

Personal learning plan to becoming a nurse practitioner



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This assignment discusses my Personal Learning Plan (PLP). It examines the rationale for development, justifying why I have not only chosen to undertake Nurse Practitioner (NP) studies, but this course in particular, along with its prescriptive modules and my choice of Extended Nurse Prescribing as the only optional module.

I have informally and theoretically identified my learning style as ‘ practical’, which rationalises the above choices, discussed further in this assignment.

At present, I work as the sole Occupational Health (OH) Nurse for the head office of a large London-based media organisation which is a subsidiary company of the FTSE 250 (Financial Times Stock Exchange) listed business. There are an estimated 3000 employees on-site; a catchment size similar to a small GP surgery, with a further 1100 employees regionally, to which telephone/e-mail support is available.

2. 2 Link to primary health care

Due to the generally low hazard working environment, and as an OH initiative to keep employees well and at work, I largely act as a Practice Nurse (PN) by bringing primary health care (PHC) to the workplace. Care includes treatment and/or advice for minor ailments and injuries; health monitoring and promotion; vaccinations and follow-up care such as wound and ear care. I am supported by a full-time Receptionist, and together we facilitate three afternoon GP clinics per week by two visiting private General Practitioners (GPs).

This unique service is carried over from the old Factory Nurse role and outdated in today's OH remit (Bagley, 2008). Occupational Health (OH) Nurses are now moving away from a 'traditional' clinical function (Richardson, 2008). However, whilst the service is promoted as a complement and not a replacement of employees' National Health Service (NHS) GP surgeries, it is maintained that it is not in the OH remit to replace services provided by the NHS (Lewis & Thornbory, 2006).

Yet, in Dame Carol Black's review of the health of the working population, the report "welcome[d] and encourage[d]" (Black, 2008: 49) employers offering GP consultations in the workplace, as an initiative towards health and wellbeing for a healthy workforce. Given the waking hours spent at work, and with most GP surgeries closed for the majority of weekends and after hours, the workplace is an ideal setting to target health and wellbeing (Department of Health, 2004), along with prevention and treatment of ill-health.

Such a service has potential benefits and opportunities for employees, businesses and NHS services. However, effective communication between all parties involved, is crucial. I make it a priority in my practice to engage in effective communication between both our on-site health professionals, and employee's off-site NHS and private health professionals.

2. 3 Strengths and weaknesses

To fulfil the above role, I was equipped with a Bachelor of Nursing, with the knowledge and skills to care for adult patients in an acute care setting.

Although I went on to specialise in critical care, further development was only accessible through in-house training, on-the-job experience, self directed learning and reflection. When I moved to the United Kingdom, I 'fell' into PHC through an agency placement, which was to cover an extended period of leave on the print side of the business. Again, I was working as the sole Nurse, with a private GP visiting once a month.

Despite this placement being completely out of my depth and somewhat daunting, I enjoyed the break from acute care, and thrived on the autonomy and diversity of the role. However, this was compromised with a lack of confidence, not having any prior experience, and heightened by working alone. The next section discusses the rationale for my development having been taken on in permanent employment as the sole OH Nurse.

3. 0 PERSONAL LEARNING PLAN

3. 1 Rationale for development

The move to PHC from acute and critical care knowledge and experience prompted a significant need for learning and development. There was no

support from management in the sense of allowing study leave or time off work to attend practice-related conferences, and any learning was on-the-job or self directed with no colleagues to facilitate development. One of the main reasons why I took up a position at head office to restructure their OH Department, was that the importance of professional development was not only understood, but both promoted and encouraged.

In addition to my gap in knowledge and because I worked alone, I wanted to take my service to the next level, to provide greater satisfaction to both patients and myself by being able to complete the full cycle of health care. For example, rather than advising patients that it sounded like they had a chest infection and should therefore arrange an appointment with the visiting GP (or to see their NHS GP), I would be able to diagnose and prescribe on the spot.

This call for development reflects Maslow's 'Hierarchy of Needs', which outlines an aim to bring the 'Esteem' level of confidence, independence and achievement into balance, while also building towards the 'Self-actualisation' level of creativity, problem solving and acceptance of facts (Maslow, 1943). The 'Self-actualisation' level can also be interpreted as my Masters dissertation. Furthermore, ten years have lapsed since completing my Bachelor's degree, and I felt 'stale', very eager to study again, and to learn more about the NHS system.

3. 2 Course selection

I began investigating NP courses in London. Prior to this course, I had informally identified my learning style as being 'practical', and set about

finding the most ‘hands on’ course (see Appendix 1 & 2 for course enquiry and application, with the relevant sections highlighted in blue). This course was therefore selected as the most ‘practical’, rather than theoretical, managerial or reflective. I wanted to be able to apply skills in the clinic as I was learning, and definitively at the end of the course.

Through Philosophy & Politics of Primary Health Care (Philpol), I have realised that my learning so far in PHC replicates Kolb’s ‘The Lewinian Experiential Learning Cycle’, whereby knowledge is gained through experience (Kolb, 1984). This is further backed by Omrod’s behavioural definition of learning, again linking learning to experience (Omrod, 2004). Yet, according to Honey & Mumford (1992), my learning style is ‘Pragmatic’, followed very closely by ‘Reflective’. By this model, it means I am generally proactive in attempting new ideas, concepts and practices, and eager to apply them. A ‘Reflector’ contemplates experiences both personal and those of others, and weighs up all possibilities before coming to a decision. Taken together, pragmatic and reflective learning styles demonstrate a careful and ‘practical’ approach, with which I concur.

3.3 Modules selected

The NP route of the Masters of Science in Primary Care is a very prescriptive course, with only one optional module. This is to satisfy the Royal College of Nursing’s (RCN) requirements based on international competencies, to qualify as an approved course. In addition, should the Nursing & Midwifery Council open up a separate part of the register acknowledging the advanced role of NPs, an RCN approved course will be a pre-requisite requirement (Queen Mary, University of London, 2009). The term NP is currently being <https://assignbuster.com/personal-learning-plan-to-becoming-a-nurse-practitioner/>

loosely applied to Nurses with autonomy and/or experience. Therefore, the term ' Advanced NP' is replacing NP, where Nurses have both formal training, and are working in an advanced role (RCN, 2008).

Through Research Methods 1, I have gained the skills to recognise the different methods and approaches to research, and how to read a paper. These skills have enabled me to critically evaluate a paper, distinguish between good and poor research, and to determine whether a paper's findings are credible, and should be applied in my practice.

Philpol has laid a foundation in my gap in knowledge of PHC structures and policies, including an appreciation of the NHS, its history, services, how it works, and potentially, where it can all go wrong. Some of the most interesting learning has been in discussion and debates with fellow students. Our diverse backgrounds and individual functions in PHC, has been valuable to hear about each other's roles and experiences.

Physical Assessment 1 and 2, and both the Biological Foundations and Pharmacology in Clinical Practice will provide a much needed brush up in theory, and advance my current knowledge. During my Bachelor degree, learning was largely based on fact recall for exams and practicals. It is because of this, that I am now questioning my actual understanding, which I hope to overcome by these modules. This is a shift from my former academic learning experience to Engel's ' Learning for Understanding', where the emphasis lies in understanding rather than recollection of facts (Engel, 1997). It perhaps also highlights the difference between studying for a Bachelor and a Masters degree.

I anticipate that Clinical Practice will be one of the most important modules for me, to be able to apply what I have learnt. In past experience as a nursing student, clinical practice has been where all teachings have made sense rather than exams or assessments. I learn best through a 'hands on' approach, and in past clinical practice modules, it has precipitated interest and knowledge beyond expected outcomes.

For my optional module, I have chosen Extended Nurse Prescribing in order to be able to complete the full cycle in a consultation: to be able to prescribe to enhance independence and autonomy in my practice.

I have already given my dissertation much thought, hoping to research into our unique OH service, ideally being able to publish at the end, and promote our model. At present, my research question is:

“ What are the perceptions of both employees and managers on the provision of a GP and PN in the workplace for a media organisation in London?”

I propose to conduct this research via an online survey to our employees and Managers with a mixed methods approach: both clicking on answers (quantitative), and asking participants for their thoughts (qualitative).

I look forward to the challenges that this PLP presents, but more importantly, the opportunities and stimulation that will arise from my development.