

# Example Reflective Portfolio's (Anonymized)

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## Applying for CRP Registration - Reflective Account 1.1

### ***YOUR PROFESSIONAL ACCOUNTABILITY***

**Provide a reflective statement for each section in this template. The reflective account should cover no more than two sides in total. Additional evidence will not be reviewed. Identifiable subject information must be anonymised.**

#### Anonymised Portfolio: Professional Accountability: Registrant A

Using an example from your own established practice and acknowledging your own strengths and limitations, demonstrate your understanding of what is inside and outside your individual scope of practice.

I have worked closely with research nurses in both haematology studies, Covid-19 studies and renal studies. In the Recovery trial for example I worked with a research nurse to access a patient suitability for the trial drug. I reviewed patients' medical notes to identify existing comorbidities. I looked at the patient prescription sheet to determine their current medications. I identified the drugs that are contraindicative to the trial drug with the research nurse. The research nurse reviewed the drugs identified due to role limitation and to be absolutely sure nothing has been missed. The research nurse presented these findings to the doctor for final review and approval. The doctor makes the final decision whether to treat the patient with the trial drug and in some cases a chest X-ray is needed.

Describe a challenging situation where you learnt about your own professional accountability and that pertaining to your colleagues, including any feedback you may have received on this. What actions did you take? How have you changed or improved your practice as a result?

Recently while auditing the Bioresource study log, I noticed a colleague consented a patient to the study but there was no record of research participation on the patient's digital health record. I emailed my colleague about my findings. My colleague has been recruiting to the study for some time now and this was an oversight. A photocopy of the original signed consent form, PIS, and a research note explaining the events was sent to digital health record. I completed a file note stating the oversight and kept in the site file. My colleague thanked me for picking this error up promptly and it is now resolved.

I have placed a snapshot of the study requirement on the notice board in the office as a quick reminder to minimise errors.

Select one or more of the Clinical Research Practitioner Standards of Proficiency 1 to 6 as a theme for reflection on your professional accountability.

To practise safely and effectively within my scope of practice, my line manager and I had a 1-2-1 discussion at the start of my role to highlight what I am expected to do. I completed all the mandatory training and study related training as required. I also completed venepuncture and cannulation practical training. I was signed off for venepuncture as competent within a few weeks. My line manager and myself continue to have a 1-2-1 discussion every month to reflect on my progress and contributions to the team.

To further my career development, I ask my colleagues for feedback when working under direct or indirect supervision. For example, I received constructive feedback whilst performing supervised phlebotomy and this enabled me to become a better phlebotomist making sure my patient is at ease when taking blood samples from them and I have had numerous feedback from patients starting “I didn’t feel a thing” or “you did that effortlessly thank you”.

I also received feedback from colleagues who supervised me when I first started consenting patients to study. These feedbacks enabled me to improve on my skills and I have been able to channel these experiences and provide constructive feedback to my colleagues that I have supervised while they consent a patient or perform phlebotomy.

(Standards of Proficiency 2 & 5 is discussed above)

## Applying for CRP Registration - Reflective Account 1.3

### ***WORKING ACROSS BOUNDARIES***

**Provide a reflective statement for each section in this template. The reflective account should cover no more than two sides in total. Additional evidence will not be reviewed. Identifiable subject information must be anonymised.**

#### Anonymised Portfolio: Working Across Boundaries: Registrant A

Provide two examples of how you have approached addressing permissions or gaining access in relation to working across (a) a professional boundary and/or (b) an organisational boundary as part of your role, including any feedback you may have received on this?

During a follow up visit, a participant completed the questionnaire and I noticed that they scored very high on depression and anxiety scale what raised my concern. I gently expressed my concern with the patient, asked if there was anything in particular that made them feel depressed and anxious. I suggested to speak to their specialist nurse as someone who would be more competent to explore the issue and perhaps refer the patient to another service where they could receive support. The patient was happy for me to contact their specialist nurse. I gave her a quick call, she was busy at the time but she promised to call the patient later that day to discuss the matter. I documented it all in patient's notes. The specialist nurse was grateful that I raised my concern with her.

Another example was when a patient on haematology study sadly passed away. I needed to inform the sponsors of this event. Because the patient died at home there was no record of cause of death in the patients' hospital record. I phoned the GP surgery and explained the situation. For security purpose they phoned me back on my work phone and this document were later emailed to me. I thanked the GP surgery team for their prompt response as this then allows me to report to the sponsor. I documented the exchange of information appropriately.

Describe a challenging situation that developed your understanding of (a) a professional boundary or (b) an organisational boundary. How have you changed or improved your practice as a result?

I was asked to raise IVRS for a patient by a haematology research nurse. I asked the nurse if there was any change to the prescription and the nurse confirmed there was no change to the

patient's dose or medication. So I raised the IVRS without checking chemocare.

The pharmacist phoned me minutes later to say there has been a change to the dose. This was an error on my part. I should have checked chemocare myself before raising IVRS rather than taking the nurse words for it.

I phone the CRA and explained the situation but she couldn't really help as she was on holiday and referred me to someone else.

To prevent delaying patient treatment and keeping the patient longer than necessary the pharmacist advised I raise another IVRS. The problem with this is that it couldn't be done as the actual visit but as unscheduled visit. I raised another IVRS with the new prescription and the patient was given the correct dose of their medication and went home.

The next day the CRA standing in for her colleague explained she could not delete the first IVRS raised as this can only be done by someone in Aldovia.

A protocol violation was completed by me. The CRA signed the form and then sent it to her colleague in Aldovia. The issue was completely resolved 2weeks later.

Since that incident I looked at chemocare myself before raising IVRS for any patient. The nurse apologised for providing me with the wrong information but I took responsibility for events.

This situation opened my eyes to different professional boundaries and has helped me to be more cautious and detailed when dealing with request from colleagues in and outside the Trust.

Select one or more themes from the Clinical Research Practitioner Standards of Proficiency 7 to 14 to reflect on your working across boundaries in practice.

I often communicate with colleagues working in the lab to resolve any sample related query. For example, two patients were given the same study number. This was picked up while updating study log. I contacted lab team straight away to alert them of the potential error. Gave the lab team the details of the patient that has been allocated new study number. The original consent form was amended with the correct ID number, a copy given to patient, a copy kept in medical note and a copy sent to the lab team. A file note stating events was completed by me and kept in the site file with the original consent form. To prevent this error from reoccurring, practitioners in the team now pre-allocate study numbers to patients before approaching them and update the study log accordingly. These measures have been welcomed by all and working efficiently.

(Standards of Proficiency 8, 10 to 14 is discussed above)

## Applying for CRP Registration - Reflective Account 1.2

### ***YOUR LEADERSHIP***

**Provide a reflective statement for each section in this template. The reflective account should cover no more than two sides in total. Additional evidence will not be reviewed. Identifiable subject information must be anonymised.**

### Anonymised Portfolio: Leadership: Registrant B

What has been the nature of your leadership activity in advocacy for research and the Clinical Research Practitioner profession?

Part of my role as a clinical trials practitioner (CTP) is assisting clinical trials coordinators (CTC) with their data entry. Even though I am not a direct line manager to any member of staff, I feel that I am an active leader within our team. On a regular basis I sit with the CTCs and help them locate data in the patients' notes. I always talk them through where the data can be found and what the data actually means, as in the future they might want to progress and become a CTP like myself. When I went on the 'aspiring leaders' course we looked at the core competencies and responsibilities of a leader, it is evident that a leader is someone who leads by example and is knowledgeable in their field. I try to make sure that everything I do as a CTP is setting a good example to my colleagues and when I go above and beyond my role, I hope this motivates them to do the same. I feel that it is extremely important that all questions are welcomed. This gives them a chance to gain a better understanding and then in turn improves the quality of the work, which establishes a good name for our team. On the occasion that I do not know the answer to a CTCs' question I escalate the query to research nurses, I take this as an opportunity for me and the CTC to learn. Another way I assist the CTCs is by keeping up a good line of communication, for example: CTCs are in charge of ordering more trial kits but I am responsible for setting up patients for the coming week. In order to assist the CTCs I check the stock as I set up for the following week, notifying them if they go below three kits. This line of communication is essential for efficient working. Another way I keep our CTCs informed is by populating their calendar with patient visits, this enables them to book couriers on the correct day. This is then reiterated at our weekly staff meeting, enabling staff to ask questions.

What have you learnt from this activity in relation to your leadership capabilities, including any feedback you may have received on this?

I don't directly manage any staff however I believe this is not integral to being a leader in the workplace, in my opinion leadership is all about leading by example. When speaking with the team they stated that they felt they had benefited from me being approachable regardless of

the amount of patients I have attending clinic. If I am in a situation where I do not have time to assist the CTCs I schedule to meet with them at a different time, the staff were of the opinion that I never give excuses and I honour my word. Furthermore, they were happy that I always give them an explanation and send them to the right documents for additional information (such as the trial protocol), if they wish to advance their learning. I think it is important to know your limitations when training other members of staff and not to pass on information which is not 100% accurate. The CTCs agreed with me having the confidence to raise any queries that I cannot answer to the Research Nurses. Personally I believe this is an area where I could improve; the more I develop my knowledge over time the better I will be able to assist staff with their queries. Sometimes I do feel limited in how I can help staff and I hope that my knowledge develops in order to improve this, often I will know the answer to a query but require the reassurance from the research nurses prior to answering the query. The CTCs also highlighted that my past roles have improved my leadership skills; they feel that because I used to be a clinical trials coordinator myself I understand their position and what difficulties the role involves. There have been many times where I have helped them with data entry, both clinical and non-clinical queries, due to the knowledge developed from my previous roles.

**How have you established and continued to improve your practice as a result of this learning?**

After my team meeting with the CTCs it has been made apparent that they are content with the way I lead the team and the way in which I help them resolve queries. They were very kind in not giving me any negative feedback but I believe I will be a better leader every year as my knowledge base expands. It will mean I will be able to answer more queries directly instead of clarifying with the research nurses. In order to achieve this I am going to try and increase the amount of courses I do on future learn (online software) and sign up to all the training courses available at Toy-town hospital. However, I do find that the best way for me to learn is through observing my managers (the research nurses) as they are experts in the prostate cancer and research. I feel that the more queries I try to answer the better equipped I will be for future questions, this has already been apparent in my time in this role thus far.

**Select one or more themes from the Clinical Research Practitioner Standards of Proficiency 15 and 16 to reflect on your leadership in practice.**

I believe that I have been following the principles of good leadership on a daily bases with a view of keeping a good and consistent relationship with my colleagues, the clinical trial coordinators. The key principles are: leading by example, always making time for my co-workers, explaining my answers (which improves their general development) and being approachable, so all questions are welcome. I am so glad this reflective account brought me to have a conversation with the CTCs, it really highlighted to me that they are supportive of the way I work as a team member. It is evident that, this positive way of working and leadership enables us to deliver a better service, better management of data and better team contribution. Without this we would not be able to develop our team and improve aspects of our operation. I think the key to our teams' success is our open door policy, we have weekly meetings with our team and invite the CTCs to ask questions when we are in our office. Our clinical team is also

open to suggestions from the admin team when it comes to our standard operating procedures.

## Applying for CRP Registration - Reflective Account 1.1

### *YOUR PROFESSIONAL ACCOUNTABILITY*

**Provide a reflective statement for each section in this template. The reflective account should cover no more than two sides in total. Additional evidence will not be reviewed. Identifiable subject information must be anonymised.**

### Anonymised Portfolio: Professional Accountability: Registrant B

Using an example from your own established practice and acknowledging your own strengths and limitations, demonstrate your understanding of what is inside and outside your individual scope of practice.

It is clear to me what my boundaries are when it comes to my role as a clinical trials practitioner. On a daily basis I see patients and carry out their observations (blood pressure, beats per minute, respiration rate, weight, height, performance status and temperature), take their bloods and assess the negative effects that the treatment is having on them. I escalate any side effects to the patient's consultant or to the research nurse in my team, so they can address the issues. A good example of this is when a patient had a new source of pain in his right hip; I documented it on the worksheet and then reported it to the nurse. We then referred this back to the clinician and she decided to scan the area and then gave palliative radiotherapy to the right hip. So I identified the issue then escalated it to the appropriate medical professionals, without this the patient could have developed worsening pain and worst case had a pathological fracture. Any observations I make when I speak with patients I ensure that they are well documented in their notes so that there is accurate account of the visit. This enables other health professionals to monitor my work and gain a clear understanding of the patient's medical history. It is apparent that this one of the most important aspects of my role as this could impact the patient's quality of care. Bloods are assessed by me, the research nurse and the patient's consultant, this insures that no irregular blood results are missed and anything of concern is actioned. In regards to the patient receiving their study drug, this is always dispensed by research nurses or by pharmacy, I am aware that I am not to dispense drugs to patients. My training has enabled me to carry out ECGs; furthermore I have taken part in online training courses in order for me to differentiate a normal ECG from an abnormal ECG report. However the patient's physician decides whether it is not clinically significant or not. If I have any doubt about the abnormalities on the ECG report I highlight these with the patient's consultant. In order to protect my patient and myself it is imperative that I know the limitations of my role and the implications of my actions; I feel that I demonstrate this on a daily

basis and ensure the safety of my patients, through my actions.

Describe a challenging situation where you learnt about your own professional accountability and that pertaining to your colleagues, including any feedback you may have received on this. What actions did you take? How have you changed or improved your practice as a result?

We opened a new trial this year, the trial looks at two settings of treatment. When you are randomised into this trial you are randomised into one of two settings, you either receive standard of care treatment (abiraterone or enzalutamide) or the trial drugs toys and walls. We went through the consent with a particular patient and described his situation in detail and documented this in the patient's notes. When the patient was randomised four weeks later, I called the patient and informed him that he had been randomised to toys and walls. I spent roughly ten minutes on the phone with him describing what this meant to him and what the next steps were. When he came in for his treatment two days later, it was clear he had not understood our telephone conversation and stated that he believed he was getting the clinician's choice. On reflection, I could have possibly confused him on the phone by re-explaining the two settings that he could have been randomised to. The patient is elderly and maybe I gave him too much information to take in over the phone. Even though I documented this in the notes, it was not clear to the patient that this was the outcome of the randomisation. The next time the patient called I asked one of the research nurses to speak to him to establish whether it was me whom was unclear or if the patient is not able to take this level of information over the phone. After the phone call it became clear that the patient was struggling with the level of detail that we were giving him. As any health professional will know it is hard to get the balance between giving a patient too much information and giving a patient too little information. The difficulty is that the balance varies depending on a patient's comprehension and this is something that has to be judged by the medical professional.

Select one or more of the Clinical Research Practitioner Standards of Proficiency 1 to 6 as a theme for reflection on your professional accountability.

This example of a challenging situation I have experienced directly links to the standards of proficiency. Through this experience I have worked on my communication skills within the scope of my professional competency, I consider this to be safe learning due to everything being re-discussed with the patient prior to them receiving treatment. Also it became apparent that this was not the only case with this patient and we have all had to adjust our approach with him. As previously discussed communication has to be altered with patients with different levels of comprehension and retention. I think that recruiting this patient was the right thing to do in terms of recruiting in a non-discriminatory manner; he possibly could have not been considered for the trial due to his age, predicting the impact this would have on his understanding. The way that we have improved our practice since this challenging situation has shown that I have been accountable for my actions in a professional way. Moreover, the process of emailing the patient has enabled us to protect ourselves as well as supporting our patient through receiving trial treatment.

## Applying for CRP Registration - Reflective Account 1.3

### ***WORKING ACROSS BOUNDARIES***

**Provide a reflective statement for each section in this template. The reflective account should cover no more than two sides in total. Additional evidence will not be reviewed. Identifiable subject information must be anonymised.**

### Anonymised Portfolio: Working Across Boundaries: Registrant B

Provide two examples of how you have approached addressing permissions or gaining access in relation to working across (a) a professional boundary and/or (b) an organisational boundary as part of your role, including any feedback you may have received on this?

A regular professional boundary we encounter is the personal questions we have to ask our patients, we deal with prostate cancer patients and predominately they are aged between fifty and eighty years old. Our questionnaires and our protocols demand that we ask difficult questions about their sexual function. With some patients this is not an issue and they do not mind answering these questions however for some patients they feel ashamed and uncomfortable discussing this. In order to protect our patients I always ask them if it is okay if I ask some questions about their sexual function. This gives them the opportunity to highlight if they are not comfortable to discuss this or whether these questions don't actually apply to them, due to them have no sexual function. I can imagine that this is an uncomfortable topic for all men receiving LHRH injections and even though we require the data it is more important that the patient is not unnecessary distressed. I feel that me asking if they are content to discuss their sexual function is a way of me gaining permission to discuss the issues they are having. I have only received positive feedback from this, they either say those questions don't apply because they are not sexually active or they state that they are happy to answer the questions. In regards to organisational boundaries we often communicate directly with external pharmaceutical companies and couriers arranged through the sponsors. The way we address the organisational boundaries is through our consent forms. The consents forms always stipulate that there will be on going communications between the external organisations and the Avera site regarding the patient's current and past medical records, this is always anonymised and the patient is assigned an ID number. I have addressed these permissions by correcting a consenting error; originally a patient had just ticked their consent form boxes when they should be initialled. When this was realised, I informed the patient and ask if they would be happy to initial the boxes. This safe guards the patient and the staff here at Avera because there is now no doubt that the patient

himself signed the consent form and was agreeable to the items listed.

Describe a challenging situation that developed your understanding of (a) a professional boundary or (b) an organisational boundary. How have you changed or improved your practice as a result?

An organisational boundary in the national health service is the communication barrier between hospital staff and support departments. There are many support departments that we rely on here at Avera. An example of a barrier encountered was when I emailed a Zamunda department to request a FFPE block. When we request any block from Zamunda, we provide the trial consent form, the Zamunda report and the trials' ethical approval. I formulated this email to the staff at the Zamunda and received a reply stating that it had to be recalled from an archive site and it could take up to 15 working days, this is normal procedure for us and I was content with waiting for the block. After not receiving a reply for 2 weeks, I emailed them chasing the block. I then emailed and called every month to chase this block (majority of emails were not responded to), I was told that changes were happening within the general laboratory and this was causing a delay, furthermore they stated COVID-19 had caused a delay. I originally requested the block in February and this was now April, I was really starting to worry about the delay of the patient's treatment as it could not be started prior to receiving this block. I highlighted that this needed to be made top priority and that the delay was no longer acceptable in the eyes of the principle investigator. This issue was amplified due to the lack of correspondence. With my correspondence I would have been able to give the patient a timeline and let them decide whether they wished to continue pursuing the trial or move back to standard of care treatment. I raised a formal complaint with the department on behalf of the patient; in my eyes this was the best way to be the patient's advocate. This formal complaint forced the Zamunda department to improve their procedures: they improved training for staff that required it, laboratory managers now take responsibility for monitoring email requests and the staff involved were told the importance of correspondence. Even though this was a challenging situation and it negatively impacted on the patients' timeline this had a positive impact on the running of the Zamunda department and highlighted their shortcomings. This was not great experience for the patient however we were able to recruit him on to a trial in the end and hopefully this will positively benefit his life expectancy and quality of life. On reflection, I think that I should have raised the complaint sooner as this might have meant receiving the block sooner. I was glad I kept the patient informed throughout this process and gave him the option to withdraw from the trial.

Select one or more themes from the Clinical Research Practitioner Standards of Proficiency 7 to 14 to reflect on your working across boundaries in practice.

I was able to establish a good line of communication with the histopathology department by formulating a clear and concise email. In this scenario I demonstrated that I was putting the patient first whilst still protecting them by taking on the issue myself, taking ownership instead of handing the responsibility back to the patient. It is clear that this was all exercised within the professional boundaries of the CTP role. Keeping an open line of communication with the patient about this process enabled me to act within a CTP's ethical and legal boundaries. Furthermore,

empowering the patient by highlighting their rights to withdraw consent and start a standard of care treatment, this demonstrates professionalism as trial entry was not the main priority the patient's safety and well-being was.

Anonymised Portfolio: Confirmation of Application

**You must use this form to record confirmation as a Clinical Research Practitioner (CRP) applying to join the AHCS Accredited Register.**

**To be completed by the Clinical Research Practitioner Register Applicant:**

<b>Name:</b>	Mr Towny		
<b>Employing Organisation:</b>	Franchia Trust		
<b>Role Title:</b>	Clinical Research Practitioner		
<b>Start date of current role:</b>	23rd May 2017		
<b>Length of time working in research delivery:</b>	4 & ½ years.		
<b>Brief description of your work including the type of team you are part of:</b>	<p><b>My main duties include:</b></p> <ul style="list-style-type: none"> <li>- Taking consent for trials.</li> <li>- Acting as the first point of call for participants within the study.</li> <li>- Complying with GDPR at all times when handling participants data.</li> <li>- Completing clinical duties, working towards protocols.</li> </ul>		

- Working in accordance with Good Clinical Practice within research.

**To be completed by the confirmer:**

<b>Name:</b>	Mr Towny
<b>Job title:</b>	Clinical Research Nurse
<b>Email address:</b>	<a href="mailto:J.Toney@Toy-Towny.ac.uk">J.Toney@Toy-Towny.ac.uk</a>
<b>Professional address including postcode:</b>	123 Toy Town, RE3 53H
<b>Contact number:</b>	09876 54321
<b>Date of confirmation discussion:</b>	12/02/2021

**If you are a registered nurse or midwife, please provide:**

**NMC Pin: NMC12345**

If you are a regulated healthcare professional please provide:

Profession:

Registration number for regulatory body:

## Confirmation checklist of registration requirements

### Competency framework and knowledge and skills development

- You are satisfied that the applicant is meeting the requirements of a named Competency Framework or an equivalent evidence based approach to knowledge and skills development
- You have seen evidence that the applicant meets all the employing organisation's statutory/mandatory training requirements for Clinical Research Practitioners

### Safeguarding and English Language

- You have seen evidence that a current DBS Certificate for the applicant is in place
- You are satisfied that the applicant meets the employing organisation's requirements for English Language ability

### Practice-related feedback

- You have seen the applicant's portfolio of evidence in relation to communication skills, practice development and reflective accounts of practice and how this relates to the Scope and Standards of Proficiency for Clinical Research Practitioners

### Confirmation of practice development discussion

- You have seen a completed and signed form showing that the Clinical Research Practitioner has discussed their practice knowledge with a registered health professional (or you are a health professional who is a member of statutory register who has discussed these with the applicant)

I confirm that I have read Information for confirmers, and that the above named Clinical Research Practitioner Register applicant has demonstrated to me that they have met all of the requirements as listed above to progress their registration with the Academy for Healthcare Science (AHCS).

I agree to be contacted by the AHCS to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information, I may put the Clinical Research Practitioner's registration application at risk.

**Signature: J Towny**

**Date: 31/02/2022**

## Anonymised Portfolio: Documented Assurance of Practice Development

### Applying for CRP Registration - Documented Assurance of Practice Development

V3 | January 2021

#### 2.1 Documented Assurance of Communication Style

Please record two examples, from within the past 12 months, in which you have demonstrated an effective, inclusive and appropriate communication style that has been observed for documentation as such by a supervisor. If relevant to your role, please include an example that relates to you or a colleague obtaining Informed Consent from a clinical research study participant. Please ensure you do not record any information that might identify an individual, whether that individual is alive or deceased. *Please refer to CRP Standards of Proficiency 4, 5 and 12 to guide you in completing this section.*

Date of observation	Brief description of the example	Name and position of observer
Sept 2021	<p>I observe all new starters who are training to receive consent. I use a checklist to consider all aspects of the trial are covered. I ask all team members to observe my team or I receiving consent from a real participant a minimum of three times before I then observe until competent and confident.</p> <p>I completed this with two research assistants in 2019</p>	Mr Town

<p>February 2021</p>	<p>I have facilitated our trust's Clinical Research conferences since 2019. I have evaluated the feedback which continues to be very positive.</p>	<p>Miss Gonal</p>
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## 2.2 Documented Assurance of Practice Development

Use this section to record a confirmation that you have discussed your practice knowledge and experience with a statutory registered healthcare professional as part of a development conversation that includes review of your current practice in relation to the CRP Standards of Proficiency:

- The clinical contexts(s) of your clinical research experience in the last 12 months and preceding years where this is relevant.
- Your practice hours and clinical skills that are intrinsic to your clinical research activities within these clinical context(s)
- Your workplace setting(s)
- Feedback that you have received (2 examples)

Please discuss your most recent practice first. You can describe your practice hours in terms of proportion in relation to standard working days or weeks. *Please refer to the CRP Scope of Practice and Standards of Proficiency to guide you in completing this section.*

Following discussion of your practice as a Clinical Research Practitioner with a statutory registered professional, please summarise information for the subjects below as your practice relates to the CRP Scope of Practice and Standards of Proficiency:

<b>your clinical context(s)</b>	<i>Mental Health</i>
<b>your workplace setting(s)</b>	<i>Home, clinic and the community (hybrid working)</i>
<b>your practice hours and experience</b>	<i>I have been in my current work position since February 2017 thus, 4 and a half years' experience within a CRP role.</i>
<b>your knowledge and skills, including clinical skills</b>	<i>I have completed a Psychology degree in 2016. Throughout my current role, I have developed a good understanding of Good Clinical Practice Standards which I have been following throughout my practice. I have completed a consent course and have excellent skills in data collection. I have trained in clinical observations and body sample collection.</i>

Also note two examples of feedback that you have received:

<b>Where and when did this feedback come to you?</b>  e.g. research participants, colleagues, annual PDR, via compliments or complaints	<b>How did you receive it?</b>  e.g. verbally, via letter, email, report	<b>What was the feedback about and how has it influenced your practice?</b>
<i>Research participant</i>	<i>Voicemail</i>	<i>"I just wanted to phone you to say what a wonderful experience I have received through the Gonda study. As I can't reach you, I'm leaving this voicemail. Thank you for taking the time to walk me through the study."</i>



<b>Colleagues</b>	<b>Email</b>	<i>"Thank you email from my manager, saying how well I have performed on the study and the initiative that I have taken with leading the study."</i>
<b>Confirmation of development discussion by statutory registered professional</b>		
<b>Name: Mike Town</b>	<b>Registration number/PIN: (NMC) NMC12345</b>	
<b>Signature: Michael Town</b>	<b>Date: 05/03/21</b>	