How to Start a Clinical Portfolio

Faculty of Emergency Nursing (FEN) Board

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Robust Evidence: evidence that the assessor will inspect and will clearly be able to agree that the learning outcome/ assessment criteria has been met at the required standard. JM

Skills in this context refers to practical skills assessments such as suturing, casting or consultations JM

When your portfolio is assessed, the assessor should be able to see progression in your work, this could be development of your ability to develop evidence, improved capability seen in practical assessments, identification of weaknesses with comment in other work noting improvement & achievement JM

Reflecting on when something went wrong, identifying the issues and saying what you would do differently next time is as valuable a piece of evidence as detailing when something went right. The portfolio should include a mix of both as this demonstrates skills, competence and ability to learn JM

What does a Good Portfolio Look Like?

- Systematic collection & integration of robust evidence.
- Demonstrates knowledge, understanding and its application to practice
- Demonstrates skills and competencies
- Demonstrates learning through the experience of gathering and interpreting evidence.
- Demonstrates strengths & weaknesses
- Identifies own learning needs
- Details action points for improving practice
- Sectioned
- Very clear index in which learning outcomes / competencies are detailed against the evidence:
  - Fully met
  - Partially met

Op cit demonstrates strengths and weaknesses JM

Remember that you are trying to order the portfolio so that it is easier for the assessor to determine your achievement. In my experience, the portfolios that are easiest to assess are those that have separate sections for different types of evidence e.g. section 1: cases reviews, section 2: reflections; section 3: annotated notes etc JM

A clear well structured index is key. There is an example on the next slide.

Imagine going to a two medical book to find something on atrial fibrillation, in one there is a limited index and atrial fibrillation is not mentioned as it is headed under cardiac arrhythmias but another book has each of the cardiac arrythmias detailed separately. For me I go back to the one that has more detail as it is easier to find what I am looking for. It is the same principle when determining your own index JM

Example of Index

AFEN Adult. Learning Outcome. The Learner will:	Assessment Criteria The Learner Can:	Evidence to be considered to demonstrate successful completion
22.1. Be able to undertake a pain assessment for adults and older people. (2.6.1 Pain Assessment)	22.2. Identify an assessment tool to assess the pain of an adult.	• Case based discussion 23 • Case review 4 (adult) • Case review 8 (Older person)
	22.3. Assess an adult's pain using the selected pain assessment tool.	• Mini Clinical Examination 2 • Case review 4 (adult) • Case based discussion 23
	22.4. Evaluate the available pain assessment tools that could be used to care for the older adult	• Case based discussion 23
	22.5. Identify the most appropriate pain management tool for an older adult, rationalising the choice.	• Case review 8 (older person) • Mini Clinical Examination 5

Although this demonstrates how to do an index against FEN criteria, the principle can be applied to against any criteria in any framework that you were providing evidence against JM

Note following:

1. *Here case base discussions and case reviews would be in separate sections*
2. *The number shows which of the case based discussions or case review the assessor needs to examine*
3. *FEN have combined adult and older person into one age related unit.*

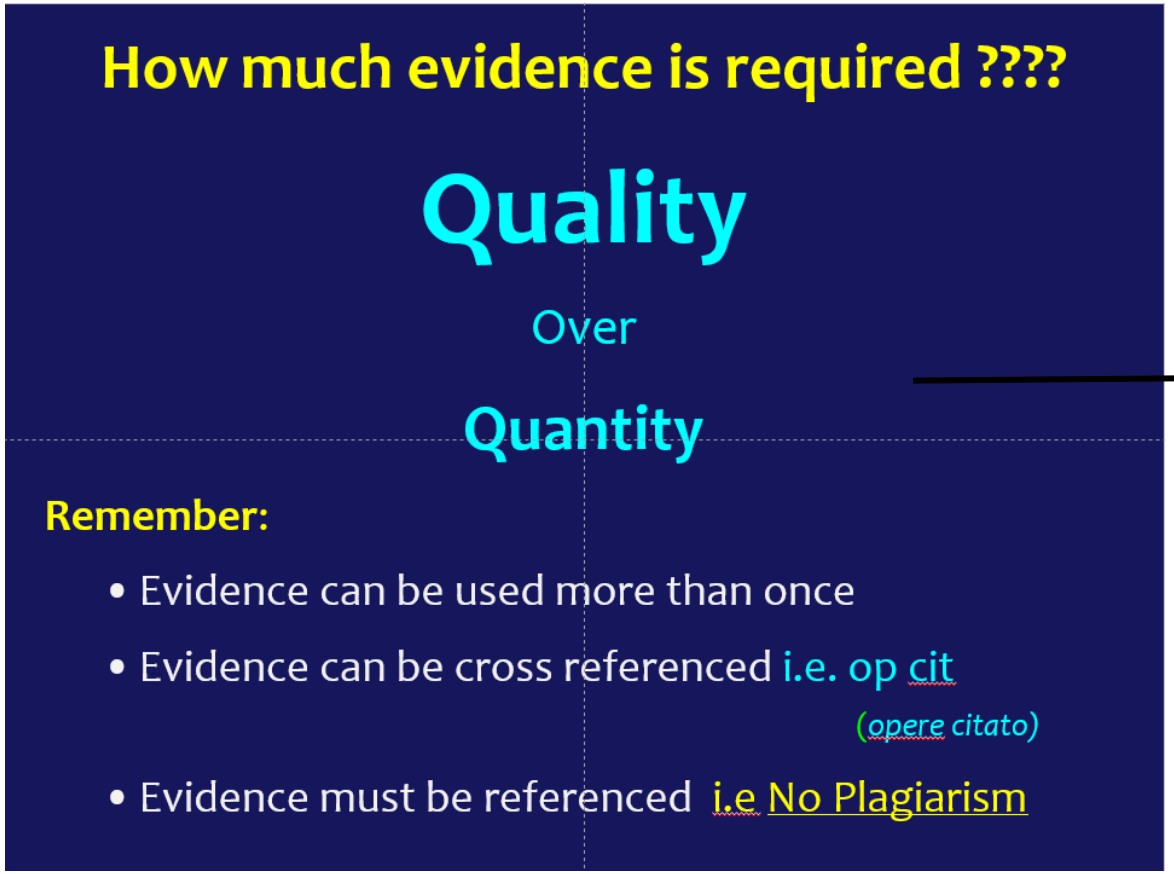
JM

One could add whether the evidence fully or partially met the criterion. JM

The assessor may find it useful to add another 3 columns to this table. These columns would be for:

1. *Column 1: Assessment comments. Here the assessor could put feedback for the learner on why the evidence had or had not met the required standard and what to add to rectify issues or how to develop the depth of argument.*
2. *Column 2: Signed off: here the assessor would sign the column to show criterion had been met*
3. *Column 3: Date of sign off*

JM



1. *It is the quality of the evidence that is important. All notes should be succinct. We would not expect to have a portfolio to have to be wheeled in!*
2. *Evidence can be used more than once. there is an example later in the slide series.*
3. *Evidence can be cross referenced. If there is a detailed section in case review 2 on pain assessment and management, one would not need to detail it again, instead a reference using* op cit *can be used to the first entry e.g. pain management op cit case review 2. you should still consider if there is any variance in this particular case and detail that.*
4. *Evidence must be referenced. It is unacceptable to present someone else's work or ideas without fully referencing them. Plagiarism checkers are now readily available and assessors do use them.*

JM

Where do I Start?

1. Get to know the learning outcomes & assessment criteria
2. Determine the Level of Understanding & Expertise that you will need to demonstrate (qualification frameworks)
3. Prepare index & portfolio sections
4. Determine types of evidence that must be used: case reviews etc

1. *If you have a working knowledge of the learning outcomes and assessment criteria then you will have insight into where a piece of evidence will match a specific criterion*
2. *If review a single piece of evidence and populate the index across all of the units that you want to claim accreditation against then you will see where the deficits are.*
3. *If you detail whether the evidence fully or partially meets the criterion, again you will be able to easily see where extra evidence may be required. JM*

In the same way that Universities match their qualifications to a qualification framework that predetermines the level of complexity and expertise. The FEN competencies are matched against the Credit and Quality Framework for Wales (CQFW) which mirrors the European Qualifications Framework (EQF). Qualifications in Scotland, England, Northern Ireland and Ireland are all comparable to the EQF; the only variances are for Ireland and Scotland which have detailed extra levels that the EQF. The levels do not equate to UK banding. The Levels used in EQF:

1. *Level 6: Associate Level: competent practitioner. University Honours Degree Level*
2. *Level 7: Member Level: proficient / advanced practice. University Masters Degree*
3. *Level 8: Fellow Level: Expert Practitioner. University Doctoral Level*

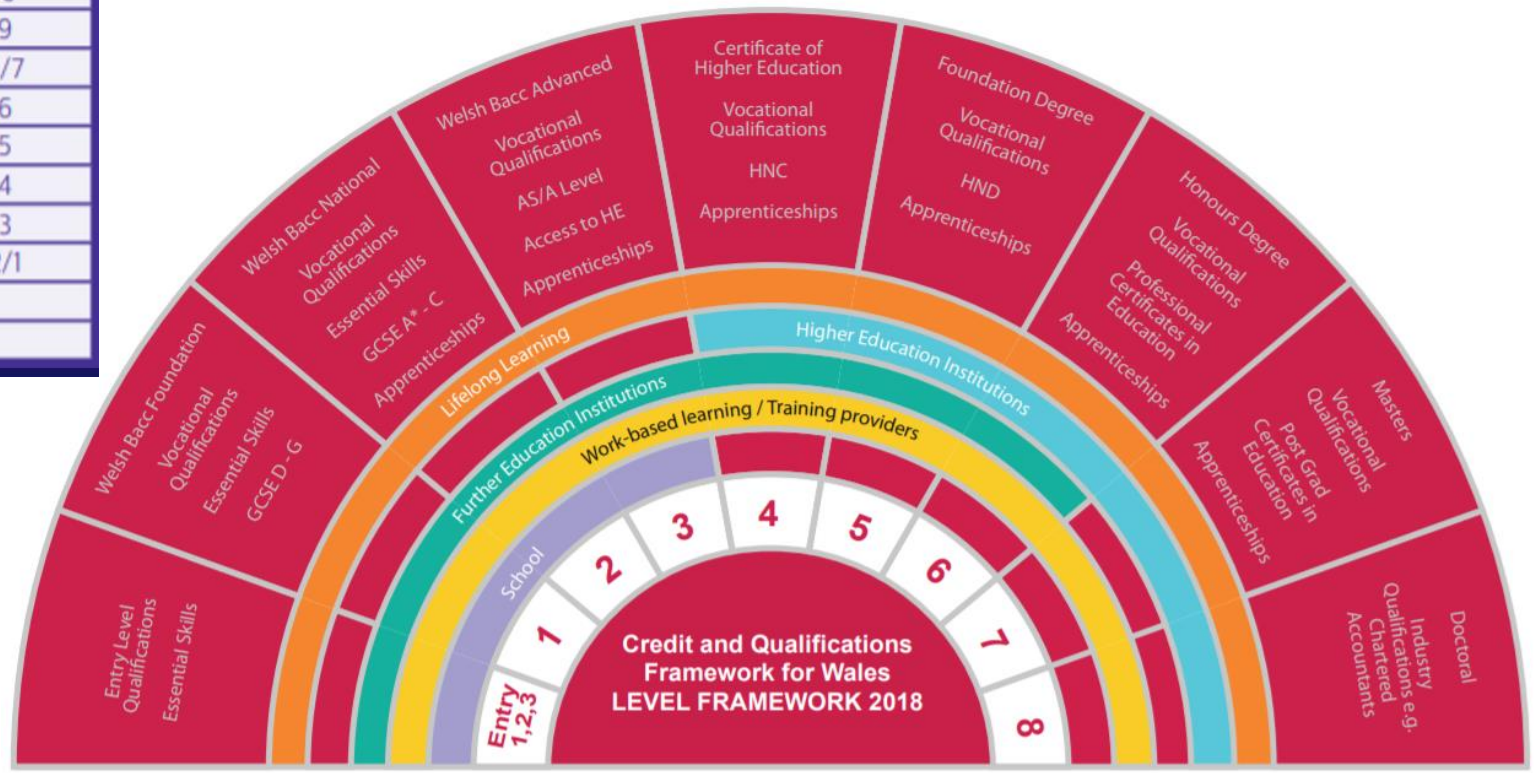
JM

*The individual Units of FEN have detailed compulsory evidence e.g. Case Reviews * x, mini-clinical examinations * x; demonstration of procedural skills (e.g. suturing) * x etc. you will need to ensure that this evidence has been provided to successfully complete the unit*

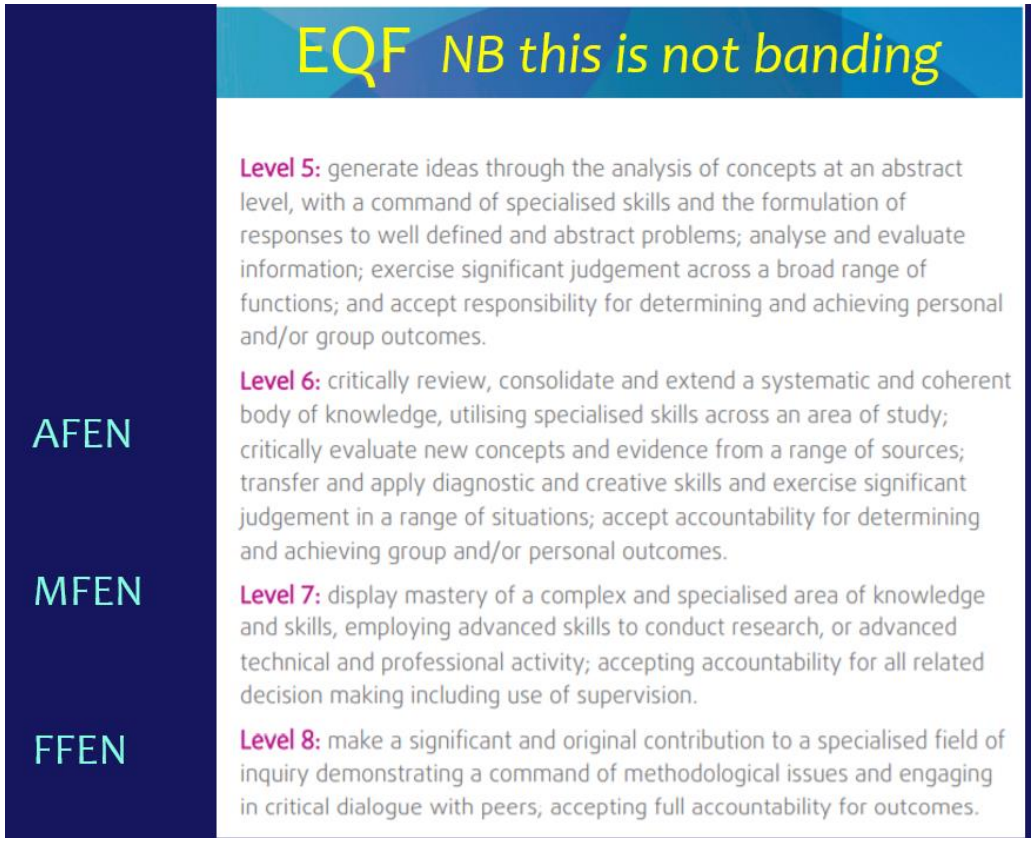
JM

Qualifications can Cross Boundaries

European Qualifications Framework (EQF)	Framework for Higher Education Qualifications in England/ Northern Ireland (FHEQ)	Regulated Qualifications Framework England/ Northern Ireland (RQF)	Credit and Qualifications Framework for Wales (CQFW)	Scottish Credit and Qualifications Framework (SCQF)	The National Framework of Qualifications for Ireland (NFQ IE)
8	8	8	8	12	10
7	7	7	7	11	9
6	6	6	6	10/9	8/7
5	5/4	5/4	5/4	8/7	6
4		3	3	6	5
3		2	2	5	4
2		1	1	4	3
1		E3	E3	3	2/1
		E2	E2	2	
		E1	E1	1	



This slide shows a table that provides more detail about how the qualification frameworks compare to the European Qualifications Framework (EQF). FEN currently use levels 6 to 8. the diagram on the left shows how the qualification framework is used by higher education institutes as well as further education institutes and also provides the framework for vocational qualifications which is what FEN provide.



1. This slide shows how the descriptors for the levels develop in complexity and depth and follows Benner's model novice to expert continuum. If you are not sure which level you are working at, then reviewing your evidence against the frameworks will help you to determine your level. In FEN we have done this for you as we have written the learning outcomes to match the levels in the European Qualifications Framework (EQF).
2. Similar to transferability of a qualification from a university is accepted across Europe. Qualifications are accepted across countries regardless of which country the qualification was awarded.
3. Should you wish to read more around qualification frameworks you may find the following useful:
    1. https://gov.wales/credit-and-qualifications-framework-cqfw-overview
    2. https://gov.wales/sites/default/files/publications/2018-11/credit-and-qualifications-framework-for-wales-learner-guide.pdf
    3. https://gov.wales/sites/default/files/publications/2019-01/cqfw-brochure.pdf
    4. https://europass.cedefop.europa.eu/europass-support-centre/other-questions/what-european-qualification-framework-eqf
    5. https://www.cedefop.europa.eu/en/events-and-projects/projects/european-qualifications-framework-eqf

Can old evidence be used?

In Short ….. Yes

1. Collect all the evidence that you have.
2. Evaluate your evidence against the learning outcomes (LO), assessment criteria (AC) and EQF.
3. If evidence older than 3yr: make it valid
4. If too low a level: make it valid
5. Cite in the index against the LO & AC.

1. *If you have evidence that is older than 3yr, then you should review the piece against the latest evidence based practice to determine if it is fit for today's standards:*
    1. *If it is then write a paragraph arguing why it is still relevant and ensure that you add references that show that it is up to date and that your arguments are robust.*
    2. *If the piece is not up to date, the look for the variance and detail what is different and how you would change your care today, again use up to date references to support your arguments. You will probably find that a case review will provide a mixed picture e.g. if you had written a case review 20 years ago on a fractured ankle, then the patient would most likely have been managed in a plaster cast. Today patients with certain types of ankle fracture are managed in boots, stirrups or no splintage at all. Here oen would argue that the management of the patient is the same but treatment differs and then detail how the patient is managed today. One could claim credit against all the content of the case review. JM*

1. *One would follow a similar process to making old evidence valid, but here you would be providing more in-depth detailed arguments and back these up with references. E.g. taking the case review of the ankle fracture above, you may now be making a diagnosis and you would add a section on examination skills, xray interpretation and rationale for treatment and further management JM*

1. *Be proactive in developing your evidence. Do something every shift*
2. *if you work full time 3 to 5 shifts per week then if you identify a piece of evidence per shift then at the end of the year you will have acquired 135 to 255 pieces of evidence*

Daily Habits

1. Conscious awareness
2. Use every opportunities
3. Collect evidence details
4. Patient records anonymise & have verified
5. Ask for help

1. *When on duty always be mindful of the need to gather evidence. Whether it is for your revalidation or accreditation for a qualification.*
2. *Use every opportunity to gather evidence. Keep a note book in your pocket or a record on your phone to identify pieces of evidence such as patient records – if you don't capture it at the time then when you need it you may find it incredibly difficult to find just what you are looking for. If you are detailing patient records then consider confidentiality and consequences of breaches.*
3. *Anonymise patient records to use later. Take a copy with the original to a senior member of staff and ask them to sign the copy to state that that is a true copy of the patient record.*
4. *Always ask for help e.g. If you need to gain practical skills for a certain element then ask colleagues to inform you should a patient or situation arise. If signed off as competent against a practical skill and it was more than 3yr ago, ask for another assessment to show that you are still competent or that your level of expertise has increased. If you teach anything, ask for written or audio feedback.*
5. *If the name of a colleague is appearing in your portfolio then it is good practice to gain their permission and this should be visible with a signature showing their agreement*

JM

Type of Evidence:

Any evidence is good if you make it valid

- Audio files
- Case Reviews
- Case Studies
- Reflections
- Case Based Discussions (CBD)
- Mini Clinical Examinations (MiniCex)
- E-based include objectives
- E-learning examinations
- Local examinations
- Demonstration of Procedural Skill (DOPS)
- Multisource Feedback
- Spider Diagrams
- Annotated Notes
- Literature Reviews
- Article / Policy Reviews
- Own publications
- Training sessions – plans, AV aids & Evaluations
- Webinars/Webcast/Podcast

1. *These are examples of evidence that you could use. There will be other types of evidence that is equally valid. It is up to you to make the connection and ensure that it meets the criterion required.*
2. *You may not be familiar with some of the terms used. The following may help:*
    1. *Mini-cex: this is an assessment where someone assesses you undertaking a consultation with a patient. Normally there is an established proforma that will be used for the assessor to detail their findings against.*
    2. *DOPS: Demonstration of Procedural Skill in nursing we used to refer to these as clinical skills. Examples could be ECG recording, cannulation, casting, suturing. Again there are some established proformas for certain skills*
    3. *Multisource feedback: you should gain these from a range of the colleagues that you work with. They are statements about your communication skills, behaviours and performance. There are established proformas that can be used.*
    4. *Annotated notes: the way that these comments are being made are annotated slides. The same principles would be used but other evidence could be used such as patient records, article, presentations, policies, guidelines etc.*
    5. *E-based learning: here a certificate of completion or examination results will <u>not</u> suffice; a copy of the objectives for learning will need to accompany a certificate or alternatively a reflection on what learning occurred.*
    6. *Case based discussions: two possibilities:*
        1. *Discussion with assessor about a patient you are caring for. The assessor will check your level of knowledge and understanding and make a judgement on the care you provided. The assessor could write up the discussion or you could write up the discussion and the assessor signs it alternatively it could be an audio file. The written detail could be presented in writing, a spider diagram, an annotated patient record.*
        2. *Discussion about a certain condition or injury with the same principles as the discussion about a patient applying.*

JM

Evidence: Case Reviews x 3

1. 29y- M, PC shoulder dislocation. PMH: cognitive impairment from previous head injury. Lives in care home - accompanied nurse. Anaphylactic reaction to sedation – airway compromise. Wife attends unit during anaphylactic episode.

2. 84 y- M PC: RTC. Pedestrian hit by car 40mph. Head injury GCS 13/15 (M6, E3, V4), rib #s with haemothorax, # shaft femur. PMH:IHD DH: beta blockers, aspirin

3. 15y-F. PC overdose 20 x 25mg Amitriptyline & 9G Paracetamol 16/24 (grandmothers tabs).Found in garden shed. very drowsy. suicide note -felt unloved and couldn't take the arguments with her mother anymore. On admission having seizures, cardiac arrhythmias, hypotensive & has metabolic acidosis.

Registrant Nurse A written 3 case reviews. In these reviews evidence has been provided of applied anatomy and physiology, assessment process including using tools for Early Warning Scoring, Neurological Observations, Pain assessments. Evaluations, care planning and handing over care, as well as capacity and consent, risks and benefits of medicines supplied, aetiology of injury, how drugs have affected clinical findings such as vital signs, ECGs etc. The nurse, knowing what have been covered in the cases reviews each against the following FEN units and details the index:

- *Core*
- *Adult and Older Person*
- *Child and Young Person (CYP*
- *Injury (nb this was known as Minor Injury but this title is a misnomer as there is nothing minor about some injuries as they can have life altering effects such as amputation of a thumb or big toes- so we have decided to drop the Minor from Minor injury. In addition, one cannot state that the injury is minor until the patient has been fully diagnosed, treated and dischargedo*
- *Major Trauma*
- *Psychological care (includes mental health)*

- *The next slide details just some of the assessment criteria that will have been met from these 3 cases. You will note that there are three ticks in the box against the adult competencies this is because the nurse argued that the physical findings in a 15 year old are no different to a 18 year old so was able to demonstrate the necessary criteria.*

JM

AFEN Learning Outcome *As an FEN Associate, the learner will::*	Adult / older P	CYP	Major Trauma	Injuries	PSY
1. Understand the anatomy and physiology of the body systems of adults and older people.	✓✓✓	✓	✓	✓	✓✓
2. Be able to undertake a focused assessment for people requiring emergency care.	✓✓✓	✓	✓	✓	✓✓
3. Understand the use of assessment tools to manage a range of presentations.	✓✓✓	✓	✓	✓	✓✓✓
4. Understand the structured approaches for prioritising patient care.	✓✓✓	✓	✓	✓	✓✓✓
5. Understand life-threatening presentations and how to manage them.	✓✓✓	✓	✓	✓	✓✓
6. Understand the immediate emotional and psychological impact of sudden or acute exacerbation of illness or injury.	✓✓✓	✓	✓	✓	✓✓✓
7. Use comprehensive knowledge of the relevant pharmacology for emergency patients	✓✓✓	✓	✓	✓	✓
8. Understand the application of relevant pharmacology and medicines management to adults in the emergency department.	✓✓✓	✓	✓	✓	✓
9. Understand how to provide emergency care for people and how to identify further care needs.	✓✓✓	✓	✓	✓	✓

More Information about FEN

Faculty of Emergency Nursing Career Framework with Academic Accreditation for Clinical Competence

1. Associate (AFEN): Rounded Competent Practitioner (Level 6 European Quality Assurance)
2. Member (MFEN): Advanced / Proficient Practitioner / Manager (Level 7 EQA)
3. Fellow (FFEN): Expert /Consultant Practitioner (Level 8 EQA)

The Faculty of Emergency Nursing (FEN) is a body of nurses committed to ensuring patients who require emergency care receive the highest standards of service. We do this through the provision of a career development framework. Our competencies are currently being developed into qualifications that also provide academic credits.

Three levels of practice are defined. These fit with Benner's Novice to Expert Theory.

A nurse is able to use the following letters after their name to denote their level of practice once they have been accredited by the FEN Board:

AFEN: Associate of Faculty of Emergency Nursing

MFEN: Member of Faculty of Emergency Nursing

FFEN: Fellow of Faculty of Emergency Nursing.

Requirements for Qualification

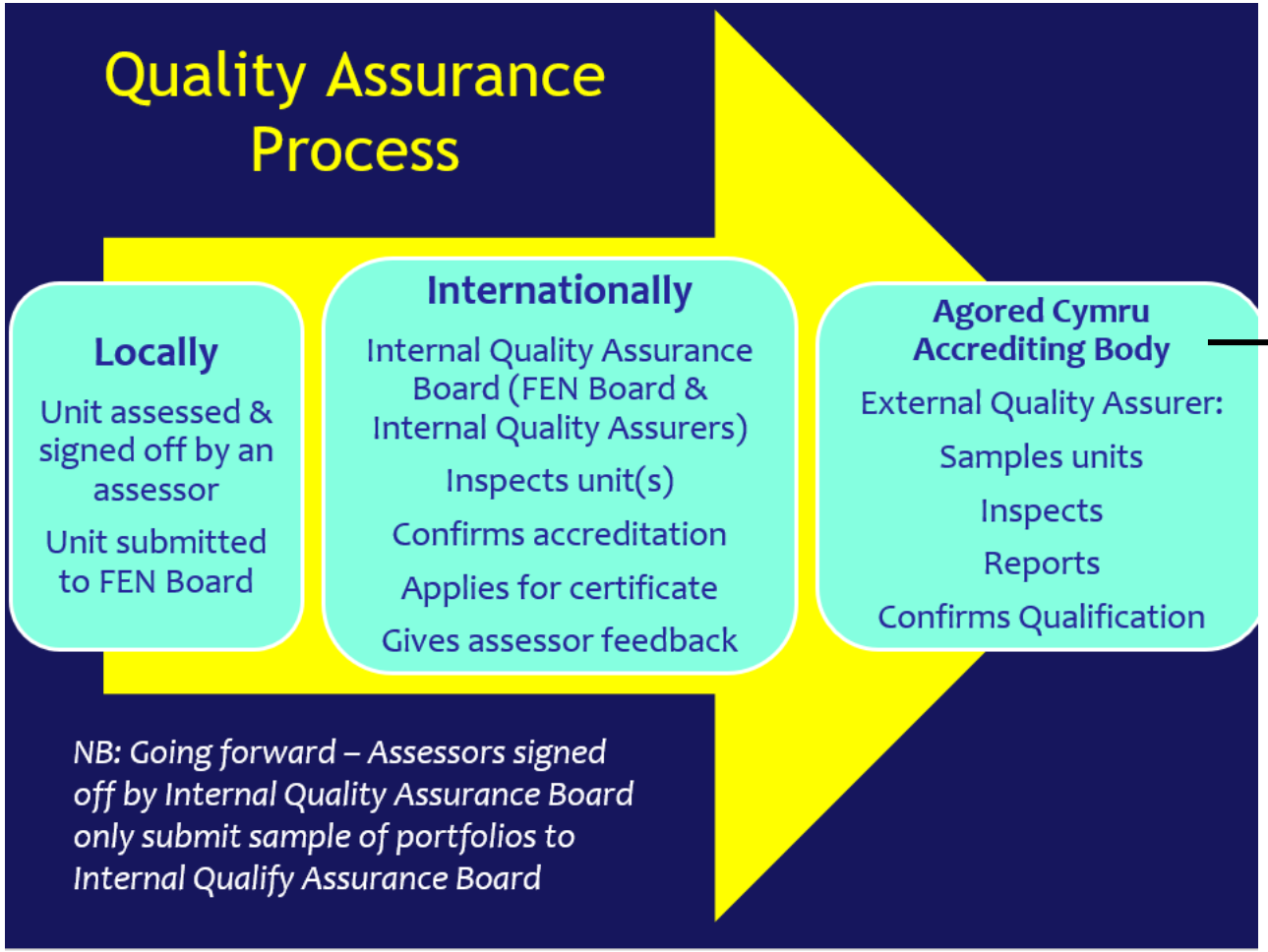
	Associate	Member	Fellow
Essential	Core Adult & Older Person OR Child and Young Person Psychological	Core Adult & Older Person OR Child and Young Person Psychological	MFEN Core
Choose 1	Adult & Older Person OR Child & Young Person Injuries Major Trauma Prehospital Care Major Incident	Adult & Older Person OR Child & Young Person Injuries Major Trauma Prehospital Care Major Incident	Adult & Older Person Child & Young Person Psychological Injuries Major Trauma Prehospital Care Major Incident

Each element aka unit can be submitted singly and be accredited but title (AFEN, MFEN, FFEN (will not be given until all units required are successfully completed

We recognise that emergency care has changed since we first designed the FEN framework over 20 years ago. We have now refined what units one would need to gain a qualification and this matches what is happening in practice. We are using the following principles:

- *Our core learning outcomes & assessment criteria are paramount to all emergency nurses and therefore this unit is compulsory at all levels*
- *An emergency nurse must have an age related unit. We have amalgamated adult and older person into one in a similar fashion to child and young person. So choosing one of these is compulsory at associate and member level. There is an option that the individual can choose the other age related unit to complete the qualification.*
- *Being able to provide psychological and mental health care to patients is vital as patients can have life altering challenges following their emergency or present with a psychological or psychological/mental health related problem. So this unit too is compulsory at associate and member level.*
- *Having discussed the compulsory units, the nurse chooses one further unit to complete the qualification at associate and member level.*
- *We recognise that as expertise develops, it is the depth rather than the breadth that is required, so we have made an MFEN qualification as essential and stipulated that Cores and one other unit at Fellow level must be attained.*

- *The great thing about the new way forward for FEN is that one is able to submit a single unit when completed and gain credit for that unit as work is ongoing to complete the full qualification. Alternatively a nurse may wish solely to complete a single unit and that is fine too.*



The process for assessment and accreditation is robust with built in quality assurance.

1. *The nurse collates evidence against Specific Unit and the FEN learning outcomes/assessment criteria. A local assessor reviews the unit and determines that all the assessment criteria have been met and signs off the unit as successfully completed. The assessor submits the unit to the FEN Board for inspection at the next Internal Quality Assurance Board.*

2. *The FEN Internal Quality Assurance Board (IQA) is made up of FEN Board Members and FEN assessors who have undertaken extra training to become an Internal Quality Assurer (Board members will also have undertaken this training). The FEN IQA Board will review the work of the assessor to ensure that the unit has met the desired level and that all the evidence required has been presented. On completion the board applies for the certificates for those units that have been successfully completed (it is important to note that there are no failures or minimum number of times a unit can be submitted for accreditation – it is the successful completion that is important). The board provide the assessor with feedback. If the board sees that the assessor is skilled and produces good quality assessments, meeting the criteria then the board inform the assessor that they only need to present units on the submitted unit according to the IQA Board sampling policy. Afterwards the assessor can directly apply for the certificate for the unit rather than submitting the unit to the FEN Board.*

3. *An Agored Cymru External Quality Assurer (EQA) will have been appointed to review the work of the FEN Internal Quality Assurance Board & those assessors who can submit directly for certificates. The external assessor will inform which units they wish to inspect. A report will then be generated and necessary actions completed.*
   JM

NB: it should be noted that the must be able to access the unit as requested Otherwise the qualification decision could be overturned