MANAGING YOUR CONTINUING PROFESSIONAL DEVELOPMENT & THAT OF YOUR STAFF?

30/05/2013  Lee-Ann Heta  Perioperative Nurse Educator  Secretary NSW OTA
KEY TOPICS COVERED INCLUDE:

• The purpose of portfolios
• Portfolio content
• Portfolio structure
• Learning in the context of the portfolio
• Competence in nursing
• Reflection and reflective practice
• The portfolio in operation
THE PURPOSE OF PORTFOLIOS?

**Purpose:**
is very strongly an emphasis on the provision of evidence of personal accountability

- The registered nurse practises independently and interdependently, **assuming accountability and responsibility for their own actions**

- The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population / society and changing patterns of disease and illness.

- Nurses should provide portfolio documents that demonstrate they are able to meet the Registration standard for nurses in Australia

PORTFOLIO CONTENT

• a collection of carefully selected materials that document the nurse's competencies and illustrate the expertise of the nurse.

• developed over time, so provides a way of monitoring professional development.

• With periodical review, nurses can assess their progress in meeting personal and professional goals

• better plan their careers in nursing.

• A portfolio is a living document that demonstrates competency, critical thinking, values, beliefs, and skills.
A PORTFOLIO .............

...............isn't a logbook, nor a diary or a collection of certificates.

- Individual reflective thinking and writing processes
- Employment, education and professional and personal development
- Performance based on analysis of previous and current practice.
- Competence based on analysis of previous and current knowledge, skills and experiences
- Application of knowledge to practise through an understanding of how context may shape competency and practice
- Learning based on knowledge acquisition and skill development
- Future goals and career direction based on consideration and analysis of the previous two points
A PORTFOLIO

It's a vivid description of competency by providing evidence of what an individual knows-how knowledge has been applied in practice with the influence of values and learning over time.

30/05/2013
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A NURSING PROFESSIONAL PORTFOLIO….

Should have the writer or reader of the portfolio witness the journey of a nursing career from diverse sources of evidence and written reflections. A portfolio requires autonomy, self-direction, reflection, the ability to organize, and honesty.
PORTFOLIO CONTENT

• Recency of practice
• CPD
• Curriculum Vitae
Proof of Recency of Practice:

This section refers to the National Board’s recency of practice registration standard. Recency of practice can be demonstrated by one or more of the following:

• a. practice within the profession in the past five years for a period equivalent to a minimum of three months full time (456 hours), or
• b. successful completion of a National Board approved re-entry program, or
• c. successful completion of a National Board approved period of supervised practice experience.

So provision of the following evidence:

• A signed Statement of Service from your employer(s)/agency (noting hours worked).
• A curriculum vitae detailing dates of employment including full or part-time (noting hours worked).
CONTINUOUS PROFESSIONAL DEVELOPMENT
REGISTRATION STANDARD

• Nurses on the nurses’ register will participate in at least **20 hours** of continuing nursing professional development **per year**.
• **One hour of active learning will equal one hour of CPD.** It is the nurse or midwife’s responsibility to calculate how many hours of active learning have taken place.
• The CPD must be **relevant** to the nurse context of practice.
• Nurses **must keep written documentation of CPD** that demonstrates evidence of completion of a minimum of 20 hours of CPD per year.
• Documentation of self-directed CPD **must include dates, a brief description of the outcomes, and the number of hours spent in each activity.** All evidence should be **verified**. It must demonstrate that the nurse has:
  • A) identified and prioritised their **learning needs**, based on an evaluation of their practice against the relevant competency or professional practice standards
  • B) developed a **learning plan** based on identified learning needs
  • C) participated in **effective learning activities relevant** to their learning needs
  • D) **reflected** on the value of the learning activities or the effect that participation will have on their practice.
• Participation in mandatory skills acquisition may be counted as CPD.
• The Board’s role includes monitoring the competence of nurses and midwives; the Board will therefore conduct an annual audit of a number of nurses registered in Australia.

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So provision of the following evidence:

- Evidence of CPD with verification of learning.
- Evidence of Mandatory education/competence compliance
- And with reflections on the learning
ACTIVITIES TO ACHIEVE CPD STANDARD

- Acting as a preceptor/mentor/tutor
- Reflecting on feedback, keeping a practice journal
- Participating on clinical audits, critical incident monitoring, case reviews and clinical meetings.
- Conducting research.
- Writing for publication
- Active membership of professional groups and committees.
- Undertaking relevant online or distance education.

- Developing policy, protocols or guidelines.
- Participating in journal clubs or study groups.
- Presenting at or attending workplace in-service sessions or skills workshops.
- Undertaking Undergraduate or postgraduate studies which are of relevance to your context of practice.
- Presenting at Conferences, lectures, seminars or professional meetings.
- Contributing to research
ACTIVITIES TO ACHIEVE CPD STANDARD

- Reading professional journals or books.
- Working with a mentor to improve practice.
- Mandatory education that is directly relevant to your area of practice and that is likely to lead to a change in practice counts.
- Writing or reviewing educational materials, journal articles or books.
- All 20 hours can be the same type of activity as there are no restrictions on this, however you need to ensure that the activity meets your required learning needs.

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THE CURRICULUM VITAE:

Your curriculum vitae must:

• detail any gaps in your practice history of more than three months within the past five years

• indicate whether positions were undertaken full-time or part-time (noting the hours worked), and specify the nature of any practice (e.g. provision of clinical care, management, administration, education, research)

• detail your continuing professional development history, study you have undertaken and qualifications obtained

• be in chronological order

• be signed and dated with a statement ‘This curriculum vitae is true and correct as at (insert date).

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OTHER EVIDENCE:

• Your Performance Appraisal
• Self Assessment on National competency standards And against specialty standards
• Professional Development Plan
• Learning Goals, strategies and timeframes
PORTFOLIO STRUCTURE:

• To this point – The College of Nursing, NSWNMA, your own organisation, and ACORN, etc have all provided templates for nurses with which to collate their portfolios.

• Since 26 April 2013, the following templates evolved from AHPRA

• All nurses and midwives must keep written documentation that demonstrates continuing professional development per registration year. A sample template is provided to assist nurses and midwives in the documentation of their CPD. Appropriate evidence of CPD completed should be submitted with the log, if requested at Audit.
<table>
<thead>
<tr>
<th>Date of activity</th>
<th>Date</th>
<th>Source or provider name</th>
<th>Identified learning needs</th>
<th>Action plan</th>
<th>Type of activity</th>
<th>Description of topic/s covered during activity and outcome</th>
<th>Reflection on activity and specification to practice</th>
<th>No./Title/Description of evidence provided</th>
<th>CPD hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>17/5/12</td>
<td>17/5/12</td>
<td>NMBA</td>
<td>RN Competency Standard 1. Practises in accordance with legislation affecting nursing practice and health care</td>
<td>Self Directed CPD</td>
<td>Journal article, in-service lecture, workshop</td>
<td>Specify all topics covered and/or outcome of activity</td>
<td>Relevance to the context of your role as a nurse and/or midwife</td>
<td>Number given to evidence for tracking</td>
<td>2 hours</td>
</tr>
<tr>
<td>23/5/12</td>
<td>23/5/12</td>
<td>ALS in practice (XYZ Provider)</td>
<td>NA</td>
<td>Workshop</td>
<td>ALS re-accreditation</td>
<td>This activity provided me with new theory and a practical competence assessment in relation to advanced life support. I will be able to apply this to patients in respiratory/cardiac arrest and when part of the medical emergency team.</td>
<td>Refer Item 7 Certificate of Attendance</td>
<td>3 hours</td>
<td></td>
</tr>
<tr>
<td>30/5/12</td>
<td>30/5/12</td>
<td>Obstetric Emergency Training (XYZ Provider)</td>
<td>NA</td>
<td>Workshop</td>
<td>Obstetric Emergency re-accreditation</td>
<td>This activity provided me with new theory and a practical competence assessment in obstetric emergencies.</td>
<td>Refer Item 8</td>
<td>3 hours</td>
<td></td>
</tr>
</tbody>
</table>


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Continuing professional development template for nurses and midwives

<table>
<thead>
<tr>
<th>Date</th>
<th>Source or provider details</th>
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<th>Action plan</th>
<th>Type of activity</th>
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<td>30/05/2013</td>
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<td></td>
</tr>
</tbody>
</table>

Name: __________________________
Profession: ____________________

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(AHPRA, April 2013).
LEARNING IN THE CONTEXT OF THE PORTFOLIO - CPD CYCLE

1. Identifying learning needs
2. Planning relevant learning activities
3. Participating in relevant learning activities
4. Reflecting on the value of those activities
5. Reviewing practice

LEARNING IN THE CONTEXT OF THE PORTFOLIO

• Linking to the OTA Career Pathway
• Review practice
• Identify learning needs
• Plan relevant learning activities
• Participate in relevant learning activities
  - I will expand on this shortly
• Reflection & reflective practice, on those learning activities

And then map to elements of competence
Identification of learning needs can be challenging for some.

The OTA career pathway can be the first step for the perioperative nurse to identify their learning needs if they don’t already have a clear idea of the way forwards, and this has been previously addressed today (see the web site for the pathways).

However, some nurses, just don’t know that they don’t know.....let’s expand on that.

Let’s reflect for a moment:

Consider how you first observed a patient deteriorating in front of you.....something was wrong, but you were so fresh to nursing, you didn’t know what was happening?

How did you feel watching your nurse teacher / preceptor deal with the patient?

http://www.businessballs.com/consciouscompetencelearningmodel.htm

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CONSCIENCE COMPETENCE LEARNING MODEL

So, were you not competent at assessing the patient, and you did not yet know it........

........is that correct?
CONSCIOUS COMPETENCE LEARNING MODEL

Were you unconsciously incompetent?

“"I am still learning"

Michelangelo
CONSCIOUS COMPETENCE LEARNING MODEL

1 - unconscious incompetence
- the person is not aware of the existence or relevance of the skill area
- the person is not aware that they have a particular deficiency in the area concerned
- the person might deny the relevance or usefulness of the new skill
- the person must become conscious of their incompetence before development of the new skill or learning can begin
- the aim of the trainee or learner and the trainer or teacher is to move the person into the 'conscious competence' stage, by demonstrating the skill or ability and the benefit that it will bring to the person's effectiveness
CONSCIOUS COMPETENCE LEARNING MODEL

It can be difficult to determine learning needs when you don’t know that you don’t know....
CONSCIOUS COMPETENCE
LEARNING MODEL

- **2 - conscious incompetence**
  - the person becomes aware of the existence and relevance of the skill
  - the person is therefore also aware of their deficiency in this area, ideally by attempting or trying to use the skill
  - the person realises that by improving their skill or ability in this area their effectiveness will improve
  - ideally the person has a measure of the extent of their deficiency in the relevant skill, and a measure of what level of skill is required for their own competence
  - the person ideally makes a commitment to learn and practice the new skill, and to move to the 'conscious competence' stage
CONSCIOUS COMPETENCE LEARNING MODEL

• But when you finally know you don’t know.....

OK
I GET IT

“I get it!”
CONSCIOUS COMPETENCE LEARNING MODEL

3 - conscious competence

- the person achieves 'conscious competence' in a skill when they can perform it reliably at will
- the person will need to concentrate and think in order to perform the skill
- the person can perform the skill without assistance
- the person will not reliably perform the skill unless thinking about it - the skill is not yet 'second nature' or 'automatic'
- the person should be able to demonstrate the skill to another, but is unlikely to be able to teach it well to another person
- the person should ideally continue to practise the new skill, and if appropriate commit to becoming 'unconsciously competent' at the new skill
- **practise** is the single most effective way to move from stage 3 to 4
Consciously competent practice evolves.....
• **unconscious competence**
  • the skill becomes so practised that it enters the unconscious parts of the brain - it becomes 'second nature'
  • common examples are driving, sports activities, typing, manual dexterity tasks, listening and communicating
  • it becomes possible for certain skills to be performed while doing something else, for example, knitting while reading a book
  • the person might now be able to teach others in the skill concerned, although after some time of being unconsciously competent the person might actually have difficulty in explaining exactly how they do it - the skill has become largely instinctual
  • this arguably gives rise to the need for long-standing unconscious competence to be checked periodically against new standards
CONSCIOUS COMPETENCE LEARNING MODEL

So, now we have a nurse who has reviewed, identified & planned their learning needs, sought learning appropriate to those needs, and achieved competence.
CONSCIOUS COMPETENCE LEARNING MODEL

And what follows is a model to demonstrate this concept:
There is a suggested fifth stage of the conscious competence model......

- As with many simple and effective models, attempts have been made to add to the conscious competence model, notably a fifth stage, normally represented as:

- 'Conscious competence of unconscious competence', which describes a person's ability to recognise and develop unconscious incompetence in others.

- Personally I think this is a development in a different direction: ability to recognise and develop skill deficiencies in others involves a separate skill set altogether, far outside of an extension of the unconscious competence stage of any particular skill. As already mentioned, there are plenty of people who become so instinctual at a particular skill that they forget the theory - because they no longer need it - and as such make worse teachers than someone who has good ability at the conscious competence stage.
SO, WHAT MAKES A PERSON AWARE OF “CONSCIOUS COMPETENCE OF UNCONSCIOUS COMPETENCE”?

How can you tell the new graduate isn’t quite pulling together a patient scenario as it should be?

What makes your practice best practice?

What skills, knowledge & attributes do you bring every day to work?

What is it we measure our practice against?
REVIEWING, IDENTIFYING & PLANNING LEARNING NEEDS:

The answer is that we can provide a sound rationale and justify that rationale against established standards.

The answer is in established competency standards that exist, or that we can develop ourselves – and for us, it is the ACORN Standards.

The **take home message** here is – many nurses, don’t know that they don’t know. So the review, identify & plan learning stage can be challenging. As can the practice of reflection....
REFLECTION & REFLECTIVE PRACTICE

- Remember reflective practice requires more than a mere comment, like “this was a good education session”; or “I felt good after working buddied in anaesthetics for today’s list”.
- A reflection on practice must demonstrate -
  - individual reflective thinking and writing processes indicating knowledge, skills and experiences & application of knowledge to practise through an understanding of how context may shape competency and practice
  - Learning based on knowledge acquisition and skill development.

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REFLECTION & REFLECTIVE PRACTICE

• The examples from AHPRA are not page long reflections, & no specific reflective model (Schon, Kolb, Gibbs, Johns, Brookfield, Rolfe) is used. You may choose to teach your nurses a model...

Benefits to Reflective Practice
• Increased learning from an experience for situation
• Promotion of deep learning
• Identification of personal and professional strengths and areas for improvement
• Identification of educational needs
• Acquisition of new knowledge and skills
• Further understanding of own beliefs, attitudes and values
• Encouragement of self-motivation and self-directed learning
• Could act as a source of feedback
• Possible improvements of personal and clinical confidence

Limitations of Reflective Practice
• Not all practitioners may understand the reflective process
• May feel uncomfortable challenging and evaluating own practice
• Could be time consuming
• May have confusion as to which situations/experiences to reflect upon
• May not be adequate to resolve clinical problems

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REFLECTION & REFLECTIVE PRACTICE

Johns Model of Reflection
Description of the experience
Describe the experience and what were the significant factors?
Reflection
What was I trying to achieve and what are the consequences?
Influencing factors
What things like internal/external/knowledge affected my decision making?
Could I have dealt with it better
What other choices did I have and what were those consequences?
Learning
What will change because of this experience and how did I feel about the experience
How has this experience changed my ways of knowing
o Empirics – scientific
o Ethics – moral knowledge
o Personal – self awareness
o Aesthetics – the art of what we do, our own experiences

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Journal Reading Reflection on Learning proforma

Journal Article Title:...........................................

Objectives for reading:
Outline of key learning obtained:

Was the learning useful for your practice? Explain.
How will the learning influence your practice?
Is there further information you need to obtain?

Similar format could be used for attendance at seminars, etc.

30/05/2013

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THE PORTFOLIO IN ACTION: MAPPING TO ELEMENTS OF COMPETENCE.

- AHPRA utilise ANMC standards.
- We can add ACORN standards as well, to demonstrate accountability & responsibility for perioperative nursing actions to deliver competent care & specific skills.
MAPPING TO ELEMENTS OF COMPETENCE.

So, let’s look at the new graduate nurse on their perioperative placement, exploring the **surgical safety checklist practice** –

We inservice – discuss the practice, watch a short video, we demonstrate, read WHO information, NSW Health policy, LHD policy, Hospital policy, and ACORN Standards.
MAPPING TO ELEMENTS OF COMPETENCE.

The new graduate nurse will need to write a short reflection and map to

**ANMC standards**

- 1.2 Fulfils duty of care,
- 2.2 Integrates organisational policies & guidelines with professional standards,
- 6.3 documents a plan of care to achieve expected outcomes,
- 9.2 Communicates effectively with individuals /groups to facilitate provision of care.
MAPPING TO ELEMENTS OF COMPETENCE.

- And map to **ACORN Standards** as well –
- 1.1 Demonstrates knowledge of legal aspects of perioperative nursing practice
- 2.4 Functions within the established philosophy, purpose & objectives of the HCF & perioperative service
- 3.3 Identifies potential risks & takes appropriate action to prevent / minimise those risks
- 7.1 Demonstrates effective interpersonal communication skills
THE PORTFOLIO IN OPERATION

• The portfolio will need to have an appendices section, where entries in the template grid refer to the validated evidence, placed behind.
• The portfolio is a ‘living document’, and needs to be updated regularly.
• The reflective practice on learning, is best achieved contemporaneously. So a good idea is to keep an abridged version of the ANMC standards, and the ACORN standards in the back of your portfolio folder, for ease of mapping.
THE PORTFOLIO IN OPERATION

The portfolio links directly to the OTA career pathway, as the pathway can guide the nurse towards the appropriate learning needs for career advancement.
NURSING PROFESSIONAL PORTFOLIOS

So, we’ve covered -
• The purpose of portfolios
• Portfolio content
• Portfolio structure
• Learning in the context of the portfolio
• Competence in nursing
• Reflection and reflective practice
• The portfolio in operation

thank you. Questions?