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# Profiles and Portfolios: The Health Care Context

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# 1

This chapter charts the history and identifies the factors that have influenced the introduction of profiles into the world of health care, focusing on nurses, midwives and health visitors, and health care assistants. It discusses some of the uses that have been identified for profiles in health care, and the benefits health care professionals can gain from developing and using a profile. Finally it looks briefly at developments within health care that add to the importance of using profiles.

All nurses, midwives and health visitors on the professional register have been required for some time to use a profile or portfolio to maintain their registration. The requirement was introduced in the 1990s by the profession's governing body of the time, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) as part of its Post-Registration Education and Practice (PREP) initiative. This requires all practitioners to undertake continuing professional development (CPD). Their Personal Professional Portfolios are used to demonstrate that individual practitioners have fulfilled their PREP requirements in order to remain on the register.

Although health care assistants do not have a statutory requirement to use a profile, those who are undertaking NVQ courses need to do so to demonstrate their learning. This chapter sets the scene by identifying the factors that have influenced the increasing use of profiles in health care. While practitioners have to maintain profiles in order to meet their professional or educational requirements, there are other reasons for doing so. We hope this book will help you to understand why profiles can help you in your personal and professional development. Even if you do not currently need to use a profile for professional or educational reasons, we hope it will show you why it is a good idea and how it may help you in the future.

## **Influences on the development of profiles**

Articles about the use of portfolios began to appear in the nursing and midwifery press in the early 1990s. However, like most major changes in professional behaviour, it is difficult to pinpoint exactly who started the ball rolling or when. The process was gradual, and was influenced by a number of factors such as:

- The requirements of statutory bodies
- The recognition that reflective practice can help professionals to develop their practice
- Market forces
- The requirements of educational institutions.

## **Statutory bodies**

Statutory bodies have been influential in introducing the concept of profiles, and continue to support their use. This is interesting, because these bodies often lag behind the profession in educational and professional development, because of their necessarily slow decision-making processes. In the case of nursing, midwifery and health visiting, however, the professional body took a lead by making it a statutory requirement for professionals to use a profile.

The UKCC introduced the requirement for all registrants to use a portfolio in 1995. This was part of the introduction of PREP, which made it a statutory requirement for practitioners to undertake CPD within each three-year registration period. Each time they apply to renew their registration, practitioners must be able to show that they have fulfilled their responsibilities, which are set out in two PREP standards:

*The PREP (practice) standard* This requires practitioners to undertake at least 100 days (or 750 hours) of professional practice in the previous five years;

*The PREP (continuing professional development) standard* This requires practitioners to have undertaken and recorded at least five days (or 35 hours) of CPD in the previous three-year registration period.

Profiles – or Personal Professional Portfolios – were introduced as the method by which nurses and midwives could demonstrate that they had met the CPD standard. They had a few years to get used to the idea and to

develop their portfolios, but in 2000 practitioners were required to declare on their Notification of Practice form that they had met this requirement when they applied to renew their registration. The following year the UKCC began to audit compliance with the CPD standard. In 2002 the UKCC was replaced by the Nursing and Midwifery Council (NMC). The council also took over the functions of the four National Boards and continues to audit the CPD standard. Each month, up to 10 per cent of those applying to renew their registration are issued with PREP (CPD) summary forms. These are sent out between 14 and 90 days before their renewal date, and ask registrants to give a brief description of the CPD they have undertaken and its relevance to their work. The forms must be returned to the NMC before registration can be renewed. Midwives had been required to undertake CPD for some time before the introduction of PREP under Rule 37 of the Midwives Rules. In 2001, however, this was superseded by the PREP standards, bringing midwifery in line with nursing and health visiting. In order to help practitioners to make sense of their PREP requirements, the NMC has issued *The PREP Handbook* (NMC, 2002), which sets out in detail what it expects.

The handbook makes it clear that the CPD standard can be fulfilled in many ways. The important thing is that practitioners record all learning activities in their Personal Professional Portfolio, so that when they come to renew their registration they have a clear record of all CPD activities they have undertaken and how their practice benefited as a result.

The handbook also gives a number of case studies showing different ways of recording CPD and the different types of activities that are considered relevant. It clearly shows that the process of demonstrating fulfilment of the CPD standard is not complicated. However, without a Personal Professional Portfolio with clear records of CPD activities to refer back to, the task would be far more difficult!

*The PREP Handbook* makes the following points about CPD that are useful to remember:

- It does not have to cost any money.
- There is no such thing as approved PREP (CPD) activity.
- You don't need to collect points or certificates of attendance.
- There is no approved format for the Personal Professional Portfolio.
- It must be relevant to the work you are doing and/or plan to do in the near future.
- It must help you to provide the highest possible standards of care for your patients.

#### 4 Profiles and Portfolios

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Because there is no approved format for the Personal Professional Portfolio, it is up to individual practitioners to develop their own in a form that suits them. In order for it to be as useful as possible, however, it should be a reflective document, showing how reflection has helped the practitioner to make sense of learning – both through CPD and day-to-day practice.

We will discuss reflective practice on page 5 and in greater detail in Chapter 6. Although they no longer exist, two of the National Boards did play an important role in influencing and increasing professional awareness and understanding of the use of profiles and portfolios. Even before the introduction of PREP, the Welsh National Board produced a Professional Profile Folder, which it made available in 1991. This used a similar format to personal organisers, which were becoming widely used at the time. Many practitioners have found this a useful way of keeping a profile or portfolio, as it enables them to keep material in clearly defined sections for ease of reference.

Soon after, the English National Board produced a framework for continuing professional education (ENB, 1991), which has helped many practitioners to clarify what constitutes CPD. The framework was designed around 10 key characteristics of professional practice, which are said to represent the benchmarks of expert professional practice and remain relevant today – not only to nurses, midwives and health visitors, but to all health care professionals. These key characteristics relate to:

- Professional accountability and responsibility
- Clinical expertise with a specific client group
- Use of research to plan, implement and evaluate strategies to improve care
- Teamworking and building, and multidisciplinary team leadership
- Flexible and innovative approaches to care
- Use of health promotion strategies
- Facilitating and assessing development in others
- Handling information and making informed clinical decisions
- Setting standards and evaluating quality of care
- Initiating, managing and evaluating clinical change.

Although the framework ceased to operate when the NMC replaced the ENB, these key characteristics can be helpful in planning your CPD – if your learning activities fulfil one or more of the characteristics it is relevant to your PREP requirements.

### **Terminology**

Some readers may be wondering about our apparently inconsistent use of terminology to describe profiles and portfolios in this chapter. We have used different terms such as 'Personal Professional Portfolio' and 'Professional Profile Folder' as they are or were applied by the different statutory bodies. So, the NMC refers to a Personal Professional Portfolio, but in our experience, the terms 'profile' and 'portfolio' are used interchangeably, and often inaccurately.

Chapter 3 discusses the terminology associated with profiles and portfolios in some detail. At this point terminology is not important except to note that within health care there seems to be some confusion and inconsistency. From now on we will use the term profile unless we are talking about a specific product that calls itself a portfolio.

### **Reflective practice**

While the use of profiles was growing in nursing and midwifery, a parallel development was the growing acknowledgement of reflective practice as a tool in professional development. We will discuss reflective practice in more detail in Chapter 6, but here we will discuss it in the context of its influence on profiles.

Any readers who have recently completed a nursing or midwifery course at either pre-registration or post-registration level are likely to have been asked to complete a reflective journal or diary. Some NVQ students may also be asked to do this. Most commercially available profiles encourage their owners to reflect, and to use the profile to store the outcomes of the reflective process. Some also give advice on how to develop skills in reflection.

By encouraging reflective practice, profiles generate further interest in reflective practice. Equally, since reflective practitioners need to write about their reflections, reflective practice encourages the use of profiles, which are the ideal place to do this. However, even if you have a commercially developed profile that gives advice on reflection, it is unlikely to be comprehensive, and you are likely to need to supplement it with further reading on the subject of reflection and reflective practice. Chapter 6 is a good place to start.

Professionals often express concern about how confidential and secure a record of reflective practice can be within a profile. Once you have committed the outcomes of your reflections to paper or computer disc, who does it belong to? Who has the right to see it? There have been some occa-

sions where the contents of personal diaries or reflective journals have been subpoenaed as evidence within cases of professional conduct or litigation.

Confidentiality is a difficult issue when it comes to reflection. In most situations, you can keep sections of your reflective writings just for yourself, and should not be expected to show it to anyone else. You may need to generate sections that demonstrate how your reflections have helped your professional development and that you are happy to show to others such as tutors and managers, but it is quite normal to have a 'private' section.

However, in cases where you are called upon to give evidence, a court or disciplinary committee may require these private sections. Of course, you need to remember that in such a situation you would in any case be expected to tell 'the truth, the whole truth and nothing but the truth' as a law-abiding citizen, so it should not be a problem to show your reflective journal. You may even find the journal helpful in jogging your memory, since hearings often happen months after the incident in question.

This requirement to tell the truth means that even if you do not write about an incident in your reflective journal, you may be asked to give evidence about it. Just because you did not write about an incident does not mean it did not happen, so you could still be asked to give verbal evidence about it.

Putting aside the spectre of giving evidence for a moment, under normal circumstances you have a choice about what you record in your reflective diary and profile. You also have a choice about what parts you share, when and with whom. The issue of confidentiality is discussed in more detail in Chapter 6.

We believe the outcomes of reflective practice and the learning that occurs as a result is professional knowledge in the making. In the past nurses, midwives and other professionals depended on information in textbooks and articles to help them to know what to do and when. However, this knowledge can also be developed through the insight gained during reflective practice, which has the benefit of being grounded in clinical practice, and therefore relevant to your work. Journals and books are increasingly using reflective material, for example in the form of case examples in which the author or another practitioner discusses a case and reflects on how it might influence their practice in future.

### **Adult and higher education**

The development and use of profiles within health care has been heavily influenced by educationalists in adult and higher education. The professional preparation these people received in order to become teachers,

tutors or lecturers has made them aware of the ways in which profiles are used in other contexts, both within health care and other spheres. These applications include:

- as a profile approach to assessment
- as part of a claim for prior learning within a credit accumulation and transfer scheme
- the use of learning contracts within profiles
- the student-centred approach that profiles encourage.

Many educationalists working in health care also find the use of profiles attractive because it enables students to take an open learning approach, where they identify their own learning needs. This enables educationalists to become facilitators, encouraging students' professional development and helping them to define and meet their learning needs, rather than simply teaching all students the same material, regardless of their learning needs and prior knowledge and experience.

## **Market forces**

When the use of Personal Professional Portfolios became a statutory requirement for nurses, midwives and health visitors on the register, a number of publishing houses produced profiles. The quality and approach of these commercially produced profiles varied – particularly since the UKCC at the time did not give rigid instructions as to what format they should take.

A number are still available, both for nurses and midwives and for health care assistants. While practitioners are free to develop their profiles as they see fit, many find it helpful to have a ready-made structure to follow or to adapt to suit themselves. Many also find it helpful to have advice and guidance contained within the profile.

If you have not already bought a commercially available profile for your own use, this book should help you to understand more about why and how you might use one. It should therefore help you to decide whether you want to buy a profile or develop your own, and to evaluate the commercially available ones to see which is best for you. Chapter 4 gives more information on this subject.

Some commercially available profiles are little more than ring binders with dividers and a place to record personal and professional details. Others help you to develop self-awareness and reflective skills. For example, Unison (2001), the public sector union, has developed *The HCA*

*Profile: A Personal Development Pack*, which is designed to help health care assistants to identify and clarify their skills, knowledge, values and beliefs, aiming to help with both personal and professional development. Yet more are linked to specific CPD programmes, and are driven as much by educational and commercial considerations. *The Profile Pack*, developed by Emap Healthcare Open Learning (1994), links with EHOL's open learning programmes, which can be undertaken in partnership with a number of universities. Some educational institutions have also developed profiles, which are usually sold to students. Some practitioners are understandably unsure whether they can develop their own profile, or whether to buy a ready-made product. The answer is that it depends what suits the individual. Provided a profile meets the requirements of the relevant professional body or educational institution, it does not matter whether it is home-made or off-the-shelf.

One criticism of ready-made profiles is that they look too smart. Some people have said they are apprehensive about writing in them for fear of making them look untidy. Many users do prefer to keep such profiles for special occasions, such as to show at a job interview or for a presentation of their work. It is true that one file or folder is unlikely to be enough to hold all the information and observations you will acquire over your professional life. It may therefore be a good idea to have a 'special' profile folder to keep information you are likely to want to 'show off' whether or not this is a commercially available profile.

You may also find it useful to keep a pocket-size notebook to jot down observations and reflections quickly during your working day or when you get home. This will need to be reviewed from time to time, which is a useful time to decide what you want to transfer into a more permanent file.

The NMC website contains some useful information about the requirements of profiles for nurses and midwives, some of which will also be helpful to health care assistants. The NMC says that there are three broad steps involved in developing a profile:

### **Reviewing experience to date**

Think about what you have done so far, particularly in the past three years. Identify the areas of practice you enjoy most and do well, and those you may need to improve. Think about what you have done to improve your practice and how you intend to continue to do so. Consider relevant areas outside your practice, such as team leadership.

### **Self-appraisal**

Based on the above review, step back and appraise your performance and standards of knowledge and practice. It may help to focus on one event and

to analyse critically what happened to and around you at the time. This event could be something that went well or badly. Describe what happened, identify what you learned and consider areas for professional development thrown up by the event. You may find it helpful to discuss the event with a manager or supervisor to focus your thoughts.

### **Setting goals and action plans**

Once you have identified your learning needs you can start setting goals and developing action plans to help you to meet these needs, and evaluating the outcomes. Although self-appraisal should be a continuous process, it is particularly important to appraise your performance if you change your job, undertake an assignment or course, or are involved in a significant event.

The NMC leaves it to individuals to decide how they organise all this information. It says the main considerations to bear in mind are that it should be flexible, accessible and confidential – no patients, clients or carers should be identified in your profile. It also recommends that practitioners consider dividing the profile into two sections, one containing confidential information, the other containing material the NMC may require for audit purposes.

While registered nurses and midwives are free to develop their profiles as they see fit in order to fulfil their PREP (CPD) standard, those on particular courses may be asked to follow guidelines to meet the requirements of their course. This is also true for health care assistants undertaking NVQ training. For example, Guernsey's Institute of Health Studies provides NVQ training in Care at levels 2 and 3. Its website ([www.cwgsy.net/community/mindinfo/nvq.htm](http://www.cwgsy.net/community/mindinfo/nvq.htm)) states that students' portfolios should contain the following:

- Contents page – with item numbers
- Witness status list
- National standards (copies of units, elements – performance criteria, etc.)
- Assessment plan
- Action plans (at least 2)
- Feedback reports (at least 2)
- Direct observations (at least 2)
- Witness testimonies (at least 2)
- Pre-set written questions and answers
- Other evidence
- All items of evidence must include the candidate's name, candidate number and date.

## Uses within health care

You will have your own reasons for picking up this book – perhaps you want to know more about profiles in general, or you may have been prompted for a more specific purpose. While profiles are most widely used in CPD, enabling nurses and midwives to fulfil their PREP requirements, they are increasingly used in education and training. So, perhaps you are on a pre-registration nursing or midwifery course and want to get into the habit of using a portfolio, are undertaking NVQ training in care and want advice about how to develop your profile.

Whatever your reasons for picking up the book, it is likely that you will start using a profile for a particular reason, then broaden your use as you find that you can do more with it. For example, in 1995 the ENB demonstrated that profiles have many uses suggesting that they could be used as:

- a record of professional experience, therefore contributing to PREP requirements
- part of the process of applying for jobs
- part of individual performance review (IPR), helping to identify personal goals and how these are to be achieved
- a focus for organising individual learning
- a way to support learning from practice and clinical supervision
- a tool for reflective practice
- a means of achieving accreditation as part of a prior learning claim
- a way of demonstrating learning for assessment towards educational programmes.

## PREP requirements

We have already discussed the NMC's PREP requirements for nurses and midwives to maintain a Personal Professional Profile. You can obtain more details of its requirements and how to fulfil them in *The PREP Handbook*. This is available free from the NMC at 23 Portland Place, London W1N 4QT, or you can download it from the NMC website ([www.nmc-uk.org/cms/content/publication](http://www.nmc-uk.org/cms/content/publication) – in the section on Registration).

## Job applications

It is now common, particularly if you are applying for a more senior post, to be asked to supply a curriculum vitae (CV) to accompany or replace the

traditional job application forms. If you keep records of all your educational qualifications and work experience in your profile you will certainly find it easier to construct your CV, and to keep it up to date. Expecting to remember details about courses months or years later, or to find elusive bits of paper can be a frustrating experience. By keeping everything together in your profile you can avoid this. You may find that it is worth adapting your CV to suit a particular job application, emphasising your experience and skills that are most relevant.

Some people now take their whole profile to job interviews. However, it is worth checking beforehand whether the employer requires this level of information. Most expect candidates to pick out experiences from their past career that have a particular bearing on the current job application. It may therefore be better simply to read through your profile before the interview to refresh your memory.

### **Identifying personal goals**

Most staff in health care now experience some form of IPR. Each employer will have its own system for assessing and reviewing an employee's performance, and the frequency of reviews also varies. However, most IPR systems include an opportunity for you to look back on the previous review period and identify achievements and disappointments. They also have a section where you are asked to look forward to the forthcoming period and identify what personal development needs you may have to enable you to fulfil your role or to progress towards a more senior role. This process of looking back and thinking forward can be much easier if you have maintained a profile, as it is likely to contain details of formal or informal learning opportunities you have had during the review period. Your reflections on critical incidents will identify areas where you feel particularly confident and those where you may need further training or support. All this information can be extremely useful when completing a self-assessment exercise as part of the IPR paperwork.

### **Focus for organising your own learning**

When you are enrolled on a particular course or programme of study or training, it is easier to organise your learning agenda around the demands of the course. However, this is not always the case when you are simply doing your job – you are working hard and have no particular focus for your learning or reason for writing about it. Keeping a profile can give you a focus for learning in a number of ways.

- It can store relevant articles and references.
- You can write regular notes about what you have learnt and what you need to find out more about.
- You can record the outcomes of any self-assessment and what you need to do to act on these.

Using a profile in this way means you have to discipline yourself to review its contents on a regular basis. This helps you to make sense of the contents – to see where you have been, say, over the past three months. Looking back on a range of experiences in this way can be a useful springboard to knowing what needs to happen next on your learning pathway. It can also be a great confidence booster, as it helps you to realise how much you have achieved and how much you are capable of.

### **Supporting learning from practice and clinical supervision**

The points to be made here are very similar to those made above. One of the most effective ways of learning from your practice is to write about it. You will often find that the process of writing about something you did will help to clarify issues for you and focus your ideas. These new insights are often associated with points of real learning about how you practise. Nurses and midwives who practise clinical supervision often spend time writing up the process in their profiles. It is so easy to realise something when discussing a situation you experienced in a supervision session then forget it again in the busy activity of everyday work. Writing about it makes it more likely to be committed to memory, and therefore there is more chance that you will remember it and act accordingly when you come across a similar situation again.

### **Tool for reflective practice**

This has already been discussed on page 5, and will be explored in greater detail in Chapter 6.

### **Achieving credit as part of a prior learning claim**

It is becoming increasingly common for health care professionals to try to gain credit for prior learning and experience when applying to undertake further educational courses. Using the contents of your profile for this

purpose needs careful guidance and the ability to recognise what is relevant to your claim and what you should leave out. Some practitioners assume that getting credit for prior learning will be far easier than attending the whole course. This is not the case. We will look at the process of applying for credit in detail in Chapter 7 to give you a realistic idea of what is involved.

### **Assessment for an educational programme**

You may be asked to submit sections of your profile as part of the assessment process for a course or programme you are following. In this case, you need to be quite clear what is expected of you, and the confidentiality of the information you hand in. The confidentiality section of Chapter 6 gives you more information on this.

### **Lifelong learning**

The concept of lifelong learning is widely recognised, not only in health care but also in wider society. The government is keen to encourage people to see learning as something you do throughout your life, and it has set up a number of schemes to help people to get back into learning if they left education some time ago. The Department for Education and Skills has a website specifically looking at lifelong learning ([www.lifelonglearning.co.uk](http://www.lifelonglearning.co.uk)), which was set up to help encourage people to take up educational opportunities

Lifelong learning does not just encompass professional knowledge – learning can be undertaken for personal reasons – perhaps you enjoy gardening but want to improve your skills, or would like to learn a language. These are perfectly valid aspects of lifelong learning. However, in health care, developments in knowledge and available treatments and technologies mean it is important for health care professionals to continue to learn throughout their careers. When you gain a professional qualification, you should see it as the first step in an ongoing learning process that will help you to ensure your practice stays up to date. This is the only way you can provide your patients with the high-quality care they need.

The past few years have seen increasing emphasis on the concepts of clinical governance and evidence-based practice in health care. Clinical governance is a process of looking at the way care is delivered and the outcomes for patients. It is undertaken on a national scale by bodies such as the Commission for Health Improvement and the National Institute for

Clinical Excellence, which investigate and report on health care providers and treatments. On a local scale, individual hospitals and trusts monitor their own performance and compare it with previous years and with the performance of other organisations, to give them information on their standards of care.

Evidence-based practice involves using the results of high-quality research and acknowledged best practice to develop and improve practice. In the past, health care delivery tended to develop within individual organisations in particular ways depending on the knowledge, skills, experience and even preferences of individuals within the organisation who had decision-making powers. This is not a systematic way to ensure care is appropriate and based on current knowledge. Health care professionals have been encouraged to change the way they develop care practices and processes, and to ensure they take account of the latest evidence and acknowledged best practice. They are also expected to continue to keep up with developments in their field so that they can adapt their care in the light of new research or practice evidence. These developments mean that, more than ever before, health care employers demand and expect their employees to be flexible, self-motivated and able to transfer skills into new situations with ease, so that they can meet the demands of clinical governance and evidence-based practice. They also expect employees to understand their own strengths and weaknesses, identify their learning needs and ensure they never undertake practices and procedures they are not capable of doing safely. In addition, health care professionals need to demonstrate problem-solving abilities and decision-making skills. This all requires personal confidence and, of course, it requires professionals to be up to date with current knowledge and practice.

There is not enough funding for CPD to enable all health care professionals to meet their learning needs at their employers' expense, while staff shortages can make it difficult to get time off work to attend courses and study days. This means for many health care professionals that the most effective way of meeting most of their learning needs is to do it through their day-to-day practice. By identifying your needs as you go along, and meeting them – by, for example, gaining help, support and advice from colleagues or reading relevant literature – and then putting the learning into practice, you can make your working day a learning opportunity.

The skills involved in developing and maintaining your profile will help you to develop as a lifelong learner. We hope this book will encourage and inspire you to develop a profile that meets your needs, and show you the many ways it can help you meet your professional and personal goals.

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