

2nd Edition

Successful Professional Portfolios for Nursing Students

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Chapter 1

What is a portfolio?

NMC Standards for Pre-registration Nursing Education

This chapter will address the following competencies:

Domain 1: Professional values

7. All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.
8. All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

Domain 2: Communication and interpersonal skills

7. All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.

Chapter aims

After reading this chapter you will be able to:

- understand why reflection is important for compiling a portfolio;
- identify with a range of materials you might collect as evidence of professional and personal development (learning);
- consider how best to organise and present your portfolio;
- define a portfolio, and explain what yours means to you.

Introduction

Portfolios are often used in pre-registration **nursing** programmes to demonstrate and assess learning. It is therefore important that you have the direction, guidance and skills necessary to collate one successfully. Many pre-registration nursing students feel quite bewildered about what

a portfolio is and what they should keep in it. This can lead to anxiety and a sense of being overwhelmed; not knowing where to begin and what to do (Timmins and Dunne, 2009; McMullan, 2008). This chapter will give you some insight into how to produce a successful portfolio, where to begin, what to include and, most importantly, how to 'showcase' your learning. This will be built on in later chapters.

Much of the work needed to put a portfolio together involves reflecting on your experiences, both in the classroom and on placement, and considering carefully what you can learn from them. If you use reflection in this way, the portfolio becomes an ongoing learning tool as well as a way of demonstrating your achievements. You will find more about reflection, and in particular about keeping a reflective journal as part of your portfolio, in Chapter 3.

In this chapter, four pre-registration nursing students – Aimee, Jeff, Alex and Natasha (all pseudonyms) – share their early experiences of compiling their portfolios and how they managed to overcome some of the challenges:

- understanding what a portfolio is and its value in demonstrating learning;
- working out what should go into it and why;
- ensuring that they get into the habit of reflecting upon experiences, rather than simply recording them;
- beginning to plan and organise a portfolio;
- comparing the merits of an e-portfolio against the merits of traditional, paper-based portfolios.

What is a portfolio and how can it demonstrate your learning?

Your portfolio will be a collection of carefully selected materials which provide a snapshot of your student journey from the beginning of your pre-registration programme to successful completion, and eventually beyond registration. As an accessible resource, its value will be in how well it reflects and verifies your current, recent and past learning experiences and activities. The materials are usually collated in a hard-backed ring binder for easy access. Some students, however, now keep electronic versions known as e-portfolios, and although you will need to keep to either an electronic or a paper copy for when you present your portfolio for assessment, you may well find it helpful to use both electronic and paper folders for your own purposes.

If you have just started your nursing preparation programme, you may feel you do not have anything to go into your portfolio. You do, though! You will be able to bring learning from school, from your hobbies or voluntary work, or from previous work experience. Once you start to reflect on what you have learned from these, you will find you have already absorbed plenty of skills and knowledge which will be useful in becoming a nurse.

Activity 1.1**Reflection**

To ensure that the NHS has a culture of caring and putting patients first, all nursing course applicants are now tested on their values (Latham, 2014). It is also a requirement that students spend some time working in a care capacity to gain prior experience to confirm they are certain they want to be a nurse. Think back to your application and interview for nursing. What life experiences did you claim had already given you some insight into what being a nurse meant and the skills required to work with people?

Working out what goes into your portfolio and why

You may have done voluntary work with people with learning disabilities, perhaps taken them on holiday; or managed staff in an office; or helped put on a school play; even brought up a family. These kinds of activities and work experience will bring with them a range of interpersonal and communication skills which are essential for good nursing; for example, you may have developed sound organisational and time-management skills in balancing part-time work with study. You may be surprised to find that these attributes are all relevant to the NMC's four domains for nursing practice (NMC, 2010c) which you will be working to develop during your nursing programme. In addition, many schools of nursing will ask you to undertake some kind of self-assessment activity to identify your learning needs. Your personal academic record may include some exercises related to self-assessment of certain study and learning skills (see Chapter 2). Read the case study below to see what life experience each of our four pre-registration students has that might be relevant to nursing and how they identified their learning needs with their personal teacher.

Case study

Aimee has just left sixth-form college. During her work on the college newsletter she interviewed staff and students about current events which were influencing the school. In her spare time she has worked with Mencap, taking children with learning disabilities on holiday. She wants to work with people with learning disabilities.

Jeff has just completed his BTEC in health and social care at the local community college. He left school at 16 and went to work in a local supermarket where he has worked for the last four years. He plays football at the weekends and lives with his partner Jane in a flat in the city. He hopes to become a mental health nurse.

Alex is 31 years old and he has had several jobs (working as a mechanic). He is married with two children, both at school, and acts as a school governor. He has taken three A levels at night school over

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the last two years. He is interested in working with children who have long-term illnesses when he qualifies.

Natasha is 45 and worked in IT, after gaining her degree in computer studies. She decided she needed a career change and chose to become a nurse, working within the adult field of nursing. She has four grown-up children who all now live away from home. She has elderly parents, one of whom requires 24-hour care due to a long-standing illness.

The first column in Table 1.1 lists the kinds of material (content) that can go into a portfolio. The rest show how all four students were able to demonstrate that they have valuable life experience which they can bring with them into their nursing course. Their personal tutor then helped them to profile their past experiences and complete a reflective assessment of their current strengths in dealing with people, how they might organise their time around work and home life, and what their specific learning needs might be. This is sometimes known as a SWOT analysis, that is to say, you identify where you feel your strengths are, where you feel you need to develop (weaknesses), how you might develop (opportunities for) and what might hinder your learning (threats). This will be addressed in more detail in Chapter 2.

All four students felt confident about their ability to communicate with people. Aimee, Jeff and Alex all felt fairly confident with their study skills and organising a balanced home and work life. Natasha, however, expressed some concern about how she would manage her home, work and parental caring responsibilities. She felt it would be really important to be well organised and schedule in her commitments in order not to feel overwhelmed. She felt she had the skills to do this even though it was some time since she had done formal study. Jeff and Alex were more concerned about working within a team of highly trained professionals and how they would fit in, especially Alex who, as a more mature student, was worried that a lot more would be expected of him as he was older. He felt vulnerable as, while he was happy to look after and work with well children, nursing sick children would be a whole new experience for him. (Natasha echoed Alex's concerns about how she would be seen as a mature student.) Aimee was looking forward to the challenge of working with more disabled children, but worried about how she would 'cope' with working in more institutionalised settings.

Activity 1.2

Critical thinking

Aimee, Jeff, Alex and Natasha were able to consider how to put together their portfolio with the help of their personal teacher. Referring to the simple list of **evidence** in the first column of Table 1.1, have you any similar materials that you have already collected and popped in a box file somewhere for safe keeping? Sort through them. Think about what they say about you, how they show your current strengths, attributes and areas for development. Organise them into relevant sections for your portfolio.

| Potential portfolio content | Aimee | Jeff | Alex | Natasha |
|---|---|---|--|--|
| A curriculum vitae (CV) work history | | | | |
| Personal/educational development certificates | A-level Biology, English Literature and French | BTEC in Health and Social Care | A-level Biology, Physics and Chemistry | BSC Computer Sciences A-level History, English and Art |
| Work-based training courses | IT/media training on newsletter | Health and safety Food hygiene | Health and safety School governor training | IT training Ergonomic safety Equality and diversity training |
| Self-assessments: <ul style="list-style-type: none"> ways in which you prefer to learn; initial SWOT analysis and personal. development/action plan | Personal statement in application | Personal statement in application BTEC portfolio | Personal statement in application Learning styles inventory for foundation study skills | Personal statement in application Vocational guidance counselling |
| Assessment from others: <ul style="list-style-type: none"> references testimonials | Personal statement from Mencap holiday manager First aid certificate | References: <ul style="list-style-type: none"> work BTEC (seen) | References: <ul style="list-style-type: none"> work college school governor | References: <ul style="list-style-type: none"> work volunteer work organiser (hospice) |

| Potential portfolio content | Aimee | Jeff | Alex | Natasha |
|---|---|---|--|---|
| <p>Evidence of learning from life or work experience:</p> <ol style="list-style-type: none"> Diary/Journal extract Feedback from others: <ul style="list-style-type: none"> thank you cards accounts of community/professional activities <p>professional</p> <p>professional activities</p> | <p>Raising money for local charity</p> <p>Thank you card from children and parents</p> <p>Sample newsletter from sixth-form college</p> | <p>Being captain of the football team – planning and organisation notes</p> | <p>Summary of school governor activities</p> | <p>Summary of working as volunteer doing gardening at local respite/hospice centre</p> |
| <p>Ongoing SWOT and personal development/action plans</p> | <p>SWOT</p> <p>Study skills OK</p> <p>Good communicator – face-to-face and written</p> <p>Managed to work with people with learning disabilities but worried about working in more institutional setting with severely disabled</p> | <p>SWOT</p> <p>Study skills OK</p> <p>Good communicator and managed people</p> <p>Needs academic support (dyslexia)</p> | <p>SWOT</p> <p>Study skills OK</p> <p>Good communicator and can take a lead in a group</p> <p>Older, so will people expect more?</p> | <p>SWOT</p> <p>Study skills OK</p> <p>Good communicator, strong IT skills</p> <p>Led a team</p> <p>Managing father alongside course – worry</p> <p>Older, so will people expect more?</p> |

Table 1.1: What could go into a portfolio?

At this stage don't worry if you have collected only a few materials – you will soon see it grow. Start saving any materials and documents which you think reflect your learning. One way to start is to make notes from what you are learning in your classroom sessions, or from any related practice activities. Note down your thoughts and feelings, and any factors you think were influencing your learning, as well as what you think you learnt in each situation. These records might be useful for later reflection (see Chapter 3).

Using reflection

Get into the habit of reflecting on your experiences. A useful strategy for making key notes to reflect on how much you are learning is to ask yourself the following three questions.

1. What have we been doing in class today?
2. What have I learnt?
3. Why will this be important when I come to actually providing nursing care to people? (Clark, 2010a, 2010b).

Case study

Alex did this exercise. He came out of a session on child development thoroughly confused by all the different theories the lecturer had skimmed over. He spent an hour putting his notes together and realised that if he didn't understand some aspects of child development he may not understand how illness can influence normal child development, or the relationship between brothers and sisters, or even how well a parent may bond with their child if it is born with a health problem or disability. He realised how important this was in being able to empathise with families of ill children and perhaps in being non-judgemental in the way he approaches families. Alex also realised that if he did the same exercise when he was on placement, he might be able to link the nursing care he was seeing back to some of the theory he was being taught in the classroom.

Your portfolio provides one means of helping you to consider the application of classroom learning and how this links to your clinical skills. For example, you may have spent time in class considering nursing models and the nursing process, and been told this links to how patient care is planned and implemented. This will not seem real, perhaps, or relevant until you *see* nurses working with patients and their carers in planning, giving and documenting their care. You may also find other ways that 'care planning' is described, such as 'care pathways' or 'care packages', and come to realise that underpinning each is a systematic approach to nursing people (i.e. the nursing process). Alternatively, you may see nurses working to improve current practice, the patient experience, the information provided to patients and carers, and the way services are organised to meet patients' needs. In doing so, nurses are actively informing the way we as nurses work in the future.

How to use your portfolio to demonstrate compassionate care

The strategy document *Compassion in Practice* (DH, 2012) identifies six different types of behaviour which represent features and characteristics of everything that all nurses do irrespective of which field of nursing you work in. You will see that the features and characteristics all begin with the letter C so they have come to be known as the 6Cs. The 6Cs are at the heart of how nurses work in practice and they have implications for what you are taught during your programme and for what you do throughout your nursing career. Each of the 6Cs carries equal weighting; they are:

- caring;
- compassion;
- competence;
- communication;
- courage;
- commitment.

The following matrix explains what is involved in each of the 6Cs. The left side of the matrix shows features and characteristics of the 6Cs and the right side describes related values and behaviours.

| Features and characteristics of the 6Cs | Values and behaviours related to the 6Cs |
|---|--|
| Care is the core business of nurses. The patient is viewed as the priority. Effective care improves the health of individuals and communities | Patient-centred care is assessed, planned, delivered and evaluated Nurse involves the patient in decisions about their care |
| Compassion is how care is delivered through good relationships between nurses, patients and relatives | Nurse is empathic, treats patients with dignity, humanity, respect and kindness |
| Competence is having the ability and knowledge required to deliver effective high-quality evidence-based care | Nurse has up-to-date clinical knowledge and skills, technical skills and research awareness Identifies risk and prevents harm to others |
| Communication is about effective teamwork The ability to speak clearly to patients and relatives Provides reassurance to patients and relatives | Nurse has good listening skills, reporting and recording skills, has rapport with patients, relatives and colleagues, is approachable |

(Continued)

(Continued)

| Features and characteristics of the 6Cs | Values and behaviours related to the 6Cs |
|---|--|
| Courage is speaking up when the nurse has concerns Seeks out feedback | Nurse has integrity and ethical values Shows accountability |
| Commitment is taking action to improve the patient and relative's experience, increasing transparency | Nurse is open and responsive and creates a positive and safe culture Candour, honesty |

(Based on Watterson, 2013)

Activity 1.3**Critical thinking**

Using the above matrix, write a short script describing the behaviours which would be helpful in comforting a friend who is going through a tough time. Search for things you might do no matter how small they may seem, which may reassure and support your friend. File the script in your portfolio under a section headed the 6Cs.

The Nursing and Midwifery Council Code of Conduct

In 2015 the NMC approved a new professional code for registrants (NMC, 2015). The new code is centred around four topics – prioritising people, practising effectively, preserving safety and promoting professionalism. Key instructions included in the new Code of Conduct reaffirm the importance of the 6Cs. It is intended that the new code will be a live document used to address good practice, leadership and using all forms of communication responsibly. The new code features instructions designed to help you treat people with compassion and to ensure that their physical, social and psychological needs are assessed and met. There will also be information about exercising candour when errors or harm occur. Your portfolio will be a valuable tool that you can use to demonstrate good practice that follows the NMC Code of Conduct.

Beginning to plan and organise your portfolio

The NMC (2010c) views portfolio compilation as an important part of a nursing programme and suggests that portfolios:

- provide a means for negotiating, directing and affirming learning;
- facilitate self-directed, individualised learning;
- 'showcase' ongoing development, personally and professionally, which can be used formatively and/or summatively to assess progress against predetermined criteria (and gain academic credit as well as verification of achievement of practice competencies);

- help integrate theory with practice and practice with theory (even to the extent of developing the theory that informs nurses' practice);
- develop the skills of reflection and critical analysis;
- provide an opportunity to express learning in more creative ways other than the usual written notes and reflections on and about nursing practice (Timmins and Dunne, 2009).

Your **ongoing achievement record (OAR)** and your clinical assessment document which you will keep in your portfolio will follow you from one placement to the next (discussed further in Chapter 3); each **mentor**, as well as your personal teacher, will be able to see at a glance where you are progressing in terms of your programme and clinical competence assessments. One option for keeping your portfolio will be within a ring binder, with neatly divided sections for relevant material. However, some of you will be asked, or maybe choose, to keep an e-portfolio.

Comparing the merits of e-portfolios and traditional paper-based portfolios

E-portfolios have increasingly replaced traditional paper-based methods of storing evidence in a ring binder. Studies have shown that many students prefer this to paper formats. Research by Strivens et al. (2009) suggests that e-portfolios might provide information that is more related to how you learn, as well as what you learn. That is to say, the *rich and complex processes of planning, synthesising, sharing, discussing, reflecting, giving, receiving and responding to feedback* which are essential skills in enhancing learning (Strivens et al., 2009, p9). E-portfolios can also make it easier to include electronic materials, making links to information that you have accessed to inform your practice (anything from YouTube to a database to a patient forum). In addition, you might want to include photographs, audio and video files (provided you follow the usual rules about consent, anonymity and **confidentiality** where they are related to actual patients and staff). Finnerty et al. (2008) suggest that for e-portfolios to work well you will need to ensure that you have clear goals for your learning; guidelines on the type of evidence you will need to provide to prove your learning; relevant and accessible IT support; and a willingness to engage with your tutor, and possibly fellow students, regularly (as some e-portfolio work can be through discussion forums). Table 1.2 illustrates some of the perceived benefits of e-portfolios as expressed by students and their tutors.

| Efficiency | Enhances learning |
|------------------------|--|
| Work all in one place | IT skills enhanced |
| Less likely to be lost | Flag a learning event/reflect later/focuses thinking |
| Mobile | Process of learning can be seen as well as outcome |
| Accessible 24/7 | Track progress easier |

(Continued)

Table 1.2 (Continued)

| Efficiency | Enhances learning |
|---|---|
| Early help if gaps in progress seen | Tutor feedback more quickly available |
| Allows for input from several sources | Creativity in selection of evidence |
| Pre-set structure enhances organisation | Helps planning/organising learning |
| Gives a time framework for learning (history) | Easier to link evidence |
| Easier to access | Reflection on value of evidence enhanced |
| Allows reader to 'jump' quickly between parts | Assists in self-assessment |
| Easier to link evidence | Presentation skills for different audiences |
| Interactive and collaborative | |

Table 1.2: Perceived benefits of an e-portfolio (adapted from Strivens et al., 2009 and Finnerty et al., 2008)

It is important, regardless of the type of portfolio you maintain, that all of the contents in your portfolio are kept confidential. So always keep in mind who it is for, who will be looking at it and who will have access to it. Any details (of patient, family, practitioner or trust) must be anonymised. It is also important that you have a sense of owning your work and feel you can decide some aspects of its content, what goes where and when.

Activity 1.4

Critical thinking

Consider the value of a portfolio as noted by the students in this chapter. Then, think about what your portfolio means to you, what benefit it will be to you in your pre-registration programme and throughout your nursing career.

Complete this statement: My portfolio will be

To summarise, a portfolio says something about you, your life and work experiences, and more particularly what you have *learnt* from them, your known strengths and areas for development. It's an ongoing process.

Throughout your nursing programme you will need to show your personal and professional development through working with a range of people with health and social care needs, and working within multidisciplinary teams and across health and social care agencies.

Defining a portfolio

Your portfolio will provide evidence of some of your learning. It will follow you from one practice learning experience to the next. Each mentor, as well as your personal teacher, will be able to see where you are in relation to your developing competence (your growing knowledge base, developing a range of practical, technical and interpersonal skills, and becoming increasingly professional in your approach to clients).

Activity 1.5

Critical thinking

Read the following definition of 'what a portfolio is' and, using your own words, sum up what you want your portfolio to reflect about you, and your personal and professional development.

Contemporary portfolios can be viewed as having many functions for both qualified and undergraduate nursing students preparing for professional practice. (Timmins, 2009)

There is no answer provided for this as you must make your own decision about what a portfolio can do for you, and its value in reflecting some of your learning.

There are distinct differences in the way we describe the purpose and value of portfolios. In the first, it is seen as 'end product' of your learning activities and experiences: a means to show you can link the theory you learn in school with practice experiences and vice versa. Each placement will offer you different learning opportunities and your mentor(s) will help you sum up your learning against achievement of the required NMC competencies in your ongoing achievement record, and then a continuation for maintaining and updating skills and knowledge following initial registration. The second, however, emphasises more the learning process – that of critical reflection on and about the practice you will both see and participate in with mentors and other healthcare professionals. **Critical thinking** and **reflection** are explored more fully in Chapter 3; however, the following two definitions introduce a simple description about the importance of both terms.

- Critical thinking *engages our reasoning as we ponder theories, arguments and debates. A competent nurse is one who selects the relevant information to plan a course of action and then judges what is best to do in a given circumstance. The nurse has to be competent in managing risk.* (Price and Harrington, 2013, pp2, 3)
- Reflection is a way of examining your experience in order to look for the possibility of other explanations and alternative approaches to doing things. It may happen as an activity or when you have more time to think about what you have experienced. (Howatson-Jones, 2013, p15)
- Scholes and her colleagues (2004) emphasise reflection as a learning process but add the need to be able to initiate your own learning. The role of the mentor is seen as that of an assessor, making a judgement about the extent of your progress. This can be an area of conflict of interest for your mentor. While they will have your interests at heart in facilitating your learning, and providing educational and clinical support, they must also act as a 'final judge' in verifying your learning at specific stages of your nursing programme. So a portfolio can have a dual function: it can say something about how you go about your learning and what

you have learnt, for personal and professional development, to direct and affirm it. However, portfolios can also be used as a means to verify learning. What and how you select material to include in your portfolio is therefore important. Some people can go about this in a very haphazard way, collecting material which they think shows their learning and then making sense of it later (see Figure 1.1). However, a more useful way to set about compiling a portfolio is to start with some idea of what you want to learn, and why (see Chapter 2 for more details).

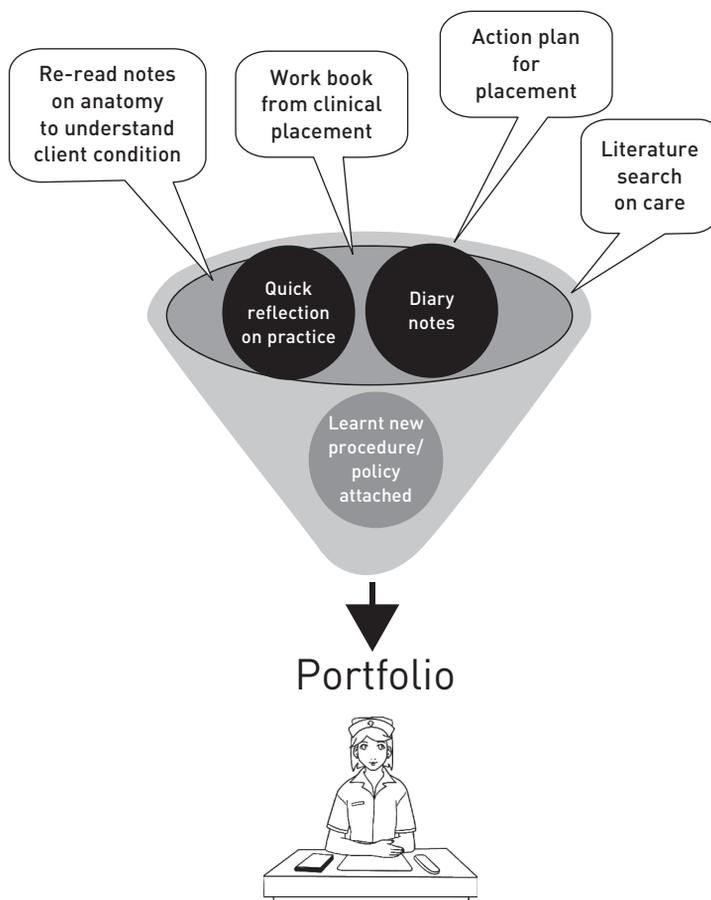


Figure 1.1: Now how do I make sense of all this?

Activity 1.6

Reflection

Which one are you?

Style 1

You have decided to go shopping with a friend. You're not sure what you need, but it will be nice to go and have a look around. If you see something nice you might buy it. You have £25.00 left in your purse and take your credit card just in case you need more.

continued ...

*continued ...***Style 2**

You decide to shop with a friend. You make a list of the things you need and know how much you can afford to spend. You have £25.00 in your purse and can use your debit card for a further £10.00 if you need it.

You will probably be familiar with both styles of shopping. How many times have you come home with things you didn't expect to buy, or realise you already have the same item in your wardrobe, or more tins of beans than you can manage in the next month? How many times have you come home without the much needed item? If you are to avoid unnecessary loss of time and undue expense it's better to have a plan. The same goes for compiling a portfolio. Students often present with lots of information they have collected while they have been in practice but when they come to look at it again its meaning and value has been lost. You need a plan. The next section looks at how our four students planned to start their portfolio.

Getting started on your portfolio

Aimee, Jeff, Alex and Natasha are about to start their first practice learning experience. In order to show they are developing personally and professionally they will need to add to the portfolio materials they put together from their interviews and preparation for the course. They can do this in several ways as follows.

1. Make a list of their expectations, fears and concerns to discuss with their tutors.
2. Make a personal development or action plan for their practice experience.
3. Plan what material they will collect to show what they have learnt from their first semester, including for example:
 - record the initial visit to the practice learning environment and meet their mentor;
 - record an exercise to look up a specific type of nursing, or a particular client need in the library or on the web (see Chapter 2);
 - make notes from shadowing the patient's journey, e.g. observing investigative procedures, attending out-patients, working alongside other health professionals such as physiotherapists, speech therapists, dieticians and occupational therapists, or reports and documents from project work;
 - written evidence of learning experience in the classroom and from clinical placements;
 - written summaries or reports from any practice-based project work, e.g. analysing how to use the most appropriate health education materials for clients;
 - mind maps to show awareness of the different roles of healthcare professionals and/or agencies in supporting clients' health and social care needs;

- feedback from others in the form of witness statements or testimonials, thank you cards, annotations in their ongoing assessment records, appraisals from personal, or module, tutors and feedback from assignments and projects;
 - poems, stories and paintings can also be used to demonstrate learning (see Chapter 3).
4. Written reflection on various aspects of their experience during the first semester:
- ideas from students who have been working there before (with some caution as not all students will gain from the same placement in the same way);
 - annotated, anonymised patient care documents, which will help to show how they have worked with clients and/or their family members, or with other healthcare professionals;
 - reflective diary excerpts/notes about care experience – for example, about coming to understand why notions of stereotyping and stigma were explored in class and seeing how they become relevant when working with specific patient groups;
 - reflective writing around a client and their care needs, for example understanding informed consent, or what factors limit patient choice or concordance with treatment.

The above are only examples of the range of materials that the four students could select to begin to build their portfolios. What is important to remember is that your portfolio needs to reflect your learning (not what you have done), and that it can be a part of your assessment of your progress throughout your programme.

Case study: Getting started

Aimee, Jeff, Alex and Natasha each worked with their personal tutor to decide what materials they could collect to show their learning. None of them was sure which materials would be 'the best' for showing their learning and why. They were worried about how to interpret the competencies within their evidence. Their personal tutor talked them through the pros and cons of each form of evidence, explaining that while they needed some evidence that reflected self-assessment of their progress, this needed to be balanced by feedback from their mentors and other healthcare professionals. In addition, it would be good for them to show that they were 'studying' nursing by making connections between the taught theory in school and practice and vice versa. They need to show that they are not only learning to nurse but also learning to think critically about why they are nursing or caring for clients in a particular way or using specific approaches to meet care needs (see Chapters 2 and 3).

The students realised that an action plan, identifying what they want to learn from their placement, may help them decide what kind of evidence to collect with their mentors. (There is more about types of evidence in Chapter 3.) Their mentors would then also have a baseline from which to plan and add appropriate learning opportunities. They decided to:

- *arrange a visit to their placement;*
- *formulate a personal development (action) plan, setting out individual learning needs and possible ways to achieve them (an action plan) to discuss with their mentors (see Chapter 2);*

continued ...

continued ...

- *keep a diary on care activities;*
- *reflect on learning experiences in the classroom and how they might apply to their clinical placements;*
- *gather personal statements from experts and mentors to demonstrate their progression;*
- *collect a range of annotated, anonymised patient care documents to demonstrate their thoughts about and rationale for practice.*

Aimee and Alex's first placement was working in the community. Their aim was to know more about 'the lived experience' of people with a learning disability and mental health problems, and that of their families. They wanted to know what and who was there to help them. They thought reflective writing and making notes on shadowing other healthcare professionals in order to understand their role would be useful ways to show how much they had learnt about their clients' needs, who met them and how.

Jeff and Natasha, on the other hand, were both working in acute care settings. They were concerned about developing their clinical care skills with clients who were acutely ill. They felt that they were likely to be working in a very busy care setting with little time for in-depth reflection. They felt they would rather keep a 'nursing notes diary' and then follow up with some reflection at a later stage to help them understand the implications of their experiences.

All the students realised that they had different things they wanted to learn. In focusing on collecting two types of evidence, which would support the direct observation from their mentors, they would also be able to become skilled in formulating particular kinds of evidence. They had a plan on which to focus their learning and work, and from which to expand.

A plan for your portfolio can be useful as a basis for directing, focusing and verifying your learning activities with your mentor. Your mentor will arrange a series of meetings with you (usually at least two formal ones at the beginning and end of your placement; preferably three if it's a longer placement), bringing their mentoring experience to provide an interim review of your progress. At these meetings you will want to plan further learning, refining your plan if you were overoptimistic regarding what it was possible to learn in the time and with the resources you had available. Your mentor will make an overall judgement of your progress from their own observations and those of others (see Chapter 4). Your personal tutor will also discuss your progress at regular intervals and discuss how that is reflected in your portfolio, as well as by your overall performance in the course (usually at the beginning and end of each semester). In addition, portfolios are sampled by external examiners to affirm and validate the assessment strategy in your school. The quality of the material in your portfolio is therefore of the utmost importance.

You need to:

1. plan and direct your own learning, initially with the support of your mentor and tutor;
2. pick up on opportunistic learning that has added to your experience;
3. make sense of your learning by reflecting on and critically thinking about your practice in a variety of ways;

4. record your progress against the NMC competencies, as well as your own aims for learning;
5. be clear on the criteria being used for assessment of your portfolio work (see Chapter 4).

Activity 1.7

Decision making

Referring to the simple list of evidence created by Aimee and Alex in Table 1.1, identify any similar materials and documents you have collected so far. Sort through them, organise them and insert them in your ring binder or in the relevant sections of your e-portfolio in a way that they reflect your learning to this point in your course.

If you are at an early stage you will have only collected a few materials to insert in your portfolio but don't worry, you will soon see it grow. However, if you are further on into your course you may want to consider the types of evidence you have collected so far, how well they reflect your progress, and if there are different types of evidence that might add to your portfolio which would broaden and deepen how well it demonstrates your professional development from semester to semester, or over the last year of your course.

Chapter summary

This chapter has looked at what a portfolio is and why it is helpful to compile one. It draws a distinction between simply listing experiences and achievements (although this is useful to indicate to superiors and prospective employers what you have done) and reflecting upon them. Reflection about an experience or event deepens your understanding of its significance and therefore your learning. The chapter has considered exactly what you should be including in a portfolio and why, and gives some initial advice on how to get started.

Further reading

Clark, AC (2010a) How to compile a professional portfolio of practice 1: aims and learning outcomes. *Nursing Times*, 106 (41): 12–14.

Clark, AC (2010b) How to compile a professional portfolio of practice 2: structure and building evidence. *Nursing Times*, 106 (42): 14–18.

Both of the above provide a useful outline for organising a portfolio.

Department of Health (DH) (2012) *Compassion in Practice*. London: HMSO.

Sets out the new strategy for nursing and defines the 6Cs.

Howatson-Jones, L (2013) *Reflective Practice in Nursing* (2nd edition). London: SAGE Publications.

Gives a comprehensive account of reflection and benefits to an individual, workforce and to patient care.

Latham, D (2014) Test for nursing values unveiled. *Nursing Times*, 22 October, 10 (3).

Describes the new system for assessing the values of applicants to nursing courses and potentially those qualified staff applying for new posts.

Lintern, S (2014) Prior experience for students is the bottom line. CNO Summit, Lord Willis. *Nursing Times*, 110 (51).

Provides the reasons for prior experience before embarking on a career in nursing. Informs of the likely change from a previous report of one year prior experience to less time.

Price, B and Harrington, A (2013) *Critical Thinking and Writing for Nursing Students* (2nd edition). London: SAGE Publications.

Provides the context of critical thinking and separates the different connotations through several meanings.

Read, C (2014) More work to do to make the 6Cs universal. Report of the CNO for England Summit 2014. *Nursing Times*, special edition, 110 (50).

Describes the important work needed to embed the 6Cs into everyday practice.

Buykx, P, Kinsman, L, Cooper, S, McConnell-Henry, T, Cant, R, Endacott, R and Scholes, J (2011) Educating nurses to identify patient deterioration: a theory based model for best practice simulation education. *Nurse Education Today*, 31 (7): 687–93.

The learner moves through phases of experiencing, reflecting and thinking through the reflective process.

Watterson, L (2013) 6Cs + Principles = Care. *Nursing Standard*, 27 (46): 24–5.

Looks at the relationship between the 6Cs and principles of nursing practice.

Useful websites

<http://standards.nmc-uk.org/pages/welcome.aspx>

The Nursing and Midwifery Council (standards page) provides information about the new *Standards for Pre-registration Nursing Education* and the essential skills clusters (published autumn 2010), which should be referred to in your portfolio.