

MODULE TITLE: PROFESSIONAL CAREER DEVELOPMENT
IN HEALTH AND SOCIAL CARE

MODULE NUMBER: LCHS4009

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Acknowledgement of AI use: *I confirm that I have not used AI to complete my work.*

TABLE OF CONTENTS

INTRODUCTION	3
TASK 1. PERSONAL ACTION PLAN FOR HEALTH CARE ASSISTANT BAND 3	4
Target job role	4
Important competencies needed along with existing strengths.....	5
Established skills gaps and development needs	5
SMART Personal Development Plan for Health Care Assistant Band 3	6
Possible interview questions and responses	7
TASK 2. ACADEMIC REPORT ON COMMUNICATION SKILLS IN HEALTH AND SOCIAL CARE	8
TASK 3. CRITICAL REFLECTION USING THE ERA REFLECTIVE MODEL	11
CONCLUSION	14
REFERENCES.....	15

INTRODUCTION

A professional portfolio is an organized body of written academic and reflective compositions. It is aimed at demonstrating skills, learning, and employment preparedness. The presented portfolio is dedicated to preparing a Band 3 Health Care Assistant position in the environment of an NHS hospital. The content bridges the gap between academic theory and practical development, profession and reflective practice in the area of health and social care.

TASK 1. PERSONAL ACTION PLAN FOR HEALTH CARE ASSISTANT BAND 3

Target job role

The chosen job position is that of Health Care Assistant Band 3 in an NHS rehabilitation hospital. The job is aimed at assisting nursing and therapy groups, providing person centred care, records, and encouraging patient autonomy. This position is demanding good communication, collaboration, flexibility, and minimum clinical competence in line with the NHS values.

Job summary

Main area:
Healthcare Assistant

Grade:
Band 3

Contract:
Permanent: 37.5 hours
7 days per week

Hours:
Full time - 37.5 hours
per week

Job ref:
186-565-25-GH-B

Employer:
Nottinghamshire
Healthcare NHS
Foundation Trust

Employer type:
NHS

Site:
Lings Bar Hospital

Town:
Nottingham

Salary:
£24,937 - £26,598 per
annum (pro rata for
part time)

Salary period:
Yearly

Closing:
28/12/2025 23:59


Nottinghamshire Healthcare
NHS Foundation Trust

Health Care Assistant Band 3

We fully support the use of AI and other tools to assist in writing your application. However, it's essential that the content, especially your supporting statement, is personalised and factually accurate. Your application should reflect your genuine experiences and qualifications to ensure authenticity and credibility

Job overview

We are looking for enthusiastic, flexible and committed people to work in our hospital to support the smooth running of our wards and therapy service. We have an excellent team of workers at Lings Bar that work to support the rehabilitation and reablement of our patients with the goal to return home and live independently or successfully transfer to a care provider of their choice. We are looking to put together a team that will support all our 3 wards and our therapy team and one of our posts will be set on 1 ward as permanent for that ward.

A full UK driving licence and vehicle for business use is required for this post; however reasonable adjustments will be made for disabled individuals in line with the Equality Act 2010.

Main duties of the job

To be part of a support team that will support nursing and therapy care across the hospital

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Figure 1 Job for Health care assistant (Source: NHSjobs, 2025)

Important competencies needed along with existing strengths

Efficient communication is a must. Health Care Assistants interact with patients, families and multidisciplinary teams and in many cases with persons with cognitive impairment or life limiting conditions. Unambiguous oral and written communication is conducive to safe care and proper documentation. My communication skills have been acquired during health and social care studies and group presentations. These experiences have enhanced clarity, active listening, and respectful interaction, which is in line with communication standards in the NHS (NHS England, 2022).

The other competency is teamwork. Health Care Assistants in Band 3 collaborate with support staff, nurses, and therapists. The collaboration of professionals is beneficial in terms of patient outcomes and minimized safety risks (Reeves et al., 2018). Team learning helped me become more collaborative, open to criticism and be responsible. These are competencies that enable good multidisciplinary practice in hospitals.

The shift patterns and the evolving patient needs demand time management and flexibility. Health Care Assistants usually have to cope with numerous tasks within wards. At the time of my studies, I had to balance coursework deadlines with responsibilities that were associated with placements. This experience has created skills of prioritisation and stress awareness, which are valuable in clinical stressful environments (Health Education England, 2021).

The NHS is founded on compassion and respect. Person centred care involves empathy, dignity and respect of diversity. My knowledge about inclusive care and ethical practice was reinforced by academic learning on Equality Act 2010 and EDI principles (Department of Health and Social Care, 2022).

Established skills gaps and development needs

Along with strengths, there are weaknesses. One of the gaps is associated with clinical confidence in the areas of rehabilitation support and wound awareness. The Band 3 roles are frequently taken with assisting therapy programmes and monitoring the progress of the patients. Minimal practical experience decreases the confidence in such tasks.

The other gap is in the digital record systems especially SystemOne. To maintain continuity of care, legal accountability requires accurate electronic documentation (CQC, 2023).

SMART Personal Development Plan for Health Care Assistant Band 3

DEVELOPMENT AREA	SMART OBJECTIVE	ACTIONS TO ACHIEVE GOAL	MEASUREMENT OF SUCCESS
Rehabilitation support skills	To develop competence in supporting patient mobility and rehabilitation activities in line with therapy plans	Attend Trust induction and mandatory training. Shadow physiotherapy and occupational therapy staff. Support patients with guided exercises under supervision. Request feedback from senior staff	Completion of competency-based training. Positive feedback from therapists and supervisors
Electronic documentation and SystmOne	To accurately record patient care using SystmOne in line with Trust policy	Complete SystmOne e learning modules. Observe experienced staff using the system. Practise supervised documentation during shifts. Ask for feedback during supervision	Accurate and timely records with no errors identified during checks
Communication with patients with cognitive impairment	To improve verbal and nonverbal communication with patients who have cognitive impairment	Observe experienced colleagues. Use simple language and active listening. Reflect on challenging interactions. Discuss strategies during supervision	Positive feedback from team members and carers. Improved confidence during patient interactions
Time management across shifts	To manage workload effectively across early, late, and night shifts	Plan tasks during handover. Prioritise care needs with senior staff guidance. Reflect on time pressures and adjust approach	Tasks completed within shift time without escalation
Professional confidence within MDT	To contribute confidently within the multidisciplinary team	Attend MDT meetings when appropriate. Communicate patient observations clearly. Ask questions and seek clarification	Increased participation noted by team members

Possible interview questions and responses

Question one. How do you help patients with dignity and respect?

I would respond based on person centred care, privacy, informed consent, as well as respectful cultural needs. I would cite the principles of Equality Act and NHS values, and I would back it up with the practical examples of the learning activity.

Question two. What is your working pressure?

I would clarify the concepts of prioritisation, communication among colleagues, and recognising the limits. EBP strategies indicate that teamwork and escalation enhance safety in stressed settings (NHS England, 2022).

Question three. How do you cope with proper documentation?

I would put emphasis on attention to detail, confidentiality, and readiness to master digital systems. The proper documentation will facilitate legal adherence and continuity of care (CQC, 2023).

TASK 2. ACADEMIC REPORT ON COMMUNICATION SKILLS IN HEALTH AND SOCIAL CARE

One of the key professional skills in health and social care practice is that of communication. In the case of a Band 3 Health Care Assistant in an NHS rehabilitation facility, communication has a direct impact on patient safety, quality of care, and multidisciplinary collaboration. This report is a critical analysis of communication as one of the main skills needed in the position with references to the latest academic and policy-based evidence.



Figure 2. Core components of effective communication in health and social care (Source: <https://www.insidercx.com/>, 2025)

Health and social care communication can be defined as a process of communication between professionals, patients and families, by way of verbal, nonverbal, and written communication. According to NHS, communication is the key element in person centred care and patient safety (NHS England, 2022). Health Care Assistants interact on a daily basis with patients who are either physically ill, mentally ill, cognitively impaired, or end of life patients. Poor communication enhances the chances of misunderstandings, lack of patient trust, and clinical errors (O'Hagan, Manias and Elder, 2021).

Person centred communication emphasises on respect, dignity and involvement of patients in care decisions. Patients reporting a positive experience with rehabilitation plans due to clear and compassionate communication report greater satisfaction and engagement with rehabilitation plans (Riley, 2022). In the case of the Health Care Assistants, this will include the

process of modifying language, tone and pace to an individual requirement. Simplified language, repetition and encouragement through nonverbal cues is needed by patients with dementia or learning disabilities. Communication strategies training enhances confidence and distress among patients and the staff (McCabe and Timmins, 2021).

Another vital part of the role is written communication in the form of documentation. The Health Care Assistants are able to add to the patient records through electronic systems like SystemOne. Proper and prompt records facilitate continuity of care and legal responsibility. Poor record keeping is another identified risk of patient safety within NHS services (CQC, 2023). Digital competence enables effective information sharing in multidisciplinary teams and lessens duplication of care (Topaz, Ronquillo and Peltonen, 2022).

Teamwork in the multidisciplinary setting is also based on communication. The cooperation between the nurses, support staff, and therapists is significant in rehabilitation hospitals. Effective communication in handovers and on a daily basis facilitates the coordination of care and prompt detection of deterioration in the patient. SBAR and other structured communication tools are popular recommendations in the NHS practice to aid in clarity and error reduction (NHS Improvement, 2021). It has been found that structured communication of handover enhances the patient outcome and confidence of the staff (Müller et al., 2022).



Figure 3. SBAR structured communication tool for clinical handover (Source: <https://www.osmosis.org/>, 2025)

The learning in communication skills is acquired both in the academic field and practice. Verbal communication, confidence and active listening are supported through presentations and group discussions used in class activities. Feedbacks obtained in the assessment presentations indicated effective delivery of content and suggested ways to improve the delivery like pace and eye contact. Reflective learning helps an individual to be aware of strengths and weaknesses in communication which is crucial in the development of the profession in health care roles (Bulman and Schutz, 2022).

Ethical and legal responsibilities are also closely connected with communication. The Health Care Assistants should uphold confidentiality, seek consent where necessary, and be sensitive in communication with families in difficult circumstances. The Equality Act 2010 mandates reasonable adjustments to the communication to provide inclusive care. The inability to respond to communications in a changed way can create the risk of exclusion and diminished quality of care (Department of Health and Social Care, 2022).

As a matter of fact, ongoing improvement of communication skills facilitates safe, caring, and effective provision of care. Professional competence is enhanced with the help of evidence-based training, supervision, and reflection. In the case of a Band 3 Health Care Assistant, effective communication is not a choice. Safe practice, patient wellbeing and professional accountability in the NHS are major requirements.

TASK 3. CRITICAL REFLECTION USING THE ERA REFLECTIVE MODEL

This reflection uses ERA model, Event, Response, Action. The reflection will assess my experience, emotional reaction, performance, and intended improvement, which will be backed by the lecturer feedback and the literature regarding reflective practice and communication in health and social care.

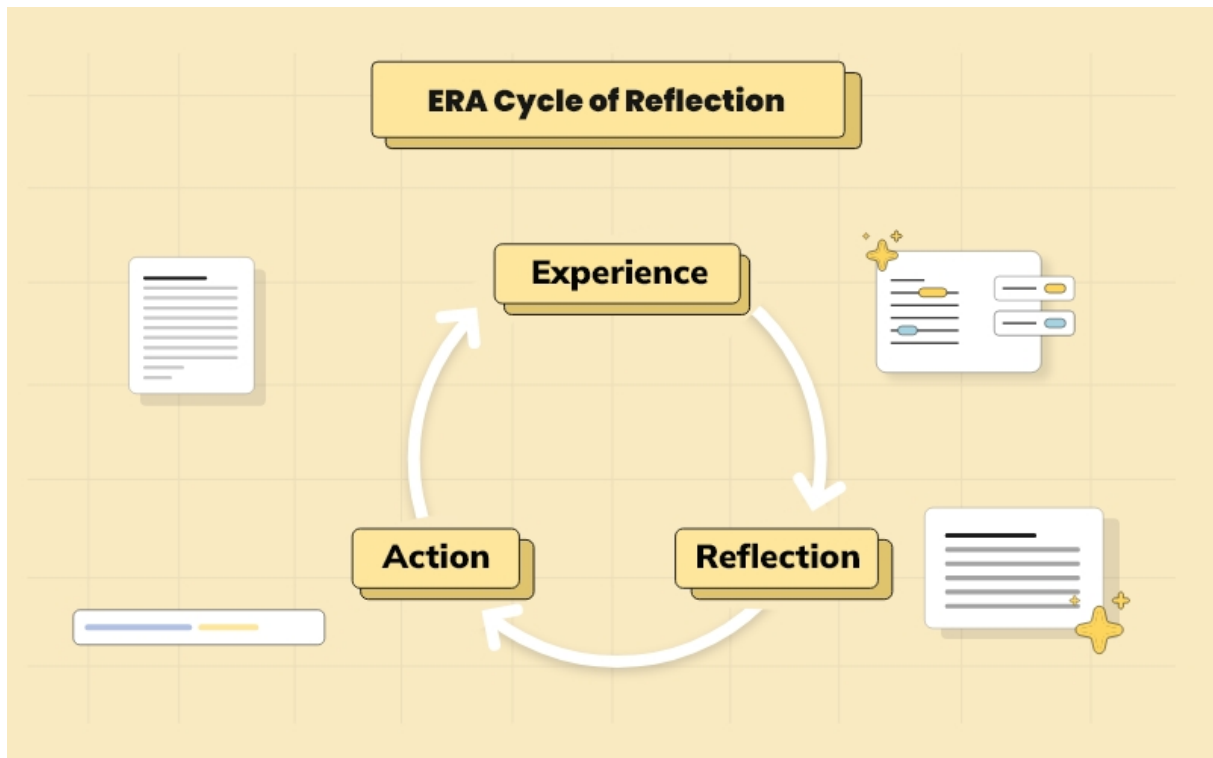


FIGURE 4. ERA Reflective Model Diagram (Source: <https://crowjack.com/>, 2025)

Event

My LCHS4009 Component 1 presentation that took place during the Professional Career Development in Health and Social Care module was the event. The test involved me delivering course related information to my teammates in a set time period. It was concentrated in the clear communication, logical form, engagement, and professional delivery. The lecturer was observing the presentation and gave verbal feedback upon completion. The significance of this event was that presentation skills demonstrate the level of communication that is required in the health and social care positions, such as the position of Health Care Assistant Band 3. I had prepared slides and a set plan of action in case of the presentation. The content was relevant to the module topics and was meant to reflect the ability to understand professional proficiency. Organisation and proper subject knowledge were the strengths that were outlined

in the lecturer feedback. Pace of speech, confidence and eye contact with the audience were among areas where there was improvement that was required. Such an incident was a first-hand experience of my existing communication skills and professional preparedness.

Response

My anxiety and fear of addressing people was experienced prior to the presentation. The anxiety also influenced my self-confidence during the beginning of the presentation and made me talk in a faster tone than intended. Further on, the presentation was going on, and I started to feel more relaxed and concentrated on the right delivery of the content. I was happy when it was over and I was encouraged by the good reception of the structure and the content. Simultaneously, I was disappointed with the remarks on eye contact and pacing as I was conscious of these deficiencies in the delivery. Experiments indicate that emotional reactions like anxiety have an impact on verbal and nonverbal communication with presentations (Burgoon, Guerrero and Floyd, 2022). Reflecting on how I reacted enabled me to realise that there is a correlation between nervousness and less participation of the audience. This awareness relates to professional development since Health Care Assistants interact with patients, families, and teams regularly, which have to operate in pressured situations. The ability to control emotions and confidence are hence crucial practical skills.

Action

This reflection helped to be aware of the clear improvement actions. The first one is the heightened rehearsal prior to graded presentations. Frequent rehearsals in small groups and aloud will help with confidence and pacing control. It has been demonstrated that repeated training enhances performance during the presentation and decreases the anxiety (Alshare and Miller, 2021). I will make practice time prior to next assessments and timers to ensure the right pace.

The second step is aimed at enhancing nonverbal communication. Feedback on lecturers pointed to poor eye contact which lowered participation. Credibility and trust in communication is also affected by nonverbal behaviour like eye contact and posture (Burgoon, Guerrero and Floyd, 2022). In order to enhance this area, I will rehearse presentations before a mirror and video-tape rehearsals. Watching the tapes will enable self examination of the body language and awareness of habits which decrease the engagement. Self observation helps to learn and gain skills through reflection in health education (Bulman and Schutz, 2022).

Another step is to enhance awareness of the audience. The future presentations will be based on main messages that fit the audience. Important points will be underlined by means of clear

signposting and pauses. The communication targeted at the audience enhances better comprehension and retention of information (Alshare and Miller, 2021). I will also solicit pre-submission formative feedback on the part of peers. Reflections and action plans are the ways in which feedback can help in supporting learning (Bulman and Schutz, 2022).

These measures are directly related to professional practice. Health Care Assistants clarify care activities, routine, and rehabilitation objectives to patients. Effective and assertive communication assists patient comprehension and compliance. Reflective practice enhances self awareness and responsibility that are required in NHS positions (NHS England, 2022). The use of the ERA model facilitated systematic reflection as it connected the experience and practical improvement strategies. This is a process that helps to develop professionally on a continuous basis and be prepared to work in the field of health and social care.

CONCLUSION

This portfolio reveals the preparedness to work as a Band 3 Health Care Assistant. Professional growth and employability is supported by skills development, academic evidence and reflection.

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