Ppdp provides skills level mapping tool

OUT Come 14; Demonstrate responsibility for one's own learning through the development of a portfolioof practice and recognise when further learning is required.

Evidence Doc; P1S3R32(Reflection on placement 1)

One of the important learning from my 1st placement is the development of personal and professional development portfolio (PPDP). PPDP provides skills level mapping tool and planning for further skills (Wenzel et al 1998). PPDP is developed by nurses and other health care professionals in their professional career (Oermann 2002).

When I started my placement, I have no idea; Why I need to develop PPDP? What is the importance of PPDP and how PPDP helps in building up personal and professional development (Trossman 1999)?

Soon, I could understand the fact that PPDP are reflection of nurse's skill level and provides a tool for development of professional skills (Kelly 1995). My PPDP consists of three main components; Assessment of skills including self, peer's and mentor's assessments, preparation of action plans for further development and reviews of achieved skills at various intervals.

In developing the first part of my PPDP, I looked at essential skill clusters recommended by NMC for nurses (Semple et al 2003) and then I evaluated my current skill levels before developing my PPDP. A nurse should evaluate personal and professional skills throughout his/her professional career (Meeks et al 1995). Actually, it is a time of competition and perfection. In the environment of constant competition and improvement, the knowledge and skills required to enter nursing practice are never sufficient (Cary et al 2005).

Therefore, it is recommended for nurses to improve their essential skills through development of PPDP (Cayne 1995).

In the first part of my PPDP, I took assessment of my current skills through self evaluation, assessment by my mentor and by taking views of my peers and even client's views on my essential skills to become a good professional nurse. PPDP is an assessment tool for one's skill's level (Lettus et al 2001). PPDP are used for continued personal and professional development of nurses (Meister et al 2002). Similarly, I could know that I was deficient in some skills like communication, addressing client, keeping confidentiality etc. By developing PPDP, I also identified that I need to develop some new skills to reach nursing professional standard.

First, I thought that only my self assessment is sufficient to evaluate my current skills level. However, there was a question in my mind; Can we rely on self assessment only? The answer comes in ' No' in a study conducted on physician whom self assessment were different than assessment done by external agencies (Davis et al 2006). Then I thought why only self assessment is not sufficient to evaluate one's own skill level. Actually, the assessment of PPDP depends upon assessor's individuality (McMullin et al 2004). The angle, way of thinking and thinking approach of myself may be different than others. Secondly other observers like my peers and mentor would be more experienced than me and can reflect more perfectly on my deficiencies and weaknesses in my skills. An external assessor looks at the competencies or the extent of learning in comparison of individual's capacity of self evaluation (Davis et al 2006). Self assessment could be wrong or weak (Forker et al 1996). Therefore self assessment should be counter

checked by feedback from experienced people. In performing the evaluation of my skills level, I therefore used not only my self assessment but also feedback from my mentor and peers.

Development of PPDP is used to enhance learning skills and abilities by keeping records of current essential skills and planning for development of future skills (Hoban 2003). In developing my PPDP, I recorded my trainings, qualifications and achievements in one compartment. Portfolios are individualised, organised, selective, ongoing and reflective (Hall et al 1996). Similarly, my portfolio would be different from others in arrangement and collection of myself information. I have started developing my PPDP in my first placement but it will continue throughout my training and later on in my professional career.

The second compartment of my PPDP consists on action plans for development of my deficient skills and need for new skills. Development of action plans seemed to be not much important to me at the beginning of my placement. But later on, I could understand the value of action plans, without those, I could not be able to look at my deficient skills and could not take necessary steps to learn new skills. PPDP are also used as past reference of learning weaknesses and thus lead to avoid further errors in future (Karlowicz 2000). Similarly, I could find out where I have made mistakes in my first placement. For example, I was using real name of client in my reflection but my mentor asked me to used fictitious names for DATA protection act. Thus I could know the importance of confidentiality and decided not to disclose client’s information without his/her consent. Again the development of action plans were a difficult job and only my

understanding was not sufficient. Therefore, action plans were developed and agreed with my mentor in my supervisions.

The third part of my PPDP consists on assessment reviews. It is the stage where achievement of new skills and improvement of current skills are evaluated and further developmental needs are identified (Tiwari et al 2003). I took my skill assessment reviews with my mentor. My mentor looked at last action plans and identified my achieved skills since my last action plan. Assessment reviews are also focused on needs to develop further skills in a PPDP (Weinstein 2002). Assessment reviews identify issues in PPDP where student fails to achieve required skill level (Moses 2000). Similarly, my mentor found out few skills which I could not achieve due to non-opportunity at the placement site. I have decided to use assessment reviews in my PPDP to enhance my existing skills to the professional level of nursing standard recommended by NMC (UKCC 1992).

SUMMARY

I learnt from development of PPDP that

I can make assessment of my skills not only by self assessment but with the help of feedback from other staff and experienced people like my mentor.

I can use action plans for development of my further development in the light of feedback received by my peers, mentor, myself assessment and client's view.

I can use assessment reviews to identify achievement of new skills, improvement of current skills and planning for further developmental needs.

OUT Come 12; Demonstrate an understanding of the role of others by participating in inter-professional working practice. . Evidence Doc; P1S3R25(Reflection on community team meeting)

I started my first placement at community mental health services. I had no idea about community mental health teams (CMHT) when I started my placement. How CMHT works? Who co-ordinate CMHT activities? Who take first intervention and at what level? How clients are referred to CMHT or how client find help from CMHT? These were all question in my mind at the beginning of my placement.

I could not have chance to understand the working pattern of CMHT if I had not got a chance of getting an experienced and skilled mentor with central role in CMHT. My mentor works as care- coordinator in CMHT. Therefore, I have an advantage to learn inter-professional practice of my mentor among multidisciplinary team (MDT).

I found that community mental health services run through MDT (Caldwell et al 2003). MDT consists on healthcare professionals, medics, social workers, care and support workers and consultants (O'Connor et al 2006). A mental health nurse participates in MDT (Van 2004).

In the beginning I was confused with an idea that why a single team could not be able to provide mental health services in community. Actually MDT work together to provide care to mental health clients (Clarke 2004). Diversity of knowledge, experience and skills in MDT members provide advantage to treat various mental health issues at multidisciplinary levels (Ellefsen 2002).

However, there should always be an individual with central role to coordinate and collate the activities of MDT into a successful pattern to provide mental health services to client. Such a role of inter-professional working practice was my mentor's job role.

The MDT at my placement site consists on continuing care team, early intervention team and crisis intervention team. In addition to these teams at placement sites, other community mental health teams like transcultural team, community day services, home treatment team and various volunteer and trust organizations like MIND, RETHINK, SPACE, Fitzwilliam center participate in MDT.

Each community care team consists on individuals of various behaviour, knowledge, skills and experience. My team was continuing care team consisting on three members from various professions, experience and

knowledge. My team interacts with other teams and health professionals during meetings and in providing support to client.

I have got chance to look at interaction of my mentor with members of other MDT members. For example, in community meetings, my mentor took feedback from other team members and provided updating on care issues of mental health clients. Each case is discussed individually and any progress or deterioration is discussed and evaluated (Elkan et al 2000). My mentor plays a vital role in co-coordinating, monitoring and supervising inter-professional activities while caring for mental health clients. For example, a client's family was much worried about the client as they were going away for two day. The client was on Methadone and has taken detox treatment from Fitzwilliam center in last few months. However he has been taking over dose of a medicine named Zopliclone tab in last few weeks. There was risk of leaving him alone at home. The family has not taken an opportunity of recreation for long time.

On this weekend family decided to go on beach for two days. Family was much worried about the client. There were multiple aspects in the care of client. On one hand client's safety was issue and on the other hand family worry needs to be considered. Furthermore, methadone dosage need reviewing, clients habit to take over dosage of Zopliclone tablet need to be considered. Many members of MDT seemed to be involved in one client's needs. Therefore, my mentor organized inters professional practice. He explained in meeting that he has arranged support worker to keep close contact with client. My mentor also contacted to home treatment team to visit client every day. In addition to that my mentor will be visiting to client

as well. He requested to social worker to ensure family that the client will be safe. My mentor also mentioned that he has contacted Fitzwilliam center to review methadone dosage as client seemed to be fit on less dosage. In addition to that my mentor has contacted to GP to review client's medication under recent changes. Actually, my mentor act to inter connects various healthcare professional's activities while providing care to the client. Thus I learnt that a care-coordinator carry out inter professional practice to combine individual efforts of care in the form of a united care plan for clients care, management.

SUMMARY

The role of my mentor as care co-coordinator in his inters professional working practice was enough observation for me to understand his role in organizing various professional activities.

Inter- Professional practice co-ordinate activities between various health professionals.

Inter- Professional practice combine efforts of various healthcare professionals to result in a united and single agreed care plan. Each member of MDT receives multiple feedbacks from various members of MDT and feedback may oscillate forward and backward creating a sense of care and treatment. For example if my mentor has not organized inter professional practice, home treatment team could not care the client at home, social worker could not know about the risk involved in leaving client alone and GP would not get feedback regarding reviewing Tab Zopliclone and changing it with less adaptive sleeping tablet.

OUT Come 10; Recognose situation in which agreed plans of nursing careno longer appear appropriate and refer these to an accountable practitioner. Evidence Doc; P1S3R21(Reflection onfollow up of client LD)

When I started placement, it looked impossible for me to review a care plan and to feel need to review a care plan. I was not sure, why a care plan change? How a care plan change? What are the circumstances which may change client's care plan? My initial understanding was review of a care plan at regular and fixed intervals. But my understanding about review of care plan changed when I made visits to client Ld in the supervision of my mentor.

Care plans are agreed plans for providing nursing care to clients (Baker 2003). Care plans are prepared after risk assessments and client involvement. (Olofsson et al 2000). Care plans are reviewed after regular intervals but may change immediately followed by some major changes in risk assessments associated to a client. This happened when Client Ld's risk assessment change followed by changes in circumstance and therefore care plane was reviewed.

I made visits to client Ld with my mentor. History of Ld goes back to the time when her immigration status was changed. Ld belongs to an area where army revolution has caused many sad incidences. Rape of young girls was common and Ld was one of these victims. Ld could escape to UK and applied for asylum but could not prove evidence. Resultantly her asylum was refused. As a result of stress, Ld started getting obsessions of rape and got fits as well due to fear and anxiety of going back to same environment. The

changes in Ld's circumstance were negative as her mental health and socio-economical status was deteriorated.

I got information by looking at Client Ld's history that a care plan was revised first time when Client Ld started getting fits. Ambulance services were called and Ld was hospitalized. Then Crisis team revised care plan at first time. According to care plan, Ld was treated for mental illness called schizophrenia (Lysaker et al 2010). She was also provided free legal aid to appeal for her immigration status. Ld's anxiety and insomnia was also considered as risk factor for Ld's mental health. At the time, Ld's immigration status was refused; she was living in shared accommodation. Financial resources were not very good as she was provided very little money in addition to shared accommodation. Then she started obsession and fits. It was the first time when Ld's care plan was changed in response to quick changes. As anxiety and stress was considered as a cause of fits, a supported accommodation was planned. Medication for obsession (Tab Clozapine) and insomnia and anxiety (Tab Lorazepam) was prescribed by GP and was a part of care plan. A social worker and interpreter were also allocated to Ld for assistance in living and reducing anxiety and stress. This was the first time; I observed change in Ld's care plan following by an abrupt change in Ld's circumstances. The cause or change in Ld's circumstances was negative as Ld's mental issue and vulnerability was deteriorated. Therefore, a close observation with more precise care was recommended in care plan. When I looked at Ld's mental health history and crisis team's intervention, I could understand that crisis team reviewd care plan after evaluating potential risk factors.

My direct observation (when Ld’s care plan was changed at second time followed by change in her circumstances) was the time when Ld’s circumstance has positively improved. It was the second occasion when Ld’s care plan was changed following a steep change in her circumstance. It was the time when Ld’s asylum has been accepted and Ld started getting improved in her mental illness. She has not got fits for a long time. She has started living in supported accommodation. She has started going out in community to make friends and having coffee at coffee evening. Ld is due to Start College in September. I observed that it was positive change in circumstance as compared to negative changes when Ld’s mental health deteriorated in first intervention. I could conclude that why my mentor was suggesting review of Ld’s care plan. Actually risk assessment has changed as risk factors for Ld’s mental health are reduced. Need for medication has changed. Therefore, my mentor felt a review of medication and referred client to consultant for medication review. The same dose of Tab Lorazepam was causing more sleep than required for calmness when client’s anxiety was high. Client Ld’s improvement in mental health status has identified her needs for social interaction and therefore an independent accommodation was recommended in reviewed care plan. As Client Ld’s social interaction will increase soon, she will need more financial help. As a result of success in asylum, Ld deserves more financial aid now. Therefore it was recommended in care plan to help Ld to apply for her benefits. As Ld would be getting more financial help, it was felt that Ld should be provided help in managing her budget as she will be living independently. Therefore, social worker was requested to help Ld making her monthly budget. It was also a part of reviewed care plan.

Client’s participation and consultation from experts are final steps in care plan review (Hunt et al 1994). Client Ld was involved in care plan review at all stages. My mentor asked her at each step of review if she was happy with changes in care plan. A final opinion was taken from consultant before finally reviewing Ld’s care plan.

Client Ld’ case has provided me understanding that a care plan goes out of date when personal, mental health, financial and social issues change. The change in circumstance may be positive in case of improvement or negative in case of deterioration of mental health issues or socio-economical issues. Ld’s case is a perfect example of care plan review followed by positive and negative changes in circumstances. (Word limit 2750)

SUMMARY

Learning from client Ld's case

Is practical experience of stress vulnerability model (Zubin et al 1977).

Was needed to change in care plan followed by an immediate change in circumstances of a client. For example, client Ld's circumstance change twice times. Once negatively when crisis team drafted first care plan and secondly as positively when my mentor reviewed her care plan.

I can understand that care plans are reviewed followed by any change in client's mental health issues and other circumstances resulting in changes in risk assessment.

CONCLUSION

The placement has provided me clear idea and good understanding of the skills required to be a professional mental health nurse. I learnt about development of PPDP, care plans review followed by immediately changes associated to a client environment, the role of a care coordinator to work in inter-professional practice and many other essential skills to become a professional mental health nurse.

In developing a PPDP, I learnt making initial assessment of skills required to reach nursing standards, preparation of action plans to identify past mistakes, future planning for skills and review of skills at the end of each action plan duration.

I learnt the inter professional practice of a health care professional (my mentor at my placement) to organize and unite efforts of various healthcare

professionals in creating a single united care plan for client. I also learnt to review care plan if there is change in risk assessment for client.

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