and clinical study days which I reflect on.

Standards 3 and 4: Seek to ensure that CPD has contributed to the quality of practice and service delivery; seek to ensure CPD benefits the service user.

Standard 3 is demonstrated throughout my CPD activity by ensuring that what I teach and disseminate is current and applicable to my student groups. By engaging in my own CPD I maintain currency of knowledge and practice. One complements the other. Evidence within the portfolio details engaging in a wide range of CPD activity which increases my own clinical knowledge and develops me as an educator. Standard 4 relates to two service users, my students and their patients, and the patients that I care for when working clinically. Three examples of activity that meets these standards follow:

Learning by doing:

I am the lead in developing a virtual learning environment (VLE) that supports students learning on this programme. This entailed me attending in house courses in VLE design and assessment and then through problem based learning and utilising an online learning approach I have developed VLE content that supports seven of the fifteen units of study (evidence 4-5). The design, content and usefulness of these VLEs have been assessed by the students that use them and feedback has been received from the service users and clinical colleagues from a conference presentation (evidence 6 and 8). This has ensured that the medium used is appropriate to my student population.

Peer review (evidence 7) has also offered some useful feedback in relation to site content and formative assessment validity. Receiving feedback is necessary when developing this type of learning activity because it can become easy to develop content that is personally interesting but not necessarily appropriate to the level and type of students that I teach. I have reflected on such feedback and revised the VLE appropriately. I have learnt that providing such a medium to teach my service users (students) has allowed for them to have full access to curriculum and taught sessions. This has encouraged some students to share taught theoretical content with mentors in practice placements and facilitates wider understanding of assessment. I also learn by maintaining clinical currency and applying theoretical knowledge to the clinical environment. By staying up-to-date with current issues and equipment I can care for my clinical patients more confidently (evidence 11) therefore benefiting my second service user.

Formal training:

I have recently completed a Post Graduate Certificate (PgC) in learning and teaching in higher education. By undertaking this course I have had the opportunity to reflect deeply on different aspects of teaching and learning including; Unit coordination, advances in perioperative practice, assessment of learning, delivery of material and learning theories. This has resulted in a portfolio of evidence that can be made available, and documents peer observation, reflection and progression strategy (evidence 7: Peer observation). Continuation of my own academic learning has served to highlight potential academic and pastoral problems that my own students encounter. By applying ideas that have been taught to me from my own formal training I can better support my students in a more holistic manner. By reflecting on formal training (evidence 9) and increasing my own knowledge I have been more able to share experience with clinical colleagues and help resolve mentoring issues that they experience. This has taught me how to communicate more effectively with clinical colleagues and conceptualise learning.

University training:

I have attended staff development training days on the following subjects: Academic regulations, student/staff portal, Web course tools (WebCT), ECF, Accreditation of Prior and Experiential Learning (APEL), teaching, learning and assessment, high fidelity simulation and electronic voting systems. These

activities have enabled me to advance within my role as an educator and therefore enhanced my service users (students) experience (evidence 9: reflection of University study days). These taught sessions have allowed me to keep up to date within my role and help support me in my attainment of Higher Education Academy Membership status.

Over the last two years I have taken on increased responsibility and ownership of my role which has enabled me to become more involved in wider school and university activity. I have undertaken training to provide an amanuensis service and I also sit on the faculty extenuating circumstances panel (evidence 10). I use a variety of support mechanisms to assist both myself and my students, these include: mentor support, peer observation, academic skills unit, individual learning profile and staff meetings. Over the coming CPD period I intend to continue developing my educational and clinical knowledge by continuing my higher degree and engaging in clinical practice.

In summary CPD activity enables me to practise more effectively and develop my knowledge and expertise. CPD has benefited my service user (student and patient) by enabling me to be a more effective practitioner and educator and developing my ability to resolve problem based learning. My role as a personal tutor has developed by disseminating approaches to learning that have been taught to me via lectures and communication with colleagues. Clinical competence and an increasing understanding of teaching and learning has enabled a more succinct and accurate learning experience for my service users.

Word count: 1474

(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence Number	Brief description of evidence	Number of pages	CPD standards that this evidence relates to
1	Summary of CPD activities	2	1
2	Reflections on teaching activity	4	3and4
3	PDP Action plan	2	2and3
4	PgC LTHE	60	3and4
5	VLE documentation	4	2and3
6	Conference presentation	4	3and4
7	Peer observation	3	2and3
8	Reflection of professional conference	3	3and4
9	Study day reflections	5	2, 3 and4
10	ECF agenda	1	2and3
11	Clinical reflections	5	3and4