

June 2016

Update 2018: Our CPD Engagement research was carried out when TRAMm Station A was Activity, the results of our ongoing research means that TRAMm Station A is now Apply for more details see our website www.TRAMmCPD.com.

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

Deb Hearle and Sarah Lawson

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](http://www.TRAMmCPD.com) for use by anyone who needs to engage in CPD. Our work is protected by a [Creative Commons licence](http://creativecommons.org/licenses/by-nc-sa/4.0/), 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](http://www.TRAMmCPD.com).



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Introduction

Thank you for visiting our poster 'Are You and Your Team Really Engaging in Continuing Professional Development (CPD)?' at the College of Occupational Therapists 40th Annual Conference. We hope you have enjoyed reading it and engaging with us. We assume you have accessed this page via the QR code on the poster, if however, you are visiting this page and have not seen our poster (Hearle & Lawson, 2016), welcome. *We will post a link for you to access the poster once the conference is over.*

This additional resource has been written by us to support you in your individual continuing professional development (CPD) or to help you to develop the appropriate environment for your employees or students. We hope that you find the following information useful. You may not need all of the information we have provided; we have tried to signpost you with reference to the **five defining attributes** for CPD engagement identified in a concept analysis undertaken as part of a PhD. These are:

1. CPD is self-initiated and undertaken voluntarily rather than as a result of a mandatory requirement.
2. The individual feels rewarded either intrinsically (e.g. enjoyment) or extrinsically (e.g. promotion) whilst or after undertaking CPD.
3. The knowledge/skills gained via the CPD are embraced and applied in practice for the benefit of yourself, your service users, the service and your organisation.
4. Learning is recorded, evaluated and shared with others.
5. Learning is evidenced to continue beyond the initial CPD activity.

Hearle et al (2016 p21)



After reading the defining attributes of CPD engagement I am still not 100% clear on what is meant by it

OR

I think I know what it means but would like some further clarification.



If you think this is the situation you are in, have a look at the constructed cases below which provide illustrations to help you decide what is and what is not CPD engagement.



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Model Case:*This is an example reflecting all five of the defining attributes of CPD engagement:*

Susan is a Band 7 Occupational Therapist who leads the Occupational Therapy team on a Stroke unit. She was delighted this month to read an article in the British Journal of Occupational Therapists about Constraint Induced Movement Therapy as a new technique for encouraging a return to function for people who had suffered a Stroke. She uses the internet to explore further evidence of this approach and contacts the authors (an occupational therapist and physiotherapist) who agree for Sally to spend a few days with them observing and learning how to apply the approach in practice. She prepares a case to negotiate the time from work in supervision. Following her experience she makes detailed notes and reflects on her experience, and on her return to work she highlights four patients on which to trial the new approach, taking a baseline measurement of ability before she begins the treatment and re-measuring 4 weeks later. Excited by the results she documents a report for the clinical director and prepares one in-service training session for the whole team with a more detailed hands on training for the local occupational therapy special interest group. She documents her activity on a [TRAMm Tracker](#) and provides more detail on a [TRAMm Trail](#) which she files in her portfolio alongside her reflection and report as she is aware this will provide useful evidence if she is called for audit by the [HCPC](#).

Contrary Case:*This is an example reflecting none of the defining attributes of CPD engagement:*

Jo, a band 6 Physiotherapist finds supervision a waste of time but attends as it is compulsory within his workplace. His line manager reminds him that he has not undertaken any CPD over the last 18 months and as an HCPC registered professional it is his responsibility. To 'keep his supervisor off his back' he locates a one day free course on something to do with a new Act that is out which some of his colleagues are to be going to. During the course he listens to the introduction and then bored spends the rest of the day making a list of all the things he needs to sort for his holiday in a few weeks and investigates the best surfing beaches on his IPAD. At the end of the day he collects his certificate and puts it in his drawer to show to his supervisor the next time they meet.



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Related Case:

This case has many but not all of the attributes of CPD engagement:

Sue is a Band 8a nurse who wishes to move from her current post on an acute medical ward, where she has been for the last five years to a new role in education. She is coming to the end of her Masters degree which she commenced as she knew it would help her in securing a post within the University sector. With the support of time off and full funding from her organisation Sue has enjoyed studying again and is proud of her average grades all which have reached 65% and above. She has been a student mentor within the workplace and has developed new student mentorship strategies following a project she undertook during her recent studies. Until recently Sue had been undertaking some sessional teaching although this has stopped since she was told by her manager that she had to do her own time as she was being paid.

Explanation: This case is related; criteria 1, 2 and 3 are either met or part met although motivation for being a sessional speaker is questionable since payment stopped. In relation to criteria 4 and 5, there is no evidence of recording or evaluating CPD with the exception of assignments but learning beyond CPD activity is possible but not explicit.

Borderline Case:

The distinction as to whether it represents CPD engagement is unclear.

Jackie is a Band 5 Dietitian who is two years into her first post on the Stroke Unit in a busy teaching hospital. She has undertaken a couple of one day update courses regarding nutrition for patients with a PEG feed and undertakes a reflection following each one. She also attends an inter-professional journal club that is held on the unit every two months where there is a CPD feedback session and presentation prior to the journal discussion. Next week it is Jackie's turn to present something on the role of the Dietician with people who are PEG fed prior to discussing the article so she is preparing the information and has checked the internet to make sure she has the most up to date information. She places a copy of this presentation alongside her course reflections in her portfolio.

Explanation: This case appears to meet the defining attributes of CPD engagement. The elements which are unclear are the levels of autonomy in terms of choice of CPD and degree of application in practice. However the courses do relate to her work on the unit so choice and application could be assumed. There is also little indication of drive/motivation and reward but again this could be implicit as she strives to make sure her information is current which suggests pride in her work.



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Defining Attribute 1: CPD is self-initiated and undertaken voluntarily rather than as a result of a mandatory requirement.



Are you ready to engage in your CPD? Evidence suggests that those who do not actively engage in CPD may not be ready to do so. This is difficult as it is a mandatory requirement for us to do so. Have a look at the following article and see if some of the issues resonate with you.



Penman, M (2014) Do we have what it takes? An investigation into New Zealand occupational therapists' readiness to be self-directed learners.

Available on line@

<http://oatd.org/oatd/record?record=handle%5C%3A10523%5C%2F4596>

[accessed 25 June 2016]

It may be that you are engaging in CPD but are not aware that what you are doing is in fact CPD. If this could be the case read Hearle et al (2015) or look at [defining attribute number 3](#) for more information.

Do you value the professional development of staff within your organisation and encourage your staff to engage in CPD?

Learning organisations are those who truly value the development of their staff. They rely on this interplay between the development of the staff informing the development of the organisation. Garvin et al (2008) state that a learning organisation consists of employees who are proficient at creating, acquiring and transferring knowledge for the benefit of themselves *and* the organisation. Learning organisations are therefore able to adapt much more quickly to rapidly changing environments and situations. Senge (1990), a key author in the field of learning organisations, suggests that in order for organisational learning to take place, attention must be given to providing the right conditions.

For more information on how to develop a learning organisation see the articles below:



Edmondson A and Moingeon B (1998) From Organizational Learning to the Learning Organization. *Management Learning*. 29 (1): pp5-20

Garvin DA, Edmonson AC, Gino F (2008) *Is yours a Learning Organisation?* Harvard Business Review. Pp1-17. Available at: <https://hbr.org/2008/03/is-yours-a-learning-organization/ar/1> [accessed 25 June 2016]

Senge (1990) *The Fifth Discipline: The Art & Practice of The Learning Organization*. Currency and Doubleday. London

Wang, CL and Ahmed, PK (2003). Organisational learning: a critical review. *The Learning Organization*, 10 (1) pp. 8 – 17



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Defining Attribute 2: The individual feels rewarded either intrinsically (e.g. enjoyment) or extrinsically (e.g. promotion) whilst or after undertaking CPD.



Have you felt/been rewarded as a result of the CPD activities you have undertaken? If not do you know why not? What have been/could be the rewards of your CPD? If you are looking for external awards such as promotion or advancement of your qualifications it may be you have not sought the right type of CPD required or have not provided the right information to evidence your learning and development.

Try some of the following to find out how you could feel greater reward from your CPD:

TELL:

- Have a chat with others who are where you would like to be in your future career or in areas you might be interested in. Ask them how they got there and what they believe helped them to achieve their position.
- Ask your line manager to point you in the direction of the sort of qualifications expected for promotion e.g. within practice, to go to the next band do you require a Masters or doctoral level qualification? It may be that they just require evidence of certain skills or credibility e.g. in education you may need to boost your international reputation or increase the level of impact of your research. In practice you may need evidence of leadership qualities or management.

RECORD:

- It may be useful to undertake a reflection on the CPD activity to explore the reasons for your lack of engagement or reward. See ideas for models of reflection which might help you (see [defining attribute 4](#) later).

ACTIVITIES:

- If you are in practice and struggling to secure funding for traditional CPD activities, try to think creatively about how you might develop your skills effectively without charge. Joining special interest groups are always a good way of sharing skills with likeminded people; you might even meet your next boss!! Or consider the use of social media such as #OTalk on Twitter. Pursuing areas of interest may provide the reward you need.
- If you are in Education and you want to increase your education standing but are not in the position to undertake formal courses at this point, take a look at the [Higher Education Academy \(HEA\)](#). You could apply for fellowship of the HEA or if you are already a fellow, why not look at the processes for Senior Fellow or higher.



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MONITOR:

- If you haven't felt rewarded is it because you are choosing the wrong type of CPD activities and you need to find out what your preferred learning style is: Try visiting the following web-sites to discover your learning style:



Vark: <http://vark-learn.com/>

Honey and Mumford:

<https://www.talentlens.co.uk/develop/peter-honey-learning-style-series>

- Revisit your TRAMm Trail (available for free download <http://www.trammcpd.com/cpd-engagement.html>) Can you update it or are there things you said you would do that you haven't yet done?
- Have a good think about where you are in your career and what you are hoping to achieve in the future. Have a look at your June edition of OT News and see the article on CPD by Stephanie Tempest and Zoe Parker to get you thinking about maximizing the potential for CPD in your workplace. (Tempest & Parker 2016)

mEASURE:

- Consider what you could measure in terms of a reward. You may have been rewarded but just not been aware of it. E.g. you may be completing tasks more quickly as a result of your CPD or you may have grown in confidence. Have a look at [defining attribute 4](#) where we identify a few ways to measure the impact of CPD on yourself to see if there are any other ways you may have been rewarded.



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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.



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.

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)



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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



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Defining Attribute 4: Learning is recorded, evaluated and shared with others.**Recording your CPD**

The TRAMmCPD team have provided downloadable tools free of charge to assist you with your recording:

[The TRAMm Tracker](#) is there to help you to maintain a running record of core CPD activities. This can be easily updated and also is useful for submitting your evidence of a continuous record of CPD for HCPC ([HCPC 2012, Standard 1](#)).

[The TRAMm Trail](#) helps you to record more detail about the nature of your CPD on an easy to view chart.

Both the TRAMm Tracker and TRAMm Trail are designed to be used as 'works in progress' to be continually updated as you go along. We have written a sample [TRAMm Tracker](#) and [TRAMm Trail](#) for Susan Model case 1 to demonstrate how they may be used to Record your CPD to help you meet the [HCPC Standards for CPD \(2012\)](#).

For more information about recording your CPD according to the TRAMmCPD team see Chapter 5 Recording your CPD Plans and Activities in: 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.

Reflection is a core method by which people record their CPD, which enables you to think about what you did and consider either why things went well, why things did not go so well and then what actions you may need to take to further your practice in future. You do not necessarily need to use a model to guide you but there are a variety of models out there to assist you if required. Have a look at some of these:



Boud (1988) Boud, D. (1988). *Developing Student Autonomy in Learning*. London: Routledge, Kegan Paul.

De Bono Group: *Six Thinking Hats*: Available on-line @ http://www.debonogroup.com/six_thinking_hats.php [accessed 25 June 2016]

De Cossart and Fish (2005) (De Cossart L and Fish D (2005) *Cultivating a Thinking Surgeon*. Shrewsbury. tfm Publishing

Fish and Twinn (1997) Fish, D., and Twinn, S. (1997). *Quality Supervision in the Health Care Professions. Principled Approaches to Practice*. Oxford: Butterworth-Heinemann

Gibbs Reflective cycle (Gibbs G (1988) *Learning by Doing: a Guide to Teaching and Learning methods*. Oxford. Further Education Unit).



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Johns (1994) (Johns C. 1994 Nuances of reflection. *Journal of Clinical Nursing*. 1993 3: p71 -75)

Schön D.A. (1983) (Schön D.A. (1983) *The Reflective Practitioner*. Aldershot. Arena)

Evaluating/ Measuring your CPD

In order to meet the [HCPC Standards for CPD 3 and 4](#) we need to provide evidence to demonstrate what, how and the impact our CPD learning has had. If we do not evaluate or measure the outcome of our CPD, we cannot tell if we are achieving what we set out to achieve. It is important to measure and learn from both our successes and failures to include understanding why things did or did not work and what, if anything, we would do differently next time.

Remember when evaluating it is important to examine our impact at micro & macro levels considering the impact of our CPD on ourselves (e.g. confidence/new skills/knowledge), on our service users/stakeholders (e.g. performance) and on our organisation/staff within the organisation (e.g. improvements in working practice, cost savings). Consider the questions below designed to help you begin to reflect on ways to measure the impact followed by some suggestions of how to do this.

Evaluating and Measuring Impact on Yourself

Questions to consider:

- * Has the CPD increased my knowledge, skills and influenced my practice?
- * In what way has CPD influenced my practice
- * Has my confidence changed?
- * What, if anything would I do differently next time?
- * Have I met the objectives I set for my CPD and if so how?
- * Can I place a tick against the first four HCPC standards for CPD?
- * Have I visited every appropriate station for TRAMm (Tell, Record, Activities, Monitor, and measure)?

Suggestions; how to measure the impact of your CPD upon yourself:

- * Anecdotal e.g. Letters of Commendation, awards
- * Successful annual appraisal
- * Confirmation of achievement of specific individualised goals via supervision
- * Reflection on skill acquisition and improvement
- * Time taken to complete activities or levels of confidence
- * Peer review
- * Preceptorship/KSFs
- * Accreditation e.g. Practice Placement Educators (APPLE)



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Evaluating and Measuring Impact on Service User/Stakeholder

Questions to consider:

- * Has my CPD had an impact on my service users (positive or negative)?
- * What specific impact has my CPD had on service users?
- * How has my CPD impacted on the performance/ability of my service users?
- * Are the service user outcomes significantly different since I undertook my CPD?
- * What do my service users think of my intervention?
- * Have my peers/colleagues noticed any changes in service user performance?
- * What, if anything would I do differently next time? Why?

Suggestions; how to measure impact upon your service user/stakeholder

- * Anecdotal evidence
- * Formal feedback via surveys/questionnaires
- * Outcome measures
- * Standardised assessments
- * Case studies showing change such as reduced care package or removal of need for equipment
- * Objective observation
- * Undertaking research
- * Using research as evidence (e.g. [intervention evidence chart](#))

Evaluating and Measuring Impact on your Organisation/Others

Questions to consider:

- * Has my CPD had an impact on service delivery?
- * How has my CPD had an impact on service delivery?
- * Have I saved the organisation any money?
- * Have I generated any income for the organisation?
- * Have I influenced others or strategy via my CPD?
- * Has my CPD contributed to policy development?
- * What if anything would I do differently next time?

Suggestions; how to measure the impact upon your organisation/others:

- * Anecdotal Evidence (informal feedback)
- * Meeting targets/performance indicators
- * Improvement in working practices (e.g. streamlined procedure comparison, staff performance/opinions)
- * Quality Improvement Projects (use PDSA cycle)
- * Service evaluation
- * Audit or undertaking research
- * Cost effectiveness (can be easy calculations or e.g. QALYs)
- * Input/output measurement
- * Economic evaluation (try to access training on health economics)



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For quality improvement project guidance see the following web-site:
www.1000livesplus.wales.nhs.uk/home

The College of Occupational Therapists now provides guidance documents for members about the evidence base of certain interventions and health economics of occupational therapy within specific areas. Log in to their web-site and go to Professional resources for further information.

<https://www.cot.co.uk/briefings-and-guidance/guidance-documents>

For more information about evaluating your CPD according to the TRAMmCPD team see Chapter 8 Measuring your CPD in: 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.

Disseminating your CPD

- Consider presenting your work to others in your department/organisation or why not submit an abstract for a relevant conference.
- For more information about disseminating your CPD according to the TRAMmCPD team see Chapter 4 Planning and Disseminating your CPD in: 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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Defining Attribute 5: Learning is evidenced to continue beyond the initial CPD activity

If you are on this page then you are halfway there!

As the TRAMmCPD team we believe that CPD is a personal journey, in order for it to be effective you need to **T**ell others, **R**ecord and *apply* your CPD **A**ctivities, **M**onitor your progress and **m**easure the impact. Attending conference as a part of your CPD could be considered as wasted time and money if you fail to apply your learning in some way.

Consider one piece of your learning from conference that you plan to apply in your practice. Then answer the following questions:

- How are you going to apply your learning from conference?
- Are you going to change anything you are doing or have you been able to validate what you are already doing?
- Think of how you can apply your learning from conference in terms of yourself, your service user/other stakeholder and your service.
- What do you need to do next? Do you need to contact someone for more information?
- How will you share your learning?
- How will you record your learning and document your learning trail?
- How will you reflect on your learning? (See defining attribute 4 above)

- Set yourself one realistic CPD goal to achieve following attendance at conference
- Document what you do, which sessions you attend and what you learn as you go along on your [TRAMm Trail](#).

Tip: Keep your Conference Abstract book, you never know when something you heard/learnt at conference will be useful and you may wish to contact a speaker for more information about their work/research.

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>

Twitter: [@TRAMmCPD](#) [@SLawsonOT](#) [@HearleD](#)



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

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

Health and Care Professions Council (HCPC 2012) *Your Guide to our Standards for Continuing Professional Development.* London. HCPC

Senge (1990) *The Fifth Discipline: The Art & Practice of The Learning Organization.* Currency and Doubleday. London

Tempest S and Parker Z (2016) Time to get personal - (re)claiming CPD as a reflective mind - set. *OTnews* June 2016 24. 6

Useful Links

College of Occupational Therapists (COT): <https://www.cot.co.uk/> [accessed 22 June 2016]

HCPC Audit Information: <http://www.hpc-uk.org/registrants/cpd/audit/> [accessed 22 June 2016]

HCPC Standards for CPD: <http://www.hpc-uk.org/registrants/cpd/standards/> [accessed 22 June 2016]

Higher Education Academy (HEA): www.heacademy.ac.uk [accessed 22 June 2016]

TRAMmCPD: www.TRAMmCPD.com [accessed 22 June 2016]

TRAMm Tracker and TRAMm Trails: <http://www.trammcpd.com/tramm-model-and-trammcpd..html> [accessed 22 June]



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APPENDICES:

Example TRAMm Tracker and TRAMm Trail:

APPENDIX 1: Susan's TRAMm Tracker

This TRAMm Tracker has been written as an example of a Model Case which reflects all five of the defining attributes of CPD engagement.

Susan a Band 7 Occupational Therapist has completed her TRAMm Tracker to keep track of her CPD which meets HCPC Standard 1.

Please note: this TRAMm Tracker has been completed with the most recent entries at the top.

Appendix 2: Susan's TRAMm Trail

Susan has also completed a TRAMm Trail (see Appendix 2) which provides more details and demonstrates how she has meets all five of the defining attributes of CPD Engagement for this piece of CPD.



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TRAMm Tracker

<u>HCPC Standard 1</u>	<u>HCPC Standard 2</u>	<u>HCPC Standard 3</u>	<u>HCPC Standard 4</u>	
Maintain a continuous, up to date and accurate record of CPD activities	Demonstrate CPD activities are a mixture of learning activities relevant to current or future practice	Seek to ensure that CPD has contributed to the quality of their practice and service delivery	Seek to ensure that CPD benefits the service user	
<p><u>HCPC Standard 5</u> - Only applies when called for HCPC audit</p> <p>Upon request, present a written profile of own work, supported by evidence, which explains how standards have been met</p>				
<p>TRAMm STATIONS – Suggestions only for more information see:</p> <p><u>A Strategic Guide to Continuing Professional Development for Health and Care Professionals: The TRAMm Model</u></p>				
TELL (T)	RECORD (R)	ACTIVITIES (A)	MONITOR (M)	mEASURE (m)
Informal/Formal Discussions	Current EBP	Planned in Advance	Formal/Informal Mentorship	Specific Individualised Goals
Supervision	Publications	Beyond Mandatory and Specialist Training	Supervision staff/students	Informal Education Opportunities
Disseminating Information	Service Evaluation/Benchmarking	Learning from colleagues Tell	Establishing Development Plans	Performance Indicators
Facilitating Training Sessions	Audit	Research/Reading Journals	Peer reviews	Letters of Commendation
Presentations	Reflection – Verbal/Written	Attending Conferences/Courses	Lecturing/Teaching	Standards of Proficiency
Journal Club	CPD Record Sheet	Shadowing/Secondments/Rotation	Meetings	Skill Acquisition and Improvement
Peer Supervision	Annual Appraisals	Reflection	Managing	Applied Knowledge
Annual Appraisals/IPR/PDR	Portfolio	Further Education	Performance Indicators	Audit
Case Studies	Online digital curation	Active member of professional body	Formative Assessment	Outcome Measures



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Date	Subject	Description	Certificate	Reflection	TRAMm Trail	HCPC Standards					TRAMm					Index	Notes
						1	2	3	4	5	T	R	A	M	m		
			<input type="checkbox"/>														
			<input type="checkbox"/>														
DD/MM/YY	Work based learning	Constraint Induced Movement therapy	<input type="checkbox"/>	R	T	1	2	3	4	<input type="checkbox"/>	T	R	A	M	m		Reflections, TRAMm Trail, copy of Report in CPD Portfolio. Other Records in case note management system at work or on CPD usb
DD/MM/YY	Self-Directed Learning	Reading journal article in British Journal of Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	T	1	2	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>		Bloggs et al, 2016 Constraint Induced Movement Therapy. British Journal of Occupational Therapy. pp xx - xx				



APPENDIX 2: Susan’s TRAMm Trail

TRAMm Trail Title: Constraint Induced Movement Therapy

Date: DD/MM/YY – ongoing

This TRAMm Trail has been written by Susan Band 7 Occupational Therapist, it demonstrates all five of the defining attributes of CPD Engagement:

Tell (T)	Record (R)	Activities (A)
<ul style="list-style-type: none"> Discussed with supervisor how to develop this learning to fit with my career plans to work towards advanced practitioner status (DD/MM/YY) In-service training to team about constraint induced movement therapy with results of small trial (DD/MM/YY) 	<ul style="list-style-type: none"> DD/MM/YY Email written and sent to authors of Constraint Induced Movement article Supervision record (DD/MM/YY) Reflection based on Fish and Twinn (1997) Strands of Reflection (DD/MM/YY – ongoing) Notes written during shadowing (DD/MM/YY) Intervention Evidence chart completed (DD/MM/YY) Baseline assessment results (DD/MM/YY) Report written and presented to clinical director (DD/MM/YY) TRAMm Tracker (DD/MM/YY – ongoing) TRAMm Trail (DD/MM/YY – ongoing) CPD Portfolio updated (ongoing) Case notes (DD/MM/YY) 	<ul style="list-style-type: none"> DD/MM/YY Self-directed learning. Read Bloggs et al, 2016 Constraint Induced Movement Therapy. British Journal of Occupational Therapy pp xx – xx using Critical Appraisal Skills Programme (CASP) Tool DD/MM/YY Informal internet research - identified conference abstract book where the authors have presented their work which has their contact details



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Monitor (M)	Measure (m)	HCPC Standards met: 1,2,3,4
<ul style="list-style-type: none"> • DD/MM/YY Supervision with manager, negotiated time from work to visit article authors for period of 2days • Ongoing self-monitoring and reflection • DD/MM/YY further supervision with manager to feedback results and agree next course of action 	<ul style="list-style-type: none"> • Successful trial results (DD/MM/YY) • Positive feedback from service users and carers recorded in case notes (DD/MM/YY) • Positive feedback from Manager documented in Supervision record (DD/MM/YY) • Positive feedback from clinical director (DD/MM/YY) 	<p>PLAN of ACTION:</p> <ul style="list-style-type: none"> • Further reflection in 3 months' time • Investigate options to disseminate (TELL) results to wider audience within the next 6 weeks • Map this to Advanced Practice Pillars, particularly clinical and educational and ensure I develop objectives for application of this in my next appraisal.

