

Are You and Your Team Really *Engaging* in Continuing Professional Development (CPD)?

Defining Attribute 3

Please note: Deb Hearle and Sarah Lawson are both practicing Occupational Therapists with a passion for CPD. This work is undertaken in our free time and our TRAMmCPD resources which include the TRAMm Model, TRAMm Tracker and TRAMm Trail (TRAMmCPD) are downloadable *free of charge* from our [web-site](#) for use by anyone who needs to engage in CPD. Our work is protected by a [Creative Commons licence](#), therefore you are free to share the material, provided you attribute it to us; you may not use any material for commercial or financial gain.

Any proceeds from the sale of our book *Hearle, D; Lawson, S and Morris, R (2016) A Strategic Guide to Continuing Professional Development for Health and Care Professionals: The TRAMm Model* are used towards the further development of TRAMmCPD and [web-site](#).



June 2016

Defining Attribute 3: The knowledge and skills gained via the CPD are embraced and applied in practice for the benefit of yourself, your service users, the service and your organisation.

- How will you implement your learning from attending this conference?
- Do you act on your reflections?
- Has your CPD impacted upon your practice/service delivery? If so how?
- How has your learning informed your practice?



It is important that anything you learn from your CPD is applied in practice if appropriate. You might do this by changing something small, using a new skill you have learnt, introducing a new system/policy or stopping something you were previously doing that you now know is not evidence based or has been shown to be less effective

- There are occasions when CPD is achieved during normal work practice rather than as result of separate activity. How do you know when your routine work activity has become CPD? (Hearle et al, 2015) Whilst there is no definitive answer consider the following:
 - Have you reached a point where you are no longer working on automatic pilot?
 - Are you employing a CPD activity in order to learn something new?
 - Has your usual intervention had an unintended consequence? Have you reflected on the reasons for this and will you change your practice as a result?
 - Have you been asked to undertake something new, for which you have little or no experience?
 - Through supervision or appraisal, have you identified a new way of working or are you beginning to develop advanced skills in order to further your career?
 - Having attended a CPD event in the past, have you recently used the knowledge gained to improve a service user's outcome?
 - Does mapping your usual work activity into TRAMmCPD show that you are in fact developing your practice and it has developed into CPD?

If your answer to any of these questions is 'yes' then it seems that your normal work practice has indeed become CPD and can therefore be documented as such.



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June 2016

Knowledge translation concerns the application of theory into practice and can be defined as:

‘a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, promote more effective health services and products and a strengthened health care system’ (Canadian Institutes of Health Research (CIHR) 2005 p1)

To assist you with knowledge translation try putting together an intervention evidence chart for the CPD activity which identifies the evidence against how you are using the intervention or activity. It could look something like this:

Example Intervention Evidence Chart (Taken from Hearle et al 2016 p125)

Intervention	Application	Evidence (<i>fictitious</i>)
Mindfulness	X sessions in total X mins per session Practice x times per week Depression/Anxiety X age group	Smith, A., and Jones, B. (2015). Undertaking Mindfulness with people with Depression and/or Anxiety; A Systematic Review. <i>Journal of XXXXXX</i> . 1 (4) pp. 238-56.
	X technique Closed group Maximum 6 people Depression	Green, Z. (2014). Using XXXXXX technique to enable Mindfulness for people with Depression. <i>Journal of XXXXXX</i> 13 (3) pp. 134-45

For more information on how to encourage knowledge translation within your department/organisation you may wish to read the following article to get you started:



Legare F, F Borduas F, MacLeod A, Sketeris I, Campbell B, Jacques A (2011) Partnerships for Knowledge Translation and Exchange in the Context of Continuing Professional Development. *Journal of Continuing Education in the Health Professionals*. 33(3): 181-87



June 2016

Here at TRAMmCPD our own CPD journey continues, we continue to develop TRAMmCPD and are working to submit the results of the CPD Engagement concept analysis for publication. We are interested to hear your thoughts and ideas about what we have written. If you have any comments or queries please [contact us](#):

Email: enquiries@TRAMmCPD.com

Via our website: <http://www.trammcpd.com/contact-about-us.html>

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To download the full additional 'Are you and Your Team Really Engaging in Continuing Professional Development' information please visit <http://www.trammcpd.com/cpd-engagement.html>

REFERENCES:

Hearle D, Lawson S, Morris R (2015) *When Does Routine Work Activity Become Continuing Professional Development?* College of Occupational Therapists 39th Annual Conference & Exhibition 30 June- 2 July 2015, Brighton p 112

Hearle D and Lawson S (2016) *Are You and Your Team Really Engaging in Continuing Professional Development (CPD)?* College of Occupational Therapists 40th Annual Conference & Exhibition 28 - 20 June 2016, Harrogate p 135

Hearle D, Lawson S, Morris R (2016) [*A Strategic guide to continuing Professional Development for Health and Care Professionals; The TRAMm Model.*](#) Keswick. M & K Publishing.



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