Personal and Professional Role Development

Introduction

The development of an individual from an inexperienced student nurse to competent practitioner is one that is influenced by a number of internal and external factors.

This assignment will discuss and evaluate these, and their role in both my personal and professional development over the duration of my nurse training. Using this discussion as a focus, the assignment will then attempt to highlight future learning needs and develop learning goals linking them with the relevant areas of the Knowledge and Skills Framework (KSF) (DOH, 2003) required for a newly qualified (Band 5) Staff Nurse position.

There are six main 'Core dimensions' within the KSF which are required for all nursing positions within the NHS (Gould et al, 2007), and a number of other role specific dimensions (16) which must be achieved through a newly qualified staff nurses’ preceptorship period following qualification (Roxburgh et al 2009). These core dimensions include general areas such as communication and personal and people development, whilst the other specific dimensions include activities integral to working as a staff nurse such as care planning, interventions and treatments.

Academic, Key Skills and Professional Development

The academic skills which have been gained throughout my studies had, in part, already been developed due to the completion of previous graduate studies and attainment of a degree in Philosophy. This course had equipped me with not only an understanding of what was required to produce work at graduate level, but also the time management skills which are necessary to successfully meet deadlines and assessment schedules (Welsh 2001). In assessing my individual learning style at the beginning of my nurse training, it was indicated that I had a tendency towards an Activist learning approach (Honey and Mumford 1986). According to the criteria for an Activist I am happy to be dominated by new experiences and also open-minded and enthusiastic about them. There is also a tendency to want to work individually but again I have gained new skills in working with others, essential for future practice as a member of a care team. However these pre-existing learning styles and other academic skills have been further developed and additional ones learnt. These new skills include group work, presentation skills and public speaking. Prior to nurse training I had very little experience in either participating in or leading group work. The introduction of trigger work within problem – based learning sessions (Roberts & Ousey, 2004) and action learning sets (Heidari & Galvin, 2002) as part of an independent learning module have enabled me to develop in both of these areas, as well as giving me the opportunity to create and deliver presentations to large numbers of people, and having the confidence to do so. These have all required effective communication skills (McDonald, 2009).
The importance of good communication skills to a nurse cannot be underestimated, not only to mental health nursing (Hamilton & Martin, 2007) but to health care in general (McDonald 2009), and it is the first of the core dimensions within the KSF (RCN, 2007). Consequently my own ability to communicate effectively has been an area of constant development, for example awareness of non-verbal communication and the importance of information during shift handover (Odell, 1996). These skills also include those required for developing and maintaining a therapeutic relationship with clients in a number of clinical settings (Reynolds, 2003). In particular these communication skills must also be allied to an understanding and awareness of cultural differences (Holland & Hogg 2001), varying levels of understanding of particular clients, and the context and environment in which communication takes place (Simpson & Dodds, 2003). Indeed, an ability to practice in a manner which respects and promotes the equality and diversity of clients is another of the core dimensions of the KSF (DOH, 2003).

Role and Contribution of Others to Personal and Professional Development

Whilst my own contribution to personal learning and development has been important in terms of achieving goals and enhancing existing skills, it is also important to recognise the part played by other individuals whom I have come into contact with. These range from university based contacts such as personal tutors and lecturers, to mentors and other colleagues whom I have worked alongside on practice placements. In addition to these professional influences, the role of clients and service users has been particularly important.

University tutors, and especially my personal tutor have played a large part in my development through their role in linking the theory of nursing to practice (Ousey, 2000) Through university sessions, not only have I increased my knowledge and understanding of legislation and policies relevant to mental health nursing in the 21st century as well as its history, but also the diagnostic criteria for mental illness and appropriate treatments for them. Through completion of academic assignments and organisation of documentation, I have learned valuable lessons in organised goal setting and achieving targets set for me independently and in conjunction with university staff. In addition to this, the teaching I have received whilst at university has given me some insight into practice grounded in a sound evidence base (Hewitt-Taylor, 2002).

The contribution of individuals I have encountered in a clinical environment has also been critical to my development in enabling me to experience the practice aspects of mental health nursing, and also providing me with role-models I hope to emulate as a qualified nurse (Donaldson & Carter, 2005) Through their knowledge and experience and demonstration of evidence based practice, I now appreciate the role of “expert practitioner” as defined by Benner (1984).

Nurses and other professionals I have encountered in practice have not only provided opportunities for me to link theory to practice but also afforded me an opportunity to gain clinical skills such as Intramuscular injections and medication management and administration (McDonald et al, 2009), essential to my future practice as a qualified nurse. Under the supervision of practice mentors I have also developed my ability to...
assess clients and formulate care plans, based on an evidence base, in order to meet the often complex needs of individuals in contact with mental health services, all essential competencies for Band 5 Staff Nurse positions (DOH, 2003). Also through the assessment process of achieving curriculum set goals, in addition to identifying personal ones, these mentors have re-enforced the structure of self governed learning and reaching targets. Some have been excellent role models for the future (Donaldson & Carter, 2005).

However, that is not to say that every professional I have encountered in university or clinical areas has been a positive role model whose practice I wish to emulate once qualified. There have been nurses whom I have worked with whose methods I have disagreed with and in some cases this has been beneficial to my development, in that I have directly questioned their practice. In questioning methods and opinions and subsequently examining the evidence base (or lack of) behind these, I have been able to independently assemble my own ideas of what good nursing practice is. I have also gained confidence to be able to challenge what I consider to be inappropriate practice as per NMC guidance (NMC, 2008).

The other major group of individuals who have made an equally important contribution to my personal and professional development are the clients and service users. I have come into contact with many from a wide variety of social backgrounds and personal circumstances who are also experiencing a variety of mental health problems, and as such it is necessary to emphasise the importance of these relationships in my development towards becoming a competent practitioner. For example, during one placement students were required to create a package for a client or group of clients with a view to promoting and maintaining good mental health. The individual whom I worked with was a Somali immigrant who spoke little English, and through our work together I came to understand not only the value of working in a way which includes those clients who may not be able to communicate through traditional, comfortable avenues, but also the huge differences in cultural concepts of illness and care (Holland & Hogg, 2001). I intend to pursue this cultural focus to mental health in future post-qualification study.

Future Learning Needs

In discussing and evaluating my own development up to this point in my training, alongside an examination of the Knowledge and Skills Framework, I believe I have identified key future learning needs relevant to qualification as a Mental Health Nurse. As previously stated, the KSF identifies 6 core dimensions required to varying degrees for any position in the NHS, and a further 24 specific dimensions which may be relevant to particular roles. The learning needs I have identified relate to the aspects of the KSF concerned with the learning and development of others and also the care of clients and service users.

The pre-registration course focus primarily on an individual’s own learning, but as a nurse you are required to input into the development of others. For example, as a newly qualified nurse in their preceptorship period, one is expected to practice in a manner which enables people to “learn and develop” and to contribute to this development (DOH, 2003). I intend to work alongside students, and wherever possible
assist them in their own development by allowing them access to my own skills and knowledge of nursing. My own experience of being a student and being a positive role model will also help with their learning for the future.

Alongside this learning need, there is the constant development of my knowledge of planning and implementing care for individuals and assessing and reviewing that care. I believe that whilst my skills in developing and implementing care are commensurate with my level of training, reviewing that care has been occasionally overlooked during training. This is partly due to the brief nature of nursing placements (often between 6-8 weeks). However my final placement is a 12 week one and I intend to use this time not only to develop existing skills in planning and implementing care, but also to evaluate the care I have planned and delivered (Holland et al, 2008) It is intended that this will not only improve the care I deliver, but also provide me with further learning objectives to be met in practice.

In conclusion, my own personal and professional development has been ongoing and will continue to be so through my professional career. Individuals in both University and clinical areas, both professional and otherwise, have contributed to equipping me with many skills and knowledge for future practice as a qualified nurse. In addition they have raised an awareness of, and a desire to engage in a process of lifelong learning which will be essential to meeting the requirements of the KSF and career development.

References


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