

PROFESSIONAL CAREER DEVELOPMENT

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Module Code: BMSK4005

9TH MAY 2019

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Total word count: 4133 (including references)

1.Introduction:

The ongoing changes to the Health and social care to maintain the quality of care and support towards individuals (such as personalisation and partnership working) is emerging with various service models in a progressively diverse social care market (Calpin, et al. 2014). A modification with the professionalization of workforces with continuing professional development is therefore became essential for the sector.

This portfolio creates an organised disposition with considering my strengths and weaknesses to reflect further on my career.

The main objectives of this portfolio are to reflect on various aspects of my academic and employability skills I have developed and to find out my learning experiences and skills by recollecting the knowledge. In addition, I have assembled aptitudes that developed my personal and professional skills to reinforce my need to develop my weaknesses and enhance my strengths. The reason I have been creating my Professional Career Development portfolio is to compete with the world-class skills for the global market (Leitch, 2006) and to accomplish this module successfully.

For this portfolio, some key components of career development such as employment, professionalism, professional development / continues professional development, employability and academic skills will be considered by evaluating work related issues in the light of health and social care to explore into subject with further enhancement.

In addition, by examining the SWOT analysis, 6Cs values and professional Codes of Conduct, the respective strength and limitations of these skills will also be established to proceed and grow uprightness of these skills within my work place as well as any other future professions.

2. Personal skills Audit: Strengths (S), Weaknesses (W), Opportunities (O) and Threats (T)

Like every other sphere of our lives, there are some potential barriers and weaknesses to professional development. There is a challenge to be presented which require cultural shifts, greater engagement and commitment to studying and improvement (Calpin P. J. 2014).

Addressed weaknesses:

Proactively address aggressive, inappropriate and unacceptable behaviours by staff members and clients are my weaknesses to be addressed which were overlooked during my working life. Being a peaceful person, I always tend to avoid to deal with backbiting and negative gossips, ability to remain composed in critical situations (problem solving). In addition, my ability to recognise issue and collection of information from various sources to evaluate options is also underprivileged with the skills which lacks empowering leadership. However, there are some weaknesses which I managed to overcome through attending this course.

Communication skills:

One of the most challenging skills that I was expected to have is communication skills. It is the predominant need in my professional and university life. After studying the theory of communication, I have become effective in communicating wherever it is needed. For example, I now find myself re-evaluating my emails before sending them to my health and social care professionals. I have become adept to checking my formatting and can now communicate efficiently since I have no problems using formal language.

Report Writing:

Before this module, report writing was not my forte. As a result, I was unable to understand that report writing skills can thoroughly improve the situation for the disabled people in my current workplace.

Additionally, this course assisted me in writing a professional report, which could possibly be the most useful method in a workplace after evaluating professional documents and practical observation.

I managed to continue my assignment with the help of my lecturer, which supported me in my work. On the other hand, it became apparent to me that if I had practiced report writing in the health and social care sector, my learning would have been even more fruitful.

Now I remember to analyze the report logically for there to be valid reasoning in the report in a professional and academic context.

Time management Skills:

In normal circumstances, working and studying would be extremely difficult, since I have three children. However, my use of diaries allowed me to prioritise the things I had to do within each day. Due to this, I became more productive. 'Keeping a diary is powerful' through ascertaining tasks which I maintain to boost productivity (Hellsten, 2011).

Keeping a diary; prioritizing tasks; repeating and refining priorities without fail and pairing my time control with relevance to the world. These four steps allow me to apply time management skills effectively. Commonly, I am a victim to prioritizing tasks that give me immediate satisfaction rather than consistently aiming for a long-term goal (Maund et al. 2016). However, had I not been able to apply the time management techniques I have learnt, this course would have been too difficult to me.

Identified strengths:

Strong ICT and networking skills were butter in the bread for me to increase my daily productivity and to achieve collective team goal. I have decent new service user assessment skill, risks assessment skill, attending home visit and writing professional report skills. Writing SU progress report, Annual reports and review reports are pleasant to me for development of SU portfolios.

Being surrounded by my peers elevated my strength in communication. Furthermore, I have received helpful feedback from my project manager thus allowing me to gain

three Appraisal meetings due to my professional and employability skills. Had I not taken part in this module, it would be unfortunate to say that my skills in this area would not have improved.

After studying Eisenhower's model (1954) (priority, urgency and importance) (MindTools, 2019), Covey's (1989) time management matrix (crisis, planning, unscheduled interruption, escape and routine) and Pareto's 80-20 rules, I acquainted myself with the concept of productivity again (Morgan, 2017) through boosting my confidence level.

My strength is basic/fundamental skills of care to deal with variety of issues which will be reflected below. To deal with safeguarding issues, initial assessment, effective report writing and communications which have facilitated our project to perform professionalism. I am confident to carry out professional supervision meetings and providing effective feedback.

Weaknesses that never reflected:

Weakness that I have never reflected on learning about 6Cs and Code of Conduct, Care Standards and Statutory Frameworks.

Strengths • Basic/Fundamental skills of care: • Team work skills • Personal skills: integrity, punctuality and self-reliant, • Ability to promote participation and involvement	Weaknesses • Persuasion skills • Leadership skills • Problem solving and decision making skills • Management skills • Conflict management
Opportunities • Part time employment in care • European computer driving licence (ECDL) • Access to unlimited broadband • Supportive and compassionate family • Access to education • Access to student loan	Threats • Family commitment & Child care • Physical and psychological body • Financial constrains • Organizational / workplace politics

3.Research and Learning Styles:

There are six steps to researching and writing a research. The first thing to do is to find a suitable topic. Afterwards, a brainstorm with keywords can help organise ideas. To expand your knowledge, one can begin by doing preliminary research in the form of news, encyclopaedias and books. This leads to step two, which is gathering

information. Information that is relevant to the topic can be found in many different places such as the internet or scholarly journals. Thirdly, the information and research gathered must be evaluated with purpose and authority such as the author, book and date of publication must be kept in this step to provide total exactitude. Step four is to use all this gathered knowledge and organise it, forming the rough outline of your paper. This can show any gaps in research and give the entire project a clearer outlook. Step five is to remember to include the citations from step three in order to avoid plagiarism and step six is the completion of the work: presentation of the research (TCC ELibrarian, 2013).

As per Johnson, et al. (2007), There are three main types of research methods such as quantitative research, qualitative research, and mixed methods research. Recent scholars prefer mixed methods research as this method combines all three methods together.

Being a student with family and work commitment I prefer quantitative research method which I have utilized in my recent literature review.

According to Nasreen, (2014), Using of learning styles and its models entirely depend upon individuals. In addition to VERK models, six prominent and extensively obtainable learning style means offered by six different practitioners for instance:

1. Kolb (transformation of knowledge into experience),
2. Gregorc learning style (Proficiencies of mind and body to communicate the world)
3. Felder–Silverman,
4. Fleming,
5. Dunn and Dunn
6. The Entwistle and Tait Revised model.

In addition, the VERK (V= Visual, A= Aural, R=Read/Write and K= Kinesthetic) Model defines as instrumental preferences due to its perceptual modes taking and giving out information.

As per the VARK Questionnaire my scores were: Visual 6, Aural 5, Read/Write 8, Kinesthetic 5. Thus, I have a multimodal learning preference.

4. Potential roles and responsibilities and their suitability:

I am a decent team player and able to lead the team proactively on the floor. I effectively complete administrative tasks to achieve the goal of the project and use a service users' person centred approach. My skills in leadership and management in my current role have given me experience and knowledge to run a day care center for people with disabilities.

I am a keen learner therefore; I have been updating myself consistently by learning and performing under my workplace policy and procedures, knowing the professional code of conduct and underpinning legal frameworks. I am proud of myself since all the major indoor and outdoor risks assessments for my workplace are done by me.

I have a good financial understanding and communication skills are in my forte so that

I can deal with social workers and local authority professionals. This ability is enhanced since I also speak 4 different languages i.e. English, Bengali, Sylheti (A Bengali dialect), Urdu and Hindi. Thus, I can communicate effectively with SU and their parents and carers.

Overseeing, collecting and disseminating information from the head office, allocating staff members' in a specific ratio with service users as per their needs, creating and managing the staff rota, communicating with stakeholders, organising information and placing outcomes and assessments for the workplace are in my job description. In addition, I have ability to provide positive and constructive feedback for staff members and their performances in their roles.

In practice, I play most of the manager's duties however, I am one step away from my potential role which is registered care setting manager.

I have been pursuing both Level 4 certificate for workplace in Health and social Care as well as Level 5 Diploma in Health and Social Care side by side. By October 2019 I will be able to accomplish both courses which will open me door to be a registered manager. Registered managers roles are critical to ensure high quality support services with person-centred approach (the Social Care Manager's Handbook, 2016).

As a manager, I will be responsible for being up to date with all the changes with legal, procedural, standards and guidance to ensure the care is delivered in an appropriate way and to be compliant with Legislation or implemented best practice initiatives (Calpin P. J. 2014). I can say that I am ready to fulfil these responsibilities to the best of my ability.

5. Team work and Belbin test:

Regardless of any work setting, Team work skills are beneficial and can be fruitfully applied to accomplish sophisticated functioning if certain circumstances are encountered. For instance, a realistically sized team with harmonizing skills and shared responsibility are devoted to work for certain objectives and obligations (Morgan, 2016).

Tuckman (1965) offers stages of Team Development known as: Forming, Storming, Norming, Performing, Adjourning. Many thoughts have been put forward to accumulate a successful team, however, 'the DiSC model' by William Marston (personality profiling) and 'Team Role Theory' by Meredith Belbin and his team (identification of different roles) were most prominent and importunately reflected.

For my case, Belbin's team roles are fit for the purpose roles as I can see myself as completer (finisher), resource investigator and Monitor –evaluator. Depending on the circumstances these roles are changeable for me as I have observed.

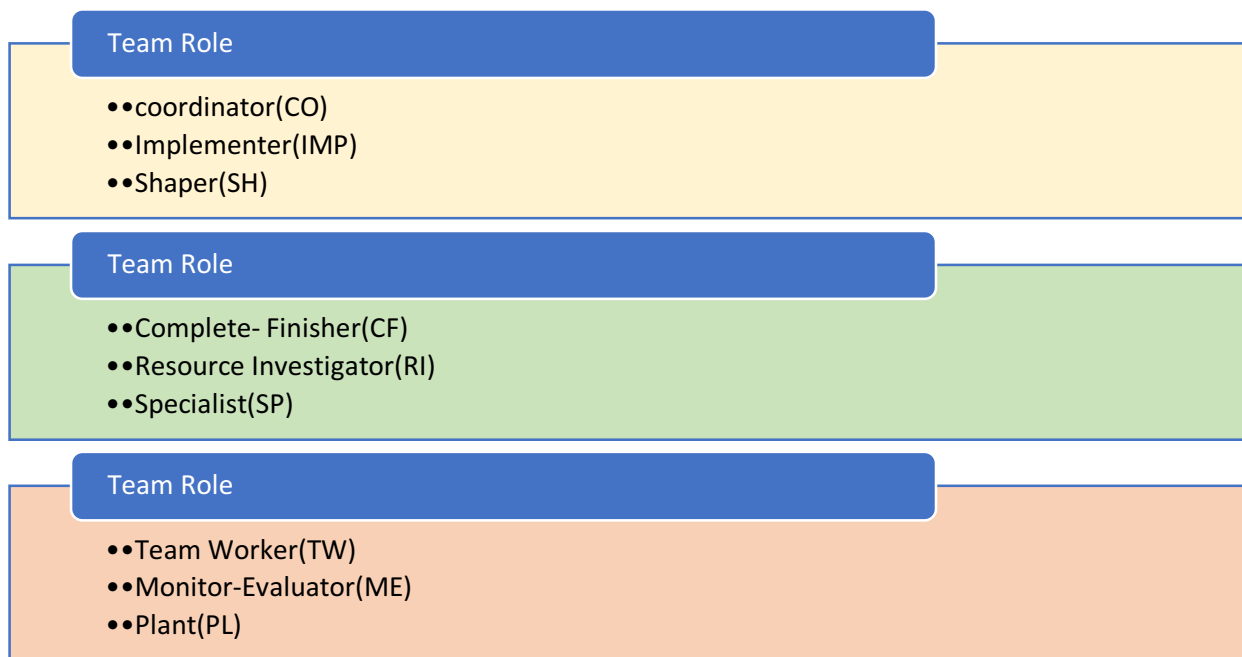


Figure 1: Belbin's 9 team Roles

6.Key skills required (Academic, Professional skills, and Employability skills):

Professionals in health and social care are no longer stand-in their studying after accomplishing their trained qualification, they are necessitated to be more proficient, receptive, skilful, efficient and enabled to encounter the on-going needs of the Health and Social care sector and individuals under The Skills for Care workforce development strategy, *Capable, Confident, Skilled* (2011).

Key skills for Health and social care:

The term "Skill development" for practitioners in Health and Social Care is outlined in the government's *A Vision for Adult Social Care: Capable Communities and Active Citizens* (2010) where there is a necessity to develop knowledge, understandings and skills.

Compassion in Practice 2016' added value basis to the services to lead change in the care sector through putting 6Cs in the practice which are care, compassion, competence, communication, courage and commitment. As a care professional, putting all 6Cs into everyday practice will allow me to focus on the outcome based services by representing further element of the value (NHS England, 2019). In addition, these practices make me understand standard practices of Health and social care and be confident to deal with everyday issues. Subsequently, these support me to perform well in the practice which conveys me towards further career.

Skills and expectations for a job depend on the roles and responsibilities. However, certain benchmarks are mandatory to be familiar with for any health and social care professionals (Calpin P. J. 2014) to develop service, provide accountability and outcome based services for individuals as well as professionals with development plan:

1. General social care council (GSCC) Code of Practice
2. Regulations for example, Care Act 2014, Mental Capacity Act 2005, Data Protection Act 1998.
3. Care Quality Commission Essential standards of Quality and Safety
4. National Occupational Standards for example, Leadership and Management for care services.
5. Local authorities' Policy and Procedures, CQC Standards, Nice Standards.

Employability skills:

The scholars in recent times defined the term of employability in many ways. The employability is transferrable skills with the impression of readiness of work with respects to set of contexts of gaining initial employment whereas some experts mentioned this term with 'employable' and 'work-ready' for new graduates to improve their chances of employment (Sachs, Rowe & Wilson, 2017). However, the contemporary term of employability has been categorised more elaborately focusing on technical skills and attributes as well as non-technical skills, for instance networking, of the graduates (Bridgstock, 2017). Similarly, Zegwaard, Campbell & Pretti, (2017) added professional identity in the employability.

Out of various scholarly notions it can be noted that the employability skills exist within a set of skills which could be (a) generic such as communication skill, team work skill, organization skill, time management skill etc. (b) discipline specific (the skills and knowledge to relevant degrees or training) and (c) personal attributes self-confidence, resilience, trustworthiness and discipline to the desired industry and relevant work.

Professionalism:

The definition of professionalism associates itself with specialised knowledge with different attributes (such as competency, honesty and integrity, accountability, self-regulation) as well as intensive academic preparation (Mindtools, 2019). I have endorsed my professionalism through attending courses and training.

7.Contributing in team meetings

Team work is one of the significantly important contributors to maintain the standard of quality health care by ensuring health care professionals' work together maintaining professional boundaries. National staff survey suggests that around 91% NHS workers work in a team and follow basic team elements such as team objectives, interdependency and regular team meetings. Because it helps them to avoid professional errors and malpractices for instance, staff injuries, harassment, bullying, violence against staff, staff absenteeism and patient mortality (West, M. et al. 2015).

Attending team meetings like monthly team meeting, planning and strategy meetings at my work support me not only creates team bonding through nurturing work environment and sharing views but also improves general interactions between professionals. It boasts enhancement of communication amongst the team members to improve productivity by providing comfortable environment to reflect on learning (Barwell, et al. 2013).

8. Feedbacks as inspiring tools to move forward

Attending this course, made me realise about my strengths and weaknesses and underlying gaps in my skills that may have needed further improvement for my professional and academic life.

The feedbacks I was given in last term in level 4 at university was beneficial and directing which I have managed to apply in this term (particularly on referencing, structuring a report, academic research and analytical skills). This course was considered as a mission where progression on some of my skills were perhaps marginalized, and cultivated my prevalent abilities (Corker and Holland, 2015).

The feedbacks were received in Last appraisal and supervision from my manager were treated as inspirational and incentive that my report writing skills, presentation skill, communication skills and team work skills had now become an advantage in my repertoire what I have learnt through attending range of group activities and presentation in class room environment. Last week, the revival of strengths had occurred successfully for instance, I was given approval from my manager when I wrote a review on one of our service users. This in turn improved my salary increment (Corker and Holland, 2015).

As a result, my learning experiences became a success as they debuted in my workplace when I wrote various reports, gave professional presentation and worked as an effective communicator. By absorbing information, I have improved my ability to function and generate subtle connections between assignments and results (Giada, et al. 2016).

9. Personal development plan (PDP)/Continued Professional development (CPD):

Practitioners in Health and social care sectors are required to upgrade their skills and knowledge under Care Quality Commission Regulation and work place policy and procedures.

Short term goal:

Short term vision is to accomplish level 4 certificate for workplace in Health and social care and Level 5 Diploma for Leadership in Health and Social care to address some weaknesses in the field. To keep up with the short-term goal I maintain CPD (Continued Professional Development) which ensures high quality services for our service users because CPD safeguards lifelong learning for health care professionals (the Royal College of Nursing, 2007).

To comply with my CPD and to acquire knowledge and skills in the rapidly changing health care environment (Panthi, & Pant, 2018). I improve my professional skills through attended numerous mandatory training and refresher training every 2 years in which facilitated by my employer, ATSC (Apasen Training Social Care) Award in Mandatory training for Health and Social care and Local authority:

1. Health and Safety (CCS:13)

2. Fire Safety
3. Equality Diversity and Human rights (CCS:4)
4. Infection Prevention and Control (CCS:15)
5. Manual Handling
6. Safeguarding Adults (CCS:10)
7. Food Safety and Hygiene (CCS:8)
8. Safeguarding Children (CCS:11)
9. Emergency First Aid at Work (CCS:12)
10. Awareness of Persons with Disabilities (Autism, Mental Health, Dementia & Learning Disability) (CCS:9)
11. Risk Assessment
12. Team Building and Communication Gap.
13. Safeguarding Adults and the Care Act 2014.

Long term goal and CPD:

I have been living in London, one of the most vibrant capitals in an economically developed country.

However, in ten years' time I want to see myself as an experienced manager of my own company in Bangladesh. This aspect is significantly important to me as I have been availing world class facilities here in London in terms of life style, transport, medical treatment and education.

My family and my career as a health and social care registered manager have the utmost priority in my life since I have been working very hard perusing this and working with diverse colleagues. Though, some of my colleagues are boring and self-oriented and some are caring and active.

I have fundamental skills, knowledge of tasks and the ability to hands on tasks in care industry. Out of the strengths I enjoy, I like working while being stressed most of the time and can be confident and respectful towards others when I work under pressure.

It is significant to me that I look after myself well. I have been working with Apasen for 28 hours per week. I am happy being second in command in the team. However, I would like my salary to be upgraded in accordance to my skills, knowledge and experience. Nonetheless, to move forward for new job opportunities and to provide the best possible services, I actively participate in CPD.

As a health care professional, I pursue CPD to create transferable knowledge and skills and improve service users' outcome in the practice which, in the long run, will facilitate me to achieve job satisfaction, financial rewards and promotions.

However, there some impediments in maintaining CPD such as employers' cooperation, limited time and funding (Panthi, & Pant, 2018) at the workplace. In my personal life, family commitments are another barrier.

10. Additional comments (360 degrees' review)

Study shows that to comply with the competitive world of business and technology there are increasing demands on fulfillment of job requirement, enhancing knowledge and grow with Continued Professional Development

11. Conclusion:

To battle my challenges and thrive in the world of work, it is imperative I gain world class skills (Lietch, 2006). In order to 'thrive and survive' within considerable financial constraints and ever-changing demands, I must maintain productivity and support the output of my workforce (*NHS Workforce Planning – Limitations and Possibilities*, 2009).

To do this, the continuation of my professional development is key so that I can create a highly skilled productive person and flexible workforce with my team. I must make sure that I am keen on improving, updating and building on whatever skill I have already as professional development is a process and journey, not just a destination.

This can only be achieved when I can share responsibility with my team after making sure everyone has the appropriate skills and is 'empowered' to move forward (*Capable, Confident, Skilled*, 2010). Furthermore, as a manager I need communicate efficiently so we can work together and advance in the Health and Social Care sector.

Maintaining time effectively and keep up with ongoing pressure at workplace and to improve career destination, career ladder like mine is commencing to develop quality of care for vulnerable people and growth of their self-esteem through using CPD to implement new ideas and thoughts (Panthi, & Pant, 2018).

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