**Workshop on effective Continuing Professional Development (CPD)**

Allow 2 hours for 15-20 appraisers

**Aim**

After attending this workshop, appraisers will have increased their knowledge of what makes CPD effective and developed skills to help doctors maximise the benefits of their CPD on their work

**Intended Learning Outcomes (ILOs)**

After the workshop, you (as an appraiser) will be able to

1. *Explain* what managed CPD is (the processes of what to learn, how to learn and learning and using)
2. *Use* a range of ways to identify learning needs (what to learn)
3. *Judge* the effectiveness of a doctor’s CPD
4. Provide effective feedback on the doctor’s CPD within the appraisal discussion

**Housekeeping**

Directions to fire exits and toilets; mobile phones to silent etc…

**Signposting for the session**

Explain the structure of the session to the participants as described in the plan below. You may find it helpful to provide each participant with a hard copy of the programme.

**Plan of the session**

|  |  |
| --- | --- |
| **Time/minutes** | **Activity** |
| **0 – 15** | 1. Introduction |
| 0 – 5 | 1. Assessment of Learning Needs |
| 5-15 | 1. Presentation |
| 15 –60 | 1. Learning Activity 1 |
| 60- 70 | **Tea break** |
| 70 - 110 | 1. Learning Activity 2 |
| 110 - 130 | 1. Summarise the workshop |
| 130 – 135 | 1. Assessment of the Workshop |

1. **Introduction** Write the Aims and ILOs on a poster/flip chart sheet so that it is visible throughout the session
2. **Assessment of learning needs and knowledge**

Direct this question to the participants:

‘In pairs, answer the question, ‘what aspects of CPD have you found challenging when appraising doctors?’ Tell the participants you will allow 2 minutes for them to discuss this question in their pairs before asking for feedback from each pair. This method will help participants start useful conversations and provide energy to the workshop)

Use your facilitator skills to keep the conversations focused on the task and obtain contributions from as many participants as possible. Your co-facilitator (if available) can write the participants’ perceived learning needs on the flipchart which you can pin next to the Aims and ILOs poster

**Teaching and learning methods**

1. **Presentation**

Summarise the key messages from the Good CPD Guide (an evidence based summary of what makes for effective CPD and introducing the concept of managed CPD)1

**The key message is the what, how, learn, use pathway**

Perhaps surprisingly, the key to effective CPD is not found in the learning methods adopted and there is no best approach to learning. In order to be effective, CPD needs to be effectively managed to include the following:

1. A reason for the CPD to be undertaken, for example an identified need. Reinforce this message with PowerPoint slide 1 (**what** will be learned?)
2. An identified method of learning which might be formal or informal (**how** will learning occur?)
3. A demonstration of the benefits of the CPD, for example; sharing the learning with colleagues; developing new services and demonstrating new skills. This activity will also reinforce the learning (**use**)

This workshop is focusing on the two ends of this pathway:

* **What** will be learned
* **Use** the learning and show effects

The reason for focusing on the **what** and **use** elements is because the **how** and **learn** elements depend on individuals’ preferences and learning styles and there is a lack of evidence that any one method of learning is superior. A caveat in this is that the **how** does need to match the **what,** for example it would almost definitely be ineffective to learn how to drive using an e-learning module. A similar argument applies for learning a surgical technique on-line.

The what, how, learn, use framework is helpful when planning CPD although it is important to remember that CPD follows a continuous cyclical or spiral process.

1. **Activity 1**

**WHAT to learn? The Learning Needs Assessment.**

This activity is based on the Johari window and is designed to support the appraiser to help the doctor look for his ‘unknown unknowns’.

**Materials required**

Flipchart, pens and post it notes

1. **Introduction to the activity (5 minutes):**

Question 1: Are you familiar with the Johari window?

Question 2: Would anyone like to describe it?

(Have a ready prepared drawing of the Johari window (hidden) on the flipchart and Powerpoint slide 2)

Answer: Below is a suggested explanation of the Johari window to share with the group:

The Johari window describes how we and others around us are aware or unaware of information – in this case learning needs. It was created by Joseph Luft and Harrington Ingham in 1955 hence is named ‘Jo-Hari’. It encourages learners to take a comprehensive look at their learning needs from all angles and perspectives.

|  |  |  |
| --- | --- | --- |
|  | KNOWN TO SELF | NOT KNOWN TO SELF |
| KNOWN TO OTHERS | OPEN  Things we know about ourselves and others know about us.  KNOWN KNOWN – OPEN AGENDA | BLIND  Things others know about us that we do not know  UNKNOWN KNOWN – BLIND SPOT |
| NOT KNOWN TO OTHERS | HIDDEN  Things we know about ourselves that others do not know  KNOWN UNKNOWN – HIDDEN AGENDA | UNKNOWN  Things neither we nor others know about us  UNKOWN UNKNOWN – NO AGENDA |

**Johari Window (on flip chart and on Powerpoint slide 2)**

1. **The task** (30 minutes)

Divide the group into three (5-7 participants each) small groups and distribute post- it notes. Allocate one of the three windows (except the open area) to each group and ask participants to think of effective ways to identify learning needs relevant to the window allocated to them and write these on the post-it notes. Ask individuals to do this exercise before discussing it within their small groups.

Ask a member from each small group to stick the post-it notes within the relevant window on the flip-chart. Then ask one member from each small group to share the methods with the whole group asking them if they can think of any more.

Their lists might include:

* Unknown unknowns- information from referrals, prescribing and other reviews, audits, significant events, Royal College of General Practitioners Personal Education Planning tool and other multiple choice questions.
* Known to others but not to self – patient satisfaction questionnaire and colleague 360 feedback, informal discussions with colleagues
* Known to self but not others – doctors’ educational needs detected in practice (puns and dens); reflection within structured reflective templates
* Known by self and others – this is the open arena

1. **Why is the Johari window important in appraisal?** (10 minutes)

The facilitator explains that effective appraisal facilitates the doctor to learn more about themselves and their performance. Effective personal development requires the acquisition of self-knowledge and skilful feedback from an appraiser will increase this. If appraisers identify from, either reading the supporting information prior to the appraisal meeting, or through the discussion, that there is a learning need unknown to the doctor, they will need to handle this sensitively, skilfully shifting it into the arena of the ‘open agenda’.

A skilled appraiser will create a safe environment and encourage the doctor to self –disclose and share some of their ‘hidden area’. This may help a doctor gain greater understanding of the issues, reducing the size of the unknown area, for example, sensitive exploration of a doctor’s feelings of inadequacy might help them understand that these feelings are shared by many and can be a positive driver for change, which helps to protect patients.2

The overall aim of using Johari’s Window in appraisal is to expand the ‘open area’ (both parties know) and contract the others

From an appraiser/appraisee perspective it might look like this – Power point slide 3.

|  |  |  |
| --- | --- | --- |
|  | KNOWN TO SELF | NOT KNOWN TO SELF |
| KNOWN TO OTHERS | OPEN  Things we know about ourselves and others know about us.  ***Known to both Doctor and Appraiser – stated learning needs***  KNOWN KNOWN – OPEN AGENDA | BLIND  Things others know about us that we do not know  ***Known to others but not the doctor being appraised, for example this may be evidenced within the Patient Satisfaction Questionnaire***  UNKNOWN KNOWN – BLIND SPOT |
| NOT KNOWN TO OTHERS | HIDDEN  Things we know about ourselves that others do not know  ***Learning need known only to the appraise Doctor, for example from puns***  ***and dens***  KNOWN UNKNOWN – HIDDEN AGENDA | UNKNOWN  Things neither we nor others know about us  ***Learning need identified during open listening at the appraisal discussion***  UNKNOWN UNKNOWN – NO AGENDA |

**Powerpoint slide 3- Johari window**

1. Complete Activity 1 asking participants if they have any questions or points for discussion.

**Tea Break for 10 minutes**

1. **Activity 2: Role of the appraiser in supporting the doctor to demonstrate use of his or her CPD and review of the doctor’s PDP**

Show the Power point 1 slide again

1. The facilitator explains: The doctor has identified their learning needs which are usually a mixture of knowledge and skills. He or she then decides on the desired learning outcome(s) and an appropriate learning activity to achieve them. The doctor documents these steps within his personal development plan (PDP). The last stage of CPD is for the doctor to **use** it in his or her work. This critical stage is surprisingly frequently omitted.

**Key Message:** For CPD to be effective, it must be **used**

**‘**The best moment and technique to review the potential and actual benefits of an individual’s CPD is during their appraisal meeting with a colleague.”1

Appraisers have an important role in assessing the effectiveness of a doctor’s CPD and helping to make it more useful in the future. This activity will help appraisers to maximise this opportunity?

A lot of time has been spent thinking about how to write a ‘SMART’ PDP with less time spent thinking about how appraisers review a doctor’s progress with their PDP and the other CPD activities that have been undertaken through the previous year? If we appraise CPD well, can we help that individual doctor make their future CPD even more effective?

1. The facilitator hands out the instruction sheet for activity 2 (see below). He or she explains that the participants may have done similar exercises in the past, but this time, their task is to help the doctor enhance the effectiveness of their CPD, within the appraisal meeting.

Ask the participants to work in pairs for 30 minutes, spending 10 minutes on each of the three activities listed within the instruction sheet for activity 2:

**Instruction sheet for activity 2, page 1:**

1. **Review of progress against PDP** in a conversation with your neighbour. One of you is the doctor, one of you the appraiser. The appraiser asks open questions to review the doctor’s progress against their last PDP.

**Possible useful questions for the appraiser to ask the doctor:**

Which objectives were easiest to achieve and why?

Which objectives were most difficult to achieve and why?

Which were the most valuable learning activities and why?

Which were the least valuable learning activities and why?

In what ways have you been able to apply your learning in practice?

What benefits to your patients do you feel have occurred as a result of your learning?

Are there any learning needs that you wish to carry forward to your next personal development plan?

**OR**

What’s the clinician’s experience of CPD undertaken?

What are the areas where the clinician feels they have benefited?

What are the areas where the clinician had hoped to gain more benefit?

What are the plans for the future?

**Instruction sheet for activity 2, page 2:**

1. **Adding value to supporting information3**

The facilitator asks the pairs to swap roles and work on the following questions in order to assess the quality of the supporting information and add some value ideas:

Overview/relevance:

* Is it personally meaningful?
* Is there evidence of reflection?
* Why did the doctor choose to include it?
* What is the context? “seeing the wood for the trees” especially if there is an excess of supporting information

Quality:

* Is there evidence of learning?
* Is there evidence of change?
* Has the doctor shown/explained the impact on their practice?

For revalidation:

* Is there any cause for concern? If so, how will the appraiser and doctor address it?
* What category of supporting information does it fit?
* Is it appropriate and sufficient as supporting information for revalidation or is further information required?
* Are there gaps in the supporting information? (Supply copies of *GMC Supporting Information* and *GMC Good Medical Practice)*

**Instruction sheet for activity 2, page 3:**

1. What ways can a doctor demonstrate his or her use of their CPD and effects on their practice?

1. **Summary of the Workshop**

* The facilitator calls the whole group together and asks for feedback from each pair from activity 2. Each pair is expected to provide at least one example
* The facilitator assesses the learning (and his or her teaching) by asking the participants if the ILOs have been met. This process may uncover future learning needs for the participants
* The facilitator may need to signpost the participants how they may meet any learning needs uncovered in the future.

1. **Assessment of the workshop**

The facilitator will ask all participants to complete the feedback form

**References**

1. The Good CPD Guide, Janet Grant

2. East Midlands New Appraiser Training manual 2011

3. RST http://www.revalidationsupport.nhs.uk

**Handouts**

Appendix 3 (Learning needs assessment)

Appendix 6 (Use and effectiveness of CPD) from The Good CPD Guide

Adding value to supporting information from RST

Participant sheet for activity 2

Feedback form for participants to complete and hand to the facilitator at the end of the session

Reflection form for participants to record their learning and action points needed along with timelines.

**Power point presentation**

3 slides