Chapter 1
The Context of Professional Development

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Learning objectives

This chapter explores the basis of professional development as an ongoing component of professional practice. It lays the foundations for the rest of the concepts in this book by exploring the context in which registered nurses, midwives and specialist community public health nurses work as accountable practitioners. It explores the responsibilities of nurses in terms of their own professional development, as lifelong learners and as practitioners belonging to a specific professional group. Finally, it presents a simple strategy for guiding professional development activities.

By the end of this chapter you will have

- an understanding of the context within which professional development is framed
- considered your own professional development in relation to the Nursing and Midwifery Council's standards for continuing professional development
- an understanding of the nature of professional development from pre-registration to expert practice
- considered a range of professional development activities
- considered key mechanisms for professional development
- considered professional development within the context of lifelong learning
- used a strategy for identifying your professional development needs.

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Activity

Before going any further, explore your own understanding of professional development.

Why is professional development important?
Why do professionals need development?
What drives professional development?
What would you consider professional development in nursing to mean?

The context of professional development in Britain today

Nursing and midwifery function in a constantly changing environment that needs to respond to sociopolitical and economic drivers within which health care is delivered. In the United Kingdom, the National Health Service (NHS), within which the majority of the 370,000 practicing nurses and midwives are employed, is funded from general taxation and under direct control from an elected government. As a result, registered practitioners need to develop robustness and resilience in their professional lives in order to respond to the competing demands of the service environment, quality and standard improvements to their care, service redesign and demographic changes. Nurses and midwives have always undergone professional development to maintain and develop their competence to practice within the caring working environment. However, the past decade has seen further changes to the healthcare infrastructure that demands nurses and midwives to expand and develop their roles at a pace far swifter than seen previously.

Media publicity and the publication of reports from the Francis Inquiry (2013), The Patients Association (2012) and the Willis Commission (2012), all draw attention to the impact of systems' failure on the standard of care delivered to patients. This has been compounded by financial austerity measures imposed since the late 2000s. The Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010) resulted from societal concern in many sectors of the direction of nursing and a need to emphasise the significance of nursing care to the NHS's mission. Nurses and midwives, as the largest group of employees within the NHS, have had to bear the brunt of downward pressures on costs and upward demand from increased acuity in patient need amongst criticisms of a crisis in professionalism.

On the other hand strategies to manage the NHS in times of increased demand and financial stringency, have provided nurses and midwives with greater opportunities for career development and diversity unimagined 20 or 30 years ago. Society has witnessed the growth of nurse-led services, the development of the nurse practitioner and advanced nurse practitioner roles, and the introduction of consultant nurses in many specialties. Nurses have

returned to board-level appointment, with wide scopes of practice and remits for accountability for overarching service provision within health providers. Education for nurses and midwives has continued to develop in universities, with degree-level preparation for initial registration introduced as a standard in 2012–2013 (NMC 2010) in all UK countries. In terms of career progression, increasingly higher educational qualifications need to accompany promotions to both managerial and specialist nursing and midwifery posts, with routes for Master's awards and doctoral programmes located in practice arenas, such as clinical and professional doctorates, that aim to explore and remediate challenges in the practice environment. Finally, service redesign in the United Kingdom means that many nurses and midwives, even if they do not desire career progression, will need to develop further knowledge and skills to deliver their services in different contexts and environments as much provision is transformed into primary and community care settings, increased short-stay and day-case working, and delivered by unregulated practitioners under the supervision of registered nurses and midwives.

The increasing pace of change requires a workforce comprised of practitioners able to take responsibility for their practice, and develop their understanding of their accountability as they move into more challenging spheres of practice. Individual professional and personal development, alongside the recognition that reflective practice is essential to practitioners working under their own registration, is essential to effective decision-making in professional practice. More than ever, nurses and midwives need to accept their own responsibility for their professional development, and view this as an essential component of the privilege to be able to work in the exciting environments that contribute to the health and well-being of our society.

All professionals practise within certain boundaries imposed by the society and culture that licenses them and the professional ethos of the profession to which they belong. For nurses, the authority to practise once qualified comes from four sources:

- government legislation
- the Nursing and Midwifery Council (NMC)
- their employers
- their service users.

All of these have certain expectations of a person qualified to call themselves a nurse, and indeed lay down certain standards of behaviour and practice that all professionals are required to adhere to. Within these expectations is the requirement that professional practitioners will continue with their professional development throughout their working life (NMC 2008).

Governmental influences on continuing professional development

In 2001, the government introduced a framework for lifelong learning in the British NHS, with the aim of equipping staff with the skills they need to

- support changes and improvements in patient care
- take advantage of wider career opportunities
- realise their potential. (Department of Health 2001)

In *Working Together, Learning Together: A Framework for Lifelong Learning in the NHS* (Department of Health 2001) the idea of the NHS as a 'learning organisation' with a commitment to professional development for all grades of staff was floated, with the aim of creating 'an organisation which puts lifelong learning at the heart of improving patient care'. In presenting the framework, the government outlined their beliefs:

- a set of core values central to lifelong learning in the NHS and health care generally
- an entitlement to work in an environment which equips them with the skills to perform their current jobs to the best of their ability, developing their roles and career potential, working individually and in teams in more creative and fulfilling ways
- access to education, training and development should be as open and flexible as possible – with no discrimination in terms of age, gender, ethnicity
- learning should be valued, recognised, recorded and accredited wherever possible
- wherever practical, learning should be shared by different staff groups and professions
- planning and evaluation of lifelong learning should be central to organisational development and improvement, backed up by robust information about skills gaps and needs
- the infrastructure to support learning should be as close to the individual's workplace as possible, drawing on new educational and communications technology and designed to be accessible in terms of time and location. (Department of Health 2001, p. 6)

This provides a framework for continuing professional development (CPD) for all staff, from the beginning student to the experienced practitioner. Student practitioner preparation is perceived as a partnership between the NHS and universities, with a 50:50 ratio between the time spent in practice placements and in the educational environment for nurses and midwives. Much CPD activity is commissioned by the NHS from universities, where strict quality assurance processes are imposed, both internally and externally, to ensure that educational activity is of high quality, appropriate for the NHS's needs and relevant for the individual practitioner. The government further suggest that there are core knowledge and skills that should be common to all NHS employees. These are presented in Box 1.1.

With relevance for CPD there is a requirement for practitioners to:

> *Demonstrate a commitment to keeping their skills and competence up to date – including the use of new approaches to learning and using information – and supporting the learning and development of others.* (Department of Health 2001, p. 8)

Box 1.1 Knowledge and skills framework: Core knowledge and skills (Department of Health, 2001, p. 7). Crown copyright.

All staff should:

- fully understand and respect the rights and feelings of patients and their families, seeking out and addressing their needs
- communicate effectively with patients, their families and carers, and with colleagues
- value information about, and for, patients, as a privileged resource, sharing and using this appropriately, according to the discretion and consent allowed by the patient and by means of the most effective technology
- understand and demonstrate how the NHS, and their local organisation works
- work effectively in teams, appreciating the roles of other staff and agencies in the care of patients
- demonstrate a commitment to keeping their skills and competence up to date, including the use of new approaches to learning
- using information and supporting the learning and development of others, recognise and demonstrate their responsibilities for maintaining the health and safety of patients and colleagues in all care settings.

This is reinforced by various other strategies and by the professional body. Within the current legislation there are three major initiatives that affect the professional development for all nurses and midwives:

- the introduction of personal development plans (PDPs)
- the Knowledge and Skills Framework (KSF)
- the skills escalator approach.

These will each be considered in the following sections.

Summary

- Government legislation places a responsibility on all practitioners to engage in professional development.
- As the major health and social care employer, the NHS has a commitment to lifelong learning for all employees.
- Reform of the NHS has resulted in a focus on individual development alongside service delivery needs.

Personal development plans

Central to the notion of lifelong learning is for all employees to have PDPs. These were first conceived in the publication *Continuous Professional Development: Quality in the NHS* (Department of Health 2000), which recognised the potential for every individual to progress and develop throughout their working lives. *Working Together, Learning Together:* A Framework for Lifelong Learning in the NHS (Department of Health 2001) identified PDPs as the strategy by which all practitioners would identify and meet their short-term professional development needs.

The 'personal' in PDPs refers to the plan being individualised, but it is not intended to cover the personal areas of the practitioner's life. To this extent, they are really *professional* development plans, in that they are intended to help practitioners plan and achieve their development throughout their career.

Interestingly, the idea of PDPs for students in higher education was introduced a few years earlier in the *Dearing Report* (NCIHE 1997), which recommended that all students would be using them by 2005/2006. Personal development planning is seen as:

> *A structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development.* (Universities UK, SCOP, Universities Scotland, LTSN, QAA 2001, p. 1)

As a result, the majority of student practitioners will now be familiar with PDPs and used to completing these as they progress through their programme of study. However, the nature of these may be somewhat different to those expected by employers of qualified staff.

First, for students, the PDP may be a private document that has to be completed but is not actually seen by anyone else. This may form the basis of discussion with academic staff, but the student cannot be required to show the work to anyone. This enables it to become the repository of incidents and reflective material for the student, without fear that it may be accessed by others. Second, parts of the PDP may be copied in a progress file, which is open for access to others and officially documents the students' route and achievements during their studies. Third, this use of PDPs helps the students gain the skills needed in planning their professional development and prepares them to take on the responsibility for their own PDP as a qualified practitioner.

For qualified staff, the nature of the PDP is likely to be very different in that it is a requirement by the employer and may be an entirely public document used in appraisals or job applications. An effective appraisal is an essential part of NHS employment practice, leading to improved staff performance, higher staff satisfaction and better patient outcomes (NHS Employers 2010). Many practitioners are content to remain within the main career grades of nursing and midwifery; as a female-dominated profession, this will

often include periods of part-time or night-time working to accommodate family responsibilities and career breaks. However, whilst it is accepted that the majority of nurses work within nursing as a job, they do still have a responsibility as a professional to ensure that they remain competent and safe to practise, and that they are providing optimum care for their patients. Your employers may have certain elements of a PDP that they require you to complete on a regular basis to ensure that they are meeting their own targets for lifelong learning and staff development.

PDPs provide a way of continually engaging with your own professional development, even if it is not included within a larger professional portfolio. They are a useful developmental tool for enabling practitioners to consider their developmental needs, and to plan how these can be achieved. The PDP is self centred, reflecting on your learning experiences, what you know and what you need to know. It is about self-awareness and should be an ongoing process. It also acts as a stimulus for reflective practice, and a strategy for the practitioners to use to review their practice over time.

For many professionals keeping a portfolio that includes their PDP has become part of their professional life. However, the individual development of the PDP in isolation can be short sighted and may not develop the profession as a whole. There has to be commitment to the PDP; otherwise there is no point in developing such a plan. Interestingly Gould *et al.*'s (2007a) study of 125 nurses found that managers were perceived to operate as the gatekeepers to course admission. Therefore, one would hope that the PDP was developed alongside his or her manager.

There has been debate of the definition of continuous professional development; some seeing it as a training and a means of keeping up to date, others as a means of assuring the public that individual professionals are up to date and a way of providing employers with a competent and adaptable workforce (Friedman and Phillips 2004).

Wales has seen the development of the 'Post Registration Career Framework for Nurses' (2009). Key features of the framework are the need for career advice and review at key stages, succession planning and the achievement of specific levels of knowledge and competencies in specialist and advanced level roles (WAG 2009). Within the framework there is a clear clinical ladder for individuals to follow. The framework is not only supporting and guiding development of the individual but the development of the nursing profession. It could be argued that by the publication of such a document the government fully supports the concept of professional development. However, resources need to be in place to support professional development, and many organisations with constraints on finances are disinvesting and reducing the educational budget, with a concomitant impact on nurses' and midwives' accessibility to funding support.

One area that needs further scrutiny is the impact of professional development on patient care and outcomes. Draper and Clark (2007) posed the question of where we start to measure and evaluate the outcomes. This is a

big question as there are many variables that impact on the quality of care patients receive and the outcomes of such care.

Summary

- Every student and NHS employee will need to have a PDP.
- Students use them as part of their study programme, to document their progress and to plan for their educational needs.
- Students' PDPs are usually private and not seen by others.
- Qualified practitioners working in the NHS can use PDPs for their own individual plans for development.
- Many employers now use PDPs within their appraisal strategy, to enable practitioners to work with their managers to plan and achieve their own professional development.
- These are, essentially therefore, public documents that are required as a condition of employment.

Activity

If you do not already use a PDP, consider the following:

What would you use a PDP for?
Do you need to have one?
Do you need to find out more about them?

The knowledge and skills framework

> *The Knowledge and Skills Framework describes and defines the knowledge and skills which the NHS staff need to apply in their work to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.* (Department of Health 2004, p. 3)

Since the introduction of the KSF in 2001 an independent review by NHS Employers (2010) found its take-up and varied recommended simplification to improve the link between it and appraisals. The new version focuses on the six *core* dimensions, making them simpler, shorter and easier to understand:

(1) communication
(2) personal and people development
(3) health, safety and security
(4) service improvement

(5) quality
(6) equality and diversity.

These dimensions identify the broad functions required by the NHS to enable it to provide a good-quality service for the public. The other dimensions are more specific, and apply to some, but not all jobs in the NHS. They are grouped into the themes and are listed in Table 1.1:

- health and well-being
- estates and facilities
- information and knowledge
- general.

Each dimension has four levels, which describe and indicate how the knowledge and skills need to be applied at that level. This means that

Table 1.1 Specific themes of the Knowledge and Skills Framework.

Health and well-being	**General**
Promotion of health and well-being and prevention of adverse effects to health and well-being	Learning and development Development and innovation
Assessment and care planning to meet health and well-being needs	Procurement and commissioning Financial management
Protection of health and well-being	Services and project management
Enablement to address health and well-being needs	People management
Provision of care to meet health and well-being needs	Capacity and capability
Assessment and treatment planning	Public relations and marketing
Interventions and treatments	
Biomedical investigation and intervention	
Equipment and devices to meet health and well-being needs	
Products to meet health and well-being needs	
Estates and facilities	**Information and knowledge**
Systems, vehicles and equipment	Information processing
Environments and buildings	Information collection and analysis
Transport and logistics	Knowledge and information sources

Source: Department of Health (2001, pp. 6–7). Crown copyright.

for the individual practitioners to achieve a certain level they need to be able to show that they can apply knowledge and skills to meet all of the indicators at that level. These are shown for the core dimensions in Table 1.2.

All posts in the NHS are to be evaluated against the KSF. This provides the professional practitioners with a useful indication of what knowledge and skills they will need in order to be able to progress in their career. As a result, they can use this to plan their own professional development.

The KSF has implications for providers of CPD in that it demands closer liaison between education providers and those who commission education and training in the NHS (Gould *et al.* 2007b).

Summary

- The KSF defines the knowledge and skills framework required for different posts in the NHS.
- All jobs will be evaluated against the framework.
- The framework contains 30 dimensions.
- Six of these are core dimensions and apply to every job: communication; personal and people development; health, safety and security; service improvement; quality; and equality and diversity.
- The other dimensions only apply to certain jobs.
- The KSF can be used to plan a practitioner's professional development by comparing present knowledge and skills with those expected at the next career point.

The skills escalator approach

Working Together, Learning Together: A Framework for Lifelong Learning (Department of Health 2001, p. 17) introduced the skills escalator as an approach to supporting staff in progressing through their careers. It recognises that care delivery in the NHS is not only delivered by those with a professional qualification, but is supported by many who work in 'diverse and important jobs, all of which are integral to modernising care and service delivery'. These include healthcare assistants, medical secretaries, IT mechanics, porters, laboratory technicians, to name but a few. The skills escalator is designed to move people up a skills development programme. Table 1.3 illustrates the skills escalator approach.

As a result of the recognition of the educational and learning needs for all grades and types of staff in the NHS, we have seen the widening and development of opportunities for learning from school- and college-level qualifications, to professional and post-qualifying programmes as described in the skills escalator. This has provided a route for professional development through career development, whilst recognising that many members of staff are content to remain in their grade and still need developmental opportunities throughout their working lives.

Table 1.2 Indicators of the core dimensions of the Knowledge and Skills Framework.

Dimensions	Level descriptors			
CORE	**1**	**2**	**3**	**4**
1 Communication	Communicate with a limited range of people on a day-to-day basis	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
2 Personal and people development	Contribute to own personal development	Develop own skills and knowledge and provide information to others to help their development	Develop oneself and contribute to the development of others	Develop oneself and others in areas of practice
3 Health, safety and security	Assist in maintaining own and others' health, safety and security	Monitor and maintain health, safety and security of self and others	Promote, monitor and maintain best practice in health, safety and security	Maintain and develop an environment and culture that improves health, safety and security
4 Service improvement	Make changes in own practice and offer suggestions for improving services	Contribute to the improvement of services	Appraise, interpret and apply suggestions, recommendations and directives to improve services	Work in partnership with others to develop, take forward and evaluate direction, policies and strategies
5 Quality	Maintain the quality of own work	Maintain quality in own work and encourage others to do so	Contribute to improving quality	Develop a culture that improves quality
6 Equality and diversity	Act in ways that support equality and value diversity	Support equality and value diversity	Promote equality and value diversity	Develop a culture that promotes equality and values diversity

Source: Department of Health (2001, p. 8). Crown copyright.

Table 1.3 The skills escalator approach.

Category	Means of career progression
Socially excluded individuals with difficulties in obtaining employment	Six-month employment orientation programmes to develop basic understanding of the world of work
The unemployed	Six-month placements in 'starter' jobs, rotating into different areas of work, whilst undertaking structured training and development
Jobs/roles requiring fewer skills and less experience, e.g. cleaning, catering, portering	Skills modules to support progression through job rotation and development programmes including National Vocational Qualifications (NVQs) and NHS learning agreements, appraisal and personal development planning
Skilled roles, e.g. health care assistants. Other support staff	Modules of training and development through NVQs or equivalent vocational qualifications
Qualified professional staff, e.g. nurses, therapists, scientists, junior managers	First jobs/roles following formal pre-registration education or conversion courses Appraisal and personal development planning to support career progression Achievement of a range of skills acquired at staged intervals
More advanced skills and roles, e.g. expert practitioners, middle managers, training and non-medical role/grades	Further progression, supported and demonstrated through learning and skills development as above Flexible working and role development encouraged in line with service priorities and personal career choices
'Consultant' roles, e.g. clinical and scientific professionals, senior managers	Flexible 'portfolio careers' for newly appointed, experienced and supervising roles, planned in partnership with employers informed by robust appraisal, career and PDP processes

Source: Department of Health (2001, p. 18). Crown copyright.

Summary

- The skills escalator approach defines career progression through the NHS for all employees.
- It enables professional practitioners to plan their professional development if they want to go up the career ladder.

The role of the Nursing and Midwifery Council

The NMC was established in 2002 as the regulatory body for nurses, midwives and specialist community public health nurses, with the purpose of establishing and improving standards of care in order to serve and protect the public. Its key tasks are to

- maintain a register of qualified nurses, midwives and specialist community public health nurses
- set standards and guidelines for education, practice and conduct
- provide advice on professional standards
- consider allegations of misconduct or unfitness to practise due to ill health. (NMC 2008)

Student nurses and midwives are expected to acquire these attributes of professional practice as they progress through their initial programme of study. Hence, their professional development commences as soon as they begin their course. Upon qualification, all nurses and midwives are accountable to the NMC for their practice, and for demonstrating their competence to practise under the Post-registration Education and Practice (PREP) standards.

In 2004 the NMC (2004) reissued *The PREP Handbook*. This document was updated in 2011 and outlines the requirements for CPD and practice:

- **The PREP (practice) standard:** you must have worked in some capacity by virtue of your nursing or midwifery qualification during the previous three years for a minimum of 450 hours, or have successfully undertaken an approved return to practice course within the last three years.
- **The PREP (continuing professional development) standard:** you must have undertaken and recorded your continuing professional development (CPD) over the three years prior to the renewal of your registration. All registered nurses and midwives have been required to comply with this standard since April 1995. Since April 2000, registrants need to have declared on their notification to practise form that they have met this requirement when they renew their registration. (NMC 2011, p. 4)

The PREP (CPD) standard is further explained as a need to

- undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration
- maintain a personal professional profile (PPP) of your learning
- comply with any request from the NMC to audit how they have met these requirements. (NMC 2011, p. 8)

Activity

Have you complied with the PREP standards in the past 3 years?
How have you recorded this?
What evidence do you have that would prove this to another person?

The NMC goes on to emphasise that the learning undertaken must be relevant to your practice, but there is no such thing as an approved learning activity. This provides the practitioners with considerable scope in choosing what they consider is appropriate to demonstrate the CPD standard. They also say that 'you must document, in your PPP, your relevant learning activity and the way in which it has informed and influenced your practice'. The NMC do not expect the PPP to be presented in an approved format, so, again, this is left to the discretion of the practitioner. They do, though, provide a template for recording this activity that can be used.

Professional development, then, is seen as a continuous process that starts as a student and carries on for the whole of a practitioner's working life. During this time, students learn what it is to be a professional practitioner and become socialised into how that profession carries out its business. Entry to the profession is judged on the basis of fitness to practise, or competence, measured against criteria specified by the NMC. They also specify criteria for ongoing competence and safe practice, providing a framework within which anyone wanting to practice as a registered nurse or midwife must locate their practice.

Summary

- Professional development starts as a student and carries on throughout a practitioner's working life.
- All nurses and midwives must achieve the PREP practice and CPD standards in order to re-register every 3 years.
- It does not have to cost you any money.
- There is no such thing as approved PREP (CPD) learning activity.
- You do not need to collect points or certificates of attendance.
- There is no approved format for the PPP.
- It must be relevant to the work you are doing and/or plan to do in the near future.
- It must help you to provide the highest possible standards of care for your patients and clients.

Expectations of your employers

Your employer is contracted to provide a service to others that delivers to a standard that has previously been agreed by the parties involved in the contract. As an employee of the NHS, or even of independent healthcare providers, the standards of this service are negotiated by others on behalf of the service user, and you are expected to achieve this standard. Your employers therefore have a vested interest in the competence of the staff they employ, and a need to ensure adequate professional development for their practitioners. They can require you to undergo professional development as part of your employment.

Much of the responsibility for professional development comes in the form of devolved responsibility from government policy, such as through the KSF, and through target setting. The NMC also lays specific responsibilities on employers, such as checking the qualifications and currency of registration of applicants for posts, and in expecting contraventions of the code of professional conduct to be reported to the Fitness to Practice committee. Your employer is expected to ensure that all employees achieve minimum standards of ongoing development, such as mandatory training in fire safety and manual handling, for instance, as well as providing opportunities for professional education that enable practitioners to achieve the CPD requirements of their profession. Most employers go beyond these basics of course, and use education budgets to support individuals through further education and qualifications in order for them to be able to work in different or new roles, or have career progression.

However, whilst most employers do support their staff in achieving the minimum CPD standards, it is the *responsibility* of the registrants (practitioners) to ensure that they comply with the standard; the practitioners cannot claim that their employers did not enable them to comply by not giving them time off for study. As a professional you are expected to ensure you comply with this standard.

Summary

- Employers have a duty to ensure their employees are competent to do the job they are employed to do.
- They can require you to engage in professional development as part of your employment.
- Engaging in achieving the minimum CPD standard for registration is the responsibility of the practitioner.

Service user expectations

Finally, service users invest in practitioners a belief that they will care for them competently and to the best of their ability. They trust you to recognise the limits of your knowledge, skills and experience and to treat them appropriately. Relationships between service users and professional practitioners, although subject to many written rules (such as the code of professional conduct and informed consent) are usually tacit, unspoken agreements that both parties have an understanding of, and respect the boundaries within which they operate.

For instance, much professional practice involves the practitioner in touching the body of their patients. The patient is usually a stranger, and under normal circumstances one person would not touch a stranger unless invited to do so. In the practitioner–patient relationship the 'rules' of touching are different, in that the practitioner may touch (or examine) the part of the patient that is causing a problem, or may access other parts of the person

for diagnosis and treatment. However, these parameters are tightly construed by both sides, even if unwittingly and subconsciously. On the whole, the majority of 'touching' relationships overcome feelings of embarrassment because they remain within the expected parameters. However, at times, these boundaries may be overstepped, and touching happens that is considered inappropriate; this may be in the place that a patient is touched, or the nature of touching. This may lead to accusations of professional misconduct, or criminal prosecutions.

Another area where service users implicitly trust practitioners is in the belief or title, uniforms and qualifications – the overt manifestations of power. Professionals and service users are in an unequal relationship because the professionals usually possess more knowledge about a patient's condition than the patient. This is being addressed in schemes such as the Expert Patient Scheme, the use of service users' representatives at all levels in the NHS and the increasing recognition by professionals that patients are partners in care as opposed to being passive recipients of it. Patients have trust in professionals because they have expectations of what the titles and uniforms mean. They take professional advice because it comes from a professional, whom they believe to have the appropriate knowledge and understanding to be able to provide that advice.

In terms of professional development, then, as practitioners we are responsible to our service users to ensure that we are providing the best possible care and advice to them that we are able to give. To some extent this means updating our knowledge and basing practice on the best, and most relevant, evidence available, admitting our limitations and rectifying these and ensuring that we are competent to practice.

Summary

- Service users have a right to expect a high-quality standard of care from professional practitioners.
- The service user–practitioner relationship is a special one based on trust and respect, and enables the practitioner to access both the physical and personal space of the service user.
- This is permitted because the service user believes the practitioners will deliver the best advice and care that they can.
- The practitioners therefore have a duty to maintain their CPD for the sake of their service users.

Professional development activities

Anything that you do that contributes to your own knowledge base, understanding and skill can be seen as professional development. Perhaps the most important criteria are that you recognise that you are developing and

changing as a result of your activities. Professional development activities can be seen as a continuum, with formal academic qualifications at one extreme, and personal individual reflective activity at the other. We have presented this continuum in Figure 1.1. The order of these activities on the formal–informal line is of course arbitrary, but this will help, we hope, to provide some idea of the range of activities that you may use.

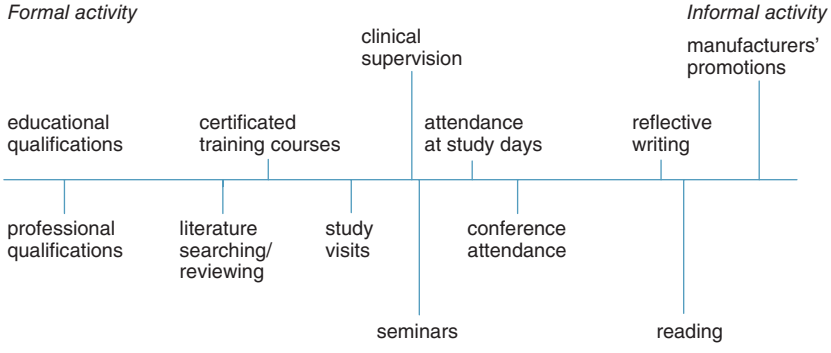

Figure 1.1 Professional development activities.

Activity

How many of these activities have you engaged in over the past 3 years?
Have you done anything else that is not in this list?
What records do you have of these activities?
How have you used the learning from them to inform your practice?

Formal professional development activities will, of necessity, provide evidence of your professional development. Any assessments that you complete will be in a written format that creates a permanent record. Similarly, attendance at study days, mandatory training activities or conferences will also provide you with permanent evidence. The further across the continuum you go towards informal and unstructured activities, the less likely you are to have ready-made evidence of your developmental activities. To some extent, at a personal level, this may not matter. However, all nurses and midwives registered on the live professional register maintained by the NMC need to provide evidence of their CPD in order to re-register every 3 years. This means that you will need to find ways of recording your activities and creating evidence if you wish informal learning and development to count towards

your CPD standard. You may choose to do this through reflective reviews, commentaries and writing; strategies for doing this will be explored in more detail in Chapter 3. You may choose to use a professional portfolio to accumulate a continuous record of your development; strategies for portfolio development will be explored in Chapter 5. Portfolios can accommodate a range of evidence and activities, and this will be the place to write up work, such as searching literature, reflecting on learning from clinical supervision, or critical incident analysis amongst other things.

A model of professional development

In 1984, Patricia Benner published her work on professional development, or skills acquisition, entitled *From Novice to Expert: Excellence and Power*. Benner, drawing on the work of Dreyfus and Dreyfus (1986), identified five stages through which she considered nurses pass in moving from being a new recruit to the profession to reaching expertise as a practitioner. This work provided the profession with much food for thought in considering how nurses move from being students through to advanced practice in an incremental way, identifying key features of how they practise during this transition. Benner suggested that, in addition to displaying certain attributes of practice at each of these stages, a nurse needed to spend a defined number of years within each stage before hoping to be considered to have moved to the next stage. This feature of her model has been disputed and is now largely discounted by those who use the model, who consider that educational development and processes can outweigh or override the need to spend a specified amount of time in a practice environment.

Another feature of Benner's model was the notion of transferability of the stages of skills acquisition between different clinical environments. For example, a nurse who is considered an expert in neonatal baby care would not be considered an expert if she went to work on a unit caring for elderly patients suffering from dementia. Whilst there is some logic to this argument, several authors have suggested that transferable skills are utilised in any area of practice, and that whilst the specifics of practice relating to the client group may not be at expert level, other ways of practicing, such as the thought processes used, will still be utilised.

Robinson *et al.* (2003) translated Benner's stages of development into a model that related to the qualified nursing working force in an American hospital. They combined two of Benner's stages (novice and advanced beginner) as they found the distinction between the two in relation to qualified staff unclear, then applied the model to a classification of their nursing staff. This model enables nursing management to assess nurses' skills and attributes and identify professional development needs within the organisation. Table 1.4 shows the features of nurses at these different stages, adapted from the work of both Benner and Robinson *et al.*

Table 1.4 A model of professional development.

The novice practitioner	The competent practitioner	The proficient practitioner	The expert practitioner
• is new to nursing practices from a theoretical knowledge base whilst recognising and providing for routine patient needs • is beginning to incorporate his or her theoretical knowledge into clinical situations and is able to perform basic skills and carry out a plan of care • can identify abnormal findings, but may seek consultation for solutions • practice is primarily guided by policies, procedures and standards • words/phrases in the job description for the RN 1 include basic, uncomplicated, seeks appropriate information and may require assistance • however, the expectation was advancement to the next level of practice within 1 year • this category encompasses student nurses	• in Britain, is the point of qualification • has mastered the technical skills • is aware of patterns of patient responses and can use past experiences to identify solutions for current situations • focuses on outcomes • patients and families are incorporated into the clinical focus • care is delivered using a systematic practitioner approach • is able to make independent decisions guided by experience as well as policies and standards • continues to consult other members of the healthcare team when the need for assistance is identified • key words/phrases that define this nurse include consistent, independent, able to individualise care and prioritises care activities • at this level of practice, the nurse can comfortably care for any patient in the clinical area • the majority of nurses (60%) in the organisation are expected to be in this category	• has an in-depth knowledge of nursing practice • relies on previous experience for focused analysis of problems and solutions • recognises situations as a whole • he or she can accommodate unplanned events and respond with speed, efficiency, flexibility and confidence • views patients holistically with an integrated, collaborative approach to care • uses standards of practice as guidelines with individual patient modification in order to meet outcomes • is beginning to assume a leadership role within the clinical practice area, using expertise to serve as a role model, preceptor and coach • in the job description this nurse is described by words and phrases such as anticipates, critically analyses, is a role model and resource person • approximately 20% of nurses in the organisation will be in this category	• functions from an intuitive base • has developed a comprehensive knowledge base • is self-directed, flexible and innovative in providing patient care • operates from a deep understanding of a total situation to resolve complex issues • works collaboratively with the other healthcare team providers to support the patient/family in achieving goals • actively and positively influences the team, fosters critical thinking in others, and forms mentoring relationships with other nurses • participates and leads activities that improve systems for quality patient care • serves as a change agent to challenge themselves and others • words used to define this nurse include expertly, initiates, mentors and leads • approximately 5% of staff nurses are expected to fulfil the requirements for the expert nurse

Source: Adapted from Benner (1984) and Robinson *et al.* (2003) to reflect nursing in Britain.

Activity

Looking at these key features of each stage, whereabouts would you consider your practice to be?
Why?
Is this where you would like your practice to be, or would you like to move into another category?
What would you need to do to be able to do this?

In a British context, this is a useful model to identify the process of professional development (seeing the student as a novice) through the career path of a nurse to advanced or expert practice. Neither Benner nor Robinson *et al.* considered that all practitioners would progress to the final stage of expert practice. Benner saw this as being achieved only after 5–7 years of practice in a particular environment, and accompanied by specific ways of practice that separated the proficient practitioner from the expert. Similarly, Robinson *et al.* estimated that only 5% of their staff would achieve expert practice. This equates well with the British situation, in that whilst we have had specialist nurses developing their practice in focused ways for some time, we now have a tier of modern matrons and consultants who are all expected to be functioning above the specialist level, and to achieve independence in their practice over and above what has previously been recognised. This is not to say that we did not have expert nurses in the past, but rather that we now have mechanisms to recognise and reward these nurses, whilst at the same time maximising their potential within an organisation.

The novice practitioner

The novice is generally new to nursing. In Britain, we expect the novice practitioners to gain knowledge, experience and skills throughout their preregistration education to enable them to enter the profession on graduation as competent practitioners. Students in Britain spend half their programme in clinical practice working within a partnership model of education that gives joint responsibility for the standards that students achieve in practice to both the educational institution and the health authority where they work. This differs from the American model where students have little exposure to the real world of nursing practice during their initial preparation and is considered a novice for the first year, at least, of qualified practice.

As a novice practitioner, student nurses are dependent on learning the rules that govern that practice and acquiring a body of knowledge that enables them to understand the guiding principles behind what they are doing. The novice practitioners are therefore quite slow in what they do, as they need to think about what they do at all times and follow procedural steps

in giving care. Little that they do is based on experience of the situation, and in assessing patients' needs and devising care plans they will be dependent on established routines and practices arising from what they see others doing. They need to be safe in what they are doing and therefore defer to other nurses' knowledge and experiences, and will be working in a supervised capacity. They can identify abnormal findings because their theoretical parameters are more advanced than their practice ones, but may seek consultation for solutions.

Student nurses have a minimum of 3 years to move from novice to competent practice, and at some point in this time pass through what Benner called the 'advanced beginner' stage.

Many authors have studied the transition of student nurses into qualified practitioners, and identify a transformational confusion that accompanies the change in status from being a student to having one's own responsibility as a nurse. Jenny Spouse (2003) studied a group of student nurses throughout their 3-year training programme and identified the process of professional development that students go through in order to take on the characteristics of a qualified nurse. This is essentially a socialisation process, as the student acquires the beliefs and values, knowledge and skills, and social attributes of what is expected of a nurse. Spouse suggests that this involves four components:

- **Social aspects:** these are the existing customs and practices that maintain the profession's homogeneity and create a shared identity. Students have a choice in whether to conform and adopt these norms and thus be accepted, or whether to resist these and be rejected by the profession.
- **Identity and evolving self-image as a member of the community:** the student needs to look and act like a professional nurse, adopting behaviour, language, dress and modes of thought that characterise the community. This enables the status quo to be maintained and facilitates teamworking. Spouse found that students who brought with them a strong sense of 'ideal practice', or what it is to be a 'good' nurse, were able to adapt to what they met in practice, and adopt acceptable behaviours as they were able to match what they saw happening against their beginning beliefs and values, and standards of expectations of practice. Fitting into the clinical situation is key for the students' progress and acceptance by the nursing team as this influences the learning opportunities available to them and the ways in which others will relate to them during their time in placement.
- **Role acquisition:** the student has an anxiety to do well and is preoccupied with 'fitting in'. Key to this is the quality of relationships with clinical staff; this enables effective role modelling to occur and assists the student to learn the cultural norms of each placement. Whilst these may differ between placements, they gradually build up to provide a set of working practices that are acceptable and approved within the organisation, so that once the student qualifies he or she is able to fit into the working

environment of that particular organisation. Many universities now allocate students to 'home trusts', learning communities or ward bases, where they spend the majority of their clinical time. If they live locally, these placements are likely to be in the organisation where they will gain their first job as a qualified nurse. This helps them to move more comfortably into the qualified nurse role as they already have familiarity with the culture existent in that organisation, and are also likely to have worked in the environment as a student. Students need, according to Benner (1984), to build 'a repertoire of paradigm cases' by exposure to a wide range of clinical and patient situations. These form the basis of experiential learning, whereby the student mentally stores these cases and subconsciously draws on them each time a similar event occurs. In this way the students build up their experience, and through reflective learning processes can use them as learning experiences. Hence, the students need to be accepted into the clinical team and provided with as wide a range of experience as possible to help them achieve their learning objectives and thus become a nurse. In acquiring this role identity students become like the role models they see around them, for example an adult, children's or mental health nurse, and 'feel' like them. In many ways this reinforces their commitment to their chosen field of nursing and gives them enormous pleasure as they fit in with the other practitioners around them and are accepted as 'one of them'.

- **Feeling and acting like a nurse:** finally, the students have acquired sufficient professional characteristics to have a 'personal construct' as a nurse, which enables them to act like a nurse and be acceptable to their professional colleagues. Students who adopt these characteristics incompletely, or fail to transform into these professional expectations, find it difficult to adjust to professional practice and may be ambivalent about staying in the profession, or uncomfortable with their role (Spouse 2003). Spouse suggests that the students need to adopt one or more personalities and roles defined by the different environments in which they work (academic, professional and social) in order to achieve an equilibrium they can cope with. If the students cannot adapt to this, again, they may leave the profession.

In learning to be a professional, Spouse (2003) suggests that the novice practitioner needs to acquire several specific areas of practice competence:

- relating to patients and their carers
- developing technical knowledge
- learning to bundle nursing activities together
- developing craft knowledge
- managing feelings and emotions
- developing the essence of nursing that promotes therapeutic action
- relating to and functioning within a clinical team.

These are in addition to developing a professional knowledge base that underpins all practice elements.

Activity

The specific areas of practice competence identified by Spouse provide a useful framework for identifying our own progress and development, especially if used within a reflective framework and/or a portfolio of skills acquisition. Take some time to consider your own competence in these areas by making a table of them and writing down, against each one, some examples of your skill in them.

There are several ways that students can learn to use the resources available to them in the clinical environment in order to maximise their learning opportunities:

- understanding your role as a student
- creating a PDP that gives you clear objectives and ways of achieving these
- using key informants in the clinical setting
- developing a clear student–mentor relationship
- expecting good mentoring
- focusing on your learning needs
- making the most of opportunities available to you
- being flexible in your working hours to ensure you are around when things happen
- making the most of your supernumerary status.

Professional development for students is about learning to be safe and competent practitioners who have sufficient knowledge and skills to be fit for the purpose for which they are employed. These foundations lay the base for professional practice and development by enabling them to work effectively and knowledgeably within a clinical environment as well as having generic attitudes and transferable skills on which they can build their working lives. Becoming a professional involves more than just learning the theory and practice of nursing; it includes taking on professional attributes and characteristics that mark you out as a member of the nursing profession, such as

- interpersonal communication skills
- working as a member of a team
- being responsible for your own professional development
- updating your evidence base for practice
- developing your powers of critical thinking
- developing the skills of a reflective practitioner.

Summary

- Students are novice practitioners who need to adopt rule-bound behaviours to be safe in their practice.
- Professional development for student nurses involves learning the attributes of being a professional through socialisation processes.
- Novice practitioners work through the advanced beginner stage to become competent by acquiring the knowledge base, skills and experience in order to be fit for practice on qualification.
- Professional development involves more than acquiring a theoretical knowledge base and skills; it also involves ways of communicating and acting that mark you out as a member of a profession.

The competent nurse

Competent nurses are those who have mastered sufficient technical skills to be aware of patterns of patient responses and can draw on past experiences, as well as policies and procedures, to inform any current situations they are faced with, thus enabling them to be accountable and responsible for their practice. This individualised practice is set within the environment of inter-professional and mono-professional teamwork, as the competent nurse is keenly aware of his or her role within the team and limitations of his or her own practice. This provides safety for the practitioners as they know they can consult with others and draw on the vast range of experience available within their work environment. Robinson *et al*. (2003) saw 60% of the staff in their organisation as being at this level, providing significant challenges for professional development to enable them to move to more proficient practice where they were able to accept higher levels of independence and responsibility.

Competent nurses may build a wealth of experience within the clinical environment, and consider themselves to be experts in this care over a number of years. Yet, often this view of themselves is based on length of time and familiarity rather than as a result of professional development that can be equated with incremental knowledge and skills development, and an awareness of their own learning and growth as practitioners. Custom and practice can result in stagnation if nurses do not see a need to question their own practice. Hence, practitioners need to have their own PDP, either separate from or as part of their professional portfolio, which helps them to learn and move their practice forward continually.

Summary

- Competent nurses are confident in their knowledge, skills and abilities to provide patient care.
- They make up the majority of the nursing workforce.
- Professional development activities need to be focused on ensuring evidence-based and up-to-date practice.

The proficient nurse

Proficient nurses have an in-depth knowledge of nursing practice as a result of the time and experience they have built up in a specific clinical area. They rely on this previous experience to guide their problem-solving and decision-making, and for focused analysis of problems and solutions. This differs from the modes of practice identified at the previous two stages, which depend more on the overt use of rules and theoretical perspectives to inform practice. At the proficient stage, knowledge and experience are integrated into a whole, and all sources of information are drawn upon in an intuitive way. Situations themselves are recognised and reacted to as a whole. A bank of experience, called 'paradigm cases' by Benner, enables the practitioners to accommodate unplanned events and respond with speed, efficiency, flexibility and confidence because they do not have to stop to consciously work out and think through courses of action. Similarly, patients are viewed holistically as individuals, with an integrated, collaborative approach to care taken to ensure the most appropriate care package is devised and delivered. Standards of practice are used as guidelines only – decisions are made on the basis of evidence-based practice using the best available evidence combined with clinical judgement, resulting in individual patient modification to treatment regimes in order to meet outcomes. This practitioner is beginning, or has been promoted, to assume a leadership role within the clinical practice area, using expertise to serve as a role model, preceptor and coach. Their practice is characterised by higher-level cognitive skills such as anticipation of patient events and predicting patterns and outcomes; critically analysing clinical situations and looking for alternative courses of action; being broad and open-minded; and being a role model and resource person for others in the profession. The proficient nurse is most likely to be in a care management role, such as ward or clinical manager, or acting in a specialist role following years of experience in the speciality. Benner considered that proficiency followed competency as a result of experience and development within that particular area. Robinson *et al.* suggest that approximately 20% of nurses in an organisation will be at the proficient stage.

Proficient nurses usually have career expectations to move beyond the main nursing grades. They often aspire to independent or advanced practice, and therefore tend to be self-sufficient in their professional development by taking the initiative and fulfilling their own developmental needs.

Summary

- Proficient nurses act in a beginning leadership capacity.
- They are likely to have considerable specialist knowledge and may act as nurse specialists.
- Proficient nurses often aspire to career progression.
- Professional development activity is focused on achieving higher levels of knowledge and skill for future practice roles.

The expert nurse

The expert nurse or advanced practitioner functions from an intuitive base and has developed a comprehensive knowledge base through years of experience combined with continuous professional development activities. As a result, the expert practitioner can function independently, being self-directed, flexible and innovative in providing patient care. As complex and critical thinkers, experts are reflective practitioners who operate from a deep understanding of a total situation to resolve complex issues in the absence of complete information. Although capable of independent practice, the expert works collaboratively with the inter-professional team where needed to ensure that the patient is always the focus of healthcare delivery. The expert nurse takes an equal place in the multi-professional team, actively and positively influencing the team, fostering critical thinking in others and forming mentoring relationships with other nurses. They take a leadership role in their own specialist area of practice, exploring and researching care strategies as well as leading practice development. Therefore, expert nurses act as change agents to move practice forward and contribute to knowledge creation in their field. The role components adopted by expert practitioners may include

- mentorship
- leadership
- being seen as a role model
- acting as a source of authority
- acting as a change agent
- influencing policy and practice development
- acting as an expert witness.

Whilst Prime Minister, Tony Blair launched the concept of the consultant nurse in 1998. In Britain, the government created the template for the consultant nurse posts (Department of Health 1999), which have four core functions:

- expert practice
- professional leadership and consultancy
- education and development
- practice and service development.

Consultant nurses are expected to be those practitioners at the leading and cutting edge of their speciality, and to retain a clinical component to their role where they continue to practise their speciality. The Royal College of Nursing, in Britain, through the work of the Practice Development Unit, has helped to frame and develop the concept of the consultant nurse through the work of Kim Manley and her colleagues. Manley (1997) suggests that in addition to the components identified by the government, consultant nurses need to be

- researchers with experience in practice-based methodologies
- expert and process consultants from clinical to executive and strategic levels
- transformational leaders.

This has been ground-breaking work that has enabled nurses to achieve career progression beyond the traditional routes and has valued the highly developed skills and knowledge of expert practitioners as true clinical experts in their fields. Manley (2000a, 2000b) identifies the attributes, skills and processes required by consultant nurses, suggesting:

> *If consultant nurses are appointed with the skills and processes described, they promise to be extremely influential in terms of the impact they will have on organisational culture and the subsequent positive effect on performance of individuals, teams and organisations.* (Manley 2000b, p. 38)

Professional development for the expert or consultant nurses may not be in relation to career progression, but in terms of maintaining their expertise and being at the forefront of practice development. It will include sharing their expertise with others through writing and publishing and disseminating their work at conferences. It is likely to include debate and challenge with others operating at the same professional level, as well as developing skills of political leadership and influencing so that the voice of nursing is heard.

Mullen *et al.*'s (2011) study suggests that non-medical consultants lead, drive and support quality improvement, increased productivity and service effectiveness. Sturdy (2004) also noted that consultant nurses are taking forward a number of important service improvements and initiatives, and they were still undertaking postgraduate study. However, it is argued that 'new appointments to these roles should only be made when candidates possess the recommended levels of educational preparation and professional experience of change management' (Woodward *et al.* 2005, p. 845).

Professional doctorates for nurses and midwives were launched in the United Kingdom in 1995 (Ellis 2005) as ways in which practitioners can undertake work-based practice development and research whilst still in employment. These programmes are designed to enable professionals to attain doctoral-level outcomes of knowledge development and understanding within the context of their practice. They were envisaged as providing opportunities for service leaders to span the academic and practice worlds by developing theory arising from exploration of that practice. However, it is not clear what the uptake of such programmes is by consultant or specialist nurses, nor to what extent there is a real commitment to supporting them in doing so when service provision is financially stretched.

These changes and expansions to nursing roles in the last 10–20 years have demonstrated the need for further and continuous education for the individual nurse. This highlights the need and necessity for the PDP.

Summary

- Expert practitioners possess a unique and individualised knowledge and skills base that is embedded in their practice.
- They are at the top of their career level and may become consultant nurses.
- Professional development needs are focused on expanding practice knowledge, creating and disseminating new knowledge, and challenging others.

Activity

Part of professional development activity involves 'looking back-looking forward'. This exercise takes several minutes, so it is worth doing this when you have time to spare and can focus on it. It is also useful in terms of personal development planning, and therefore worth making notes as you go along.

Consider the features of practitioners at different stages in their development presented in Table 1.4.

Where are you now?
What makes you think that?
Where do you want to be?
Why?
What do you need to do to get there?
How will you do this?
When will you do it?
How long will it take?
How will you know you've got there?

A strategy for continuing professional development

Whilst it is useful to have a concept about what professional development of the individual practitioner may look like through the novice-to-expert continuum, most nurses will not be thinking in 'whole career' possibilities, but will take a much more pragmatic approach in terms of working out what they need to do next.

Models and frameworks tend to be academic structures, utilising concepts that have been developed for the model, and have particular and specific definitions. You will be introduced to many of these, relating to different aspects of professional development, throughout this book.

However, finding a way of guiding your own professional development, whether as a student or as a qualified nurse, need not be difficult or complicated. Nor does it need to be driven through a model or framework that

requires you to understand the concepts involved before you can use it. The basic requirements for professional development are that it is

- **R**elevant to your needs
- **E**asily defined
- **A**chievable in the time available (resources and other people)
- **C**ost-effective
- **T**imely.

These key features, easily remembered as REACT, can be used to assess the practicality of any professional developmental activity that you may be considering. Various questions can be asked within these features that enable you to understand your motivation for the particular activity, and how you will go about planning to achieve it. This can direct your professional development activity, both by ensuring that whatever you choose to do is relevant for your work, and by structuring the processes that you will use to achieve it. In being very flexible (i.e. you ask the questions) they can be applied to short-, medium- and long-term activity planning. I will be using this strategy, as will the other authors, throughout this book to show you how you can tailor it to where you are in your nursing career at the time, and how you can plan a range of activities to suit your needs.

The only words that you need to remember are

- **W**hat?
- **W**hy?
- **W**hen?
- **W**here?
- **W**ho?
- **H**ow?

Collectively, these will be referred to as the 5WH cues. These are the question stems that you use to ask yourself:

- What kind of professional activity do you want to undertake?
- Why do you want to undertake it?
- When will you find the time to undertake it?
- Where will you undertake it?
- Who will support you?
- How will it be undertaken?

Relevant to your needs

Professional development activities that you undertake need to enable you to work better, and to inform your practice as a nurse. This might seem obvious, but many practitioners have found that they start a programme of

study only to find that they will not be able to use the new knowledge and skills or they are not appropriate or relevant for the work they are doing at the present time. Whilst you will undoubtedly learn from any activity that you do, if you do not use that learning in some way, it quickly becomes obsolete knowledge and forgotten; the new skills, if not practised, become rusty and may be dangerous and clumsy. It is important, therefore, to ask yourself a couple of questions when embarking on any professional development activity. These need to start with one of the trigger words. A couple of examples are the following:

- What areas of knowledge, skill or experience do I need to develop?
- Why do I want to develop these?
- How will this inform my practice?

Easily defined

This stage asks you to be specific in identifying your learning needs. This prevents you from taking directions, which, although interesting, may have little relevance for what you really need to know. The key to defining the activity is to be able to identify the parameters that set its boundaries. Being able to phrase these with clarity, and being crystal clear about what you are trying to achieve may make the difference between success and failure. Defining your parameters gives you both a direction and a destination, and guides your activity. Questions you might ask are as follows:

- What do I want to achieve?
- What underpinning knowledge do I need?
- What are my development objectives?
- What skills or competence do I need?
- How can I achieve these?

Achievable in the time you have available

Within a busy life we all need to fit work in alongside the demands of relationships and family, keeping house, leisure activities and other responsibilities and commitments. Professional development activity can be another drain on your time; the decision to start a degree course or a new specialist area of practice is a major undertaking. Even a short course or module of study will require you to learn new knowledge and skills, involve some process of assessment and require you to use your own time in addition to that freed from the workplace. The range of professional development activities shown in Figure 1.1 on page 22 will involve different levels of commitment, time and resources. For instance, making time to search the library and access the electronic databases, to select relevant published papers, download and print

them may be a challenge to fit in around your working day. First, you need to develop the basic information technology skills and an understanding of the library systems. Second, you need to be able to frame relevant search terms to ensure that you are effective in locating relevant literature. And, of course, that is just the start. Sometimes you will need to order offprints or source articles from inter-library loans. These may take weeks to come through the system. Once you have the materials to read, you then have to find the time to read them, analyse the content, synthesise the different perspectives being presented, evaluate the content and draw conclusions about the relevance to your own practice. You may then want to record this activity in your professional portfolio.

In making the decision to engage in a professional development activity you need to make a commitment to seeing it through; otherwise not only are you wasting your time, but you also risk becoming disillusioned and losing confidence in your abilities to see something through. In order to do this, it is important to be honest with yourself and assess your own commitment and motivation so that you can plan to be successful and see it through to the end. It is far better to identify small activities that you know you will succeed at, than taking on large activities and not being able to complete them. Some questions that you may ask are the following:

- What time do I have available to commit to professional development?
- What types of professional development are achievable in this time?
- How can I reorder my life to achieve what I need to do?
- What resources can I draw on (for example access to libraries, funding, release from work)?
- Who can I enlist to help me (for example colleagues, experts, academic staff, librarians, family, friends)?
- Where can I find the physical space in which to study?

Cost-effective

All professional development comes at a cost, whether this be in hard cash terms, time spent away from the workplace or job role, or in a more esoteric way such as the cost of a nurse's own free time or self-funding activities. There is always a cash limited budget available within a workplace that will need to be applied for to fund activities, and applications for these monies will be assessed against the objectives for the work area and the needs for skills and knowledge. It may be that what is a priority for you is not a priority for your workplace when judged against other applications. This may result in you only being awarded part funding, or maybe none at all. Sometimes, you may need to decide whether you want to fund the activity yourself. Judgements need to be made for any staff development activity about whether the costs involved overall will result in sufficient benefit to the work area to warrant being spent.

Timely

This criterion is about doing the right activity at the right time in your life. Pre-registration students tend to start their programmes before they have family responsibilities because the commitment of time and energy needed for studying for a diploma or degree, over a 3-year period is immense. Pre-registration programmes often require mobility around a geographical area, which can be more difficult if constrained by the need to take children to school, or a childminder, or to be there when they return home mid-afternoon. Hence, it is timely for intensive programmes to be studied when other life commitments are minimal. More mature students may enter pre-registration courses once children have gone to school or left home, or after caring for elderly relatives, for instance, again, when they have relatively more time for their studies. Honestly assessing the availability of appropriate amounts of time, often over long periods, will contribute to successful completion of your studies.

For qualified practitioners the pressure on time may be different. Being a professional practitioner involves a commitment to one's own development and this ultimately involves sacrificing some of your own time to do so. It is simply not possible to remain knowledgeable and to develop in your career only by using the time available to you at work. Engaging in formal study, such as studying for a degree, certainly requires the same sort of thought as when embarking on pre-registration courses. However, it is often 'fitted-in' to available time by making small adjustments to the way everyday life is organised. This often occurs when studying for a new qualification becomes important for career development or for progressing into new areas of practice. Questions you might ask yourself are as follows:

- Why am I doing this now?
- What is the motivation for this activity in particular?
- What will be the result of this activity?

More informal types of professional development activities will arise and be stimulated by experiences and incidents in your practice. For instance, you may find yourself questioning whether you have sufficient knowledge to choose between alternative care strategies, or administer a drug that you have not met before and has been prescribed for a patient. Similarly, you may attend a training session and want more information. This is particularly important if you attend industry-sponsored activities such as drug company promotions and events organised by equipment manufacturers, or where free samples of products are available. Professional practitioners have a responsibility to ensure that their practice is evidence based and that they are not unduly influenced by promotional considerations. This means that they need to consider alternatives to treatment and select the one most suited and appropriate for the person they are caring for. Being able to justify your decisions means you need to ensure you have sufficient knowledge and

understanding to make informed decisions. This in itself may stimulate professional development activity.

Timely professional development means that whatever you learn will be immediately used in practice. This, in turn, reinforces the learning that has occurred and practice develops as a result. There is no space in most professionals' lives for the luxury of professional development activities that do not arise from and inform their practice. The link between professional development and professional practice is therefore indistinguishable.

Activity

It is worth putting this strategy into action whilst it is fresh in your mind.

Think back over your last shift. Is there anything that you can remember being unsure about and feeling that you needed to know more about?

Take this as a focus and ask yourself questions using the strategy.

Summary

- All professional development activity needs to be
  - **R**elevant
  - **E**asily definable
  - **A**chievable
  - **C**ost-effective
  - **T**imely.
- A simple strategy for directing professional development activity is to ask yourself questions using the 5WH stems:
  - What?
  - Why?
  - When?
  - Where?
  - Who?
  - How?

Chapter summary

This chapter has not only set the scene for this book, but has also considered the context of professional development, a model through which professional nursing development can be understood in terms of knowledge and skills acquisition, and presented a strategy for considering professional development that will be refined and developed throughout the book. In so doing, it

presents the differing faces of professional development, within which reflective practice and decision-making sit as essential components of professional practice today.

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