

CPD profile

1.0 Name: Physiotherapy Team Lead

1.1 Profession: Physiotherapist

1.2 CPD number: CPD1234

2. Summary of recent work / practice [maximum 500 words]

I am a physiotherapy team lead (0.8 whole time equivalent) working within the COMCARE service that works with older residents in the Borough of Hillisview to maximise their capacity to live independently in the community. Before joining COMCARE 18 months ago, I worked in the Medical Rehabilitation Unit based in the local acute NHS Trust.

COMCARE is an interdisciplinary service made up of GPs, community mental health and district nurses, occupational therapists, physiotherapists, social workers and rehabilitation assistants. Following an initial telephone screening interview, our clients undergo a comprehensive interdisciplinary assessment and work with staff to develop a personalised package of advice/intervention/support to meet the individual's health and social care needs.

As Physiotherapy Team Lead, I am responsible for:

- a small clinical caseload of clients living in the southernmost patch of our Borough
- providing physiotherapy input to 'Move!' – a weekly drop-in activity/advice session for older people run in parallel with the local branch of Age UK
- the day-to-day management and delivery of physiotherapy to COMCARE
- supporting the ongoing development of staff through clinical supervision and mentorship as appropriate
- working with physiotherapy staff to ensure that the physiotherapy element of COMCARE continues to meet quality standards in ways that take account of the developing evidence-base and the changing needs of clients referred to our service
- working with GPs, other Team Leads and service users to evaluate/evidence the value and impact of the COMCARE service and inform its ongoing development

[total 238 words]

3. Personal statement (Maximum 1500 words)

Standards 1 and 2

I maintain a record of my CPD in an Excel workbook which is stored in a secure online space that I can access via my iPad. As a community-based worker, this approach works well as it allows me to update/maintain my CPD record while I'm on the move.

A copy of my CPD record is presented as Evidence 1. This record shows that I am meeting Standards 1 and 2. I have undertaken a variety of CPD activities during the past 2 years including mandatory training (manual handling and safeguarding) and

formal courses, work-based activities (e.g. probation/appraisal processes, in-service training, peer reflection and evaluation of service user feedback), professional activities and self-directed learning. There is, however a 3 month gap in my record. This gap corresponds to a period of unpaid leave I took to provide end-of-life care for my father who died 12 months ago.

Standards 3 and 4

I have referred to a selection of the CPD activities I have undertaken during the last two years, as recorded in my personal electronic record, which demonstrate how I have met Standards 3 and 4 – namely that the CPD activities have had a direct impact on the quality of my work and on the patients and clients I work with. This includes a description of the CPD activity and the resulting reflections on my learning for each one.

1. Completion of a Masters Degree in Physiotherapy

I successfully completed an MSc in Physiotherapy eighteen months ago (evidence 2). The evidence-based practice module in particular enhanced my literature searching skills and confidence in my ability to critically appraise evidence and present the findings in a logical manner (evidence 3). I have been able to use and consolidate these skills to refine the design/delivery of the physiotherapy-led activity/exercise group available to older people attending 'Move!' (a weekly drop-in advice/activity session organised by Age UK which is run out of a local community centre).

The abilities and healthcare needs of people attending 'Move!' are wide-ranging – some clients are fit, healthy and active, while others are dependent on support/equipment to manage their long-term condition. This range of abilities/needs presents an interesting challenge for the therapist running the activity/exercise group in terms of maintaining a positive group dynamic whilst ensuring that the activities presented are pitched at the right level for individual group members.

I undertook a search and critical appraisal of the literature on exercise in old age and presented my review as part of the Trust-wide physiotherapy in-service training (evidence 4). My presentation was well received, so with support from my manager I set up a small working group of staff and clients to develop an activity/exercise programme that can be adapted to provide the 'just right challenge' for different levels of ability/need for all the individuals participating in the session. Initial evaluation of the revised programme has been positive: the activity/exercise sessions are well-attended and the data collected from service users by Age UK suggests that the sessions are benefiting clients' mental and physical health; and wellbeing (evidence 5).

My Masters dissertation involved exploring the process, impact and value of 'doing' reflective practice. My research showed that investment in the time and energy required to develop reflective practice had a positive effect on interdisciplinary working and patient outcomes (evidence 6). I am using the insights developed through my research to promote reflective practice in the workplace. I am now acting as a mentor for a social work colleague who is undertaking a Masters' degree, and have started engaging peers and the COMCARE service manager about the potential of introducing systems/processes that promote interdisciplinary peer reflection in our workplace. Feedback from initial discussions has been positive and I have been asked by the service manager to prepare a report outlining my ideas of how interdisciplinary peer reflection could work in practice and its benefits.

2. Development of a competency framework/training package for rehab assistants/technical instructors in COMCARE

Over the last twelve months, I have started to develop the rehab assistant/technical instructor role within COMCARE. This group of staff need to develop and maintain a broad scope of practice in order to perform the tasks delegated to them by registered nurses, occupational therapists and physiotherapists. Work to develop a competency framework/training package emerged from a critical incident where a newly employed technical instructor raised her concerns about the work being delegated to her by OT and physiotherapy staff (evidence 7). This incident uncovered the assumptions we had made as a team about the competencies associated with a particular vocational qualification that was a pre-requisite for appointment to a technical instructor post.

I worked with colleagues from nursing and occupational therapy to analyse the work undertaken by our support workers (rehab assistants and technical instructor grades). We then used our analysis to develop a set of core competencies and a structured training programme for our support workers. I used experience from my previous post to map the core competencies we developed against other competency/career frameworks relevant to support staff working in a health and social care setting (evidence 8). This mapping provides a framework that can be used by support workers, their mentors and team leads to inform staff personal development plans (PDPs) and support the development review process of people/posts within COMCARE.

The competency framework has become a tool that new support workers are introduced to as part of their probationary period. The outcomes of an individual's mapping exercise are shared (with their permission and in confidence) with staff delegating work to the support worker. This process reduces the risk of inappropriate delegation and ensures that support workers have access to the training they need to meet the expectations of their role. The training package has been in place for six months, and there is evidence from the limited evaluation undertaken to date of how investment in training is benefiting individual rehab assistants and staff delegating work to them. Patients have also benefited as rehab assistants/technical instructors are developing confidence and competence to personalise the support they offer and to modify an exercise/activity so that it continues to offer just the right challenge as the individual progresses along the rehabilitation care pathway (evidence 9).

3. Development of skills to manage myself and others

During my probation period I identified a learning need in relation to managing myself and others. Although I had gained experience of leading/managing a small ward-based team in my previous post, conversations with my manager highlighted my lack of confidence in managing time, staff and resources in a community-based setting. I used the probationary and subsequent appraisal process to work with my manager to create a development plan directed at developing my understanding of the policies, systems and processes governing the delivery of COMCARE; and to increase confidence in my ability to lead/manage the physiotherapy staff working in COMCARE (evidence 10).

As a result of my PDP, I have attended a number of courses which have developed my knowledge and understanding of the systems, policies and processes in place to support good managerial practice (of staff and other resources) within the organisation (evidence 11). A management coaching programme has provided opportunities to explore how managerial policies and processes can be used to enhance the quality of employment which in turn has a positive impact on patient experience of our service

and on the outcomes our service delivers (evidence 12). The coaching process has also developed my confidence in my capacity to manage myself and others. With support of my coach, I have critically appraised my own management style and how I interact with others. This heightened level of self-awareness has enabled me to become more efficient in managing my time and in juggling the sometimes competing priorities associated with my role as a team leader. The insights generated through the coaching process have helped develop my confidence in helping physiotherapy staff unpack and address challenging ethical/professional dilemmas that arise through their work with individual clients. Staff feedback suggests that my approach is helping develop our capacity for ethical reasoning and compassionate care as a physiotherapy team, which in turn is enhancing the quality of care we offer our clients (evidence 13).

[Total 1364 words]

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standard(s) that this evidence relates to
1	Record of CPD activities undertaken during the past 2 years	Copy of Excel spreadsheet	Standard 1&2
2	MSc course transcript and certificate	3 pages	Standards 1-3
3	Copy of assignment submitted for evidence-based practice module and feedback received/mark awarded	10 pages	Standard 2&3
4	Copy of powerpoint presentation and notes prepared for in-service training session on exercise in old age	15 pages	Standard 2&3
5	Evaluation of service user feedback about the 'Move!' produced by Age UK	2 pages	Standard 4
6	Copy of dissertation abstract	1 page	Standard 3
7	Reflective account of critical incident	2 pages	Standard 3
8	Mapping COMCARE core competencies for rehab assistants/technical instructors against other competency/career frameworks	6 pages	Standard 3
9	Collation of anonymised feedback on training package provided by participants (rehab assistants/technical instructors), staff delegating work to them and service managers	5 pages	Standard 3&4
10	Copy of PDP (summary)	2 pages	Standard 2-4
11	Certificates of attendance and reflective accounts from: Managing sickness and absence course Recruitment and retention workshop Complaints training Appraiser training	8 pages	Standard 3
12	Learning log & reflective account of coaching programme	10 pages	Standard 3&4
13	Anonymised feedback from a member of staff about how some information/advice and	3 pages	Standard 3&4

	support I'd offered helped them handle a challenging professional situation and deliver a positive outcome for the client and their carer (a copy of the 'thank you' card they received from the carer is attached as evidence)		
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