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Module name and number: **Changemakers: Building your
Personal Brand for Sustainable Employment
(BMHP5015_BIRM)**

Task 1 – Personal Brand

Write about your own person brand and how you could develop this to enable you to reach your employment goals (200 words- 2 referenced sources)

In an employment context, my personal brand is the way I present my values, attitudes and skills to future employers as a developing health professional. Personal branding is important because it helps me communicate what I stand for and how I can contribute within a competitive healthcare job market (Gorbatov et al., 2019).

At present, I see my personal brand as caring, reliable and strongly motivated to provide safe, person-centred care. I aim to show empathy, active listening and respect for dignity in my interactions, which I believe are essential qualities when supporting adult patients and their families. I also view myself as committed to learning and able to work well in a team, which will help me adapt to the demands of a health career. However, I recognise that I need to build greater confidence in clinical communication, particularly when advocating for patients, and strengthen my time management skills in busy clinical environments. To develop my personal brand, I plan to use placement experiences, reflective practice, feedback from supervisors and ongoing professional development to enhance these areas and shape a strong professional identity in healthcare (Vabo et al., 2022).

By actively developing my personal brand in this way, I will be better prepared to meet employer expectations, deliver compassionate and effective care, and move closer to achieving my dream of working as a competent and respected adult nurse.

- **Gorbatov, S., Khapova, S.N. and Lysova, E.I. (2019) ‘Get noticed to get ahead: The impact of personal branding on career success’, *Frontiers in Psychology*, 10, 2662.**
- **Vabo, G., Slettebø, Å. and Fossum, M. (2022) ‘Nursing students’ professional identity development: An integrative review’, *Journal of Professional Nursing*, 41, pp. 173–187**

Task 2 - Network Map and Rationale

SUPPORT

CAREER

HEALTH
CARE
ASSISTANT

University
lecturers

COLLEAGUES

PROFESSIONAL
BODIES

PARENTS

PARTNER

TRUSTED FRIENDS

ACADAMIC TUTOR

My Network as a Student Nurse

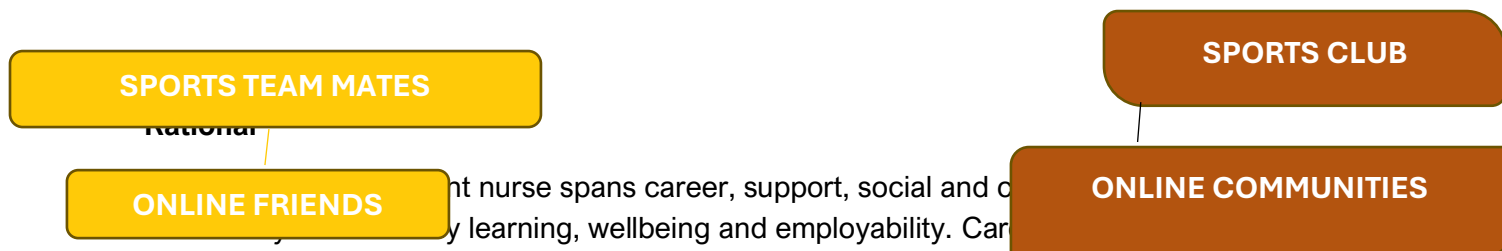
SOCIAL

CLOSE FRIENDS & SCHOOL FRIENDS

UNIVERSITY PEERS

COMMUNITY

RELIGIOUS GROUP
CULTURAL GROUPS



My support network spans career, support, social and community learning, wellbeing and employability. Career support includes university lecturers, my academic assessor and practice supervisors on placement, who provide feedback, assessment and role modelling that build clinical competence and professional identity. Research on career social support shows that guidance from teachers, family and institutions can significantly improve students' career adaptability and employability, which reinforces the importance of engaging actively with these relationships (Qian et al., 2020).

My support network consists of family, close friends, peers and university wellbeing and academic services, who provide emotional, practical and sometimes financial help during demanding academic and clinical periods. Socially, cohort peers, student societies and online student nurse communities offer spaces for shared reflection and belonging, which is crucial in emotionally challenging practice settings (Sá et al., 2024). At community level, links with local NHS trusts, professional bodies and volunteering organisations expand my social capital by increasing access to information, mentors and opportunities (Qian et al., 2020; Sá et al., 2024).

Using an ecological perspective on higher education, my network is strong in personal support but still developing in professional and community connections, highlighting a need to prioritise mentoring, networking and professional involvement (Sá et al., 2024).

References

Qian, X. et al. (2020) 'The relationship between career social support and employability of college students', *Frontiers in Psychology*, 11, 1–11.

Sá, M.J. et al. (2024) 'Review of studies applying Bronfenbrenner's bioecological theory in higher education', *Journal of Pacific Rim Psychology*, 18, 1–14

Task 3- Blog

Write a blog exploring a current topic or issue of your choice within the health and social care sector in the UK. The purpose of this is to inform a specific target audience of your choosing (300 words)

Title: Adult mental health in Uk

Adult mental health in the UK is under significant strain, with demand outpacing service capacity, particularly in community settings (British Medical Association, 2024; The King's Fund, 2024). This blog is for adult nursing and health and social care students who will soon be working on the front lines of this problem (NHS England, 2024a).

Why adult mental health matters now

According to recent research, common mental diseases such as anxiety and depression currently afflict around one in every five persons in England, with prevalence increasing over the last decade (British Medical Association, 2024). At the same time, suicide fatalities in England and Wales have topped 6,000 in recent years, the highest rate since the late 1990s, illustrating the catastrophic repercussions of not receiving appropriate help (Office for National Statistics, 2023). For student nurses and health and social care workers, this implies that mental health needs are no longer limited to speciality services and may be found in nearly any care environment.



Stock images (stressed man at desk, no date)

Access, waiting times and inequality

Despite growing awareness and investment, many individuals fail to get care early (Mind, 2025). The median wait time for adult community mental health care is six to seven weeks, although a large minority waits for months, greatly above the suggested four-week objective (The King's Fund, 2024). Charities say that many people's mental health deteriorates while waiting for community care, with some waiting over two years (Rethink Mental Illness, 2024). These delays can push individuals into crisis, increase the usage of emergency services, and exacerbate inequities for those already experiencing social adversity (Rethink Mental Illness, 2024; The King's Fund, 2024).

Policy responses and the role of future practitioners

The NHS Long Term Plan promises extra recurring funding to reform adult community mental health, with the goal of supporting hundreds of thousands more people annually through better integrated local services (NHS England, 2019; NHS England, 2024a). New models emphasise comprehensive, community-based support, such as psychological therapy, physical health screenings, job assistance, and trauma-informed care (NHS England, 2019; NHS England, 2025). Understanding these improvements is critical for student nurses and associated professionals because they will play an important role in pushing for prompt access, reducing stigma, and promoting recovery-focused treatment in the community (Royal College of Psychiatrists, 2019; NHS England, 2024a).

Reference list

- British Medical Association (2024) *Mental health pressures data analysis*. London: BMA.
- Mind (2025) *The Big Mental Health Report 2025*. London: Mind.
- NHS England (2019) *The NHS Long Term Plan*. London: NHS England.
- NHS England (2024a) *Community mental health services – adults*. London: NHS England.
- NHS England (2025) *Commissioner guidance for adult community mental health rehabilitation services*. London: NHS England.
- Office for National Statistics (2023) *Mental health and wellbeing in England: overview*. Newport: ONS.
- Rethink Mental Illness (2024) *New survey reveals stark impact of NHS mental health treatment waiting times*. London: Rethink Mental Illness.
- Royal College of Psychiatrists (2019) *The Community Mental Health Framework for Adults and Older Adults*. London: RCPsych.
- The King's Fund (2024) *Mental Health 360: Access*. London: The King's Fund.

Task 4- NHS Equality, Diversity and Inclusion Quiz

1. What is the primary goal of the NHS Equality, Diversity, and Inclusion Improvement Plan?

The fundamental purpose is to increase equality, diversity, and inclusion so that all NHS employees feel valued and get equitable treatment, opportunities, and results, particularly those with protected characteristics.

2. How does the NHS EDI Improvement Plan propose to tackle the gender pay gap?

The plan encourages organisations to assess pay disparities by protected characteristic and prepare monitored improvement plans with the goal of eliminating overall gender and ethnicity pay discrepancies within specified timeframes.

3. What is meant by the term 'intersectionality' as used in the NHS EDI Improvement Plan?

Intersectionality acknowledges that people have various, overlapping identities (such as race, gender, and disability) that interact to influence their experiences with injustice, discrimination, and exclusion.

4. Why is it important for the NHS to create a psychologically safe work environment?

A psychologically secure atmosphere is essential so that employees may express issues, errors, discrimination, or poor culture without fear of repercussions, hence improving wellbeing, retention, and patient safety.

5. How does the NHS EDI Improvement Plan suggest improving the experience of internationally recruited staff?

The approach encourages inclusive onboarding, equitable growth, mentorship, and targeted wellness assistance so that globally recruited employees feel welcome, safe, and capable of thriving.

6. What role does leadership play in advancing EDI objectives according to the NHS Improvement Plan?

It is expected of leaders to set quantifiable EDI goals, use data to drive change, set an example of inclusive behaviour, and hold organisations accountable for advancement.

7. Identify one way the NHS EDI Improvement Plan aims to reduce health inequalities within the workforce.

Leaders are required to model inclusive attitudes, establish measurable EDI targets, utilise data to promote change, and hold businesses responsible for success.

8. Why does the NHS EDI Improvement Plan emphasise the importance of collecting and analysing data on protected characteristics?

Collecting and analysing protected characteristic data shows patterns of inequality, leads focused initiatives, and enables boards to assess the effectiveness of measures over time.

9. Explain how flexible working policies can contribute to equality and inclusion in the NHS workforce.

Flexible working accommodates employees with care duties, health concerns, or religious demands, therefore retaining a diverse workforce and removing hurdles to advancement.

10. What is one strategy mentioned in the NHS EDI Improvement Plan to combat bullying and harassment in the workplace?

A fundamental method is to build workplaces that reduce situations conducive to bullying and harassment, establish reduction objectives, give psychological assistance to victims, and safeguard employees who speak up.
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Task 5- A Letter to Yourself

Think of a time in the past when you may have been experiencing issues or difficulties, and after considering what you have learned in this module about emotional intelligence and resilience write a letter to your younger self explaining how these attributes were important at that time and perhaps how developing these areas could have been useful (250 words)

Dear younger me,

I recall how overwhelmed you felt at the time: weary, questioning yourself, and certain that everyone else was doing better than you. At the same time that you were attempting to "just get on with it," you repressed those sentiments and felt bad for having to struggle. Upon reflection, I wish you had been aware of the extent to which emotional intelligence and resilience may be of assistance.

You would have begun developing your emotional intelligence by simply acknowledging what you were experiencing rather than criticising it. For example, you could have said something like, "I'm anxious," "I'm disappointed," or "I'm scared of failing." When you are able to give a

name to your feelings, they become less chaotic and easier to control. It would also have been clear to you that feelings are information, not commands; the fact that you are experiencing fear does not indicate that you are unable; rather, it indicates that you require assistance and a strategy.

The concept of resilience does not involve "being tough" or acting as if everything is alright. Allowing oneself to bend without breaking, asking for assistance from friends and instructors, taking breaks without labelling them as laziness, and viewing failures as a natural part of the learning process rather than as evidence that you are not good enough are all examples of this practice. It would have been easier for you to recuperate and you would have experienced less feelings of isolation if you had shown yourself the same care that you exhibit to other people.

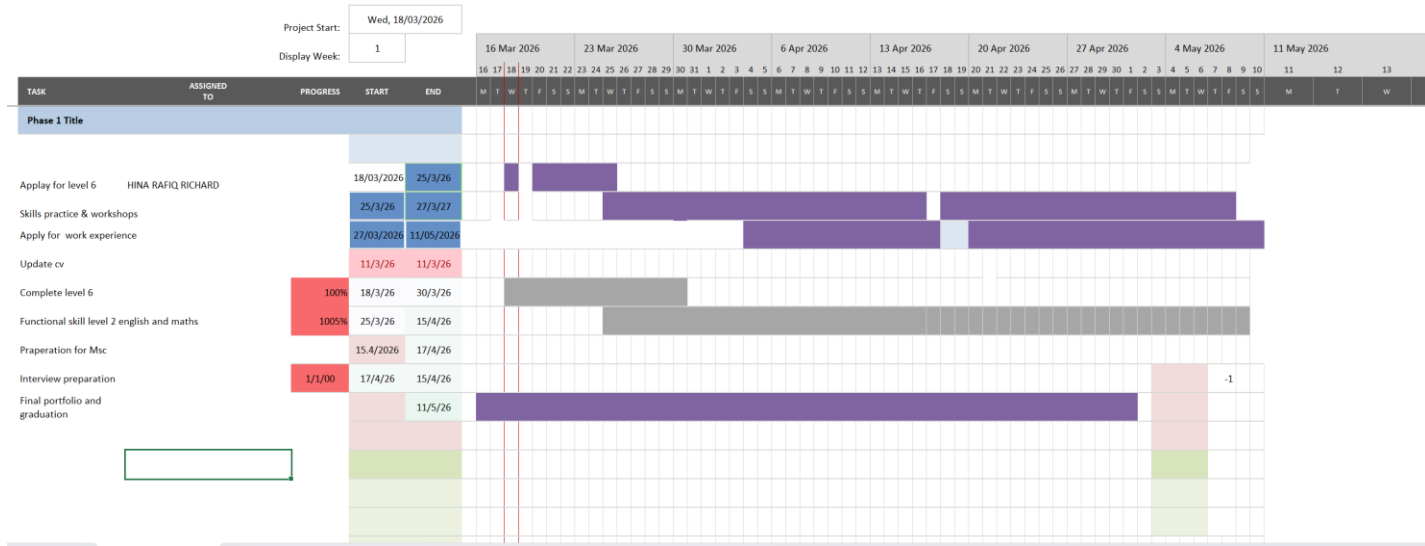
I would strongly recommend that you communicate sooner, get some rest earlier, and combat that harsh inner voice if you had the opportunity to do that time over again. Emotional intelligence and resilience would have simply assisted you in recognising the fact that you were already far more powerful than you had previously thought.

With love,
Hina Richard

Task 6- GANTT Chart (200 words equivalent)

Compile a Gantt chart which illustrates the tasks you have to complete to achieve your future employment goals

PROJECT TITLE



Task 7- Making Changes- Report

You are the manager of a care home and want to make changes your workplace. Identify one specific change that you want to implement and write a brief report on how this is going to be achieved considering the necessary skills needed and addressing possible barriers to success. Relevant change models can be highlighted (250 words- 2 referenced sources).

1. Introduction

This research recommends using digital care planning in a residential care facility to replace paper-based records. The goal is to improve the safety, precision, and person-centred care for older individuals.

2. Planning the Change

Using Lewin's change theory, the change will occur in three stages: unfreeze, change, and refreeze. First, I'll "unfreeze" by giving incident instances and audit findings to demonstrate the hazards of paper records and provide incentives for change. During the "change" stage, workers will be trained on the digital system, with super-users providing assistance on each shift. Finally, rules and care planning processes will be modified ("refreeze") so that digital documentation becomes the standard method of operation.

3. Skills Required

Clear communication to communicate the goal, active listening to understand staff concerns, and leadership to demonstrate how to use the new system are all essential managerial abilities. Time management and basic computer skills are required to plan training and assistance.

4. Barriers and Solutions

Possible barriers include staff resistance, lack of confidence with technology, time pressures, and limited equipment. Resistance can be reduced by involving staff in planning and demonstrating benefits for workload and resident safety. Confidence issues can be addressed through hands-on training, mentoring, and protected practice time. Time and resource pressures can be managed by phased rollout, using pilot units and securing external digital support recommended in NHS guidance.

5. Conclusion

When shortcomings are identified and actively addressed, implementing digital care planning, which is backed by Lewin's model, can improve safety, efficiency, and person-centred care at home.

6. References (Harvard)

England, N.H.S. (2023) Providing proactive care for people living in care homes. NHS England.

Lewin, K. (1951) Field theory in social science: Selected theoretical papers. New York: Harper & Row.

Prosci (2025) What is Lewin's Change Theory? Explanation, pros and cons. Prosci.

AudraCare (2025) Guide to digital care planning: Tools, benefits & best practices

Task 8- Self-Reflection

During this module, I will use **Gibbs'** Reflective Cycle to reflect on my learning about myself and my future career in health and social care (Gibbs, 1988). I began by mapping out possible routes into nursing and allied health roles and I initially felt uncertain and overwhelmed by the different choices available.

In terms of feelings, I noticed anxiety and self-doubt at the start because I was not sure which pathway suited me best. As I completed the careers activities, I gradually felt more confident and motivated, especially when I broke my long-term goal into smaller, achievable steps.

When I evaluate this experience, what went well was my ability to research roles, entry requirements, and postgraduate options, which helped me narrow down my preferred path. However, I could have improved my time management by starting my portfolio tasks earlier and contributing more in class discussions.

Through analysis, I realised I value structure, clear deadlines and guidance, and that I tend to delay tasks when I feel unsure, which can limit my learning. This has shown me how important reflective practice is for developing professional identity and making informed decisions as a healthcare student.

In conclusion, using Gibbs' model has helped me understand my strengths and areas for development in career planning. My action plan is to keep using Gibbs' cycle after key learning experiences on future modules and placements, and to review my goals regularly to build communication, resilience and lifelong learning for future practice.

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Gibbs, G. (1988) Learning by Doing: A Guide to Teaching and Learning Methods. Oxford: Oxford Polytechnic.

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