Title: Unidisciplinary CPD in a multidisciplinary world: Experiences from practice

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Abstract

Continuing professional development (CPD) has become relevant to all healthcare staff as professional bodies develop processes to revalidate and renew registration based on evidence of lifelong learning and CPD. As a result, the number of practice and professional development groups such as journal clubs, is increasing. Little evidence is available to differentiate between unidisciplinary and multidisciplinary CPD group activities, although by anecdotal reports, the number of unidisciplinary CPD groups appears to be growing. This study aimed to evaluate the value of a unidisciplinary occupational therapy CPD group to its six participants, the multidisciplinary teams in which they worked, and for the service users referred to them. A qualitative approach from a phenomenological perspective was used to explore this previously under-researched area. Triangulation of the data was achieved using postal questionnaires with open questions, the service manager as key informant and a research diary. Four main themes emerged from the inductive analysis: critical evaluation of practice to improve service delivery, improving communication for mutual learning, developing as a discipline with the multi-disciplinary team, and developing clinical skills. The implications of the study both for this uniprofessional group as well as for the multidisciplinary teams in which the occupational therapists worked are discussed, with recommendations made for future practice.

Introduction

As health professionals in primary care we need continuing professional development (CPD) in order to maintain and develop our competence. This paper considers the need for CPD and how it could be achieved through a work-based group. A qualitative evaluation from a phenomenological perspective was completed with a group of occupational therapists participating in a unidisciplinary CPD group. The major themes that emerged are revealed and implications for practice discussed. Finally the limitations of the study and potential for future research are identified.

Background

Continuing Professional Development

Continuing professional development (CPD) is the individual or team driven process of lifelong learning that enables healthcare professionals to develop and fulfil their potential as practitioners; enable delivery of the priorities of the health service; and meet the need of patients[1]. The Health Professions Council (HPC), the regulatory body for 13 allied health professions, recognises CPD as a 'range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice'[2].

Occupational therapy personnel (including assistants) have a professional responsibility to undertake CPD, record their participation, and complete an annual personal development plan under the College of Occupational Therapists' Code of Ethics and Professional Conduct[3,4,5]. The College recommends that occupational therapists spend a minimum of four hours monthly on CPD, however the type and location of that CPD remains flexible. Regulatory bodies across the medical, nursing and health professions are all developing processes to revalidate and renew registration based on evidence of lifelong learning and CPD[6]. Occupational therapists are now expected to

produce evidence of their CPD over the previous two years, if requested, in order to maintain their professional registration with the HPC[7,8]. Many are apprehensive about what such an evaluation process will mean in practical terms[9]. Occupational therapists' capacity to meet these requirements for renewed registration is dependent on their desire for personal and professional development, their ability to critically reflect on practice, their commitment to learning[10] and the level of support for CPD in the workplace.

Group Learning

Group learning is recognised as an effective tool for the education of undergraduates[11]. For professionals, group learning can facilitate the description and development of knowledge within practice[12], enhance reflection[13], and overcome many of the barriers to CPD, such as inadequate time and resources[14]. Health professionals across both primary and secondary care are making use of these opportunities by establishing groups such as journal clubs[15,16], which develop critical appraisal skills and often involve discussion and debate[17]. Numerous publications in the medical and nursing literature have described and evaluated these groups[18], however, despite the growing number of groups involving allied health professionals, little research evidence is available.

Uni-disciplinary vs. Multi-disciplinary

One of my questions is whether these work-based learning groups should be uni-disciplinary or multi-disciplinary. Occupational therapists contribute both specialist skills (See Box 1) and generic skills to MDT's for older people. One existing barrier to CPD group practice is that the learning needs of group members to develop their specialist skills may not coincide with the group's learning needs[19]. Involving more that one discipline could complicate this balance of need. On the other hand, there is an expectation to increasingly overlap professional roles and work more generically to improve service delivery, and so develop similar interprofessional skills.

BOX 1: What do occupational therapists in older people's MDT's do?

OT's help older people lead healthy and fulfilling lives by improving their ability to carry out daily activities. Key issues are identified in collaboration with the older person and addressed by adapting their environment, changing the way they do their every day activities, or improving their own abilities through rehabilitation. Within the MDT, OT's offer expertise in the use of activities to promote health, well being and function; and in the analysis and adaptation of environments to increase independence and social participation[20] .

In 2002, a group of occupational therapy staff working with older people across the county within four multidisciplinary teams, established a uni-professional CPD group. For the first year I (NP) was a member of this group. The purpose of our group was to engage in CPD activities to develop our skill and competence as occupational therapists, provide an opportunity to meet as a professional team, and meet the rules and standards set by the HPC for registration renewal. After two years the group continued to meet on a regular basis, although no formal evaluation had been completed to determine if our group was meeting its original aims. A broader evaluation aimed to determine our CPD group's effectiveness in meeting the HPC standards for CPD, which CPD activities we actually engaged in, and finally to evaluate the value of the CPD group for ourselves as participants, as an occupational therapy team, for the service and for our service users. This paper reports on the final research question of the value of the CPD group to the various stakeholders.

Methodology

The research philosophy

A qualitative approach from a phenomenological perspective was chosen to explore the value of the CPD group. A phenomenological perspective involves exploring the lived experience of participating in this CPD group – or describing what it felt like to be in the group – by asking participants and then describing, reducing and interpreting their responses [21,22]. The inductive

process of *developing* a theory from their responses, rather than using their responses to *prove* a theory about how the group was valued by the participants, generates a better understanding of the unknown – such as the value of this uni-professional group[23].

Sample and Setting

At the time of the evaluation 6 occupational therapy staff members were participating in the group. Three of the occupational therapists and two technical instructors (assistants) agreed to participate in the evaluation. The remaining occupational therapist consented to participation, but did not return the study questionnaire. Of the five participants, two were senior occupational therapists, one a recently qualified occupational therapist, and two technical instructors, one of whom held a more senior position. A second key informant was the service manager, who provided supervision to the two senior occupational therapists in the group. The third sampling element was myself (NP) as the researcher, a senior occupational therapist and MSc student who participated in the group during its first year but then left the Trust for another clinical post. Since the evaluation I (NP) have moved on to an academic post. As a previous participant it has been essential to recognise my own preconceptions related to the research question.

Data Collection

Three data collection methods were used: a retrospective postal questionnaire containing open questions (See Appendix), a similar questionnaire for the service manager, and the researcher's diary. Questionnaires are not a traditional method of data collection for qualitative studies but were chosen for this project for two reasons. Firstly, questionnaires made the best use of resources available for this MSc level study. Secondly, the questionnaires offered a method of collecting information on the participant's knowledge, beliefs, attitudes[24] and experiences of the CPD group. The questionnaire format allowed time for written retrospective reflection on their participation[25]. This enabled participants to distance

themselves from the lived experience of being in the group and develop a more objective view of the meaning of the group[26]. This process allowed them to develop their own theories about their participation[27] (For an example see Box 2).

Box 2: The Reflective Process in Participant D's Questionnaire

I feel that as many of us now are working across a wide range of services within the Mental Health Service, it is vital that we meet on a regular basis in order to remain focused on the OT model of care & our role within the multi-disciplinary teams where we are personally based.

Retrospective Reflection

We are fortunate to have this opportunity to both meet & come away from short meetings with new ideas, a little learning & often the opportunity to share experiences/learning or a new challenge – for delivery at pre-planned CPD meetings.

Creating Meaning

I personally believe that in out stressful working environment to be able to remain focused & a little inspired can only benefit the OT service.

(Verbatim text from Question 4)

Developing Theories

The questionnaire for the five participants was divided into two parts. The first contained closed questions about the staff group (e.g. what is your position as a member of the occupational therapy staff team?) and the CPD group (e.g. How often do you meet?). The second part asked eight more detailed questions about participation in the group. The group members were asked to use the questionnaire as an opportunity to reflect on their participation in the group and to answer each section as fully and honestly as possible. The eight questions asked participants to describe in detail the value of the CPD group and its activities to current practice (Question 2 and 8), the quality of practice (Question 3), benefits to the service (Question 4) as well as benefits to service users (Question 5). Participants were also asked to provide examples from practice where participation in the group had provided benefits to the different

stakeholders. Each of the eight questions was asked on a separate A4 sized page, with a simple yes / no answer then a question asking participants to elaborate further. Response boxes took up the majority of the A4 page. Most participants used over half the writing space available for each question, except Question 8 (Can you identify any further benefits of your participation in the CPD group?), where most participants wrote only two to three lines of text.. All answers were handwritten. The quality of reflection of participants was high, possibly indicating the increased skill in reflective practice that was highlighted as a major benefit of the group. The quality of the responses may also have reflected the participants' commitment to evaluating the group.

The service manager's questionnaire used similar questions to those of the participants, however most of the questions required only a yes / no response rather than the comprehensive reflections required in the participant questionnaires. The service manager was also asked what factors had contributed to the success of the group and also in which ways the group could improve. My diary as the researcher took various forms including the portfolio of participation in the group I had kept while I was a participant, the preparation for a conference presentation on the activities of the group, a completed participant questionnaire, and separate reflections of my expectations of the outcomes of the research.

Data analysis

The data were inductively analysed to develop a theory about group participation through each stage of collection. A manual method of analysis was used by the first author with a three-pronged strategy[21,28]. Stage one involved reducing the data by reading the text to understand the whole message behind participants' responses. At stage two significant statements were separated from the whole text using a paper-and-scissors method and then combined with similar statements to develop themes. A poster of all the different themes was created, with all relevant extracts grouped together. Irrelevant material was excluded[29]. These themes were then grouped with other similar themes and given descriptions. These descriptions were

compared with the whole of the original data to ensure that the data analysis was true to the data collected. At stage three conclusions were drawn and again verified using the main text.

Ethical Considerations

Ethical approval for this research was gained from the researcher's university research governance group and the Trust's research governance committee. Local research ethics committee approval was not required for this project.

Results and Discussion

Four themes emerged when exploring the data for the value of the CPD group to its participants (See Box 3).

Box 3: Four Themes Reflecting the Value of the Group

Theme 1: Critically evaluating practice to improve service delivery – discussing and challenging each other's ways of working led to changes practice

Theme 2: Improving communication for mutual learning – talking to and teaching each other facilitated working as an OT team and also developed practice

Theme 3: Developing as an occupational therapy team – spending time together as OT's strengthened professional identity and confidence in specialist roles in the MDT's

Theme 4: Developing clinical skills – learning, sharing and reflecting maintained competence

The group was highly valued as an opportunity to improve practice within all four themes.

All quotes below are verbatim from the participants' questionnaires, with one quote from the service manager. The research diary informed the interpretation of the data and so direct text has not been included.

Theme 1: Critically evaluating practice to improve service delivery

Becoming more analytical can enable practitioners to challenge their own and colleagues' professional and clinical practice[30]. This CPD group provided the occupational therapy staff with an opportunity to discuss their clinical practice and receive feedback from others

The meetings encourage accountability (Participant E)

And

..stops us becoming complacent in our day to day practice…[It] encourages [us] *to come up with new ideas, develop protocols and care pathways..all of which benefit both the service and the client…*(Participant B)

This enabled them to challenge and change their practice in order to improve service delivery.

….learning and discussion within the CPD group…enables me to maintain if not improve for example delivery of [therapeutic] *groups…therefore providing a better/higher quality service to our service users.* (Participant D)

Authors in the nursing literature have suggested that higher education at Masters level should be restricted to those at a senior clinical level where they can effect change[31]. This study demonstrated that work based CPD can provide an opportunity to address service development at the participants' level of practice, without the frustrations experience at Masters level.

I am more aware of the proposals for the future vision/development of services within our Trust…This is important in order to guide and develop the O.T. service… (Participant A)

Theme 2: Improving Communication for Mutual Learning

This small CPD group was valued in three different ways, within this theme. It was an opportunity to develop partnerships through improved communication; learn through the exchange of theory and knowledge that could be directly applied to practice; and finally improve practice when the knowledge was applied outside the group[32].

On a personal level it has developed my communication skills within a group setting…..As well as improving greater communication between OT staff and clients (Participant B)

This improved communication has enabled the occupational therapy team to share experiences to the benefit of the participants

Being able to share experiences and work out solutions with [other] *Ot's* [occupational therapists] *to rectify any problems…which in turn gives you the ability to focus needs/care better* (Participant F)

A strong element of learning was present in the responses of the participants, which was linked to the improved communication that the CPD group enabled. Participants identified that the CPD group *facilitate[s] new learning* (Participant E), *teaches new/different skills* (Participant D), *gives the opportunity to develop skills* (Participant F) and *learn from each other* (Participant A).

The group therefore provided a valuable opportunity for its members to both develop their communication skills and learn from each other.

Theme 3: Developing as an Occupational Therapy Team

Multidisciplinary community teams need interprofessional practitioners who can work with each other in a patient- rather than profession-centred way[33,34,35]. This has proved challenging for many primary and secondary care

practitioners[36], including occupational therapists[37,38]. Although all of the participants in this study work in different multi-disciplinary teams, the regular CPD meetings have enabled these therapists to maintain their identity and role as occupational therapy staff.

Brings all OT [occupational therapy] *staff together…which is positive…you don't feel so isolated in your role* (Participant F)

The service manager recognised that the *eagerness of staff to share practice and thoughts, ensure*[d] *O.T OPS* [occupational therapy older peoples' service] *develop together and not in isolated teams* (Service Manager).

Through this professional confidence, the participants have managed to promote the effectiveness of the occupational therapy contribution to care[39] and have found ways of integrating the profession's unique focus on occupational performance with the demands of the team[40].

I feel that as many of us now are working across a wide range of services…, it is vital that we meet on a regular basis in order to remain focussed on the OT [occupational therapy] *model of care and our role within the multi-disciplinary teams where we are personally based* (Participant D)

This

Makes us feel more 'valued' as staff members and professionals…boosts staff morale (Participant B)

Confidence in one's own role and a clear understanding of the specialist skills of others is important to enable role overlap within multidisciplinary teams. This has two benefits: it enhances practitioners' confidence and skill in their own area and optimises patient care[41]. Participants highlighted in their responses that it was not only the occupational therapy team itself that benefited from the CPD group, but also the wider multi-disciplinary teams. My study suggests that although unidisciplinary CPD separated professions at a

time when the pressure is on to work interprofessionally, uniprofessional learning can actually serve to improve multidisciplinary working.

Theme 4: Developing Clinical Skills

The majority of the CPD activities engaged in by the group were work based so it is not surprising that developing clinical skills is the final theme to emerge, with concepts of developing competence and reflecting on practice. Although there are a number of different ways to define competence[42], Salvatori et al[43] identified three main components: knowledge, skill, and professional behaviour and judgement.

The development of both knowledge and specialist skills was reflected by Participant B

We are constantly updating our specialist knowledge, increasing our skill base….. I feel all the activities have help[ed] *to develop my clinical reasoning and specialist skills…* (Participant B)

Reflective practice groups provide an opportunity to reflect and make the link between theoretical knowledge and practice[13], enabling more productive staff development[44]. From the responses it is evident that the group used critical reflection to question practice and professional actions[45]. By not simply relying on their acquired technical knowledge but rather combining this with reflection, the group were able to maintain their competence and develop their practice[46,42].

Reflecting on practice…gives me the opportunity to adjust my practice accordingly and move forward with new innovations which was an issue I had previously found difficult (Participant F)

This [reflection] *is most valuable because it is relevant & meaningful to my everyday professional practice and has a direct impact on the way that I work.*

It is very useful to learn from others insight/experience working within the same client group. (Participant E)

Through examining activities such as reflection that form such an important part of the CPD group, the value of the CPD group to its various stakeholders is clear. However, in order to advance work based learning in primary care, future implications for practice need to be considered.

Implications for practice

Inter-professional learning has the advantage of improving understanding between professionals, can lead to better working across traditional professional roles, and could enable better service delivery. However, in order to achieve this, shared values, aims and communication, as well as an individual commitment to learning, are essential[47]. As the participants returned to their MDT teams, they shared their learning with others, thus the learning that occurred within the group was extended to the rest of the team. This has provided an opportunity to enhance communication, which is essential to interprofessional practice[48] and multidisciplinary learning. In addition, this study suggests that unidisciplinary learning groups provide the opportunity and support to develop an individual's skills for, and commitment to, work based learning. These opportunities could also provide the stepping stone required for inter-professional learning.

Where multi-disciplinary roles overlap there is a need for interprofessional learning. However, each profession has a unique contribution to health care and in these areas - and not all roles overlap. This study has suggested that professionals continue to value their professional identity and continue to aim to develop their core professional skills within the context of their multi-disciplinary teams. The opportunity to examine core skills and challenge practice within a profession can contribute to the development of professional competence. As each profession's regulatory body will be judging renewed registration on that professional's CPD as an indicator of developing competence, it can be argued that it is essential for professionals to have an

opportunity to develop not only their interprofessional skills, but also their core skills.

In the current climate of multidisciplinary working and the blurring of professional boundaries, uni-professional CPD groups can improve the delivery of services by reminding professionals what special skills they have to offer their workplace in addition to the shared skills that most health professionals already use to deliver patient care.

Limitations

Although questionnaires have previously been used to gather qualitative data and were specifically chosen in this study for a variety of reasons, the data collected may have been more descriptive in content had semi-structured interviews been used. My proximity to the group and my previous relationship with the participants may have also affected the results[49], although the likelihood of this was mitigated by the fact that I had not worked with the participants for over 12 months, and through the use of questionnaires. Finally, data analysis may have been improved if it had been completed by both authors.

Further research

This exploratory study has highlighted the need to compare more rigorously the outcomes of uni-disciplinary versus multidisciplinary learning. More work should be done to investigate the effect of uni-disciplinary learning groups on the MDT's in which participants work, from the viewpoint of other professionals in that team. Finally, the effect of work based learning on competence could be further evaluated.

Conclusion

CPD is now unavoidable for all primary care practitioners who wish to remain registered to practice. At a time when there is pressure to work across

professional boundaries and also make the most effective use of the scarce learning resources available, this work based learning group provided an opportunity to engage in life-long learning and develop occupational therapists' competence. This study illustrated the value of a unidiscipinary CPD group. Participants welcomed the opportunity to evaluate their practice critically; the supportive environment of the group was conducive to communication and mutual learning; the group, through the learning opportunities it provided, also helped participants to develop clinical skills, and improve service delivery. Participants believed that being in the group strengthened their unidisciplinary roles as occupational therapists, and enabled them to contribute more to the work of their MDT's. These findings suggest that the evaluation of practice and development of profession-specific clinical skills are vital elements for maintaining competence and ensuring that each practitioner's skills are valued within their multidisciplinary team.

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CPD Group Questionnaire

This questionnaire is divided into two parts. The first contains general questions about the occupational therapy staff group and CPD group. The second part asks EIGHT more detailed questions about your participation in the CPD group. This is an opportunity to reflect on your participation in the group. Please answer each question as fully and honestly as possible before moving onto the next one. If you do not have enough space to complete your answer, please continue on the back of the page, indicating which question you are continuing on the back.

PART 1

What is your position as a member of the occupational therapy staff team? Please indicate your position with a X:

❑ **Head I** ❑ **Head II** ❑ **Head III** ❑ **Other**	❑ **Senior I** ❑ **Senior II** ❑ **Basic Grade**	❑ **Technical Instructor I** ❑ **Technical Instructor III** ❑ **OT Assistant**

Where do you complete most of your occupational therapy practice? Please indicate with a X:

❑ **Community** ❑ **Ward based**	❑ **Day Unit**	❑ **Nursing and residential care**

Do you participate in the CDP group for older people's mental health?

- ❑ **Yes**
- ❑ **No**

How long have you participated in the group?

- ❑ **More than 2 years**
- ❑ **One to two years**
- ❑ **Less than one year**

How often do you meet?

❑ **Weekly** ❑ **Every three months**	❑ **Fortnightly** ❑ **Annually**	❑ **Monthly** ❑ **Other (please specify)**

What would you consider the average duration of each CPD group?

❑ **More than 4 hours** ❑ **2 hours**	❑ **4 hours** ❑ **1 hour**	❑ **3 hours** ❑ **Less than 1 hour**

PART 2

QUESTION 1

Please list the areas or topics you can recall learning about during your participation in the CPD group:

Which of these has been the most useful? Please explain why you have chosen this area or topic:

QUESTION 2

Indicate which of the following learning activities you participate in during the CPD group with a X:

❑ **Case studies** ❑ **Reflecting on practice** ❑ **Doing clinical audit** ❑ **Receiving coaching from others** ❑ **Evaluating standardised assessment tools** ❑ **Discussion with colleagues** ❑ **Peer review of your practice** ❑ **Reading journal articles** ❑ **Evidence based practice** ❑ **Developing your specialist skills**	❑ **Critically appraising journal articles** ❑ **In-service training** ❑ **Supervision of staff / students** ❑ **Analysis of critical incidents** ❑ **Completion of self-assessment questionnaires** ❑ **Working on projects** ❑ **Evaluating models of practice** ❑ **Developing protocols and guidelines** ❑ **Developing new assessments**	❑ **Involvement in professional bodies** ❑ **Teaching others** ❑ **Organising the group session** ❑ **Maintaining your specialist skills** ❑ **Undertaking research** ❑ **Submission of articles for publication** ❑ **Reading / Reviewing books** ❑ **Contributing to your portfolio** ❑ **Other (please specify)**

Which three learning activities have developed your practice the most?

A.

B.

C.

Of these three activities, which is the MOST VALUABLE to the development of your practice? What makes this activity the most valuable?

3. Which three activities have developed your current and future practice the least?

A.

B.

C.

Of these three activities, which has been the LEAST VALUABLE? What makes this activity least valuable?

QUESTION 3

Do the meetings contribute to the quality of your practice?

- **Yes**
- **No**

If YES please give some examples of how YOUR PRACTICE has improved as a result of participating in the CPD group

If NO why do the meetings not contribute to the quality of YOUR PRACTICE?

QUESTION 4

Do the meetings contribute to a better O.T. service for older people with mental health problems?

- ❑ **Yes**
- ❑ **No**

If YES please give some examples of how THE O.T. SERVICE has improved as a result the CPD group

If NO why do the meetings not contribute to a better O.T. SERVICE?

QUESTION 5

Do the meetings benefit your service users in any way?

- **Yes**
- **No**

If YES please give some examples of how SERVICE USERS have benefited from the CPD group

If NO why do the meetings not benefit SERVICE USERS in any way?

QUESTION 6

Do you record your participation in the group in your portfolio?

- ❑ **Yes**
- ❑ **No**
- ❑ **I don't have a portfolio**

If YES which of the following examples of WRITTEN EVIDENCE do you keep to demonstrate your participation in the group?:

❑ **Information leaflets** ❑ **Case studies** ❑ **Critical literature reviews** ❑ **Policy or position statements developed** ❑ **Discussion documents** ❑ **Procedural documents** ❑ **Reports on project work** ❑ **Reports on clinical audit** ❑ **Reviews of work activities** ❑ **Business plans** ❑ **Contributions to professional bodies / special interest groups (e.g. OTOP)** ❑ **Other (Please specify)**	❑ **Protocols** ❑ **Guidance materials for students / service users / colleagues** ❑ **Clinical audit tools** ❑ **Clinical guidelines** ❑ **Action plans** ❑ **In-service training documents** ❑ **Presentations** ❑ **Articles produced for publication** ❑ **Questionnaires** ❑ **Reflections on learning** ❑ **Evaluation of courses / conferences fed back to the group** ❑ **Critical analysis of journal articles** ❑ **Assessment tools evaluated**

If NO why do you not record your learning from the CPD group in a portfolio?

OR

Why do you not have a portfolio?

QUESTION 7

Are any of the learning activities within the CPD group reflected in your annual PDP (personal development plan)?

- ❑ **Yes**
- ❑ **Don't know**
- ❑ **No**

QUESTION 8

Can you identify any further benefits of your participation in the CPD group?

Thank you for taking the time to reflect on your experiences of the CPD group. Please return this questionnaire within one week in the envelope provided.