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A Framework for Portfolio Development in Post-Graduate Nursing Practice

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Abstract

This paper outlines a framework for portfolio development in post-graduate nursing practice. The framework is being piloted, within the Irish context, with students in the first year of a Masters in Nursing programme and has the potential to be developed for other nursing programmes at post-graduate level. The framework is constructed to embrace the core concepts of specialist nursing practice, from the National Council for the Professional Development of Nursing and Midwifery, and the competencies desired for nurses in the management of the health services, from the Office for Health Management. In addition the portfolio is anchored around personal development planning and is supported by the use of action learning tutorials and academic and practice facilitators.

Introduction

This paper outlines a framework for portfolio development (figure 1) in a Masters in

Nursing programme, which provides options for nurses pursuing Clinical Nurse

Specialist (CNS), Advanced Nurse Practitioner (ANP) or Nursing Management career pathways. Many definitions have been put forward in the literature for portfolios.

Karlowicz (2000) argues that a portfolio is a focused purposeful collection of traditional and nontraditional work that represents a student's learning, progress and achievement over time. The framework is informed by current Irish documents. It embraces the core concepts of specialist nursing practice, from the National Council for the Professional Development of Nursing and Midwifery, and the competencies desired for nurses in the management of the health services, from the Office for Health Management (Rush et al, 2000). In addition the portfolio development process is anchored around personal development planning and is supported by tutorials, using the principles of action learning and facilitators.

This is a new initiative in the MSc programme, which aims to promote personal and professional development of nurses in the 21st century, so that they can respond to the challenge of the increasingly rapid change and development in the Irish healthcare system. These challenges are set out in the *Commission on Nursing* (Government of Ireland, 1998), *The Health Strategy, Quality & Fairness* (Department of Health & Children, 2001), and the more recent *Health Service Reform Programme* (Department of Health & Children, 2003). The National Council for the Professional Development of Nursing and Midwifery recognises that in educating nurses for specialist and advanced nursing and midwifery practice there is great scope for innovation in the development of roles in line with service need. The National Council for the Professional Development of Nursing and Midwifery (2002) state:

‘Collaboration and partnership between service providers and educational institutions will enhance the relevancy of educational programmes and take cognisance of emerging trends in healthcare needs and provision’

(pg. 2)

One means of reflecting this collaboration is the development of a portfolio, a requirement by the National Council for the post of Advanced Nurse Practitioner. However, this framework suggested that the linking of theory to practice is needed at all levels in the health service. The Office for Health Management propose that nurses take initiatives to move the service forward and show a willingness to try out new ideas. The framework presented here suggests that portfolio development is not only relevant for a nurse at Advanced Nurse Practitioner level but for nurses at all levels in the healthcare setting. The portfolio is introduced in the MSc programme as part of a practice-based module.

Practice-Based Module & Developing a Portfolio

The portfolio forms the assessment method for a practice-based module, in the first year of an MSc in Nursing programme. The overall aim of the module is to support the student in their demonstration of extensive experience, knowledge and skills, through the core concepts of specialist practice, or nursing management competencies. The module aims to advance nursing practice and promote high quality people centred care by promoting links between the academic and practice settings. The module is made up of 150 hours of learning, which will, for the most part, be independent learning time by the students, as they develop their portfolio. The remaining learning time comprises direct contact time with a facilitator in the practice and academic settings. The module will also comprise 500 clinical hours. Clinical hours are defined as working in direct clinical practice associated with the achievement of the clinical learning outcomes of the programme and

includes observation of clinical practice, supervised clinical practice and consolidation of clinical practice (National Council, 2002).

The practice-based portfolio is promoted as an active process involving collecting, synthesising and organising possible relevant items, which will reflect the best evidence of achievement of the module learning outcomes. These learning outcomes reflect one of three pathways, Clinical Nurse Specialist (CNS), Advanced Nurse Practitioner (ANP) or Nurse Manager. However, it can be argued that nurses need not necessarily be formally employed in one of these three posts to reflect their practice using these concepts and competencies (see Table 1). For instance, the core concept of clinical focus (CNS), autonomy in clinical practice (ANP) and the competency of communicating and influencing relationships (Nurse Manager) reflect the practice of the majority of nurses in the healthcare setting. Thus, there is scope for wider development of this framework.

Although the portfolio will be used in a product role to assess the achievement of learning outcomes for the practice-based module, the process role of the portfolio in personal and professional growth will be evaluated via an action research project. Students will be interviewed using a focus group approach and a questionnaire will be developed to explore the process of developing the portfolio. The theoretical basis of this initiative will also be examined in the questionnaire. It is planned to involve all stakeholders in this feedback, e.g. students and facilitators.

Theoretical basis of the portfolio approach

The theoretical basis of the portfolio approach in this framework is underpinned by the four assumptions of the theory of adult learning (Knowles, 1975):

- (i) The student is self-directed
- (ii) The student's past experiences are a rich resource for learning
- (iii) Readiness to learn develops from life tasks and problems
- (iv) The student demonstrates curiosity and is self-motivated to grow and achieve

According to Knowles (1975) and Cayne (1995) even if everyone does not have these tendencies, portfolio preparation can help to nurture and develop them, given a facilitative climate. The portfolio approach is based on experiential learning where the learner is actively involved with the realities being studied. Kelly (1996) suggests that portfolio development put students in control of their continuing professional development. However, there are potential benefits and challenges in the process of portfolio development.

Potential Benefits of the Portfolio

There is general agreement about the value of keeping a portfolio. The literature supports a number of potential benefits of the process of portfolio development. The following are included:

1. As a means of facilitating the development of students' accountability and autonomy

It has the potential to encourage students to take more responsibility for the direction, progress and quality of their learning, in addition to the development of better study

skills (Harris et al, 2001). It will thus encourage greater student involvement in decisions about the curriculum as well as about individual progress.

2. *As a focus for discussion*

Used as a focus for discussion between the student and facilitator it can help strengthen this relationship, as well as leading to a better learning experience for the student (Glen & Hight, 1992).

3. *As a vehicle for the development of reflective skills*

Reflection on experience needs to be central to the portfolio development. This reflection needs to be a conscious and deliberate strategy aimed at understanding and learning from clinical practice. Critical incident analysis is an accepted approach to reflecting on practice in a systematic way. Students can then be encouraged to share their reflections in small peer groups (Harris et al, 2001).

4. *As a means of assessment*

Portfolios have been used in the assessment of nursing practice at post-registration level. Murrell et al (1998) found that not only did portfolios enable theory and practice to be brought closer together, but that they could lead to improvements in practice and facilitate students taking control over their own learning.

Although the use of portfolios as a record for the purposes of both learning and assessment has grown in recent years there are a number of challenges associated with the process.

Challenges of the Portfolio

Portfolio development is not seen without its share of challenges as identified in the literature. The following are some of those cited:

1. *The reluctance of the student to engage in self-reflection*

Focusing on fears and weaknesses as well as strengths may be seen as threatening by some students (Snadden et al, 1996; Karlowicz, 2000).

2. *The conversion of terminology from the familiar to the academic*

Budnick and Beaver (1984) noted the challenges for those who lacked writing skills in their portfolio development where credit was awarded on the basis of written presentation.

3. *Time-consuming*

The amount of evidence to be provided and the time-consuming aspect of compiling the portfolio may have a negative effect on the student's motivation (Mitchell, 1994). Portfolios have also been criticised for the amount of time taken to complete and assess them (Oechsle et al, 1990; Harris et al, 2001).

4. *Ethical issues of privacy and confidentiality*

Portfolio entries may be censored if students are not assured of confidentiality (Gannon et al, 2001). The honesty of entries has been questioned, thus questioning the validity and credibility of the portfolio as an assessment tool.

These benefits and challenges have been addressed with the students and have been to the forefront of the development of this framework.

Building a Portfolio

There has been much written in the medical and nursing literature on portfolio development. Various interpretations have evolved ranging from a logbook resembling curriculum vitae through to deeply personal accounts. Webb et al (2002) sum up four main models of portfolios in a rather humorous way. The ‘shopping trolley’ model contains anything that has been used and produced during learning. The ‘toast rack’ portfolio has a number of ‘slots’ that must be filled for each module on a preregistration diploma programme. The ‘cake mix’ involves blending of parts to form a whole portfolio cake. Fourthly in the ‘spinal column’ model a series of competency statements/vertebrae form the central column of assessment.

In this framework, the ‘spinal column’ model is reflected in that the portfolio is centred round core concepts or competencies. The main body of the portfolio will comprise evidence of knowledge and the application of knowledge in practice. However, in keeping with the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais, 2000) the inclusion of certificates of attendance at specific courses will not be promoted as evidence of learning. The portfolio will not comprise numerous ‘pieces of paper’ to suggest learning. Rather, reflection on what was learned from the experience and the learning in the form of stated learning outcomes must be identified. These outcomes can reflect one of the three pathways (see figure 1):

Students will be encouraged to select and describe experiences and ideas that are most important to them, increased their personal insight and best suit the service needs. In keeping with Price (2003) the portfolio will include at least three elements:

- Description of a practice experience
- Written account of reflection on this experience
- Action plans and or descriptions of the nursing care response

It is the student who decides which episodes or aspects of practice to include in the portfolio. Some aspects of practice worthy of reflection may include the following:

- Those that have been successful, or unsuccessful in terms of patient/client outcome
- Those that have triggered them to re-examine their practice
- Those that prompt them to re-evaluate their beliefs and values or their worldview.

The portfolio needs to demonstrate a critical attitude towards the student's own practice. To do this it is important that the student provides a description of the context of the practice area, without breaching confidentiality. The student will need to make sense of what is happening by addressing theory to explain practice observations and experiences. The portfolio also needs to capture the student's ability to identify alternative ways of practice and envisage strategies for change. One way of getting started on this journey is to draft a Personal Development Plan (PDP).

Personal Development Plan

The portfolio development is underpinned by the inclusion of a Personal Development Plan (PDP). According to the Office for Health Management (2003) Personal Development Planning is a

...process that enables people to make the best use of their skills and helps advance both the individual's plans and the strategic goals of the organisation. It also provides the framework to focus on development needs which may result from change in work roles, or from organisational or legislative change, or from challenges involved in managing people or working in teams.'

(pg. 3)

It is therefore a co-ordinated plan that is made to facilitate growth and development of the individual, paying attention to personal and career aspirations. The PDP is made up of action planning, which focuses on areas in need of improvement for the student as well as their strengths. Thus, there is an element of risk for the student in exposure of this material. Again, support strategies must be included, for example, practice facilitators to guide the student in this venture. It is not within the scope of this paper to include a framework for such a plan but there are excellent resources for a PDP via the Office for Health Management website (www.officeforhealthmanagement.ie). The student will inevitably need some support strategies to guide them with these plans.

Support Mechanisms

1. Tutorials

The Programme Co-ordinator sets up tutorials for the group. With a group of 20 students there are 4 groups of 5 students each. This is structured within the action learning framework. Action learning is a method of problem solving and learning in groups (sets) to bring about change for individuals, teams and organisations. Tutorials using the action learning framework brings participants together to question, challenge and support each other. The challenge is to listen intently to all members of the group without giving advice. Each group will be allocated a facilitator within the faculty and will meet on 2 occasions in each semester.

2. Facilitators of Work-based Learning (FWBL)

In addition to the support of the tutorial groups it is important that the students identify a colleague in the practice area who can act as their Facilitator of Work-based Learning (FWBL) for them in developing their portfolio. This concept is not new in the department and has been used successfully in this department, as part of the Practice Development degree programme since 1999 (Cowman et al, 2000). As this is a pilot phase of portfolio development in the MSc programme, the facilitators initially, will not be involved in assessment as is the case for the Practice Development degree. However, there is scope for this development following evaluation of the initiative. The facilitator can be someone who the student can work comfortably with in discussing his or her reflections of an experience in practice. These discussions aim to help the student to explore an experience more critically. They are encouraged to use the concepts/competencies as a

basis for their discussions with the facilitator. However, it is important that the student, and not their facilitator, make the decisions about what experiences they want to reflect on. In addition, the facilitators can build on student's strengths and provide constructive feedback.

Titchen (1998 cited by Manley & Garbett, 2000) developed the concept of a 'critical companion'. She describes the relationship of a facilitator and a practitioner, which parallels that between practitioners and clients/patients. Through this relationship critical companions operationalise concepts such as self-reflection and critique. Strategies adopted may include listening, questioning, challenging, supporting and critical dialogue. This critical companion, using such facilitation strategies, can enable practitioners to critique their practice and build a portfolio of evidence to include structured reflections and evidence drawn from colleagues in other professions (Manley & Garbett, 2000).

Students developing their portfolios will also have the support of an academic-based facilitator who will support the tutorials using the action-learning framework. This role involves helping students clarify their thoughts about experiences in practice and helping relate these back to theory. Strategies used within action-learning groups are those described by Titchen above, i.e. listening, questioning, supporting and challenging

3. Programme Co-ordinator

While students will meet their facilitators at various times as they develop their portfolio, their Programme Co-ordinator will be the constant link person for them for any general issues around their experience.

Conclusion & Recommendations

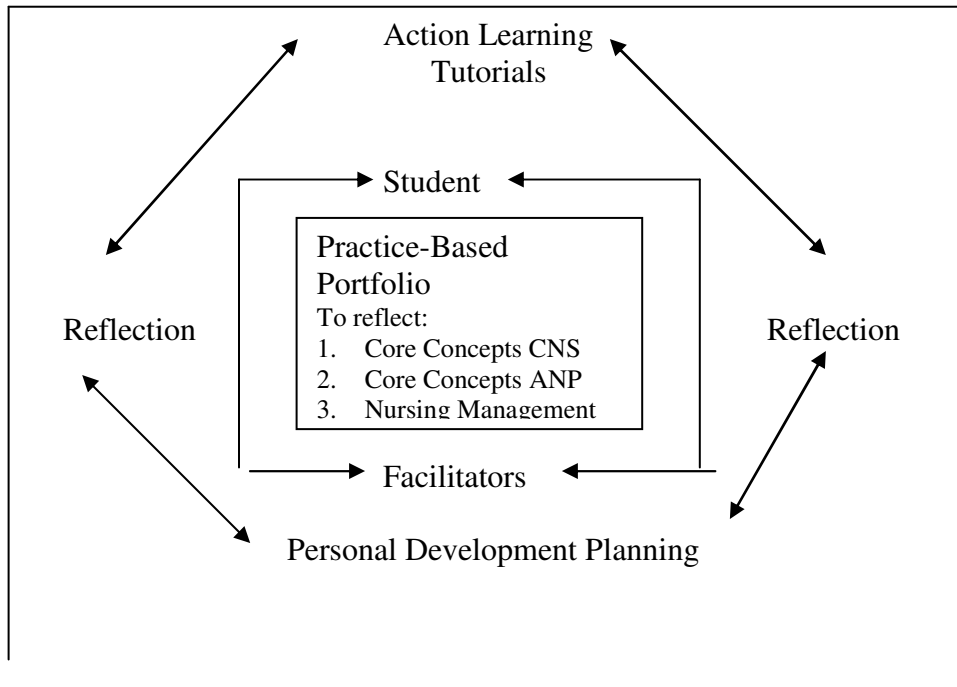
This paper has outlined a framework for portfolio development in post-graduate nursing practice. It is being piloted with students in the first year of a Masters in Nursing programme and will have the potential to be developed for the Higher Diploma programmes in specialist nursing practice. The framework embraces the core concepts of specialist nursing practice, from the National Council, and the competencies desired for nurses in the management of the health services, from the Office for Health Management. In addition the portfolio is anchored around personal development planning and is supported by the use of action learning tutorials and academic and practice facilitators. The introduction of the portfolio in a master's programme in the Irish healthcare setting is timely, following the recent publication of the Health Service Reform Programme (Department of Health & Children, 2003). It is now vital that nurses take initiatives to move the service forward and show a willingness to try out new ideas. The process of portfolio development emphasizes the integration of theory and practice, making clinical practice integral to academic learning. Building portfolios can encourage students to critically reflect on their decision-making skills and to move forward with action planning. These skills can foster, in the 21st century nurse, a willingness to embrace change, setting the student up for long term development after the MSc programme has been completed.

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Figure 1



A Framework for Portfolio Development in Post-Graduate Nursing Practice

Table 1 Core Concepts & Competencies

<p>Core Concepts of Clinical Nurse/Midwife Specialist Clinical Focus Patient Advocate Education & Training Audit & Research Consultant</p> <p>Core Concepts of Advanced Nurse/Midwife Practitioner Autonomy in Clinical Practice Pioneering professional & clinical leadership Expert practitioners Researcher</p> <p>Nursing Management Competencies <i>Generic Competencies</i> Promoting evidence-based decision making Building & maintaining relationships Communication & influencing relationships Service initiation & innovation Resilience & composure Integrity & ethical stance Sustained personal commitment Practitioner competence & professional credibility</p> <p><i>Front Level</i></p> <p>Planning & organisation of activities & resources Building & leading the team Leading on clinical practice & service quality</p> <p><i>Middle Level</i></p> <p>Proactive approach to planning Effective co-ordination of resources Empowering/enabling leadership Setting & monitoring performance standards Negotiation skills</p> <p><i>Top Level</i></p> <p>Strategic & system thinking Establishing policy, systems & structures Leading on vision & values Stepping up to the corporate agenda Development approach to staff</p>
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