

CPD profile

1.1 Full name: Practitioner
1.2 Profession: Speech and language therapist
1.3 Registration number: SL1234

2. Summary of recent work/practice

I work in a primary care trust as a specialist speech and language therapist. I work with pre-school children with special needs and with children of refugees whose first language is not English. My key responsibilities are to provide assessment and therapy for children referred to me, and advice and support for parents and for teachers and support workers. I work with a large number of teachers, support workers and parents, and a small team of health professionals including a psychologist, an occupational therapist, a physiotherapist, three social workers and two bilingual support workers. My line manager is from a nursing background. I am increasingly involved in training as well as working directly with parents and children.

Total words: 117
(Maximum 500 words)

3. Personal statement

Personal Statement SLT Band 7 Community Paediatrics

Since September 2006 I have used the professional body's electronic diary to keep an ongoing record of my CPD activities (Example 1). The diary gives a summary of all the CPD activities I have undertaken since then, and maps these against the HPC categories, providing evidence of the range of CPD activities I have undertaken during the last two years. In addition, I have kept a CPD portfolio of evidence, which I have included with this submission. HPC requires me to undertake a range of CPD activities – work based, professional, self directed and formal. In my annual personal development plan, I have ensured that I have undertaken CPD in each of these categories. My trust has offered limited funding for me to attend short courses, but my manager has supported me in undertaking a range of work based and professional CPD activities over the last two years. I have attended a number of mandatory courses, including a lifting and handling course, and a course on child protection. My reflections on these courses are included in my portfolio and diary. The evidence from my diary and portfolio shows how I have met Standards 1 and 2.

I have selected six CPD activities from my diary which illustrate how I have met Standards 3 and 4, as they have had a direct impact on the quality of my work and on the clients I work with. If required, I can submit all my entries from the diary in addition to the ones I have selected for this audit. These include a description of the activity and reflections on my learning for each one.

Personal Development Plan (Example 2 work based activity)

I have undertaken two PDPs since September 2006. I have had good management support to undertake this work. As I work in an expanding area of practice, my learning objectives have centred on developing my knowledge and skill base. I have wanted to improve my knowledge of the needs of children of refugees and my

understanding of how to work more effectively within multi cultural communities. My PDP has helped me to plan my learning activities so that they link in with this overall objective. When reviewing my PDP at the end of the first year I initially felt I had not achieved very much. However, upon further reflection with my manager and a closer look at my diary, I was able to identify the progress I had made against specific objectives. My PDP shows what I have done to keep myself up to date and to develop new skills relevant to my evolving scope of practice.

Significant event analysis (Example 3 work based activity)

The SEA I have chosen illustrates how an experience with a parent led to changes in the way I communicate with parents at the initial assessment stage. As a result of this event, I developed a more detailed protocol for explaining how SLTs work with children. Many of the complaints that parents make about our service stems from a frustration that their child is not receiving a sufficient number of therapy sessions each term. However, the evidence shows that by involving parents in the assessment and therapy process the child is more likely to make progress, especially if they have a receptive and expressive developmental delay. Working with a therapist alone is not likely to make the difference – therapy needs to involve the parents, teachers and support workers as well. Part of my role therefore is to make sure I give adequate explanation to each parent, using appropriate language and providing the right written information. As a Department, we have moved closer to using a clearer protocol for this. We hope that this will help to reduce parents' frustrations with the system and will enhance the service we offer.

Peer Observation (Example 4 work based activity)

In order to improve my skills in working with refugee children, I spent several sessions shadowing a more experienced colleague. We undertook several home visits and schools, and I attended two multi disciplinary meetings with her. I also observed a bilingual co-worker with a small parent group. During the therapy sessions I used the RCSLT peer observation guidance to record my observations. I found this experience very helpful, as it gave me practical ideas as well as helpful insights into working effectively. Following the observation sessions, the therapist agreed to become my mentor. This relationship has contributed greatly to my confidence in working with the children and their families. During each mentoring session, (we meet every 6 weeks) we record the objectives for the session, the outcome of the session, and agreed action plans.

Working in a highly pressurised environment where there are children and families with such huge needs can create the feeling that no progress will ever be made by a service like mine. The communication needs of a child are often very low down the priority list for families who literally have nothing when they arrive in the UK. Understanding about the communication context is therefore vital to the outcome of therapy. This is possibly the aspect of my work that has changed most over the last two years, as I have begun to understand how to work within the communication environment to greater effect.

Short Course (Example 5 formal educational activity)

In February 2007, I attended a short course on (Picture Exchange Communication System) PECS, which I had used on an ad hoc basis but had not received formal

training. The course was well structured, and gave me a good overview of the theory and practical aspects on the system. At the end of the training I felt better equipped to use the system and to train teachers and support workers to use it. Two months after the course, I began a series of workshops for teachers and support workers in the units where I work. The feedback from the staff was positive, and we were able to introduce the system for several of the older children soon after this. One child in particular began to show improvement in his use of communication very quickly. At the parents evening, the teacher and I discussed the use of PECS with the parents, and this was well received. I feel that the course has had a direct impact on my work with children and has developed my skills as a therapist.

E Learning Module (Example 6 self study/formal educationa)

During my second appraisal, I identified a learning need in relation to the new policies around working in Childrens' Services. My manager suggested an e-learning module as one way to become familiar with this aspect of my work. I chose an e-learning module provided by my professional body, as this was the most cost and time efficient method available to me. The course updated me on current legislation and policy relating to children. I found the course helpful, as it took me through each piece of policy in a staged way, and required me to read and then answer specific questions to test my knowledge on the subject. I also found others in the Department had log on to the course and so we were able to discuss the implications of the new policies for our own locality. One of the social workers in my team has a particular interest in policy and we were able to have some useful discussions with her, which led to changes in local protocols.

Presentation at SIG (Example 7 professional activity)

In November 2007, we presented a paper on our work with children of refugees. The social worker and bilingual support worker and I felt we gained from the experience. I undertook about 6 hours reading in order to prepare for this talk, and a further 2 hours to prepare the PowerPpoint presentation. This time was valuable to me, and even though much of the preparation was undertaken in my own time, I was able to articulate the contribution of SLT and to talk about how I have been collecting evidence of the impact of the service. My work with the children and families is very much a multi disciplinary approach and the work depends on good team relationships. We were able to talk about the practical ways in which we worked as a team, how we involved parents in the decision making process, and how we made information accessible in a mult-cultural context. The presentation felt like an important part of my professional practice, in that it helped me to articulate my role within the team. It was also a point when I realised that I wanted to become more specialised in this clinical area and to begin to look at ways of working towards the second gateway in the KSF Developmental Review process. .

Total words: 1420
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of	CPD Standards that this
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		evidence format	evidence relates to
Example	Eg: 'Case studies' or 'Critical literature reviews'	Eg: '3 pages', 'photographs', or 'video tape'	Eg: Standards 2 and 4
1	RCSLT on line diary October 06/September 08	5 pages	Standards 1 and 2
2	PDP	8 pages	Standard 3,4
3	Significant event analysis	2 pages	Standard 3,4
4	Peer review	4 pages	Standard 3
5	Short course	1 page	Standard 3,4
6	E learning module	1 page	Standard 3,4
7	Presentation at SIG	7 pages	Standard 3

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