Professional Development Reflective Portfolio Framework

Section 1: Practitioner Profile

- **Name:** [Full Name]
- **Professional Role:** [e.g., Singing Teacher, Vocal Coach, Voice Practitioner, SLT]
- **Practice Context:** [Private studio, HE, school, clinical, etc.]
- **Aimed Status:** [Associate / Fellow]
- **Submission Date:** [DD Month YYYY]

Section 2: Log of Completed Learning (Previous 12 Months)

Course / Webinar Title	Provider	Date Completed	Hours / Credits
Vocal Anatomy & Physiology	VSC	Jan 2026	10
Breathing for Voice Users	VSC	Mar 2026	2
Trauma-Informed Voice Practice	External	Apr 2026	10

- Include only verifiable CPD within the past 12 months
- Ensure relevance to your practice

Section 3: Reflective Commentary (Core Requirement)

For each **learning cluster** (not every course individually), structure your reflection using the four pillars below.

Reflective Model

1. WHAT?

What key concept, theory, or research did you learn?

2. SO WHAT?

How did this challenge, extend, or confirm your prior understanding?

3. NOW WHAT?

How have you applied this learning in your professional practice?

4. FUTURE IMPACT

How will this shape your ongoing practice and CPD?

Worked Example 1 (Written Submission)

Full Worked Example (30-Hour Integrated Reflection)

A. Overview of Learning Trajectory

Over the past year, I have completed 30 hours of CPD across vocal physiology, breathing coordination, vocal efficiency, vocal health, and trauma-informed practice. Collectively, these courses addressed gaps in my prior knowledge, particularly in aligning pedagogical approaches with current evidence in voice science. Historically, my teaching drew on experiential and traditional voice pedagogy; however, this learning required me to re-evaluate both my technical language and my intervention strategies. The integration of scientific, pedagogical, and psychosocial perspectives has been particularly significant in reshaping my practice.

1. WHAT? – Integrated Learning Themes

A key theme emerging across these courses is the concept of efficiency over effort in voice production. Through studying respiratory function and SOVTEs, I developed a clearer understanding of how vocal fold vibration can be optimised through acoustic and aerodynamic conditions, rather than muscular forcing.

A second theme relates to indirect intervention strategies. Rather than attempting to control isolated components such as breath or laryngeal position, the courses demonstrated how targeted exercises can facilitate system-wide coordination.

Thirdly, the reframing of vocal health as load management rather than simply hydration or avoidance behaviors was significant. This introduced a more performance-oriented and sustainable model of vocal care.

Finally, trauma-informed practice highlighted the importance of psychological safety, autonomy, and consent, particularly relevant when working with vulnerable or anxious voice users.

2. SO WHAT? – Critical Reflection

Collectively, this learning exposed limitations in my previous teaching approach. I recognised a tendency to prioritise **visible effort** (e.g., deep inhalation, physical engagement) as indicators of good technique, which may have inadvertently increased tension in some students.

Additionally, I had conceptualised vocal health primarily as a **preventative checklist**, rather than a dynamic system requiring ongoing monitoring and adjustment based on vocal load.

The introduction of trauma-informed principles also challenged my use of directive language. I became aware that some of my habitual instructions could limit student agency or inadvertently create pressure, particularly for those with performance anxiety.

Overall, these insights prompted a shift from a teacher-led corrective model to a more facilitative, responsive, and student-centred approach.

3. NOW WHAT? – Application in Practice

In response, I have implemented several changes across my teaching practice.

Firstly, I now routinely use SOVTE-based warm-ups, particularly with clients presenting with vocal fatigue. For example, one semi-professional singer reported improved stamina and reduced effort over a four-week period when integrating straw phonation exercises.

Secondly, I have shifted my instructional language towards guided discovery, using prompts such as “what do you notice?” rather than directive correction. This has increased student engagement and self-regulation.

Thirdly, I introduced vocal load tracking with two high-use clients (teachers), enabling them to better manage fatigue and recovery. This represents a move towards a more data-informed approach, even within a non-clinical setting.

Finally, trauma-informed principles have influenced session structure, including offering choice, setting clear expectations, and avoiding physically prescriptive cues unless necessary.

4. FUTURE IMPACT

This learning has established a foundation for a more evidence-informed and ethically responsive practice. Moving forward, I intend to:

- Continue integrating voice science research into my pedagogy
- Develop more structured methods of tracking client outcomes
- Expand my understanding of vocal pathology and referral pathways
- Maintain a reflective practice model, regularly evaluating the efficacy of my interventions

In addition, this CPD has prompted me to critically examine the broader pedagogical frameworks I operate within, ensuring alignment with contemporary standards in voice training and vocal health.