

In: Chia S.H., Harrison D. (Eds) (2011) tools for Continuing Professional Development. P.53-62. London: Quay Books.

Chapter 5

Utilising broadcast media as a means for enhancing CPD

Martin Watson

Introduction

The United Kingdom (UK) has a longstanding reputation for the high quality of its public broadcasting, including the transmission of materials which are tacitly or overtly 'educational' in nature. This is epitomised by the radio and television output of the British Broadcasting Corporation (BBC), as well as the development in the later 20th century of the Open University (OU). The latter has made deliberate use of BBC transmissions for delivery of learning materials into learners' homes. Irrespectively of whether it forms a formal part of OU provision*, there is much material available via radio and (to some extent) television broadcasts with the potential to inform and facilitate learning, including that of the viewing/listening allied health professional (AHP). One important issue perhaps is how such professionals can best engage with such media to contribute to their ongoing personal and professional development.

The aim of this chapter is to provide a brief overview of how broadcast media can, through judicious interaction, make potentially useful contributions to an AHP's continuing professional development (CPD). It is not intended (necessarily) to be an excuse for health professionals to indulge in excessive amounts of television viewing (although the writer acknowledges his enthusiasm for radio listening, specifically BBC Radio 4). However, the chapter recognises that all potential opportunities for enhancing CPD should be recognised and utilised where feasible.

This chapter is written mainly with UK based health professionals in mind. However it is hoped that much of what is identified here will, with perhaps some adaptation, be equally pertinent for readers who are based inside or outside the UK. In any event, recent internet and digital technology advances now mean that certain broadcast media are in effect now available world-wide. Whilst this chapter perhaps places an implicit focus on BBC broadcasting, the reader is reminded that a number of broadcasting organisations make potentially useful contributions in this respect.

Why are you doing this? Three possible reasons

There are at least 3 means by which broadcast media can potentially inform and support the CPD of a health professional. These are as follows:

* OU course-based broadcasts via the BBC ended in 2006, although the organisation is now involved in mainstream television and radio programming.

1. **To keep abreast of current affairs, specifically news and information relating to recent health and social care developments.** It is readily acknowledged that digital media have increased the speed, volume and ease of communication (although with this comes the collateral dangers of information overload), and radio and television broadcasting plays an important part of this. Furthermore, health professionals have a tacit responsibility to keep in touch with current developments, and broadcast media provide an efficient strategy in this respect. Attention to news and current affairs programmes, to keep informed about relevant changes in national health policy, government legislation and health-related scientific developments are but three areas of focus.
2. **Deliberate attention to specific programmes of potential relevance, relating to some aspect of health and social care of personal/professional interest.** There is a broad range of radio – and to some extent television – programming, covering topics of potential relevance to AHPs; many of these can be useful learning resources (see appendix for examples). For example, the writer sometimes listens to the BBC Radio 4 programme ‘Case Notes’. This provides a regular half-hour focus on current health issues.
3. **Experiential learning.** Purists may argue that much if not all of CPD activity is about experiential learning, focusing largely as it does on encouraging individuals to engage in self-initiated, self-driven and self-evaluated professional developmental activities. However a specific form of experiential learning, albeit somewhat vicarious in nature, is implied here. Edwards (2007) makes the following comment, when talking about a specific aspect of nursing CPD: “Experiential knowledge includes gaining inner personal meaning from life experiences. Nurses have personal experiences such as having a baby, bereavement or a close member spending a period of time ill in hospital. These experiences develop experiential learning, which can form part of an individual nurse’s knowledge to draw on in clinical situations” (p.310). Whilst it may seem to be a somewhat contrived notion, broadcast media may provide an additional means by which such vicarious experiential learning can occur. For example, many programmes have the potential to provide meaningful insights into ‘lived experience’. This might relate for example to experiences gained by individuals who have a specific medical condition or else live with (or have had to help manage) someone with that same clinical problem. At the time of writing, the author has been following a television series exploring the experiences of people who have physical disfigurement (<http://www.channel4.com/programmes/katie-my-beautiful-friends>). This provides potentially useful insights for example for therapists dealing with burns victims. In a broad sense, some programmes provide useful insights into individuals’ personal/professional development issues, irrespective of where these relate explicitly to a health and social care context.

Alsop (2000) makes the point that “CPD embraces many...activities through which individuals learn and develop their skills and expertise. It includes informal learning and on-the-job learning and can also include forms of both intended and incidental learning” (p.1). This hopefully helps to make the point

that some CPD activity may be essentially fortuitous in nature. This might apply in particular to radio listening, much of which is possibly done entirely without deliberate attention to personal development needs, but which may result nonetheless in useful insights and reflections.

Identifying what's 'on'. Not missing programmes of interest. Finding time to listen and view. When do I do all this?

It has been emphasised that it is both planned and fortuitous interactions with broadcasts which can potentially contribute to one's CPD. But how do we engage with broadcast media? A simple answer would be to view television and listen to the radio as often as possible! The following may however be felt to be more focused and purposeful suggestions:

- Make a note of when potentially interesting and relevant programmes are being broadcast. A daily or weekly scan of a newspaper's television and radio section, or checking a weekly broadcast listing magazine (e.g. Radio Times, TV Times), should suffice. Such information is also readily available via internet sites (see for example <http://www.radiotimes.com> and <http://www.whatsontv.co.uk>), and these are often customisable so that regarding specific kinds of programming can be delivered. This kind of information access is becoming easier still for owners of smartphones, as applications ('apps') can now be obtained which provide on-phone access to broadcast listings. It may also be worth exploring some of the various ways in which one can be alerted electronically regarding new programmes and broadcast schedules. For example, broadcasting organisations make use of internet applications (e.g. RSS feeds) which can be automatically set to send alerts to a customised internet browser, keeping users updated regarding forthcoming programming events
- Capturing or retrieving programmes of interest, for later viewing/listening. A number of web-based applications which enable you to view and (where relevant) listen to broadcasts at later convenience are now becoming popular (e.g. BBC iPlayer). (See appendix for more details.) Thus broadcasts can be later accessed via a home computer or via television if this is in some way internet-connected. An alternative strategy, if this hardware is available, is to use a digital video recorder (DVR) (sometimes alternatively referred to as a PVR or personal video recorder) to record digital radio and television broadcasts for later access. Some DAB (digital audio broadcast) radios also have the facility to store radio transmissions for later listening. The advent of podcasts has also increased the ease and amount of access to broadcast materials. So, whilst MP3 players such as the iPod are becoming increasingly popular for portable personal entertainment, their role as a medium for CPD should not be overlooked. Radio (and to some extent television) broadcasts can be retrieved via internet, then stored on these portable devices for later access. Favourite podcasts can also be saved automatically for later download, using computer applications such as iTunes. Broadcasting organisations such as the BBC are now also beginning to make past radio programmes available via podcast archives, thus further increasing the amount of material which is available.

- Look for useful missed opportunities to engage with broadcast media. Leisure time is imperative, but there are nonetheless some potentially wasted opportunities for engagement, such as work-related journeys. Listening to potentially useful radio programmes, either as they occur or played via iPod and car radio system, is one potential strategy. The writer has a professional colleague who listens to medically related podcasts via his iPod whilst out jogging, although some readers may feel the need for somewhat 'lighter' listening during such activities!

Smythe (2004) reminds us that our best thoughts and reflections come at the oddest (or perhaps not so odd?) of times, such as when we are driving the car, or just waking up, etc. As she says (p.330), "the fertile ground of thinking lies in the times when the mind is resting". So, for some, listening to the radio when going about tasks at home, or else when driving the car somewhere, may provide the best opportunities for engagement.

Purposeful engagement with broadcast media: documenting one's engagement: demonstrating one's use of broadcast media as CPD

For AHPs working in the UK, there is now a regulatory as well as professional expectation, not only to engage in CPD activity, but also to demonstrate this engagement in a tangible and (if required) verifiable way. With effect from 1st July 2006, UK Health Professions Council (HPC) registrants are required to record their activities in their portfolio and if selected for audit to complete the CPD profile which is then assessed by CPD assessors. A possible corollary to this is that use of broadcast media in this context may become something of a chore; few professionals will wish to spend extensive amounts of time documenting every instance of broadcast media engagement which might be construed as developmental in nature. Yet documentation remains important; Bourne et al (2007), in their evaluation of the CPD activities of community physiotherapists, identified that amongst the issues which respondents found a problem "often / very often" were "recording CPD achievements (40%)". The following therefore makes some brief suggestions as to how one might go about this recording, in a concrete, purposeful but time-efficient manner.

Firstly, for UK registered AHPs, the HPC potentially identifies broadcast media use as a legitimate strategy in any event. In their list of suggested CPD activities (HPC 2010), under the heading of "self-directed learning", the example is given of "updating your knowledge through internet or TV" (p.27). For portfolio, profile and (potentially) audit purposes therefore, it might be sufficient to simply identify that one is involved in 'regular updating of knowledge via systematic engagement with broadcast media' or similar such phraseology. If further detail is felt to be useful regarding how one is going about this, then reference to this book chapter, and hence the strategies outlined within it, might provide reasonable additional background information.

Secondly, if more specific detail is required, then compilation of a list of programmes which one typically engages with, or else maintenance of a rolling list of specific programmes which one has recently heard/viewed, may be useful. The latter could also include brief documenting how each

programme has contributed to personal/professional development. UK AHPs are expected to regularly allocate a proportion of their work time to CPD activity. Regular review of one's recent broadcast media usage can form an integral part of that activity.

Thirdly, for more formal, structured and detailed reflective practice as part of one's CPD activity, completing some form of learning event log can often be useful. This is no less the case with respect to broadcast media engagement. The following sub-headings are suggested as potentially useful ones for such a log. Whilst the writer does not propose this practice for every programme encountered, there may be specific instances where this proves useful, whilst for purposes of CPD audit this might also provide pertinent illustrative example(s).

- i. Programme title, source, timings, plus date transmitted or seen/heard.
- ii. Whether viewing/listening was planned or fortuitous.
- iii. Brief summary of programme (no more than a short paragraph, and/or provide a link to the programme's web site if available)
- iv. How viewing/listening relates to a current professional development objective
- v. Briefly summarise the specific contribution(s) this programme has made to your personal/professional development.
- vi. Identify any further action(s) (and if relevant deadlines) resulting from viewing/hearing this programme.

Concluding comments

The writer does not wish to over-emphasise the power of broadcast media to make significant contributions to health professionals' CPD activities. As with unguarded internet use, there is probably much material within broadcast media which is 'lightweight' in nature and/or factually inaccurate or incomplete. One also has to acknowledge that many supposedly 'educational' broadcasts place a greater emphasis on entertainment than detailed and lengthy factual delivery. It may ultimately be that most public broadcasts which are heard or seen with professional intent in fact do no more than trigger interest in a topic and thus initiate further research elsewhere. The quality of public broadcasting remains high however, and thus hopefully has the ability to initiate further exploration. As a final note, readers are reminded of the benefits of sharing good practice. If a potentially useful programme has been accessed or is known about, then work colleagues should perhaps be informed as well. Only in this way can this essentially free CPD resource be taken full advantage of.

Example 1: Radio programme

- i. **Programme details: title; source; timing; date transmitted or seen/heard.**

'Metaphor for Healing', a BBC Radio4 programme originally broadcast 28th October 2009.

ii. Whether viewing/listening was planned or fortuitous.

I became aware of this programme after it was broadcast but then read a complimentary review about it and so listened to it whilst it was still available on the listen-again facility on the Radio 4 web site.

iii. Brief summary of programme (short paragraph, and/or link to programme's web site if available)

Dr Phil Redmond talked about how people can use words/metaphors to describe aspects of their pain/symptoms, diagnosis or treatment during a clinical consultation. A main point seemed to be negative metaphors have sometimes been (inadvertently?) used for example by clinicians when describing aspects of a patient's diagnosis or treatment to them; e.g. 'crumbly' spine; 'toxic/burning' chemotherapy. Patients may then in turn inherit those negative metaphors, to detrimental effect, or may even have developed negative metaphors of their own, with similar detrimental effects on their progress and recovery. If such negative metaphors can be avoided, and/or if patients can be helped to develop more positive metaphors, then this can sometimes have very positive effects on someone's recovery/progress and help them to manage their condition. (This is like the positive visualisation model which I think we're all aware of now with respect for example to cancer care, but goes beyond that; i.e. the needs for us as clinicians to take more care with the words/terms/stories we use with our patients, as well as being more observant about the words/metaphors/stories they themselves use.)

iv. How viewing/listening relates to an ongoing CPD objective (if relevant)

Didn't listen to this with a specific CPD objective in mind, other than my desire to keep up-to-date with current trends/knowledge. however there were aspects of this programme which relate to how I'm trying to understand brain function better; i.e. the differences between 'left' versus 'right' brain came up in the programme for example.

v. Brief summary of the specific contribution(s) this programme has made to your personal/professional development.

This has opened my eyes a little more to something I was only partly aware of – I was probably intuitively aware of some of this already, but (amongst other things) had not appreciated that some very specific and useful work in this area is being done; hence my further actions below.

vi. Identify any further action(s) (and if relevant deadlines) resulting from viewing/hearing this programme.

I've identified two areas which I should explore via further reading, these being:

1. The work of Dr Graham Brown on the therapeutic 'reframing' of metaphors used with patients
2. The work of so-called 'clean language practitioners', which is a therapeutic movement which I think involves making very deliberate and strategic use of the language we use with clients, to beneficial therapeutic effect

Example 2: television documentary (using a significant learning event reflection tool)

What happened

I watched a BBC 3 documentary filmed by soldiers in Afghanistan. It included their own footage taken during combat and recent interviews with the soldiers featured in the films. One of the soldiers was killed and there were also interviews with his family. The film of the combat was very explicit and distressing. The soldiers were very frank and open about their feelings. Threaded throughout the documentary was the commentary of a letter, written to the family of the dead soldier immediately after his death, read by the lieutenant who wrote it at the time. The family of the fallen soldier was very emotional and tearful, but the soldiers by contrast were very matter-of-fact. However, towards the end of the documentary, reading the closing passages of the letter the lieutenant became choked with tears.

What I felt about it

I have recently started to work as a volunteer with injured soldiers and so this film was very poignant. It offered some explanation for the way that injured soldiers react to injury and the special needs that they have in rehabilitation. What was so significant for me was the realisation that their feelings about combat are very complex. The extreme levels of physical discomfort and emotional uncertainty are hard to comprehend but they adapt and cope. The most important element of coping is the social support from their comrades and a strong sense of purpose. One of them said explicitly that going into to battle and engaging fire with the enemy was the only time that he really felt alive. This became more so after they lost one of their company and they wanted to avenge his death. When life is stripped away to these bare and elemental drives there seems to be a sense of occupational purpose like no other.

What was positive/negative about the event

The documentary was like a good ethnographic research project, with firsthand narrative accounts and multiple sources of evidence. It was absolutely fascinating to watch and a real privilege to get that insight into the lives and feelings of the soldiers. Their bravery was stunning on so many levels. The negative aspect was the distressing nature of the experiences described and the actual film footage was terrible to watch. In particular their attempts to save the wounded soldier and then carry him to be picked up by a helicopter were upsetting.

What I have learnt

It helped me to understand a bit better about what it is like to go into combat and to realise the dynamics behind the challenges of adjusting to life outside the army. To regain that sense of being challenged to the limit with a group of comrades who would lay down their life for you is hard to replicate in civilian life, particularly with a life-changing injury.

What I will do differently

I will include reflections on this documentary in my teaching about PTSD and highlight the particular challenges for soldiers who have been in combat. In my voluntary work I will continue to support the injured soldiers who feel the need to undertake extreme and foolhardy challenges.

Appendix: Some useful links and websites

This is not meant to constitute an exhaustive list, and focuses specifically on output from BBC and particularly Radio 4, but hopefully offers some useful suggestions.

All in the Mind. www.bbc.co.uk/programmes/b006qxx9. A radio programme dealing with matters relating to human psychology and mental health.

Am I Normal. www.bbc.co.uk/programmes/b007v7py. A radio programme discussing various aspects of health and wellbeing.

Case Notes. A medical programme which explores a different topical subject each week, with the help of experts, including where relevant those with the medical problem being discussed. www.bbc.co.uk/programmes/b006th1n

The Food Programme. Some of the food-related issues discussed in this programme are certainly health related, particularly for professionals with an interest in healthy diet. <http://www.bbc.co.uk/programmes/b006qnx3>

Health Check. Looks at global health-related issues. www.bbc.co.uk/worldservice/science/2009/03/000000_health_check.shtml

Material World. Provides a weekly update on scientific matters, and some of these topics are health related. www.bbc.co.uk/programmes/b00txj8l

The Moral Maze (<http://www.bbc.co.uk/programmes/b006gk11>). This discusses the ethical aspects of topical current affairs matters, including those relating to current health and social care issues.

Thinking Aloud, Laurie Taylor's weekly exploration of social science, which provides useful insights into aspects of human behaviour. www.bbc.co.uk/programmes/b00txhtz

You and Yours. <http://www.bbc.co.uk/programmes/b006qps9>. This radio-based consumer affairs programme has regular features of relevance for health professionals and those with health and ability issues.

For readers wishing to revisit previous recent UK television (and to some extent radio) broadcasts, the following web-based applications may be useful:

BBC iPlayer: www.bbc.co.uk/iplayer

ITV Player: www.itv.com/itvplayer

Channel 4 On Demand: www.channel4.com/programmes/4od

Channel 5's Demand 5: www.channel5.com/demand5

References

Alsop A. (2000) *Continuing Professional Development: a guide for therapists*. Blackwell Science, Oxford

Bourne J A, Dziedzic K, Morris S J, Jones P W, Sim J. (2007) Survey of the perceived professional, educational and personal needs of physiotherapists in primary care and community settings. *Health Soc Care Community* **15(3)**: 231-7.

Edwards S L (2007) Critical thinking: a two-phase framework. *Nurse Educ Pract* **7(5)**: 303-14.

Health Professions Council, *Continuing Professional Development and your Registration*. 2010 (revised), London: Health Professions Council (http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf).

Smythe E A (2004) Thinking. *Nurse Educ Today* **24(4)**: 326-32.