The value of portfolio building and the registered nurse
A review of the literature
by Karen McColgan

The purpose of this literature review is to explore the value of portfolio building and the registered nurse under the following themes: assessment of competence; work-based reflection; lifelong learning; creating career pathways and the contribution a portfolio makes to the professional development of the nurse. This review concludes that for portfolios to work effectively, nurses and their employers require a working partnership to see the value and the opportunities that exist through the development of a personal portfolio. The need exists for an organisational culture of learning that encourages a facilitative environment combined with nurses who support their colleagues and explore their skills through experiential learning. This work was submitted in part fulfilment for the Degree of Master of Science in Nursing at Queen's University of Belfast, School of Nursing and Midwifery in 2007 and was supported by ERFF.

Introduction
Portfolios of work are more synonymous with professions such as artists, models and investors than with nursing. However, the portfolio is now recognised as a valuable tool for use in the assessment of competence and has been widely used and tested within many academic courses such as nursing, teaching, medicine and other allied healthcare professions. However, its use outside of the educational paradigm is a relatively new concept.

The concept of lifelong learning followed by changes to the statutory requirements for re-registering, post-registration education and practice (PREP) (UKCC 1995), saw the emergence of a portfolio as a tool designed to assist the registered nurse meet their professional development requirements. PREP required that registered nurses now keep a personal and professional profile demonstrating how they had maintained and developed their professional knowledge and competence.

The United Kingdom Central Council (UKCC) further encouraged the development of work-based portfolios by registered nurses as a way of improving patient care and developing professional competence (UKCC 2001).

Unlike the statutory required profile, the completion of a portfolio is not a mandatory requirement for re-registration, but many nursing organisations such as the Royal College of Nursing (RCN) and the Association for Perioperative Practice (AIPP) advise their members to build their own personal portfolio. However, because of its non-mandatory status, it is reasonable to assume that it is unlikely that nurses will format a portfolio of evidence unless requested to do so by the Nurses and Midwifery Council (NMC). As suggested by Jasper (1995), for a majority of nurses, there is the risk that this will potentially become a ‘paper exercise’.

Methodology
A structured search of the literature was undertaken to identify all primary sources, in order to capture an extensive review of current thinking on the subject of portfolio building and registered nurses.

Review of literature
Portfolio building has become an acceptable method of assessing nursing students' level of competence for academic achievement, with many educationalists valuing the analytical approach that students use, adopting a deeper approach to learning (McEvoy 1998, Hinchliff 2004). Nurse education programmes from national vocational qualifications to higher degree level now use reflective portfolios as a means of evidencing competence and, as a consequence, the main fields of research that have been undertaken on this subject have explored the value of portfolio building within an educational paradigm (Scholes et al 2004, Nairn et al 2006).

Knowles' (1990) theory of adult learning encapsulates the basis of portfolio building:
1. the student is self-directed
2. the student's past experiences are a rich resource for learning
3. readiness to learn develops from life tasks and problems
The need exists for an organisational culture of learning.

Kolb’s Experiential Learning Cycle

STAGE 1
Abstract concept formation and generalisations

STAGE 2
Reflection on experience

STAGE 3
Testing out implications of concepts in new situations

STAGE 4
Experience

4. the student demonstrates curiosity and is self-motivated to grow and achieve.

It is recognised by educationalists that different learning styles exist and not everyone will possess these four adult learning tendencies highlighted by Knowles (1990). However, Cayne (1995) suggests that portfolio building, if facilitated adequately, can help to cultivate and develop these learning tendencies.

Kolb (1984) explored the introduction of experiential learning with adult learners, transferring learning from the didactic classroom ‘talk and chalk’ teaching towards an approach of learning through experience. This is depicted through Kolb’s experimental learning cycle (Figure 1) where reflection on our actions combined with theory can lead to changes in practice. This type of problem-based learning strategy creates the links for professional learning; a more hands-on approach achieving an outcome of development which meets the needs of an ever-changing health service. Knowles’ (1990) theory of adult learning provides the concept for portfolio building whereas Kolb’s learning cycle provides a valuable framework for the process of portfolio building.

One of the most recent publications on the subject of portfolio building has been provided for nurses in Northern Ireland by Northern Ireland’s Practice Education Council for Nurses and Midwives (NIPEC), in the form of a competency-based development framework that is complimented by the production of a portfolio (NIPEC 2006b). The four areas explored by Knowles’ theory of adult learning are mirrored by the NIPEC document (NIPEC 2005).

This development framework centres around four main areas: reflective work-based learning, career development, personal ownership of learning and it also acts as a tool to assist appraisals. Gartside and McGough (1991) suggest that a portfolio should hold information that is reflective on current work-based practice which may lead to improvements in patient care and that it should also provide the nurse with opportunities to plan for the future.

Published literature also highlights the limitations of the use of portfolio: the self-directed nature of portfolio building depends upon the nurse valuing its potential as a development tool and this will need time and facilitation (Jasper 1995). The use of portfolio in nurse education necessitates the need for different aptitudes from tutors than those traditionally used and as Mitchell (1994) points out, these are not always straightforward as a balance of direction and facilitation is essential to progress student independence. For the nurse the process of developing and maintaining a portfolio requires motivation and maturity along with honesty and openness (McMullan et al 2002). The confidentiality aspect to the disclosure of personal information leads to validation complications and questions surround its reliability as an assessment tool as entries may be suppressed (Gerrish et al 1997).

The literature review identified four themes which are outlined below.

**Theme one**
Portfolio use as an assessment method for validating competence

Ellington et al (1993) describe assessment as measuring student learning. No single form of test can provide a valid assessment on a wide range of learning outcomes and objectives provided by a curriculum (Newble & Cannon 2001). Therefore to ensure
validity and reliability it is necessary to use a combination of assessment methods. Using a single form of assessment can also disadvantage those learners whose learning styles do not lend to the chosen form of assessment method (Fowell et al 1999).

Competence is not just about being able to safely perform skills without supervision as the original UKCC (1999a) definition implies. Storey et al (2002, p32) describes competence as ‘the knowledge, skills, abilities and behaviours that a practitioner needs to perform their work to a professional standard, and is a key lever for achieving results that will enable the organisation to achieve its healthcare objectives’. This definition encapsulates all the aspects that surround the term ‘competence’ within the healthcare setting.

In 2006 educational and practice development facilitators in Northern Ireland produced a competency-based booklet entitled A Career Development programme - Band 5 Nurse (Health and Social Services Northern Ireland 2006). This programme assists the newly-registered nurse to develop the necessary skills and knowledge requisite to undertake this job. The booklet links clearly to the KSF. It is intended that this booklet will improve the quality of preceptorship that newly-qualified nurses receive and provide clear guidance on what is expected of them in this role.

NIPEC’s (2006b) Development Framework provides a competency-based profile for use by the registered nurse at any stage in their career to assess performance in their current job. It consists of seven domains and the nurse selects the ones most relevant and makes a self-assessment using a simple scale of 1–3. Self-assessment is often found to be more critical than that given by peers or teachers (Woodrak & Goble 1992, Peyton 1998, Williams 2003), therefore this form of assessment is followed by a peer review. This is when validation issues are open to question as the nurse chooses who assesses her competency profile.

**Theme two**

The portfolio’s use as a work-based reflective evaluation tool

Work-based learning concepts are becoming more widely acknowledged as a means for adult learners to develop and acquire knowledge that has relevance to their workplace. Foster (1996) suggests that work-based learning is autonomously managed with the student taking responsibility for ensuring that they learn from their work activities which results in innovation and enhanced performance. A qualitative pilot project study by O’Mara et al (2000) explored the use of a teaching portfolio by established nurse educators using a series of open-ended questions requiring written responses. This paper provides an insight into the use of portfolio for voluntary personal development and is not completed as a requirement for successful completion of an academic course. Four out of the eight participants involved were also responsible for the data analysis of the findings. This obviously challenges and questions this article’s tendency towards researcher bias. To try and counteract this, an independent analysis of the data was conducted by the principle investigator who confirmed the researcher’s identified themes.

Three themes emerged from within the data – one of which was reflection. Uncertainty exists on how to structure and present the information, motivation and, most commonly, time to undertake the process. This paper recommends that specific guidelines on what information is required for a portfolio need to be made available and that those developing portfolios should be encouraged to openly discuss their portfolio.

NIPEC (2006a, p20) recognised, following consultation with focus groups, that novice users of formal reflection required, ‘clear guidance on reflection and how to do it’. In response to this they have developed a reflective model which has four easy to use steps that guide the nurse through the process (see Figure 2).

One of the key components of the Development Framework is that of a reflective diary. Examples of reflective extracts are given to help the user to become inspired. The need to write reflective experiences down is explained by stating that ‘experiences can sometimes become blurred or be forgotten’ (NIPEC 2006b, p24). Wilkinson (1999) would suggest that without recording experiences, reflection simply becomes a recollection of an event losing the potential for learning. Support required for portfolio development needs to be linked with encouragement and this would require a mentor, role model or a supervisor.

**Theme three**

The relationship between portfolio building and lifelong learning

The concept of lifelong learning was first introduced within general education in the early 1970s (Dave 1973). The implementation of PREP (UKCC 1995) and the expanding role of the nurse along with the advancements in technology have developed the concept of lifelong learning within nursing. The NMC states that because of the ever-changing and developing health service nurses are required to: ‘Demonstrate responsibility for your own learning through the development of a portfolio of learning and practice (including your personal professional profile) and to be able to recognise when further learning and development maybe required’ (NMC 2002b, p3).

They finish their guidance by stating that the NMC’s Code of Professional Conduct (NMC, 2002a) requires the nurse: ‘Regardless of where you are working and regardless of whether or not you are currently practicing, to maintain and improve your professional knowledge and competence’ (NMC 2002b, p8).

Cayne (1995) explored the concept of portfolio building and lifelong learning and how the two join together to provide development plans for nurses in the workplace setting. It is the only identified study that included nurses outside of an
Many other nurses choose a more lateral career journey, moving within and between care groups and settings.

Figure 2 Development framework guide to reflection

<table>
<thead>
<tr>
<th>IDENTIFY EVENT</th>
<th>LEARNING FROM EVENT</th>
<th>DESCRIBE EVENT</th>
<th>ANALYSE EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. incident where you made a difference, conflict situation, complaint</td>
<td>how have you learned? have you shared your experience?</td>
<td>who, what, when, where and why?</td>
<td>influencing factors, what was good and bad about the experience?</td>
</tr>
</tbody>
</table>


**Theme four**

Portfolio building as a means to motivate and develop nurses through creating career pathways

The Department of Health, Social Services and Public Safety for Northern Ireland (2006, p3) recognizes that nursing ‘careers take different forms: while some will choose to climb an upward ladder of increasing responsibility and higher rewards, many other nurses choose a more lateral career journey, moving within and between care groups and settings’. There are immense changes occurring within the health service and the population it serves that have had an effect on the nurse’s role:

A. The increase in life expectancy gives rise to increase in long-term conditions.
B. Patients expectations have changed: they demand choice and equality.
C. Increased emphasis on prevention and health promotion.
D. The demand for responsive integrated services.
E. The reduction in junior doctors’ hours.
F. The current health reforms and the government’s demand to deliver a cost-effective healthcare system.
G. Advancements in medical technology.

Through the introduction of Agenda for Change a careers framework is now in place providing greater career opportunities and encouraging movement and transferability of skills across occupations (DH 2006). In response to these changes nursing has grasped the opportunity to challenge traditional roles and further develop practice improving the care for patients. Nursing development with any new role is guided by the ‘Scope of Professional Practice’ (UKCC 1992), which provides practitioners with the six underpinning principles that every nurse must consider prior to undertaking any new responsibilities.

One study that links-in with this theme of motivation and career development is that of Nairn et al (2006). This quantitative study explored ‘the knowledge, skills and attitudes of student nurses about the value and purpose of portfolios and their relevance for professional development’ (Nairn et al 2006, p1,509). A significant relationship between the students’ stage in the course and confidence in portfolio use was shown (p value of <0.00). This result showed that students in their last year felt less confident in their knowledge about portfolio building than those in their first year. The researchers claim that this is explained by the lack of continued support given to students nearing the end of their course. Watson (2007) suggested that the reason that the portfolio was more positively received by first year students than third year students was that the first year students are not fully aware of what is expected from them and were therefore more in favour of this form of assessment than an assignment or examination.
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Continued

Nairn et al (2006) explored the attitudes students had regarding a portfolio's usefulness for career development. Between 70-73% of students agreed that a portfolio was useful for career development. There are no studies available that address how portfolio development can actively assist in career progression or career pathway. There are a number of journal papers that make sensible remarks on the subject, stating that it 'may enhance one's career' (Weinstein 2002, p357) and that it 'is an effective way to document and evaluate academic and career development' (Ryan & Carlton 1997, p35) and that it 'plays a vital part in career progression' (Mullen 2007, p63). These remarks are generalised assumptions that require further exploration.

There is a lack of research that judges the use of portfolios to motivate and develop nurses through creating career pathways. The information that is available in journal articles and framework documents appears to recognise career pathways as an integral aspect of portfolio building. For example:

- NIPEC’s Development Framework (NIPEC 2006b) consists of three user sections with two related to future career developments.
- Careers Development Programme (HSSNI 2006) relates three specific competencies to this aspect of portfolio building.

What portfolios encourage in relation to career pathway is the time to focus. "Taking the time to focus on yourself is something that many nurses do not do often enough" (Donner & Wheeler 2006, p34). It is apparent that the use of a clear career pathway can enable the nurse to act proactively and make decisions on the shape of their future.

Conclusion

Although there is a great deal of theoretical discussion about the benefits and implications of portfolio and its use as a tool to encourage professional development there is a perceptible lack of empirical evidence on the subject. However, from the literature reviewed in this study it is clear that for portfolios to work, nurses and their employers are both required to work in partnership to see the value and the opportunities that exist through the development of a portfolio. The need for commitment from employee and employer is essential for the success of portfolio development: employers by encouraging a facilitative environment and nurses by providing support to their colleagues and exploring their skills through a continuum of experiential learning.

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