INTRODUCTION
The structure and content of a portfolio may be predetermined through course requirements or based on a formal learning contract made between nurses and their mentors or supervisors (Mahzindu 2006; Murrell et al, 1998).

In other circumstances, the choice of how nurses present their portfolio may be left to nurses themselves. In most instances, a portfolio takes a clearly defined structure with a range of elements.

The introduction
This will include a content list; a profile about the nurse; and details of experience, for example, a newly qualified nurse working in an elderly care ward, a final year student working on a children’s oncology unit, or a community nurse working with people who have a learning disability or mental health problems.

The profile should set the scene by describing:
● Who they are (for example a student, a staff nurse, a matron);
● How far their studies have progressed or where they work (such as a clinical setting);
● Why they are submitting the portfolio at this point;
● How they have organised the portfolio (if this is self directed).

This section should also include a summary of key learning experiences, learning or career progress to date, and how this is reflected in the evidence. It may be useful to tabulate learning experiences against any preset criteria (Box 1).

Authentic and verified evidence
A balanced selection of different types of evidence will demonstrate professional or academic development.

This needs to reflect a combination of self assessment and feedback from those who are responsible for the nurse’s clinical supervision and, in some instances, from patients and/or their carers. In collecting and collating evidence, nurses need to consider:
● The type or combination of evidence that will best reflect their learning;
● What evidence to present for public viewing and what should be kept personal and private;
● How to protect the anonymity and confidentiality of clients, staff and institutions;
● Whether formal consent is needed to include information from clients, staff or institutions;
● That portfolio materials can be seen as professional records of care events and called upon in courts of law as evidence.

Students also need to include some verification of evidence by a mentor as a true reflection that it is their work that has been undertaken on that placement.

ACTION PLAN FOR FUTURE LEARNING
Action planning involves developing realistic learning objectives – what is essential and what would be desirable to know or do – and identifying learning opportunities, as well as detailing how the learning will be supported and how nurses will know they have achieved their objectives (Box 2).

ACTIVITY 1
Nurses should examine the organisation of their current portfolio and look over it to identify the following elements:
● A profile about themselves;
● A guide for the reader;
● A summary of their learning, clearly defined over a given period;
● Clearly organised section(s) of evidence that indicate they are developing professionally and personally;
● An action plan for future learning.

It is useful to ask colleagues or fellow students, mentors or supervisors to scan a portfolio and comment on what it tells them.
It is beneficial if nurses make an action plan to maintain or improve their portfolio over the next six months. Advice offered by Young (2007) could prove useful.

PLANNING CONTENT
While there is more than one solution to defining a structure for a portfolio, what matters most is its content and how it reflects the individual’s professional and personal development.

Planning the content of a portfolio needs to be based on:
- A clear identification of what there is to learn, what is essential to learn and what would be desirable to know and/or do;
- Identification of what opportunities are there to gain the learning experience, along with appropriate learning strategies;
- Collection and collation of evidence that best represents learning and assessment in practice within a given healthcare setting (Coffey, 2005; Scholes et al, 2004; Murrell et al, 1998) and knowledge of how it will be assessed, and by whom.

Assessment through portfolios can be both formative (how an individual is doing) and summative (how well have they done). Some evidence will reflect nurses’ own insight into and assessment of their development, while some will reflect the feedback and assessment they receive from others, such as peers, mentors, supervisors and even patients.

Interpreting the meaning and application of the Nursing and Midwifery Council (2004) outcomes and proficiencies can be difficult for both mentors and students (Clark, 2009; McMullan, 2008; Scholes et al, 2004). This is possibly: due to having to fit broad outcomes or proficiencies into the context of specialised nursing and/or social care settings; relating to the different terminology being used (for instance, one placement might talk about care packages, while another might refer to care plans); and because the need to be interpreted at different levels of achievement. Mentors and students are often unsure what constitutes good evidence and how much evidence must be produced.

To overcome these difficulties, Scholes et al (2004) and Tracy et al (2000) suggested students can benefit from the input of academic staff as well as their mentors to define action plans for clinical learning and to help compile and evaluate their portfolios.

It is important the nature of what is to be learnt and how it is to be assessed through portfolios is clear and transparent to all (McMullan, 2008; McCready, 2007; Strivens, 2007; Coffey, 2005; Murrell et al, 1998). Some of these points are equally applicable and transferable to interpreting performance against criteria such as those in the Knowledge and Skills Framework.

BUILDING EVIDENCE
It is not the number of pieces of evidence that matter but their quality and relevance. Different types of evidence will demonstrate different aspects of learning. They must give a balanced view of the individual’s professional and personal development, namely personal insights and “self assessment”, feedback from others and the products of self directed learning. Before a placement, students can be proactive in developing their portfolio by:

- Doing a SWOT analysis (Goldsmiths University of London, 2008) to define strengths, areas for development (weaknesses), opportunities for learning and if there are any threats that might undermine that learning;
- Formulating an action plan for what to learn, including the type of evidence to collect and collate to verify achievement(s) with a mentor or supervisor (Table 2). This will direct their practice experience and some of their learning;
- Planning when and where a mentor or supervisor will review and evaluate progress;
- Realising that the development of core skills may require reflection on two or three similar care incidents to show development over time. This could be, for example, assessment of a patient in weeks two, four and six of a placement, to show progress in identifying their needs and prioritising care. It is also important to recognise that some learning will be opportunistic. This is because care environments are not static but dynamic, and you may well achieve more than you realised was possible. Therefore, some of your portfolio evidence will be reactive to your experiences.

THREE FORMS OF EVIDENCE
Three categories of evidence have to be considered: evidence of self assessment; evidence from feedback from others; and evidence that supports any work done to develop understanding of patient care needs and how to meet them. Each category lists different types of evidenceto choose, and some key references that outline how to carry them out.

Evidence of self assessment
- SWOT analysis and writing action plans (Moore, 2006);
- Self testing using revision books or quizzes;
- Critical incident analysis (Hannigan, 2001; Minghella and Benson, 1995);

<table>
<thead>
<tr>
<th>Main learning experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>I learnt the specific care of clients requiring catheterisation</td>
</tr>
<tr>
<td>Link to outcomes/proficiencies/job descriptions</td>
</tr>
<tr>
<td>I Risk assessment</td>
</tr>
<tr>
<td>I Practical skills</td>
</tr>
<tr>
<td>handwashing</td>
</tr>
<tr>
<td>aseptic technique</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to taught theory (where appropriate)</td>
</tr>
<tr>
<td>Principles of pre and postoperative care, continence, body image</td>
</tr>
<tr>
<td>Evidence</td>
</tr>
<tr>
<td>Two witness statements from mentor</td>
</tr>
<tr>
<td>One reflection</td>
</tr>
<tr>
<td>Updated notes</td>
</tr>
<tr>
<td>Annotated procedure/policy</td>
</tr>
</tbody>
</table>

Comments/significant learning
- Focused on task of catheterising patient initially – new experience – and now understand how client may feel, effect on dignity, body image, loss of control and so on
- See witness statements for mentor observation of observing aseptic technique during catheterisation

<table>
<thead>
<tr>
<th>BOX 1. EXTRACT OF A TABULATED LEARNING SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second year student</td>
</tr>
<tr>
<td>“A key theme for me was participating in and managing the prevention and control of infection, and developing my ability to communicate with staff and patients about control of infection while working with clients on a medical ward, many of whom required intermittent or long term catheterisation. “These patients are likely to experience infection during catheterisation, or cross infection between patients requiring catheter care. Below shows my learning in relation to an aspect of infection control.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third form of evidence</th>
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</thead>
<tbody>
<tr>
<td>THOSE FORMS OF EVIDENCE</td>
</tr>
<tr>
<td>Three categories of evidence have to be considered: evidence of self assessment; evidence from feedback from others; and evidence that supports any work done to develop understanding of patient care needs and how to meet them. Each category lists different types of evidence to choose, and some key references that outline how to carry them out.</td>
</tr>
</tbody>
</table>

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Box 2. Example of an action plan from a third-year management student

<table>
<thead>
<tr>
<th>What do I want to learn?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Aim: I want to be able to manage confidently and with minimal supervision a group of</td>
</tr>
<tr>
<td>patients with varying needs</td>
</tr>
<tr>
<td>I Objectives: To prioritise patient care; plan and give care appropriately; ask others</td>
</tr>
<tr>
<td>to provide care appropriately; evaluate care that is given and review appropriateness of</td>
</tr>
<tr>
<td>care plans; practise good record keeping skills</td>
</tr>
<tr>
<td>What will I do to achieve it?</td>
</tr>
<tr>
<td>I Shadow mentor</td>
</tr>
<tr>
<td>I Shadow other staff nurses</td>
</tr>
<tr>
<td>I Ask for feedback from mentor and reflect on experiences</td>
</tr>
<tr>
<td>I Ask to manage a group of patients</td>
</tr>
<tr>
<td>I Manage patients under supervision</td>
</tr>
<tr>
<td>I When I become more confident, have minimal supervision to: manage my own group of</td>
</tr>
<tr>
<td>patients at least three times a week; look after pre and postoperative patients; look</td>
</tr>
<tr>
<td>after patients with varying dependence needs</td>
</tr>
<tr>
<td>What resources/support will I need?</td>
</tr>
<tr>
<td>I Time to shadow</td>
</tr>
<tr>
<td>I Mentor and other staff nurses</td>
</tr>
<tr>
<td>I Time for reflection</td>
</tr>
<tr>
<td>I Relevant literature</td>
</tr>
<tr>
<td>I Time in the library</td>
</tr>
<tr>
<td>How will I know I have succeeded? (Evidence to collect)</td>
</tr>
<tr>
<td>I When I feel confident enough to manage a group of patients (reflective notes, annotated</td>
</tr>
<tr>
<td>bibliography to show knowledge base)</td>
</tr>
<tr>
<td>I When I am able to look after patients with different nursing needs (witness statements</td>
</tr>
<tr>
<td>)</td>
</tr>
<tr>
<td>I When I receive positive feedback from mentor and other members of staff (witness</td>
</tr>
<tr>
<td>statements)</td>
</tr>
</tbody>
</table>

Evidence of work based learning

While reflective practice is heavily advocated, there are many other ways to show learning. Practice notes are a useful way to start a portfolio for people who are new to writing evidence. This technique is not well reported in the literature.

- Jotting down experiences and learning day to day can form a basis for more in-depth work. This starts with the nurse describing participation in aspects of care and that they followed correct procedure and guidelines.
- They are brief descriptive commentaries and can include:
  - Notes from visits to different services, or from working with other healthcare professionals;
  - Revision notes, such as reviewing and refreshing previous learning from taught theoretical content as part of a course, or from previous practice based learning.
- Annotated bibliographies can show the breadth and depth of reading around practice that has been done (Kennedy-Clark et al, 2006). For example:
  - Explore the literature around strategies for giving patient information and education and what works;
  - Summarise the understanding of why specific legislation is a vital part of practice.
- Annotated assessment sheets, care plans and policies to show why a particular nursing activity was carried out and what was learnt on this occasion.

Portfolios should not be cluttered with copies of articles, leaflets, policies or procedures without some reason or annotation on them to explain their relevance to practice.

In compiling, collecting and collating evidence, there are three questions to consider:

- Why am I collecting this evidence: is it because I have learnt something new, is that I am now practising consistently in a range of care situations, or have I adapted skills to caring for clients in a different setting?
- What do I want the evidence to prove?
- What type of evidence, or combination of evidence, will best show my achievements?

Activity 2

Look at your portfolio. Identify which types of evidence you rely on:

- Ask yourself why you chose this type of evidence in preference to another;
- Review and evaluate two of your pieces of evidence. What do they actually prove?
- What is explicit/ implicit? What changes would you make, were you to collect the same type of evidence again?

Conclusion

The main components of a portfolio have been identified to provide a clear structure for nurses and students to consider when compiling their portfolios. A range of evidence is highlighted that could be useful to present learning, both personal and professional.

A portfolio is a tool, meant to reflect some learning based on practice experiences, and growth and development meaningfully. These need to be seen as examples of learning. Portfolios may also reflect how nurses learn, and are learning to learn from practice.
FIG 1. POCKET TRIGGER CARDS FOR REFLECTION

TRIGGER CARD (FRONT)

Event/experience

Immediate thoughts and feelings

TRIGGER CARD (BACK) 1

FOCUS FOR REFLECTION

What I did

Attend staff meeting

What others did

Need to

Know more

Assessment

Develop a skill

Group discussion

Communication skills

Debrief

Other

TRIGGER CARD (BACK) 2

FOCUS FOR REFLECTION

What I did

Insight visit

Meeting and greeting clients

What others did

Need to

Know more

Physical support

Develop a skill

Communication skills

Interpersonal skills

Debrief

Other

TRIGGER CARD (BACK) 3

FOCUS FOR REFLECTION

What I did

Insight visit

What others did

Need to

Know more

Health advice and promotion

Develop a skill

Communication skills

Psychological support

Debrief

Other

Reflective discussion

Adapted from Ghaye and Lillyman (2006)

REFERENCES

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