

This essay will discuss and compare three theories used within counselling practice, these include, Humanistic theory, Cognitive Behavioural therapy, and Psychodynamic therapy. It will also include an analysis of one area within the British Association of Counsellors and Psychotherapists (BACP), and it will refer to its importance within a counselling practice. Humanistic theory studies the whole person and the uniqueness of each individual (McLeod, 2014). It emphasises a person's positive traits and behaviours and their ability to grow and self heal. (Psychology Today, 2018). Cognitive Behavioural therapy is a form of therapy that examines how people's attitudes, beliefs, opinions and behavioral traits are formed (Joseph, 2010). A Psychodynamic theory is a view that explains personality in terms of conscious and unconscious forces, such as unconscious desires and beliefs (Chegg Study, 2003).

Upon examination of these three counselling theories it is evident that there are several similarities and differences between them. For example, Carl Rogers' humanistic theory is about self healing and self belief. Rogers believed that if a person could come to terms with their problems and difficulties then they would eventually overcome them. Treating people with unconditional positive regard enables a person to feel valued and accepted and once a level of trust is established between a person and a counselling professional then they can begin to learn to accept themselves. The Humanistic theory is based upon the client being an 'expert' on themselves in order to gain self-acceptance. "We find that therapist acceptance leads to client self-acceptance..." (Rogers, 2012. P208). Carl Rogers believed that clients should be the ones who solve their own problems. Rogers' said that if a counsellor gave a solution to the client then they would not fully understand their problems and it would not help them to accept their thoughts and feelings. When the counsellor relays information to the client, the client can then begin to understand their problems and difficulties and come to a solution of their own. "The skill of clarifying with the client is helpful to explore and understand his or her story..." (Midwinter and Dickson. 2015). This is evident in the counselling session between Carl Rogers and Gloria when Rogers repeats back to Gloria the problems that she had just told him about. Once Gloria had heard the problems she was facing, she was then able to establish where she had gone wrong and what action she should take in order to overcome her problems (Duncan S, 2013). One difference between a humanistic approach and psychodynamic approach is that psychodynamic therapy is based upon the counsellor being the 'expert'. A psychodynamic approach emphasises the importance of early childhood experiences. Sigmund Freud developed three methods to uncover unconscious processes, one of which encouraged clients to talk about any thoughts or images that enter their head. This was called free association, and provided clues to unconscious thoughts, whilst Rogers' humanistic approach would be concerned with the here and now. The Humanistic approach allows the client to understand their problems during the session so they can then work on it and build

a better understanding of their own intellectual problems. The Person-Centred Approach focuses on the belief that people are able to self-actualise and self heal whereas the Psychodynamic Approach focuses largely on the negative aspects. (Holder, 2013).

Cognitive behavioural therapy involves working with a therapist to identify and challenge any negative thinking patterns and behaviours that may be causing people difficulties (Mind, 2013). Aaron Beck and Albert Ellis examine how people's thoughts and feelings are interconnected. Cognitive behavioural therapy is a collaborative effort between both the therapist and the client, however the counsellor is more involved in helping the client to think more rationally about life. This can also be observed whilst using a psychodynamic approach as both these theories involve the counsellor playing a bigger role in assisting the client with their thoughts and feelings.

Another reason why psychodynamic approach differs from a humanistic approach is due to Sigmund Freud considering the core conditions as desirable whereas Carl Rogers would consider them necessary and sufficient in order to enable successful communication to occur. According to Juliet Higdon the humanistic approach differs to psychodynamic as it is believed that the use of Carl Rogers' theory allows the individual to immediately get a solution to their problems by realising their mistakes, whereas a solution stemmed from a psychodynamic approach is not immediately exposed (Higdon, 2011). The belief that the core conditions are only desirable is also similar to the beliefs of the cognitive behavioural theory. As mentioned above Carl Rogers' humanistic approach would centre mainly around the client. The counsellor would show unconditional positive regard towards them in order to establish a professional relationship built upon trust. Unconditional positive regard is about creating an environment for clients to allow for their healthy development (Harley Therapy, 2016). A counsellor would spend time discussing and resolving issues by making the client understand for themselves. The relationship between the client and the counsellor is the most important aspect of seeking successful communication according to Rogers. This differs from both psychodynamic and cognitive behavioural approaches as they would both use techniques to gain insight into the client's thoughts and feelings rather than repeating and discussing thoughts and feelings that the client may have talked about. The same is applied within a cognitive approach, a counsellor would set tasks and worksheets to aid the therapy.

There is a distinct similarity between the psychodynamic approach and cognitive behavioural therapy as they would both take several weeks to build upon any change within the client and progress would be slow. A psychodynamic approach to counselling could take several weeks or months to gain any significant progress in the clients behaviour. Patients who are undergoing treatment using cognitive behavioural therapy usually receive around

six sessions, which are then followed up by one or more sessions. Patients may also receive an additional booster four weeks after that (Cully & Teten, 2008).

The British Association for Counselling and Psychotherapy (BACP) is a registered charity who work with their members to support them throughout their careers. The BACP promote and provide education and training for counsellors and psychotherapists, and they aim to raise the standards of the counselling profession (BACP 2018). One of the main areas of the BACP is ensuring good practice. They ensure that they focus their attention on clients during sessions and any personal interests that conflict with this will be carefully considered with supervisors. Within a healthcare setting like a counselling session it is essential to put clients first, this is one of the conditions within Carl Rogers' humanistic theory. Rogers believed that a person centred approach to care would establish a therapeutic relationship between the client and the counsellor. "Without a therapeutic relationship there can be no effective or meaningful therapy." (Miles, 2015).

It is important to put clients first within a counselling practice as it will allow clients to gain trust in the counsellors. Trust is also an important aspect of communicating effectively within a professional role as it will allow the client to feel comfortable and relaxed, which will then have a knock on effect with the client opening up more about their thoughts and feelings. During a counselling session clients are most vulnerable and dependent on others, in this case dependent on the counsellor (Pilgrim, Tomasini, and Vassilev. 2011). With clients providing more information regarding their problems, it will then allow counsellors to help find a solution.

Counsellors who use a person centred approach to care place a significant emphasis on clients reflecting on emotional feelings. "The people they help are likely to get in touch with strong emotions." (Geldard, Geldard and Yin Foo, 2017. p127). Confidentiality is another aspect that the BACP strive towards. They inform clients about how their personal data is used as well as who is within the circle of confidentiality, particularly those who have access to personal information. If there is a breach in confidentiality then this can be very damaging to a clients personal relationships and employment (Mitchels, 2014). This is important within a counselling profession as clients will feel valued within a safe environment. A client is more inclined to trust the counsellor if they know that the information they are divulging will be kept safe and anonymous. For a client to deepen their sense of themselves they need to be able to trust the therapist to respect and protect their information (Mitchels, 2014). The BACP ensure that "disclosure of personally identifiable information about clients is authorised by client consent.."(BACP 2018). However, the BACP commits to safeguarding clients or others. This may cause them to override their commitment of confidentiality. Protecting clients from harm is one of the BACP's main priorities, so breaking their confidentiality agreement may be necessary in order to protect them. This may come

into play in a counselling profession when a client discloses information that may put themselves or another person at risk. A therapist who is concerned for the safety of the client or others, may breach confidentiality to prevent a serious crime or to protect vulnerable others (Bond and Mitchels 2010. P35).

Communication skills are applied to many situations within healthcare. For example, these skills are widely used within a counselling practice. This professional environment would see the use of both a humanistic approach and the application of psychodynamic therapy, as many counsellors would use Carl Rogers' core condition of unconditional positive regard towards their clients whilst also using several techniques to gain insight into a client's background, which may involve looking into their childhood. The use of many skills mentioned within the BACP are also utilised daily within counselling practices. Within a professional counselling practice it is important to keep a professional yet well structured relationship which involves a high level of trust. Trust emerges from the counsellor being congruent, honest and being non-judgemental (Reeves and Windy. 2008).

Professional counselling sessions usually involve making appointments at a set time and place, possibly once a week at the counsellors place of work. This differs from a informal counselling session, which could include a session between a teacher and a pupil. Informal counselling between these parties could be a discussion regarding essays or in class work. This usually occurs from either party contacting the other and organising a meeting, this can be within many settings such as classrooms, cafes within campus or libraries. Another difference between an informal counselling session and a professional counselling session would be that informal sessions would be more relaxed and less strict on any set rules or regulations, whereas a counselling session between a professional and a client would usually have set rules in place to ensure that both parties come to no harm. During informal counselling sessions, a teacher would sometimes give advice and possible solutions to problems that may be occurring, however, during a professional counselling session a counsellor would be advised against giving advice as in most cases it is more successful for a client to come to terms with their problems by seeking a solution themselves. It is believed this method can be more effective in helping a client gain a better understanding of themselves. People should be helped but not coerced into making their own independent decisions without pressure.

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Leadership and Management within the National Health Service (NHS).

Katie Thomas.

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Abstract.

This report will identify the importance of leadership and management within the NHS, as well as noting some of the issues that staff within the NHS and its service users may encounter if ineffective leadership and management is present. It will also discuss the impact of these issues, relating to employee motivation and their overall behaviour within the workplace with the application of theories.

Aims of the report.

- To discuss the qualities of both good and bad leadership and management.
- To explain how good leadership and management can have a positive effect on employees.
- To touch upon the issues within the NHS that stem from organisational structure and poor leadership and management, relating to employee motivation, including the application of theories throughout the report.
- To distinguish why effective communication is an important aspect within the NHS.
- To provide any recommendations that may improve these issues.

Introduction.

Leadership and management is an important aspect of any organisation. Many organisations such as the National Health Service (NHS) have several departments that need leaders and managers. The NHS has undergone many changes within England and Wales over the past few years. Effective leadership is crucial in bringing about the changes necessary for quality improvement but the structure of healthcare organisations can prove to be a hindrance (Kumar and Khiljee, 2016). The difficulty it is facing now is completing such changes in a short period of time. It is at this time that effective leadership and management is crucial in order to utilise its ability to strive. According to a report written by Chris Roebuck it states that there must be both good strategic and operational leadership to maximise the benefits of leadership. Roebuck also explains that some of the key challenges that restrict organisational development stem from problems in leadership and management. Roebuck continues to say that lack of clarity and communication within leadership and managerial roles can produce confusion (Roebuck, 2011).

Qualities that make an effective leader.

“Leadership is about one individual influencing a group of others to accomplish common goals” (Northouse, 2012).

Good leadership and management is key to enable effective communication between employees within an organisation. Clinicians must have leadership expertise to implement change based upon good clinical decision making and around a patient-centred approach to care (Cooper, 2003).

Each individual has a unique style and will go about tasks differently. This is due to their personality and the way they work. Some of the qualities that good leaders share are, accountability, confidence, empathy, focus, honesty and inspiration. Many individuals turn to leaders to guide them within the workplace, this stems from the leader themselves being a role model for the people they lead.

John Adair’s theory to establishing an effective leader is called ‘action centred leadership’. Adair believes that there are three main areas that need to be present in order to form effective leadership, task, team and individual. Adair states that “these three areas of need influence each other for better or worse” (Adair, 1973). This theory is clearly demonstrated with this diagram (See appendix A).

The effect that good leadership has on employees within the NHS.

Leaders and management must work together with their employees to create a cohesive work environment. Effective leadership can progress into long term success. Within the NHS this could be excellent inspection feedback or patient and employee feedback. Good leadership helps shape a positive outlook, as well as promoting a good work ethic. Effective communication can influence the way a team will function by motivating through planning and effective delegation (Barr and Dowding, 2019).

This is an important aspect when motivating employees, as when the leader is seen to be working hard towards a common goal then employees are likely to do so too.

Transformational leadership is a style in which leaders encourage and inspire employees to create change that will help grow and shape the future success of the organisation. This behavior of leaders influences employees motivation to make them more aware of their duties outcomes and develop their interest for the organisation’s performance (Madanchian et al, 2016).

Examples of poor and ineffective leadership and management.

On the reverse there are many individuals who possess poor leadership and managerial skills and this can be projected onto employees under that individual. For example a poor leader may lack presence. Some managers expect their employees to work certain hours in a week and if they do not meet this threshold then on occasions there are disciplinary actions. However, if a manager is not committing to the work themselves then it is difficult for an employee to gain the motivation to do so themselves. It is essential for leaders to earn the confidence and loyalty of their employees (Aronson, 2001).

The employee may take a negative approach and become unmotivated to do well within the workplace. Passive leaders are individuals who do not demonstrate the necessary abilities to be a leader and often fail to live up to their responsibilities. Poor leaders contribute to the experience of stress among their employees (Barling, Kelloway, Frone 2004).

Some may lose willingness to attend work regular and within the NHS a lack of staff can lead to increased waiting times for patients. Some managers can take the stance of being “bossy”, whilst others can lack authority and the dedication to commit to a task. A lack of commitment can lead to ineffective decisions, unproductive progress, and lack of growth (Lencioni, 2010).

Effects poor leadership and management has on the NHS.

The most important aspect of leadership and management is communication with individuals, especially employees under the management. Listening skills are a key component to effective communication and within the NHS as they establish the foundations of a professional relationship. Some leaders can be poor listeners, in the sense that they believe because they are in a higher position than certain employees then they do not need to listen. This can lead to employees feeling undermined, not valued and can have an effect on their self esteem and commitment to the job. These realities can fester and will create a work environment that then diminishes people and their ability to apply their strengths to a task and their commitment to the job in hand (Murphy, 2015). John Adair states an individual who feels frustrated and unhappy in a work environment will not make their maximum contribution to the common task (Adair, 1973). If there is poor communication between employees and management then this will lead to a lack of clarity, within the NHS if an employee is a member of medical staff then this lack of effective leadership can have an effect on the care that they give to service users. In some cases poor care can lead to misconduct. The independent inquiry into care provided by Mid Staffordshire NHS foundation trust (Francis, 2010) repeatedly identifies a lack of leadership as significantly contributing to the poor care in some of the wards, but primarily aims criticism at those leading from the top. According to a report written by West et al, (2012) engagement with employees is a critical factor when it comes to explaining absenteeism. It states that high engagement was associated with much lower absenteeism than low or moderate levels. This statement is confirmed with the results shown in the graph (See appendix B).

Conclusion.

Leadership is an important function of management which maximises efficiency to achieve organisational goals. Leadership and management are important with the NHS as it initiates action. If an individual is to start work by communicating the plan to their employees then they are more likely to get input. According to Henry Mintzberg, breaking down management roles and responsibilities is an effective way to simplify complex concepts. Mintzberg emphasises that by doing this it helps to structure organisations into a more efficient culture and allows each member to develop their own skills (Mintzberg, 1989).

The NHS is one of the largest departments of health, and has a network of managers, leaders, healthcare employees and service users that are its main structure. It is important for individuals who are in a managerial role to create confidence within their employee team. Confidence can lead to goals being achieved effectively. Managers' recognition for good performance boosts employees' morale. Within some organisations, management may offer rewards for high performance. Rewards are management tools that can contribute to effectiveness by influencing individual or group behavior. Many organisations use pay and promotion bonuses to motivate and encourage high level performances of employees (Ali and Ahmed, 2009). A supportive management style, demonstrated through communication and recognition improve the employees' job satisfaction (Mosadeghrad and Ferdosi, 2013). Positive leadership skills, such as decisiveness, integrity and honesty can have a knock on effect with employees. Learning positive values from an individual in a leadership role can inspire an employee to strive towards the same attitude. This is an important aspect within the NHS as many students going into the medical profession are under the supervision of a mentor whilst they are on placement within the field. Mentorship focuses on the importance of a supportive relationship and the need for focused time in learning (Lascelles, 2010). Andrews and Wallis (1999) highlight the importance of the mentorship in supporting learning within the professional relationship and the importance of personal characteristics of the mentor as being a crucial aspect.

To summarise, by implementing effective leadership and managerial characteristics employees can also begin to gain more trust with an individual, they can start to build a stronger work relationship. With all these positive aspects being achieved the organisations objectives start to become clear for everyone and with a common goal much more can be achieved (Gamage, 2006).

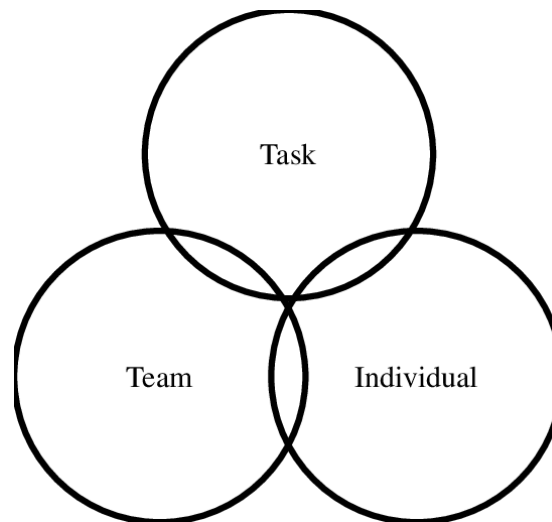
Recommendations that organisations could consider to improve issues that stem from ineffective leadership.

Most issues within the NHS stem from ineffective leadership and communication amongst managers and employees. Some recommendations that could improve the way leaders and management staff interact with their employees are shown below:-

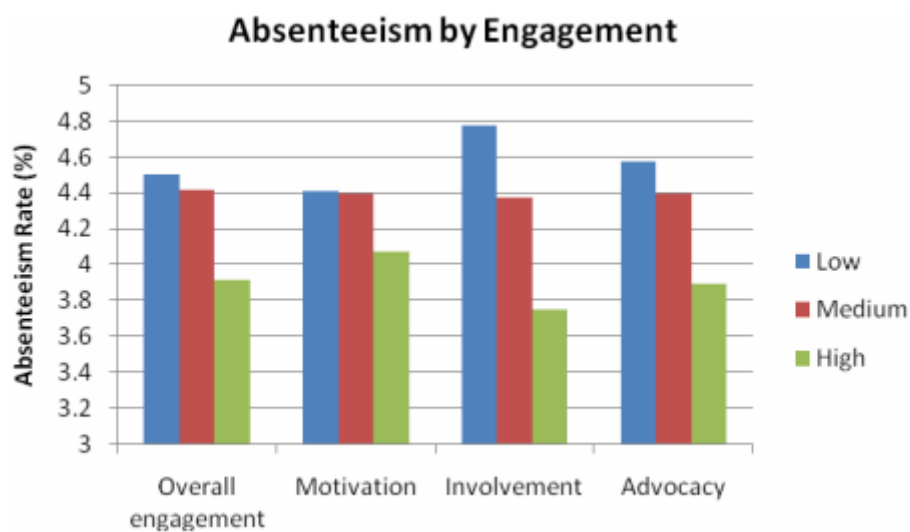
- To create a handbook that states the qualities and characteristics that effective leadership and management requires, so that they can then be utilised across the organisation.
- To provide more training for those who are in a managerial role to enable them to get the support. This should come from fully qualified managers who specialise in ensuring that individuals who are becoming new leaders have access to the materials that they require.
- Review, refresh and evaluate every year, or sooner, on any issues that employees may have with leadership styles. Offer this anonymously so that employees do not feel the pressure and unsureness of giving bad reviews.
- Gain regular feedback from service users. This can help with honest feedback that is not influenced within the circle of managers and employees.
- Establish and maintain clear and effective strategies that have been devised by both managers and employees.
- Set interim targets that employees and management staff must meet.
- Offer pay bonuses or possible promotions to encourage employees and management to complete tasks in a timely manner. Whilst also ensuring they are of a high standard.
- The style of leadership strategies has changed over the years, an up to date approach should be used throughout the organisation.

Appendices.

Appendix A. *Adair's Action-Centred Leadership Model. Action Centred Leadership™, ACL® and the three circles/rings model™ are all Trademarks of John Adair.*



Appendix B. *Patient absenteeism by engagement. (West et al, 2012).*



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Fundamentals of Anatomy and Physiology Exam January 2019

Results: 97% Name: Katie Thomas
Date: 15/1/19

Please read the answers carefully you have two hours to complete the exam please ensure you only circle one answer.

1. What is Homeostasis

- ☒ a. The process in which internal conditions are kept within a tolerable range
- b. The process in which the internal conditions are kept constant
- c. The process in which the internal temperature is kept constant

2. Which of the following is an example of homeostasis?

- a. Diabetes
- ☒ b. Sweating
- c. Hyperventilation

3. Why is it important for the body to maintain homeostasis? (2 marks)

To maintain optimum enzyme activity.
the environment for

4. What is the normal temperature range of the human body?

36°C - 37.5°C. ✓ 36.1°C 37.2°C

5. Name three organs of the body that are involved in homeostasis.

Pancreas ✓ liver, kidneys ✓

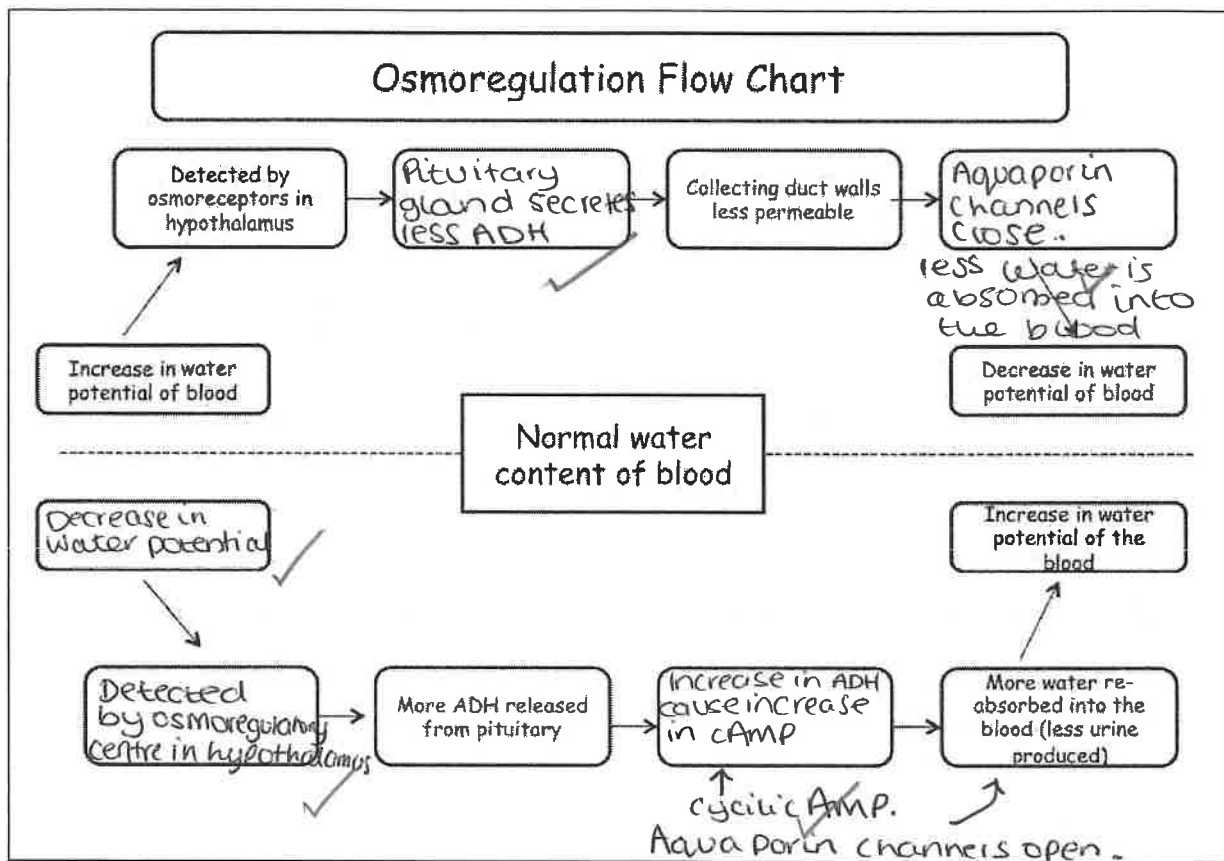
6. What should the body's blood sugar level in mg / litre

90mg per ~~100ml~~ 1 Litre / 100ml. ✓

7. Complete the following table (5 marks)

Marks available 12

⑤



8. Insulin is released by what type of cells in the pancreas?

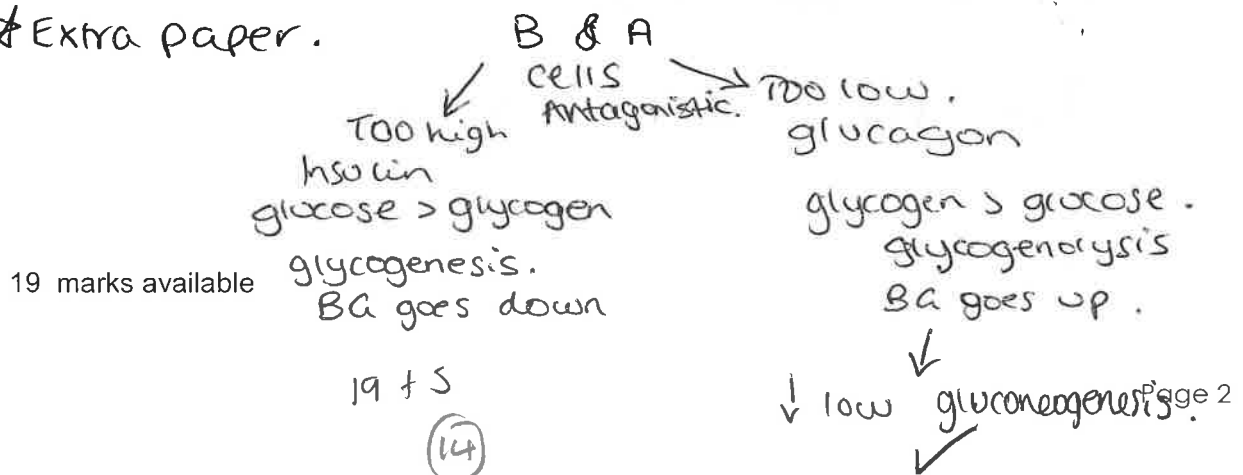
- a. Alpha cells
- ☒ b. Beta Cells
- c. Beta and alpha cells

9. What is gluconeogenesis? (3 marks)

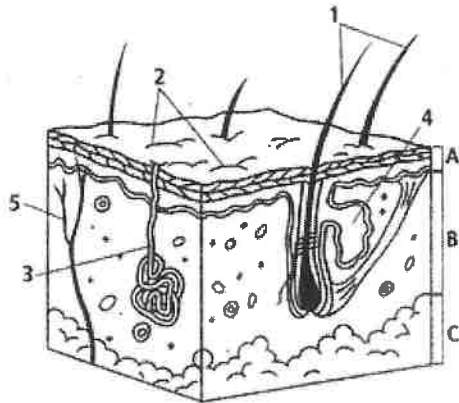
The creation of glucose from amino acids and glycerol when the blood glucose levels are too low.

10. Describe how the body balances both high and low blood glucose levels (15 marks)

*Extra paper.



Structure of Human Skin



11.

Number one in the diagram is hair, this either lays flat or stands up right in thermoregulation to help with heat loss or heat gain.

What is number three on the diagram?

Sweat gland.

What is number one in the diagram.

hair

What is number 5 in the diagram

Nerve.

Explain the role of number three and one in thermoregulation

Number three in the diagram is the sweat gland, this helps lose heat through the skin in evaporation.

12. The body's ability to maintain a constant body temperature is called what:?

Thermoregulation.

13. Explain the meaning of the terms vasodilation and vasoconstriction. (4 marks)

Vasodilation is when the smooth muscle in vessels relaxes, and more blood flows through.

Vasoconstriction is when the smooth muscle in vessels contracts, and less blood flows through.

10 marks available

10

14. What changes occur in the body when you are too hot? (5 marks)

The smooth muscle in the walls of the arterioles dilate / relax - vasodilation. heat is lost through
There is an increase in sweating - evaporation.
Hairs on arms lay flat for heat loss ✓

15. What changes occurs in the body when you are too cold? (5 marks)

The smooth muscle in the walls of the arterioles contract - vasoconstriction.

The body shivers to make the muscles contract and create heat.

The hairs on arms stand upright - piloerection.
to trap heat.

16. Why is thermoregulation described as a negative feedback loop?

Thermoregulation brings the body back to within certain parameters. eg increases or decrease heat ~~and~~, and is a constant cycle.

17. Name the hormone which controls the amount of water reabsorbed by the kidneys.

ADH ✓

Anti diuretic hormone.

18. After vigorous exercise the skin may look flushed and feel hot.

a. Explain why the skin may look flushed and feel hot.

★ b. How does this help a person to lose heat? ✓

Extra paper.

19. If your water potential was low how concentrated would your urine be? ✓

More concentrated.

20. What part of the kidney does anti diuretic hormone effect?

The Aquaporin channels. X collecting duct

21. Describe how the body maintain homeostasis when you exercise rigorously? 15 marks.

★ Extra paper

Thermo & CO₂ + PH ✓

Marks available 31

Exercise ✓

↓
CO₂ ↑ → Increase impulses to medulla.

↓
Increase impulses to intercostals and diaphragm.

→ Increase ~~depth~~ in depth of breathing and rate. ✓

CO₂ ↑ PH ↑
O₂ ↓

Too hot
Body sweats.
Vasodilation. ↑
Hairs lay flat. ✓

31

→ more CO₂ breathed off. ✓

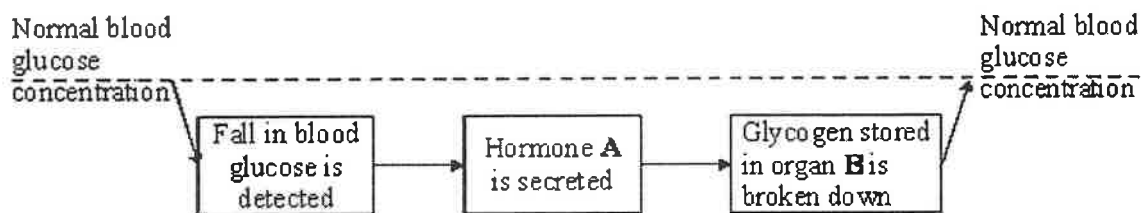
22. More water is reabsorbed in blood due to

- a. More anti diuretic hormone ✓
- b. Less anti diuretic hormone
- c. Active function of the pancreas
- d. Inactive function of the pancreas

23. Kidneys do not help in

- ~~a. Maintaining body temperature~~
- b. Osmoregulation
- c. Maintaining composition of blood plasma
- d. Regulation of Ph ✓

24. . The diagram shows some of the events which maintain blood glucose concentration in a mammal.



- a. hormone A; Glucagon ✓
- b. organ B. Liver ✓

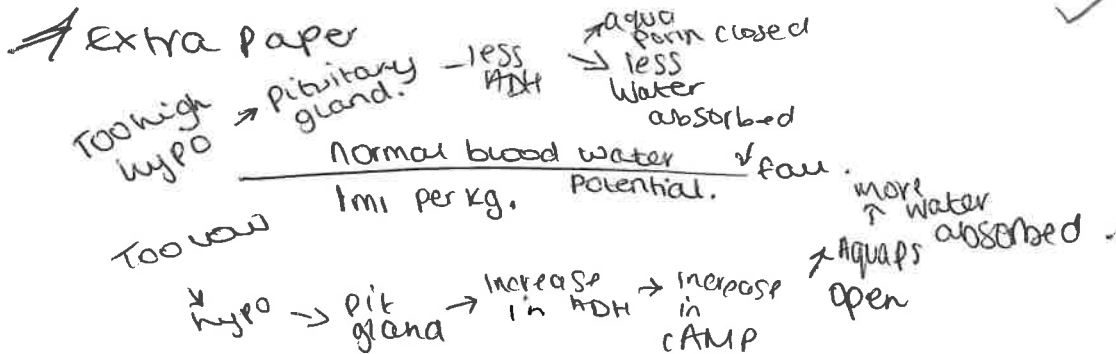
25. Explain why the events shown in the diagram can be described as an example of negative feedback) 2 marks

Marks available 6 The blood glucose levels are returning to a tolerable range - this is negative feedback. it is a constant cycle x. (3)

26. Explain what happens when the body uses all its reserves of glycogen stored in the liver (3 marks)

The body will then ~~convert~~ ^{convert} its amino acids and glycerol into glucose - this is called gluconeogenesis.

27. Explain in detail osmoregulation in humans (15 marks)



28. What are glucagon and insulin and what cells secrete them and in which organ are they found? (3 marks)

Glucagon and insulin are hormones.

Alpha cells secrete glucagon.
Beta cells secrete insulin.

29. What is hypoglycemia

Too low blood glucose levels.

These cells and hormones are found in the islets of Langerhans in the pancreas.

Marks available 22

Total Mark available 100

* and acts
as a key
for glucose
channels.

10. The alpha and beta cells in the islets of Langerhans in the pancreas detect a change in blood glucose levels. If the blood glucose levels are too ^{high (hyperglycemic)} ~~low~~ then the beta cells will secrete more insulin into the bloodstream. Insulin is a hormone, * Beta cells and alpha cells are antagonistic, which means they work against each other. This means the alpha cells will secrete less glucagon. The release of insulin will then stimulate the conversion of ~~glucose~~ glucose into glycogen in the liver. The excess glucose will be stored in the liver as glycogen. This process is called glycogenesis. The blood glucose levels will then start to decrease.

If the blood glucose levels are too ^(hypoglycemic) ~~low~~ then the alpha cells in the islets of Langerhans in the pancreas will secrete more glucagon. As stated above, beta cells and alpha cells are antagonistic so less insulin will be secreted ~~from~~ by the beta cells. The increase in ~~glucose~~ glucagon will then stimulate the conversion of glycogen into glucose in the liver. This process is called glycogenolysis. If the blood glucose levels do not rise after this then the body will start to convert its amino acids and glycerol into glucose. This process is called gluconeogenesis. The blood glucose levels should then start to rise, this is called negative feedback.

* ~~glucose~~ glucose

Insulin allows more glucose uptake in cells.

18a A person may look flushed and feel hot after exercise as the smooth muscles in the walls of the ~~arteries~~ ^{arterioles} ~~capillaries~~ vasodilate and more blood is shunted through the capillaries closer to the surface of the skin causing a person to look flushed.

18b This may help a person to lose heat as during exercise a person will start to sweat. Sweat glands in the skin help heat loss by a process of evaporation.

21. During vigorous exercise ~~and~~ there is an increase in carbon dioxide. This increase in carbon dioxide then increases the impulses to the medulla. The medulla then sends an increased amount of impulses to the intercostal muscles and diaphragm which then increases the depth of breathing and the rate of breathing. This then maintains a homeostatic balance as more carbon dioxide is then breathed out. Homeostasis is also maintained by its ~~breathing~~ PH levels. If the amount of carbon dioxide in the body is increased then the PH levels will also increase so the body must return the levels to its tolerable range. It does this by the chemoreceptors in the aortic arch and carotid artery. A message is sent via the sensory neurones to the medulla oblongata that the PH of the body is too high. The medulla then sends a message to increase the parasympathetic stimulation in the SA node and this then releases acetylcholine into the bloodstream. Acetylcholine then stimulates vasodilation and this then decreases the heart rate and contractility and the PH levels of the body return to between 7.35-7.45.

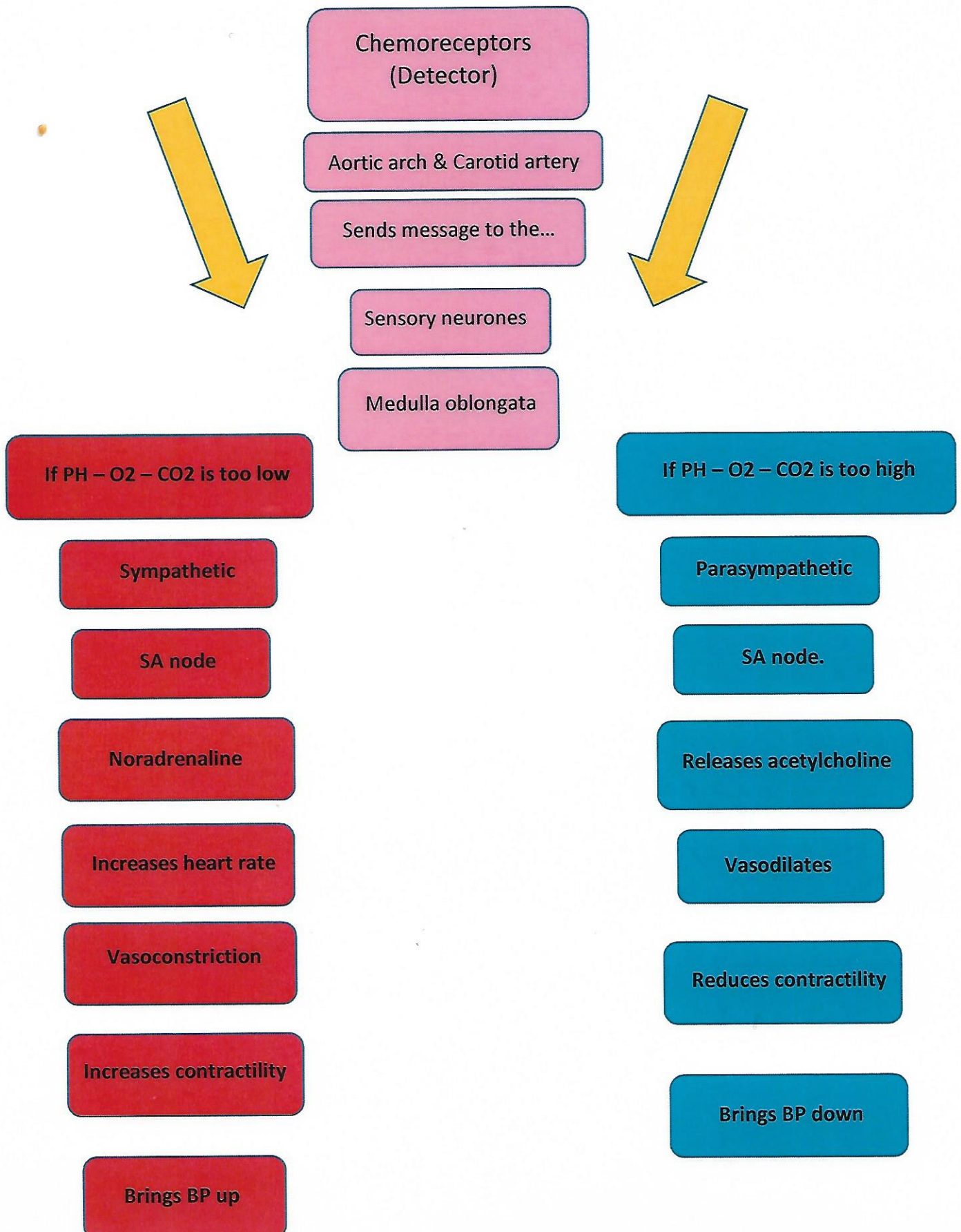
During vigorous exercise the body also gets hot. If the body temperature gets too ~~hot~~ ^{high} then the thermoregulatory centre in the hypothalamus will detect a change and send a message via the sensory neurones in the heat receptors in the skin. The body will trigger vasodilation and the smooth muscles in the walls of the

arterioles will ~~relax~~ ^{relax} and more blood will be shunted through the capillaries closer to the surface of the skin to cause a flushed look. The body will then start to sweat and heat will be lost through the ~~skin~~ ^{skin} by a process called evaporation. The hairs on arms will also lay flat to increase heat loss. The temperature of the body will then start to fall back between 36°C - 37.5°C . This is called negative feedback.

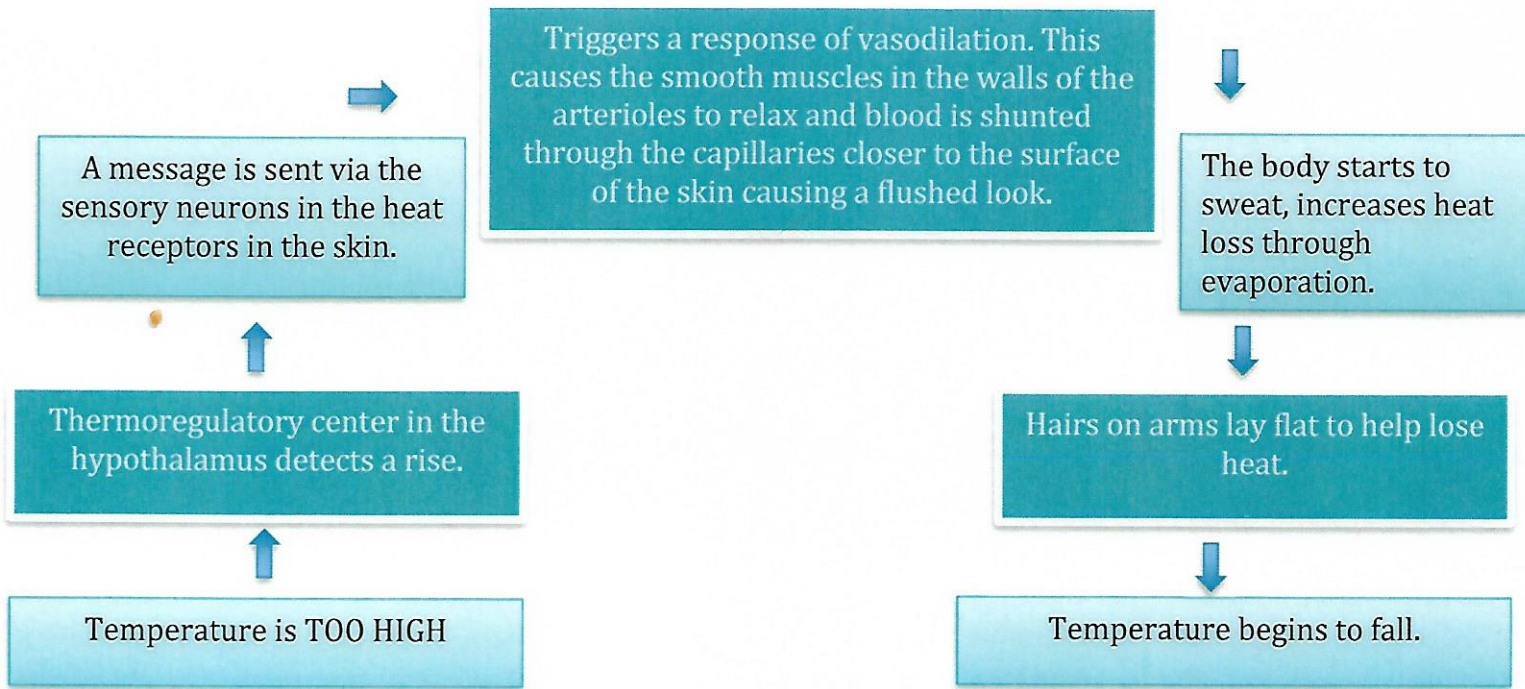
27. The osmoregulatory centre in the hypothalamus will detect a change in blood water potentials. If the blood water potentials are too high then the hypothalamus will send a message to the ^{posterior} pituitary gland to secrete less ADH. Less ADH then causes the aquaporin channels to close and less water is ~~secreted~~ absorbed ^{into the blood} and the blood water potentials then start to fall. If the hypothalamus detects too low ~~of~~ blood water potential then the hypothalamus will send a message to the pituitary gland to secrete more ADH. The increase in ADH will then stimulate an ~~an~~ increase in cyclic AMP (cAMP) and this will cause the aquaporin channels to open and more water will be absorbed into the ^{*} and the blood water potential will rise to a tolerable range of around 1m per 1kg. This is called negative feedback. ✓



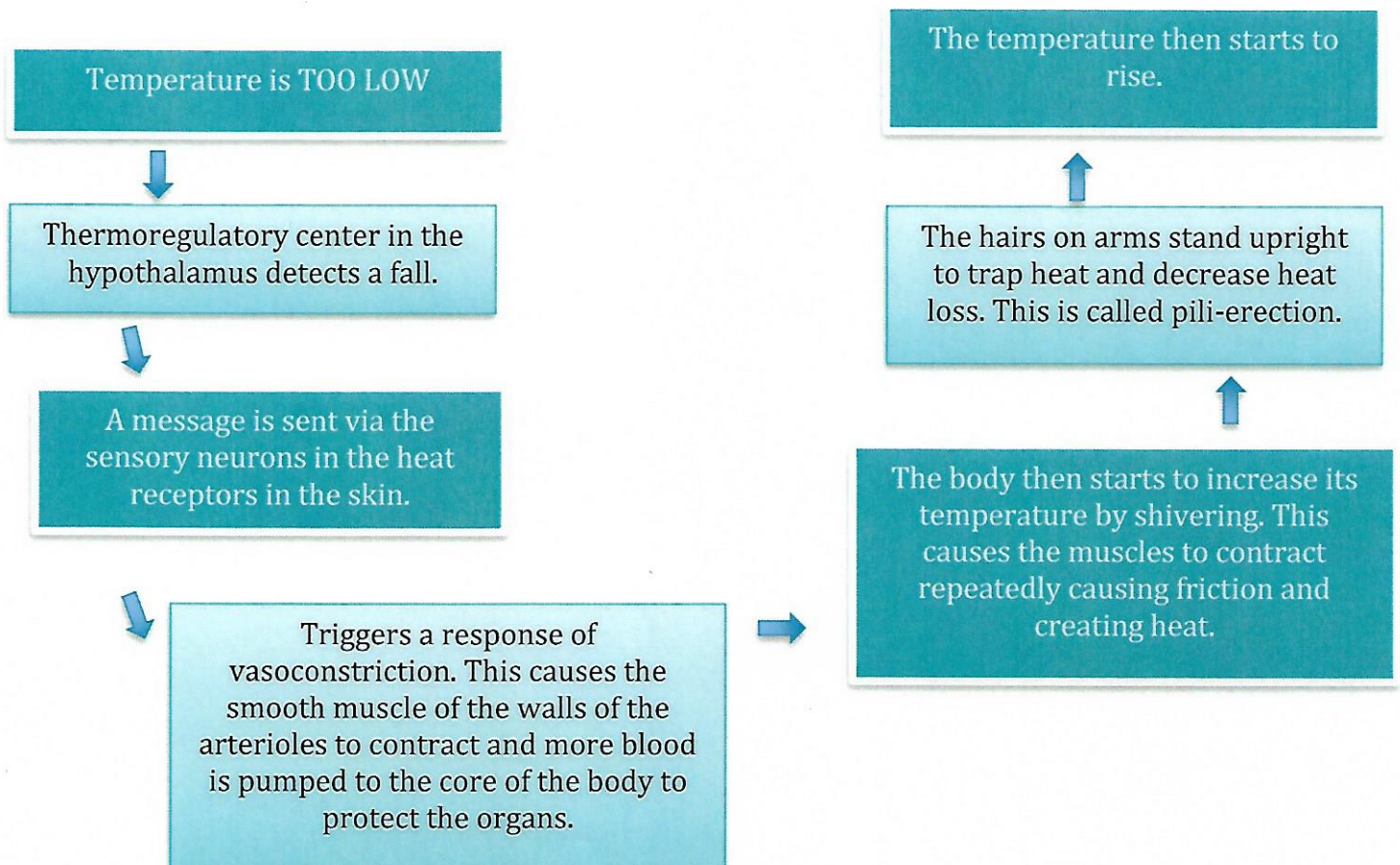
PH - O₂ - CO₂ CHEMORECEPTORS



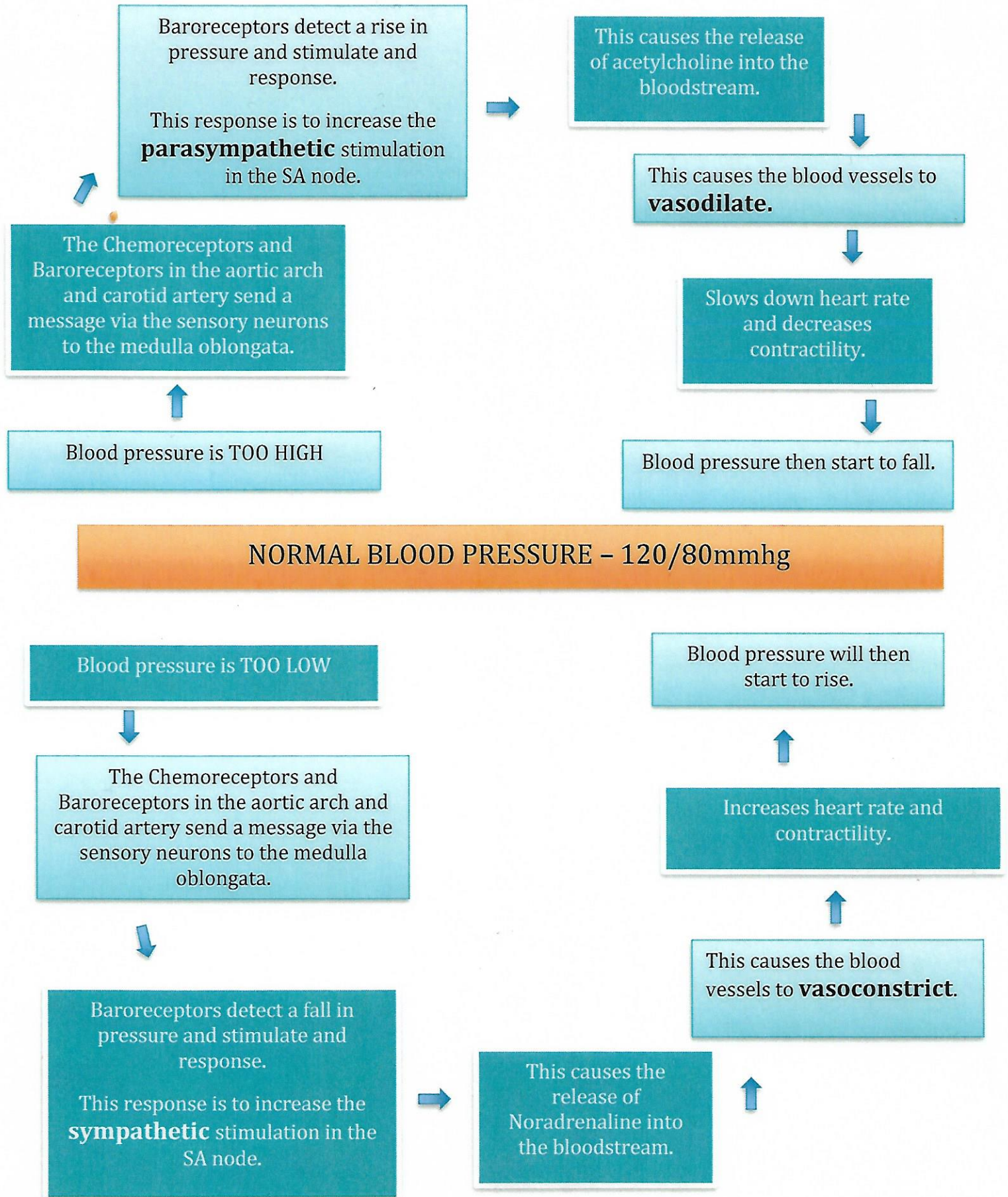
THERMOREGULATION.



NORMAL TEMPERATURE 36°C -37.5°C NEGATIVE FEEDBACK.



BLOOD PRESSURE REGULATION.



Report.

by Katie Thomas

Submission date: 22-Mar-2019 07:45PM (UTC+0000)

Submission ID: 103043631

File name: 10671_Katie_Thomas_Report._154755_1873109542.odt (18.4K)

Word count: 2525

Character count: 13922

Why Is Research Important in Nursing?

Katie Thomas.

Introduction.

Research within any healthcare field is important to gain a wider range of knowledge within a certain subject or topic. Specifically, within nursing, research can help determine which practice or method is best and which can improve patient care. Research within nursing is a systematic inquiry designed to develop knowledge about the issues and the importance to the nursing profession (Polit and Beck, 2004). Nursing research

Research Process.

The research paper that was selected was found on the University of Wales Trinity Saint David online library. The process of selecting the research paper involved selecting the 'databases by subject' tab within the online library. The subject chosen was 'Sport, Health and Outdoor Education' and 'ProQuest central' was selected. To ensure that specific requirements were met the search for a research paper was narrowed by adding filters. For example, 'full text' and 'peer reviewed' tabs were selected to refine the search. The topic of 'nursing' was searched for, and 442,861 results were found. Further refinements were made, 'Scholarly journals', 'UK location' and a date range of between 1st January 2013 to 1st January 2019 were added and 5,078 results were found. From here, the research paper that is being used was found. This paper is called, "A survey of student nurse' and midwives' experiences of learning to use electronic health record systems in practice" (Baillie et al, 2013). Reference required

Background.

A background is a short summary that usually sets the scene of what a research paper is about. A background can occasionally include a literature review that gives details of previous research on the topic.

Within the research paper Baillie et al (2013) explains that ¹health records were traditionally paper based and students would learn to enter information under mentor supervision. It shows from previous research that there are concerns about safety of patient information and that electronic systems can be time consuming and difficult to understand and this research paper identifies some of the experiences that students have come across.

Abstract.

An abstract is a brief summary of a research paper (Thomas, 2017). It includes a short overview of the findings within the research paper. There are two different types of abstracts, an informative abstract and a descriptive abstract. Within an informative abstract the writer would present all the findings and main arguments. It would also include the important results and evidence that was found (The Writing Centre, 2019). Descriptive abstracts differ slightly from informative abstracts. It is brief and describes the contents of a paper. "A good descriptive abstract as well as the informative abstract will include useful keywords that will help in electronic retrieval" (Bernard Lukenbill, 2012). Baillie et al (2013) used an informative abstract. This is made clear as subheadings are used to ensure the layout was structured well. Information regarding the aims of the research paper and the methods used were clearly demonstrated within the abstract. The informative abstract gives us a detailed overview of the research that was being carried out, this ensures the reader gains a clear understanding of what is included (Baillie et al, 2013).

Abstract

Literature review.

A literature review is the process of researching what information is already available. It is searching the existing literature relating to the research problem to develop frameworks for the study, whilst also interpreting what the existing literature is saying about the topic (Kumar, 2014). Within this research paper the authors carry out extensive research on the topic of using electronic systems to record a patient's health data. A range of topics had been researched, such as types of improvement that may be needed, this indicated when the authors state that nurses' record keeping standards need improvement. The majority of the literature in the research paper was taken from the last 10 to 15 years. This shows that the researched being used was up to date and reliable. (Baillie et al, 2013).

Good

Aims of the study.

Paul Oliver states that aims are important within a research paper as they have an integrative function. "They are statements of intent, which set out the goals of the research" (Oliver, 2012. P 34). Oliver explains that aims link all the different elements of a research paper together. The aims act as signposts within the research, and help the reader to anticipate what will come next (Oliver 2012). The aims within the paper are explained within the opening sections. It is stated that the main aim is to investigate student nurses' and student midwives' experiences of learning and using electronic systems to input patients' health data (Baillie et al, 2013).

Aim

Study design.

The term study design is the type of design a person is going to use to undertake a study. For example, will it be experimental, correlational or descriptive (Kumar, 2014). There are several different aspects to a study design, for example the use of qualitative and quantitative research.

The aim of qualitative research is to understand the social aspects of people's behavioural traits. It aims to identify; -

- Why people behave the way they do.
- How opinions and attitudes are formed.
- How people are affected by the events that go on around them.

Within a nursing setting qualitative research is useful when people's experiences and opinions are needed. The way care is given and received can be examined through qualitative research. "The approach helps develop an understanding of human experiences" (Holloway and Galvin, 2016). This is important within any healthcare setting as staff must focus on a caring approach, as well as the importance of communication and interaction with other staff and patients.

Quantitative research refers to the use of collection and analysis of numerical data, statistical methods are often used (Somekh and Lewin, 2011). Quantitative research can be utilised within a nursing environment as most members of staff would need to input data into charts and graphs. For example, a healthcare professional can use quantitative methods to determine whether there are any patterns or differences between certain aspects of data. Baillie et al, (2013) clearly demonstrates a qualitative approach within their research as primary data, such as questionnaires and focus groups have been used. Research design

Sample.

A sample is a group of people drawn for questioning or interview (Browne, 2011). There are many different ways samples can be selected. For example, there is probability and non-probability sampling. Probability sampling is selecting people at random to be used within the research. (Blaxter, Hughes, and Tight. 2010). Techniques used within probability sampling include, systematic sampling. An example of systematic sampling could be the researcher creating a list of people being used within the research and then choosing everyone who has an even number. Non-probability samples include choosing people for convenience. Non-probability sampling is not random and can involve different types of methods. An example of this includes purposive sampling (Moule 2018). A purposive sample is selected by the researcher. This can be useful if the researcher wants to target a certain group of people. Baillie et al, (2013) demonstrates purposive sampling within the research paper. This is made clear when the sample group being used is student nurses and student midwives that have had an NHS placement within a hospital or community care setting. 1

Data Collection.

Data collection is the process through which specific data is produced and collected via a number of different methods and sources (Grix, 2004). There are many different ways data can be collected. Some of these include, questionnaires, surveys, interviews, and focus groups.

"A questionnaire is one of the most popular research methods" (Hucker, 2001. P 87).

Questionnaires are a good way to finding answers for specific research questions. There are many different types of questionnaires that can be used to collect data. For example, postal, telephone or self-completion questionnaires. A Likert scale may also be used within a questionnaire. A Likert scale can include statements set out by the researcher, followed by a number of ordered responses (Monette, Sullivan and DeJong, 2010).

Research interviews are used to collect people's thoughts and feelings regarding certain questions that the researcher may have prepared (Denscombe, 2014). There are several different types of interviews that can be used to collect data. These include, structured interviews, semi-structured interviews and unstructured interviews. Structured interviews involve a strong control over how the interview is to be carried out. The researcher has predetermined what questions are going to be asked.

Semi-structured interviews are the use of flexible structure. The researcher would have a general plan of what is going to be said but would allow the interview to go off topic every now and again. "Interviewers may also deviate from the plan to pursue interesting tangents" (O'Leary, 2010). Unstructured interviews have no set topics or key points. This type of interview is to obtain a person's opinion without coercion. "The idea is to let interviewees develop their own ideas and pursue their own line of thought..." (Denscombe, 2014).

Focus groups are usually a group of people used for an interview. It is more of a discussion than a strict question and answer process (O'Leary, 2010). During a focus group the researcher can ask a question to stimulate the process of the conversation but then it is the individuals within the group that continue expressing their opinions and concerns. Focus groups are useful as they enable the researcher to initiate a flow of conversation between individuals and that will then lead to a collection of data to which the researcher can then analyse.

Primary research was conducted with the use of questionnaires and focus groups. Both methods were conducted on a university campus, enabling the researcher to specify who they want to target. The targeted group is nursing students who had an NHS placement in a hospital setting. The questions are related to the background information on when health records were paper based and what training had been done. It also asks how prepared the students felt for record keeping. The questionnaire gain information.

Ethical Consideration.

Ethical consideration is about carrying out research in a morally correct way. It is the researcher's responsibility to consider how the research may affect the people involved. (Hucker, 2001). This includes seeking an individual's permission, whilst not forcing a person to contribute. Ethical consideration is important in research when it involves a sensitive aspect of a person's life.

Baillie et al (2013) states that the university ethics committee approved the study. The safety of the participants was also considered as the authors went to the classroom of the participants and handed out questionnaires. This also adds to the ease of the research collection. Students were only used in the research if they were willing to participate. Baillie et al (2013) gains consent from the students by providing consent forms prior to taking part. Data was also kept secure on password protected computers.  2

Data analysis.

Data analysis is the process in which data is organized to be used in methods that help to evaluate and explain the research in more depth (Cuesta and Kumar, 2016). Baillie et al (2013) uses SPSS to analyse their findings. SPSS is a computer software, which is called, Statistical Package for the Social Sciences. The questionnaire data was entered onto SPSS and then Pearson's Chi-square was used to examine any associations or differences within the data that was collected.

Results.

The results section in a research paper is where the key findings and analysis is explained. Data can be presented in tables, charts or graphs. It should only state the results that are most relevant to the research question (Wordvice 2012).

Within the research paper it is stated that of the 350 participants, 215 of them returned their questionnaires. It explains that 51% were adult student nurses, 24% were mental health nursing students, 13% were from midwifery and 12% were child nursing students. The main two themes that were found between the questionnaires and the focus groups were how much preparation students had for using electronic health records and the access they had to them.

Discussion.

The discussion part of a research paper should include a statement of the major findings of the study. It should also explain the meaning of the findings and why the findings are important. The discussion section should be clear and precise. Some discussions will relate to findings of similar studies and may consider alternative explanations of the findings (Hess 2004). Baillie et al (2013) discusses the different experiences that students have had with electronic health records. It is in the discussion section where the authors of the research paper give an overview of the findings and key features within the study. It explains what the study highlights in regards to the challenges that students may face with electronic health records.

Conclusion.

The conclusion is intended to help the reader understand why that research matters. A conclusion should include a synthesis of key points and, if applicable, recommend new areas for future research. Ideas in a conclusion should be clear and in simple language. It should not reiterate the results in the discussion (The Writing Centre 2019). Baillie et al (2013) uses generalised statements to conclude their findings.



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Report.

ORIGINALITY REPORT

16%

SIMILARITY INDEX

7%

INTERNET SOURCES

6%

PUBLICATIONS

11%

STUDENT PAPERS

PRIMARY SOURCES

1	Lesley Baillie, Sandra Chadwick, Robert Mann, Melanie Brooke-Read. "A survey of student nurses' and midwives' experiences of learning to use electronic health record systems in practice", Nurse Education in Practice, 2013 Publication	4%
2	Submitted to University of Ulster Student Paper	2%
3	uir.unisa.ac.za Internet Source	1%
4	Submitted to Rochester Institute of Technology Student Paper	1%
5	citeseerx.ist.psu.edu Internet Source	1%
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14	publications.theseus.fi Internet Source	1%
15	usir.salford.ac.uk Internet Source	<1%
16	Pride Kandemiri, Thobeka S. Nkomo. "Factors that contributed to Congolese refugees and asylum seekers migrating out of Congo: The role of forgiveness", Journal of Human Behavior in the Social Environment, 2019 Publication	<1%

Exclude quotes Off

Exclude bibliography On

Exclude matches Off

Report.

GRADEMARK REPORT

FINAL GRADE

66/100

GENERAL COMMENTS

Instructor

If you require any additional feedback on your work please make an appointment to see me

Engagement with Literature 14/25

There is evidence through your reference list of engagement with a range of literature. The reliability and credibility of the sources has been considered. You need to widen your reading to include research papers for future assignments. There is evidence to show that most of the sources have been retrieved independently.

Referencing conventions used are not always accurate the reference list should be in alphabetical order and for books you need place as well as publisher. Please see my comments on your work and use your referencing handbook to help you format the references in the correct order.

Knowledge and Understanding 17/25

Your knowledge and understanding of the research terms identified from within your chosen paper is very good. Some of the areas covered such as research design and sampling are comprehensive.

Cognitive and Intellectual Skills 9/15

Your work demonstrates a very good understanding and you have shown an ability to use evidence to support the issues raised. Your originality score demonstrates very good interpretation into your own words. You have provided some limited analysis and evaluation throughout and identified some of the strengths and weakness's of the research.

Practical Skills 11/15

You have linked theory to practice throughout. You have clearly understood the information from the text books and linked that appropriately to the information you have found in the chosen research paper.

Transferable Skills for Life and Professional Practice 15/20

Your work was presented in the correct format for a report. Your writing is structured and flows demonstrating some clarity of thought. You have demonstrated that you can work effectively independently.

PAGE 1

PAGE 2

QM

Nursing research

Good overview provided of why research is important within nursing

QM

Reference required

This section needs to be referenced

Additional Comment Reference to the UWTSD library site

PAGE 3

QM

Abstract

A clear definition has been provided in relation to informative and descriptive abstracts. You have provided a relevant link to your paper

QM

Good

Good

QM

Aim

Definition of an aim is provided well done

PAGE 4

QM

Research design

You have shown that you have understood the research design methods and have defined

you have shown that you have understood the research design methods and have defined qualitative and quantitative for the reader.

Additional Comment This is a well written section



Comment 1

Another well explained section demonstrating your knowledge and understanding.

PAGE 5

QM

Interviews

You have shown you have an understanding of the differing types of interviews such as structured, unstructured and semi-structured.

QM

Reference to research paper

Reference required to research paper whenever you use information from your research paper you are required to reference this information.

PAGE 6



Comment 2

Good

PAGE 7

PAGE 8



Comment 3

Reference list should be in alphabetical order.



Comment 4

Place and publisher are required within a book reference.

PAGE 9

Interview reflection.

Description.

This reflection is going to underline the key concepts of an interview that I attended, whilst also analysing and critiquing my interview technique. This will be done with the use of Graham Gibbs' model of reflection (Gibbs, 1988). I am currently enrolled on a certificate in nursing and health course in the University of Wales Trinity Saint David in Carmarthen. Whilst the course was ongoing I attended a job interview in Dechrau Disglair nursery in St Clears for the position of a nursery assistant. The interview panel was made up of Mrs Thomas, and Mrs Davies, both of whom work within the nursery. Prior to the interview I had researched the key aspects of becoming a nursery assistant, including some of the key issues so that I would be prepared for any questions. I pride myself on my ability to research a topic well. I am able to analyse key findings to enable myself to gain a better understanding of topics that may be discussed during the interview. Researching certain topics, as well as the company itself, can enable a person to field any questions the interviewer might ask without any hesitation or anxiety (Karim, 2010). Once the initial meet and greet had taken place, we sat down in the office and began the interview process. This began with Mrs Thomas and Mrs Davies asking me a variety of questions regarding my interest in becoming a nursery assistant. It was from this question that other questions began to flow and the interview was underway.

Feelings.

I would like to start off by saying that I thought my interview went very well. I was wearing the correct attire, which enabled me to present myself as professional and organised. I gave a firm handshake at the beginning of my interview and we began to discuss the process of the interview. A firm handshake is believed to show a person's confidence (Andrews, 2008). It was as the interview began to progress that I felt very nervous and anxious. I did not know what to expect within the interview and I thought my nerves would get the better of me. People's feelings of nervousness are a natural reaction to unfamiliar situations and are based on the 'fight or flight response' (Lewis and McDermott, 2006). However, once we all started talking and I got to talking about myself and my interest in working with children I began to calm down. As mentioned above my research helped me to give clear and precise answers. I was able to give detail into my abilities and attributes that would contribute to the job role. This included my ability to organise and prioritise tasks to ensure things are done in a timely manner and to the highest standard possible. Prioritising allows you to identify the

most important tasks and allows you to give those tasks more of your attention, energy, and time (Dinkel, 2011).

Evaluation.

Both Mrs Thomas and Mrs Davies were impressed with how well I was able to present myself. They both praised me on my ability to express my opinions and feelings on the topic of childcare clearly, whilst keeping a professional approach. During the interview I was asked to go out onto the floor to spend some time with the children. This was where I was able to show my ability to interact with the children and start to build a relationship with them. It was here that I was able to explain that building a relationship with children is an important aspect of their development as they begin to trust the carer and will explore more. A positive relationship with children will have an impact on the child's cooperation and their motivation which will increase positive outcomes (Webster-Stratton, 1999).

As I was new to the children's routines, I found myself being quite reluctant to get stuck in during the on floor trial. This is the one thing that I wish had gone differently during my interview. Showing that I was interested in taking part would have shown my interviewers that I was prepared to take on any task. Showing willingness will cause your manager to be pleased with your progression and may give you more responsibilities (Marsh, 2012). Even though I was slow to get started, once I established the basic routines I became more involved and started to relax into my role.

Analysis.

Once the on floor trial had finished, I was taken back to the office. It was here that we discussed the possibility of me being offered the job. After hearing this, I became more confident at the possibility of being successful. Gaining confidence in your interview skills, you will cease to see the interview as some sort of uncomfortable interrogation (Stein, 2002). This helped me to finish the interview on a high, as I was determined to continue to impress. At the end of the interview, both Mrs Davies and Mrs Thomas gave me some feedback. Mrs Thomas, who is the owner of the nursery, stated that she was impressed by my positive attitude throughout the interview. "Being positive is essential to achievement and the foundation of true progress" (Mason, 2010. P 22). She stated that it was very beneficial to her that I was able to connect with the children and gain their trust as the majority of them were keen to come and play with me. She also added that my determination and confidence to do well within the job role ensured her that I would do well within the team.

Conclusion.

To conclude, I strongly believe that my interview was very successful. If I were to do anything differently, I would have got involved a lot sooner. This would have shown more enthusiasm and willingness to be involved. People who are more enthusiastic come across much more positive, capable and even inspiring (Jay, 2008). Even though this did not directly affect my interview, I would have felt more confident with how it went if I had got more involved. On a positive note I was extremely happy with how I portrayed myself. I was confident in my answers, as well as my ability to expand on my existing knowledge on important aspects within childcare.

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STUDENT SELF FEEDBACK FORM LEVEL 4

You will need to submit AT LEAST ONE of these and link it to one of the assignments you are submitting. We recommend self-assessing your interview write up. Use the criteria on the last page below to help you self-assess.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
Within my interview write up I believe I could have used a more extensive range of literature. For example, using online journals and reports. However, I do believe I referenced my sources well and consistently to the Harvard referencing guidelines.	10	6
2. Knowledge and Understanding Skills		
My interview reflection included positive and negative points that I believe enabled me to gain a better knowledge of where I had gone wrong within my interview. I was able to reflect on those things that I wish I had done differently. I believe my interview reflection contained excellent knowledge of the basic concepts and principles.	20	16
3. Cognitive and Intellectual Skills		
My interview reflection could have included a more detailed evaluation of the key concepts; however, I think the basic understanding of what was needed is there. My use of both negative and positive aspects showed my ability to analysis my work.	20	16
4. Practical Application Skills		
My reflection contained application of basic methods, as well as the application of different techniques. I was able to expand on where I had gone wrong during my interview, and how I was able to correct it.	25	19

5. Transferable Skills for Life and Professional Practice		
My reflection was fluent and flowed very well. It was presented professionally, whilst also showcasing my skills.	25	18

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

GENERIC ASSESSMENT CRITERIA

Level 4

In accordance with the Framework for Higher Education Qualifications, at the end of Level 4 students will be expected to have demonstrated knowledge of the basic underlying concepts and principles of a subject, and an ability to evaluate and interpret these within the context of that area of study. They should be able to present, evaluate and interpret qualitative and quantitative data in order to develop lines of argument and make sound judgements in accordance with basic theories and concepts of their subject(s) of study. They will have learned how to evaluate different approaches to solving problems, and will be able to communicate the results of their study/work accurately and reliably, and with structured and coherent arguments. They will be able to undertake further training and develop new skills within a structured and managed environment and will have the qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility.

Level 4	FAIL	MARGINAL FAIL	SATISFACTORY (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)	EXCEPTIONAL (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-84%	85-100%
Engagement with literature (including reading, referencing, academic conventions and academic honesty)	Little or no evidence of reading and/or reliance on inappropriate sources. Views and findings mostly unsupported and non-authoritative. Referencing conventions used incoherently or largely absent.	Poor engagement with essential reading. No evidence of wider reading. Reliance on inappropriate sources, and/or indiscriminate use of sources. Heavily reliant on information gained through class contact. Inconsistent and weak use of referencing.	Engagement with a limited range of mostly relevant and credible sources but with some reliance on information gained through class contact. Some omissions and minor errors. Referencing conventions evident though not always applied accurately or consistently.	Engagement with an appropriate range of literature, including sources retrieved independently. Some over-reliance on texts rather than other sources. Referencing may show minor inaccuracies or inconsistencies.	Engagement with a wide range of literature, including sources retrieved independently. Selection of relevant and credible sources. Generally sound referencing, with no/very few inaccuracies or inconsistencies.	Engagement with an extensive range of relevant and credible literature. Consistently accurate application of referencing.	Exceptional engagement with an extensive range of relevant and credible literature. High-level referencing skills consistently applied.
Knowledge and understanding (Knowledge of the basic underlying concepts and principles of the	Major gaps in knowledge and understanding of the basic underlying concepts and principles of the	Gaps in knowledge of the basic underlying concepts and principles, with flawed or superficial	Limited knowledge and understanding of the basic underlying concepts and principles within	Knowledge of the basic underlying concepts and principles is accurate with a good	Competent knowledge of the basic underlying concepts and principles. Exhibits very	Excellent knowledge and understanding of the basic underlying concepts and	Exceptional, detailed knowledge and understanding of the basic underlying

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principles of a subject.)	subject matter. Inclusion of irrelevant material. Substantial inaccuracies.	understanding. Some significant inaccuracies and/or irrelevant material.	the subject area. Some elements may be missing.	understanding of the field of study but lacks depth and/or breadth.	good understanding.	principles of the subject.	concepts and principles
Cognitive and intellectual skills (Evaluate underlying concepts and principles of a subject and interpret qualitative and quantitative data in order to develop lines of argument and make sound judgements.)	Wholly or almost wholly descriptive work. Little or no evaluation of the underlying concepts and principles. Failure to develop arguments, leading to illogical or invalid judgements. Minimal or no use of evidence to back up views.	Largely descriptive work, with superficial evaluation of the underlying concepts and principles. Weak interpretation of data, flawed development of arguments and judgements. Information accepted uncritically, uses generalised statements made with scant evidence and unsubstantiated opinions. Ideas sometimes illogical and contradictory.	Limited attempt at evaluation of the underlying concepts and principles, tending towards description. Can interpret qualitative and quantitative data but with some errors. Some evidence to support emerging arguments and judgements but these may be underdeveloped or with a little inconsistency / mis-interpretation.	Good evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data, with minor errors. An emerging ability to use evidence to support the argument. Mostly valid arguments and logical judgements.	Sound evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data accurately. Ability to devise arguments using evidence to make mostly appropriate and valid judgements.	Excellent evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data accurately and with some insight. Excellent ability to devise arguments using evidence and make appropriate and valid judgements.	Exceptional evaluation of the underlying concepts and principles based evidence. Outstanding interpretation of qualitative and quantitative data. Exceptional ability to devise arguments using evidence and make wholly appropriate and valid judgements.
Practical skills (Different approaches to solving problems in particular contexts.)	Limited or no use of taught, basic methods, materials, tools and/or techniques. Little or no appreciation of the context of the application.	Rudimentary application of taught, basic methods, materials, tools and/or techniques but without consideration and competence.	An adequate awareness and mostly appropriate application of basic methods, materials, tools and/or techniques. Basic appreciation of	A good and appropriate application of basic methods, materials, tools and/or techniques. Clear appreciation of the context of the application.	A very good application of a range of basic methods, materials, tools and/or techniques. Very good consideration of the context of the application.	An advanced application of a range of taught, basic methods, materials, tools and/or techniques. The context of the application is well considered, and insightful.	Exceptional levels of application and deployment skills in particular practical contexts. Outstanding identification of problems in

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	Very weak evidence of different approaches to problem-solving in particular contexts.	Flawed appreciation of the context of the application. Weak evidence of different approaches to problem-solving in particular contexts.	the context of the application. Can identify problems in particular contexts and propose basic alternative approaches or solutions though there may be errors.	Good evidence of different approaches to problem-solving in particular contexts and proposes mostly appropriate solutions.	Very good evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.	Excellent evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.	particular contexts and formulation of wholly appropriate, thoughtful solutions / different approaches.
Transferable skills for life and professional practice (Communicate the results of their study/work accurately and reliably, and with structured and coherent arguments; the qualities needed for employment requiring the exercise of some personal responsibility within a structured and managed environment.)	Work is poorly structured, disorganised, inaccurate and/or confusingly expressed. Very weak use of language and/or very inappropriate style. Failure to work effectively individual or as part of a group. Little or no evidence of the skills for employment requiring the exercise of some personal responsibility.	Work is poorly presented in a disjointed manner. It is loosely, and at times incoherently, structured, with information and ideas often poorly expressed. Weak use of language and/or inappropriate style. Flawed approach to individual or group work, meeting only partial obligations to others. Limited evidence of the skills for employment requiring the exercise of some	Mostly ordered presentation and structure in which relevant ideas / concepts are reasonably expressed. Work may lack coherence and/or accuracy in places. Can work as part of a group, meeting most obligations to others but perhaps with limited involvement in group activities. Demonstrates the basic skills for employment requiring the exercise of some personal responsibility, with some areas of minor weakness.	Mostly coherent, organised and accurate work, in a suitable structure and is for the most part clearly expressed. Can work effectively independently and/or as part of a team, with clear contribution to group activities. Demonstrates the skills for employment requiring the exercise of some personal responsibility, with some areas of strength and some of minor weakness.	Work is accurate, coherent, fluent, well-structured and organised. Can work effectively independently and/or as part of a team, with very good contribution to group activities. Demonstrates very good skills for employment requiring the exercise of some personal responsibility, with just occasional minor weakness.	Work is coherent, very fluent and is presented professionally. Can work effectively independently and/or as part of a team, with an excellent contribution to group activities. Demonstrates excellent skills for employment requiring the exercise of some personal responsibility with an appetite for further development.	Work is accurate, exceptionally coherent, very fluent and presented well. Can work effectively independently and/or as part of a team, with an exceptional contribution to group activities. Demonstrates exceptional skills for employment requiring the exercise of some personal responsibility with an appetite for further development.

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		personal responsibility.					

SMART ACTION PLAN.

Personal goals.

SPECIFIC	I would like to be able to save £100 every month, for the next 3 months and then increase the amount to £200 for 3 months, and then £300 for 3 months, and then £400 for the final 3 months.
MEASURABLE	I will work out my monthly income, and I will then work out how much I need to take out for monthly spending, bills etc. I will then evaluate my monthly spending, to see where I will be able to cut down on unnecessary spending. I will also keep track on what I do spend using a notepad on my phone that is easily accessible.
ACHIEVEABLE	If I follow the plan that I have made this goal should be very achievable. I will calculate my weekly spending, and every Sunday I will calculate how much I have saved during the week.
RELEVANT	Saving money would help me pay for a holiday I am planning next year. It would also get me into a routine of saving monthly, which would be beneficial in the future.
TIME BOUND	I want to achieve my monthly goal so that I can start to build up a savings account. I would have saved £3,000 in a year if I can achieve my goal. I will aim to make weekly tables of my weekly and monthly spending and savings so I know where I am with my goal. If the amount per month starts to become unachievable, I will consider lowering the amounts.

SMART ACTION PLAN.

Academic goals.

SPECIFIC	I would like to complete my Level 2 NVQ in childcare within a year, if not less. This will enable me to progress onto level 3. This will allow me to expand my knowledge of childcare within my current role as a nursery assistant.
MEASURABLE	I will work out my assignment due dates using a weekly planner. I will keep track of how much work has been completed and when certain tasks will need to be completed by.
ACHIEVEABLE	If I follow the plan that I have made this goal should be very achievable. I will keep a diary of what needs to be completed. If I work hard and stay focused then this task could be completed before the estimated time.
RELEVANT	Completing my NVQ, both level 2 and level 3, will allow me to progress within my current job role as a nursery assistant. I will be able to gain more knowledge on the topic of childcare and child development.
TIME BOUND	I will complete tasks on a weekly basis. Setting mini goals will help me to achieve the main goal as tasks will look less daunting if they are broken down smaller. I would like to complete both level 2 and level 3 in under 2 years.