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The use of professional portfolios and profiles for career enhancement

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Abstract:

Since 1995, registered nurses and midwives have been obliged to develop and maintain a professional portfolio of evidence reflecting the learning activities undertaken and how these have informed and influenced their practice. The aim of this article is to demonstrate that rather than just a retrospective account of continuing professional development activities, a portfolio can be utilised as a vehicle for engaging in self assessment and personal development planning. Possible structures and type of evidence are explored and portfolios in the context of gaining accreditation for prior experiential learning, and in particular for those nurses in advanced clinical roles, are discussed.

Key words: Portfolios, profiles, continuing professional development, evidencing competence, accreditation of prior learning

Key points:

- Maintenance of a portfolio is a professional body requirement for registered nurses and midwives.
- Portfolios offer a wide range of potential benefits for registered nurses and midwives in terms of their personal and professional development
- These include career enhancement, academic credit for prior learning, personal development planning and for evidencing advanced skills and knowledge

The use of professional portfolios and profiles for career enhancement

Introduction

Since the introduction of the Post- registration Education and Practice (PREP) standard for registered nurses and midwives in 1995, the relationship between the professional development, education and training of registrants, and their fitness for practice has been made explicit (Nursing and Midwifery Council, 2010a.) The PREP continuing professional standard requires registrants to:

- Undertake at least 35 hours of learning activity relevant to their practice during the three year period prior to renewal of registration
- Maintain a personal professional portfolio of learning activity
- Comply with any request from the Nursing and Midwifery Council (NMC) to audit how these requirements have been met.

In addition, to meet certain NMC practice standards, such as the standards for mentors of student nurses (NMC, 2008a) or non - medical prescribers (NMC, 2008b) focused evidence to meet specific outcomes must be collected as evidence of continuing professional development. Maintaining a robust portfolio of material evidencing these professional development activities and how they have informed and influenced practice is therefore a mandatory requirement and failure to do so, could jeopardise NMC registration. However, this should not be the only reason for evidencing personal and professional development using a professional portfolio. This article will discuss the wider range of potential personal and professional benefits to the individual practitioner from portfolio development activities.

The portfolio defined

There are a number of definitions of what a professional portfolio is but a useful definition is provided by McCready (2007 p. 144)

“...a visual representation of the individual, their experience, strengths, abilities and skills.”

Individual portfolios will therefore be unique in terms of content and presentation, reflecting the specific professional biography of that health professional. Although part of the function of maintaining a portfolio may be as a storage portal for certificates, transcripts and job descriptions, it should provide much more than just a career resume or curriculum vitae summarising academic and work history. A portfolio should also provide evidence of how an individual has developed both personally and professionally. It is therefore a showcase for past accomplishments and achievements, but can also be used as a dynamic vehicle to enable future career and development planning.

Portfolio structure

Although most portfolios will be traditional paper based files or folder containing a range of written or printed material, increasingly electronic software packages for developing electronic or ‘e-portfolios’ are available. These can obviously significantly reduce the volume of paperwork generated and allow for flexibility of access. More importantly, perhaps, they have the potential for enable real-time capture of information to demonstrate experience in action.

Anderson et al(2009) propose that that portfolios may be structured in two different ways - a 'spinal' and 'cake mix' – see Box 1.

- **Spinal structure** - evidence and reflective pieces aligned to competency standards or course objectives, for the purposes of meeting prescribed competencies, professional development planning and showcasing evidence for authorisation, academic award or for potential employers
- **Cake mix structure** - a reflective narrative tying evidence together, which enables a greater focus on the personal learning journeys, reflection and the development of personal qualities
- **Box 1 Portfolio structures (Anderson et al, 2009)**

The structure and presentation of a portfolio will clearly vary according to the individual's preferences, experiences and career goals, but some common information and documentation to consider for inclusion are outlined in Box 2.

- Biographical information
- Educational background
- Employment history with brief description of roles and responsibilities
- Professional qualification certificates
- Training and competency records
- Records of appraisal, personal development plans and self assessments
- Professional development activities with supporting notes outlining the learning from each activity and some reflection on how it has informed and influenced practice

- Activities to support learning and assessment of others – including mentoring and teaching of nursing students, allied health professional students and non professional workforce
- Practice development activities undertaken to support evidence based practice such as audits undertaken, development of protocols or guidelines, development or change management projects
- Publications and conference presentations
- Professional body membership and any associated work

Box 2 Possible portfolio structure and content

Registered nurses should however, feel free to be creative in their selection of material for inclusion. Hillard (2006) advocates that practitioners should undertake regular written reflections on incidents that have occurred in the practice arena, and using these within a professional portfolio. She suggests this enables the practitioner to demonstrate self awareness, to identify the knowledge embedded in daily nursing practice and to consider areas of practice that require development.

Evidence within the portfolio obviously must confirm to professional and ethical standards for protecting confidentiality. This applies to patient/client information as well as the location & identify of colleagues or other health care staff.

A vehicle for personal development

The evidence presented within the portfolio must be supported by some additional narrative. This is to ensure that the outcome of any learning event,

such as attendance at a study day, is captured. In other words, how the learning was used in practice must be considered. McMullan et al (2003) make the point that portfolios must demonstrate “.....*both the product and process of learning.*” Records of attendance at a study day or work shadowing a colleague, for example, are not in themselves evidence of learning. Some discussion of what was learnt and how new skills or theory was applied to develop or reinforce practice is crucial to demonstrate the value of the developmental activity undertaken.

The portfolio therefore has scope for being much more than just a historical record of development. It can also be used as a vehicle for engaging in self assessment and personal development planning. Evidence used within the portfolio can be used to undertake a personal review of where you currently are in terms of your development and consider where you want to be. A SWOT (strengths, weaknesses, opportunities and threats) analysis can be a simple but useful tool to analyse your professional strengths (skills, knowledge and ability) and weaknesses (areas for development.) These can then be considered in the context of the opportunities for development and the potential threats or barriers to development. An action plan can then be developed ensuring that these are addressed. Box 3 provides an example of this.

| Strengths | Weaknesses |
|--|--|
| <ul style="list-style-type: none"> ▪ Good clinical skills ▪ Sound interpersonal skills | <ul style="list-style-type: none"> ▪ No formal qualification in speciality ▪ Not done any academic study for |

| | |
|--|---|
| ▪ Developing leadership skills | several years |
| Opportunities | Threats |
| <ul style="list-style-type: none"> ▪ Support in principle from manager ▪ Flexible degree pathway at local university | <ul style="list-style-type: none"> ▪ Lack of funding from employer ▪ High personal anxiety re work/life balance if studying |
| <p>Action Plan:</p> <p>Contact university for degree prospectus</p> <p>Contact appropriate lecturer re study skill support available</p> <p>Arrange appointment with manager to discuss possibility of studying a module</p> <p>Explore alternative sources of funding – special trustees?</p> <p>Look at time management and consider where time for studying could be identified? Sunday morning when children at football</p> <p>Box 3 Example of a SWOT analysis related to personal development</p> | |

In this way, the portfolio can become a dynamic tool that enables and records professional growth.

Adult learning

Knowles (1984) identified that adult learners share certain characteristics:

1. Self-concept: They have developed from being dependent on others towards becoming self-directed individuals
2. Experience: They have accumulated a range of experiences that provide an increasing resource for learning.
3. Readiness to learn: Their readiness to learn within their social roles is apparent

4. Motivation to learn: As a person matures the motivation to learn is internal (Knowles 1984 p.12).

These criteria are obviously desirable characteristics for nurses who are taking on increasingly autonomous and complex roles in response to the demands of political and societal changes. Portfolios would therefore seem to be a very appropriate vehicle for both enabling and demonstrating these characteristics. Indeed, for this reason portfolios are a widely utilised on university courses as part of the assessment process in both pre and post registration health care programme.

Professional Profiles

Timmins (2008 p. 24) suggests that whereas a portfolio may be private, a profile is a selection of this evidence extracted from the portfolio to fulfil a particular purpose. In this way *"...private learning may become public, thus making it available for viewing by others"* (Timmins and Dunne, 2009 p. 5.) An example of this might be where a practitioner selects a range of evidence from their portfolio to present as evidence of having the skills and underpinning knowledge for a specific job role as part of the selection and interview process. It is important therefore, that whilst health professionals need to maintain a portfolio evidencing on going competence in all aspects of their professional life, they are likely to be required to provide a narrower range of evidence when profiling themselves for specific job roles or for academic or professional accreditation. In these circumstances, individuals may be required to provide evidence of meeting pre set criteria. The material presented must be mapped against the specific competencies or

requirements. Box 4. Provides an example of using evidence to map against a specific competency.

Competency:

Candidate is able to work innovatively and be highly committed to providing holistic care with a passion to improve the patient experience for service users

Demonstrated by:

Led and managed a change development project to set up a nurse led telephone follow up service for post operative patients

Evidence from portfolio:

Project plan

Minutes of steering group meetings

Audit report of first 3 months of service

Short reflective account of the process of implementing the service

Box 4 An example of using portfolio evidence to map against a specific competency

Assuring Quality

A professional portfolio can be defined as robust if it comprises of evidence that provides a true representation of the individual practitioner – in other words, their professional identity. Wilcox and Brown (2002) suggested that the material presented in portfolios must meet certain benchmarks:

- Valid – This means that the skills, knowledge and expertise being demonstrated by the evidence matches the requirements of the employer, professional body or higher education institution, for example

- Sufficient – There must be adequate amount of material for the assessor to make a judgement as to whether the competency or skills or experience is adequate
- Authentic – The assessor must be clear that work within the portfolio or profile is as a result of the professional's own effort and expertise.
- Reliable - Different assessors should place a similar value on the evidence provided and make similar judgements when confronted with the same evidence
- Current - This refers to the date of the evidence. Assessors must be sure that the evidence submitted by the candidate is recent enough to be considered a measure of his/her current levels of competence. Records of attending skills training several years previously with no evidence of updating or on going development is clearly not evidence of current proficiency.

These generic criteria can be used to as part of self evaluation of a portfolio, but are particularly important when using portfolio evidence to gain academic credit for prior learning from a University.

Academic accreditation for prior learning

Accreditation of prior learning (APL) is a process whereby academic credits can be awarded for previous learning that an individual has undertaken either through formal courses of study (Accreditation of Prior Certificated Learning - APCL) or through unstructured, informal learning at work or home (Accreditation of Prior Experiential Learning - APEL). Essentially this means that universities will review evidence of learning presented in a portfolio and

award academic credits if it meets the appropriate academic standards. The academic standard you are seeking should be demonstrated in the academic level of the writing, as set by the QAA (2001), such as your structure and referencing. Credits gained can be used towards an academic award, for example, a Diploma or Degree or used to grant exemption from part of a course of study. In addition, evidence of prior learning can be used to provide evidence of the ability to study for a specific level of study and so enable the potential student to gain exemption from the usual academic entry requirements. With the ending of Diploma programmes and a move to all graduate pre - registration nurse preparation programmes from 2013, many registered nurses may want to consider returning to academic study on a part time basis to achieve a degree. Guidance on APL processes can be obtained from individual universities but having a current and intelligently presented portfolio reflecting past experience and learning is an excellent starting point for those wishing to seek APL

Evidence of competence

The NMC (2009) uses the term competence to describe the skills and ability to practise safely and effectively without the need for supervision – a reasonable expectation of the registered nurse made by both the professional body and the employer. Since the introduction of the Knowledge and Skills Framework (DH, 2004), all NHS staff are expected to demonstrate appropriate skills and knowledge within their role. These are closely linked to pay and progression through the process of annual development reviews and personal development planning, It is therefore helpful for health professionals

to be able to easily access evidence of competence as part of the review process. However, there has been debate as to the best way to assess competence and some recent work suggested that as there is no gold standard for assessing competence in nursing “...a multi-method approach to assessment is advisable” (National Nursing Research Unit, 2009.) Portfolios certainly constitute a multi faceted way of presenting a range of evidence and as a focus for discussion as part of a performance development review. Local universities increasingly offer modules to support the development of portfolios for health professionals and a range of self help literature and texts have been also been published on the topic. Local health librarians should be able to support practitioners in accessing these.

Portfolios and advanced nursing practice roles

There are particular reasons why those nurses who undertake advanced clinical nursing roles, such as nurse practitioners, consultant nurses and community matrons, should maintain up to date professional portfolios. The autonomous nature of the work of nurses in advanced roles means that they are less subject to the scrutiny of others. In addition, the sometimes fairly wide scope of their nursing practice, and potential overlap with medical practice, makes them vulnerable to questions regarding their competence and qualifications for their practice. It is important therefore, that nurses in advanced roles should consider carefully how they currently evidence that their practice is safe and effective. Box 5 lists some suggestions for evidencing competence in advanced practice within a portfolio.

The likelihood of regulating advanced practice in the near future is another reason for portfolio maintenance. For several years discussions have been underway to consider the regulation of nurses in advanced clinical practice roles, following concern about their competence and the lack of standardised educational preparation for such posts (NMC, 2004.) Earlier this year, the NMC agreed to establish a project group to take this work further, and build on existing work on the competencies and processes for regulating training and practice at an advanced level (NMC, 2010b) It is likely that the process will involve opening a new part of the register for advanced nurse practitioners with eligibility requiring the practitioner to demonstrate that the approved competencies have been achieved, either through successful completion of an a NMC validated course at a higher education institute, or through an APEL route. This would mean the assessment of competence via a range of methods, including a portfolio of evidence that is mapped against the specific competencies. Those practitioners who already have commenced the process of evidencing their skills and knowledge, will obviously be at an advantage.

- Records of education and training in advanced skills such as diagnostics to include some corroborative evidence of advanced skill competency such as OSCE or witness testimony
- Reports of audits of practice include documentation reviews
- Patient perspective through /patient stories
- Peer review of practice
- Feedback from colleagues and line managers
- Notes from clinical supervision undertaken

- Case studies
- Reflection on practice events and incidents including commentary on development and refinement of advanced skills over time

Box 5 Portfolio evidence for advanced practice roles

Conclusion

Portfolio development is a professional requirement, enabling staff to provide documentary evidence of skills, knowledge and experience from a range of sources. A well constructed portfolio should show how learning has occurred as well as its application in practice. The acquisition and development of skills and knowledge over time should also be evident. In this way, portfolios have the potential to be a tool that is an accessible resource that can assist in supporting career changes, meet professional body requirements, attest to academic ability and ultimately help to individual practitioners to implement and promote best practice.

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