

Guidelines for Portfolio Development for Nurses and Midwives

3rd Edition

Continuing Professional Development

Information and Support

A guide to help you develop a personal career plan to reflect your abilities and interests



National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chmáimhseachais

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Mission Statement of the National Council

The purpose of the Council is to promote and develop the professional roles of nurses and midwives in partnership with stakeholders in order to support the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

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Contents

Introduction	3
Section 1. Portfolios for Nurses and Midwives	5
Section 2. Adapting your Portfolio for Specific Purposes	11
Section 3. Using Portfolios: The Nurse/Midwife Manager's Role	15
Section 4. Continuing Professional Development	17
Section 5. Organising your Portfolio	33
Personal Information	33
General Education	35
Professional Nursing/Midwifery Education and Training	37
Employment	41
Continuing Professional Development	44
Guidelines for an Advanced Nurse/Midwife Practitioner Candidate Portfolio	57
Section 6. Information and Sources	61
Glossary	61
References	63
Bibliography	66
Information Sources: Statutory Bodies, Institutions and Organisations	68
Figures and Boxes	
Figure 1. Uses of Portfolios	5
Figure 2. Sample Cross-Reference Page	12
Figure 3. Reflecting on Significant Events	26
Figure 4. Domains of Competence	27

Box 1. Developing an Electronic Portfolio (E-Portfolio) for Nurses and Midwives in Ireland	6
Box 2. Evidence for a Portfolio Demonstrating Continuing Competence	20
Box 3. Demonstrating Continued Competence in an Advanced Nurse/Midwife Practitioner's Portfolio	21
Box 4. Sample Personal Development Planning Template for Developing Competency in Clinical Audit	22
Box 5. Personal Development Planning: Practice Example – Venous Cannulation	23

Contents of CD-ROM

Guidelines for Portfolio Development for Nurses and Midwives (3rd edition)
(PDF version)

Sample Record Sheets (Word version)

Adobe Acrobat Reader

Introduction

In 2004 the National Council for the Professional Development of Nursing and Midwifery demonstrated that nurses and midwives were willing to engage in continuing professional development after completing their pre-registration education programmes, despite the absence of any legal or statutory requirement to do so (National Council 2004). Further evidence that nurses and midwives in Ireland continue to participate in post-registration education can be found in the *Report of the Post-Registration Nursing and Midwifery Education Review Group* and *Findings from the Survey of 2007 Nursing Graduates* (Health Service Executive 2008 and 2009 respectively). That nurses and midwives are also willing to record and demonstrate their continuing professional development can be inferred from the speed with which the 11,000 copies of the first edition of *Guidelines for Portfolio Development for Nurses and Midwives* (National Council 2003) were requested and dispersed around the country. Stocks of the second edition (National Council 2006) have also been depleted, leading to the publication of this revised edition of the *Guidelines for Portfolio Development for Nurses and Midwives*.

Revision of the first and second editions was undertaken in order to reflect the many developments that have occurred in the Irish health system since the launch of the Health Service Reform Programme in 2003, while still accommodating the career and personal development planning needs of individual nurses and midwives working in a broad range of health settings. The second edition included a CD-ROM containing the PDF of the printed version and a Word version of the sample record sheets which allowed greater flexibility in the use and dissemination of the guidelines.

The content of this third edition is shaped by several factors, including the following:

- the National Council's revision of the frameworks for establishing advanced nurse/midwife practitioner (ANP/AMP) and clinical nurse/midwife specialist (CNS/CMS) posts (National Council 2007a, 2007b, 2008a, 2008b, 2008c);
- the establishment of prescriptive authority for nurses and midwives in Ireland in relation to medicinal products and ionising radiation;
- the priorities of the Health Service Executive's (HSE) *Transformation Programme* (HSE 2006, p15) and the aims and objectives of the HSE's subsequent corporate and national service plans; and
- the standards for services set by the Health Information and Quality Authority.

As with the previous editions, *Guidelines for Portfolio Development for Nurses and Midwives* is intended to assist nurses and midwives to identify their career goals and personal development needs within the context of the Irish health system.

Overview of Contents

This revised version of the *Guidelines for Portfolio Development for Nurses and Midwives* contains 6 sections. Information in sections 1 to 4 is presented in a question and answer format.

- Section 1 contains an overview of portfolios and their uses
- Section 2 advises on how to adapt portfolios for specific purposes
- Section 3 concerns nurse/midwife managers' role in helping staff nurses/midwives to develop portfolios
- Section 4 provides an overview of continuing professional development
- Section 5 suggests a structure and format for organising the contents of the portfolio, including portfolios for advanced nurse/midwife practitioner candidates, and for recording information
- Section 6 contains useful information and sources updated since 2006.

The updated CD-ROM contains the PDF of the printed version, a Word version of the sample record sheets and Adobe Acrobat Reader. These are also available to download from the National Council's website (www.ncnm.ie).

SECTION 1

Portfolios for Nurses and Midwives

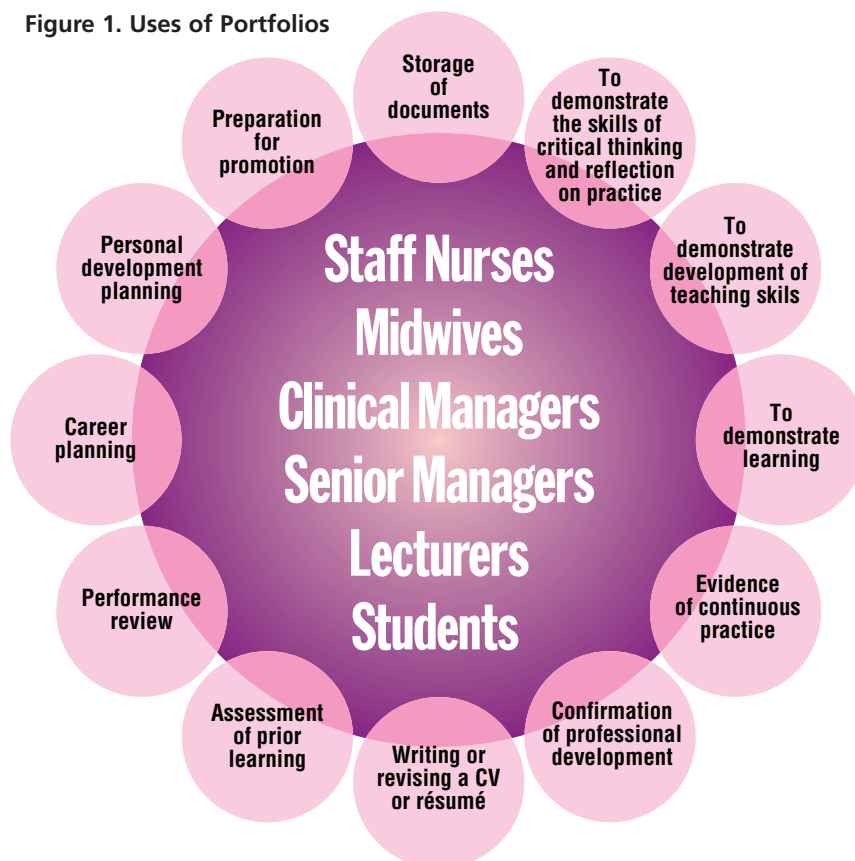
What is a portfolio?

Literally, a portfolio is a folder or case for carrying loose sheets of paper. However, in recent years a portfolio used by nurses and midwives is generally understood to be an organised collection of documents chronicling an individual's career: these accumulated documents may then be drawn upon when applying for jobs or courses, or in order to demonstrate learning.

Why are portfolios used?

- At a personal level individual nurses and midwives can use portfolios as a means of storing documents relating to their personal professional career development. They can also refer to the contents when undertaking personal development planning, or writing a curriculum vitae or résumé.
- Portfolio contents can help individual nurses and midwives to identify their own strengths and areas requiring development, plan how they can enhance their knowledge and skills in order to improve their clinical practice, maximise their opportunities to undertake appropriate continuing professional development and develop strategies for achieving their individual career goals.
- In the clinical setting portfolios may be used to prepare staff nurses and midwives for clinical career pathway promotion. They can also be used to prepare nurses and midwives for promotion in management and other pathways.
- In the educational setting student nurses and midwives may be required to maintain and submit a portfolio in order to demonstrate learning, and the development of the skills of reflection on practice and critical thinking.
- Nurse lecturers/teachers may also use portfolios to demonstrate their development as teachers.
- Third-level/higher education institutions may review portfolios of course applicants when assessing prior learning.
- Professional regulatory bodies such as the Nursing and Midwifery Council in the United Kingdom or the Nurses Board of Victoria in Australia may require nurses and midwives to submit a professional portfolio as evidence of continuous nursing practice and for ongoing recording of learning and confirmation of professional development (Nursing and Midwifery Council 2008; Nurses Board of Victoria 2009).

Figure 1. Uses of Portfolios



Why should I use a portfolio?

Your portfolio can be used as a record of continuing competence, career planning and as evidence in the assessment of prior learning. You can use it to reflect upon your achievements and areas needing further development, and to assess your own skills and knowledge. You may also use your portfolio if you intend to practise in a country or state where the nursing/midwifery registration bodies require evidence of continuing professional development or learning.

As your career in nursing and/or midwifery progresses, your experience and knowledge accumulate and your views and attitudes may change. These factors will affect your portfolio, making it a dynamic document that should be updated (Hull and Redfern 1996; Alberta Association of Registered Nurses 2001; Jasper 2006a). Regularly updating your portfolio will be of particular benefit when you are preparing job applications or taking part in a performance review.

Do I have to use a portfolio?

As stated previously, portfolios can be used to store evidence of continuing professional development. In Ireland there is currently no legal or mandatory requirement to demonstrate evidence of continuing professional development following registration as a nurse or midwife. However, the *Code of Professional Conduct for each Nurse and Midwife* states:

"The nurse or midwife must take measures to develop and maintain the competence necessary for professional practice. ... [Where a nurse or midwife acknowledges any limitations of competence,] if appropriate [he/she] must take appropriate measures to gain competence in the particular area. ... He/she is obliged to transmit acquired professional knowledge, skills and attitudes both by word and example [to junior colleagues]." (An Bord Altranais 2000)

These statements are elaborated on within the *Requirements and Standards for Nurse Registration Education Programmes* (An Bord Altranais 2000). The nurse is expected to act to enhance the personal and professional development of himself/herself and others by demonstrating a commitment to lifelong learning and by contributing to the learning experiences of colleagues through support, supervision and teaching. See Section 4 for further comments on continuing professional development in nursing and midwifery.

Any nurse or midwife applying for an advanced nurse or midwife practitioner post is required by the National Council to present a portfolio demonstrating that he/she has the competence to exercise higher levels of judgment, discretion and decision-making in the clinical area above those expected of the nurse or midwife working at a primary practice level or of the clinical nurse or midwife specialist (National Council 2008b. See pages 57-60 of this document for *Advanced Nurse/Midwife Practitioner Candidate Portfolio*). Furthermore, these competencies are specific to the advanced practice role for which he/she is applying.

What types of portfolio are available?

Portfolios are available in a number of formats. Most portfolios are still paper-based and contain hard copies of your documents, forms, etc. Electronic/digital formats are also available and contain electronic copies of your materials (e.g., HTML files, PDF files, etc); this format can be delivered via CD-ROM, websites and e-mail. Paper-based and electronic portfolios may be produced commercially, but may not be fully applicable to nursing and midwifery in Ireland. You could also make your own portfolio.

Certain providers of post-registration courses may require you to complete an electronic portfolio (e-portfolio) either as a learning activity or as a means of recording your progress on a course. Such portfolios will have their own formats and data entry specifications. Box 1 illustrates the development of an electronic portfolio (e-portfolio) at the School of Nursing in the Royal College of Surgeons in Ireland based on and incorporating text from the National Council's guidelines (National Council 2006).

BOX 1.

Developing an Electronic Portfolio (E-Portfolio) for Nurses and Midwives in Ireland

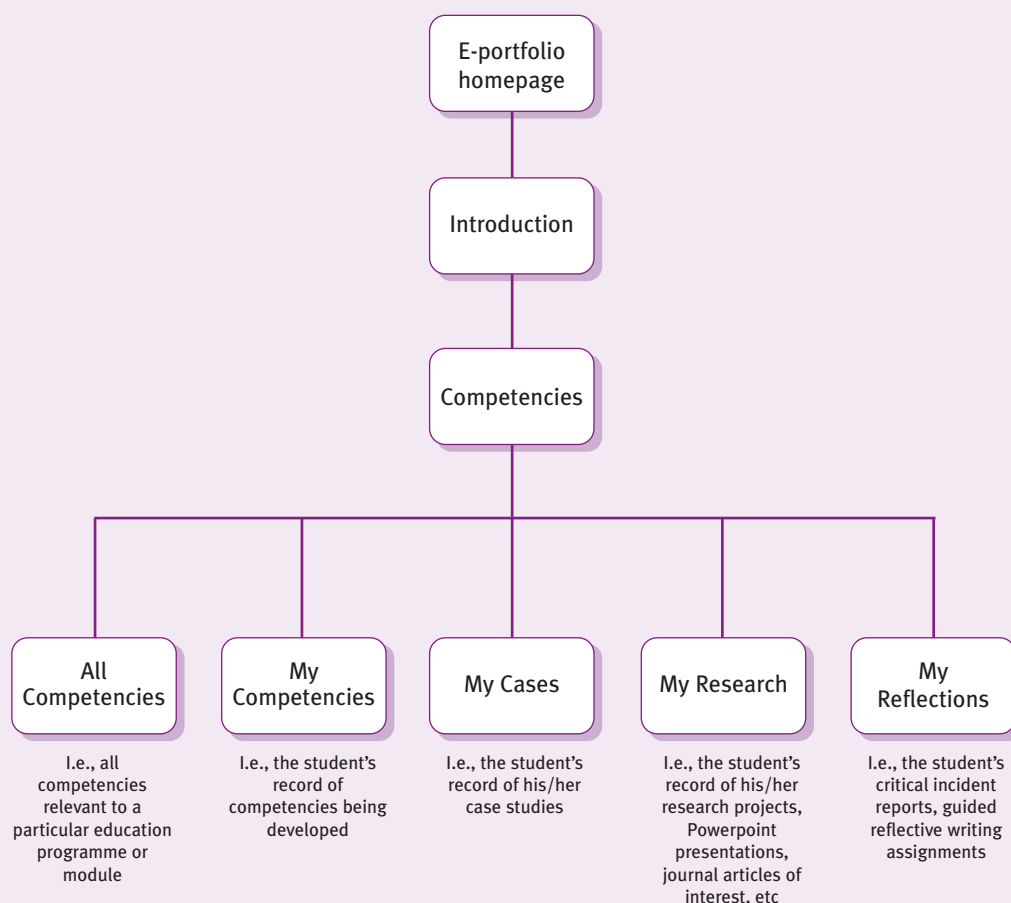
The School of Nursing at the Royal College of Surgeons in Ireland (RCSI) has developed, piloted and tested an electronic portfolio (e-portfolio) relevant to its nursing and midwifery education programmes and for use by nurses and midwives undertaking those programmes. Having already developed an e-portfolio for use by the RCSI's School of Medicine, the School of Nursing was able to draw upon this experience when undertaking this new project in partnership with the National Council, which had published two editions of its own portfolio guidelines.

BOX 1 *continued*

A project steering group was established, comprising representation from the RCSI and the National Council. Using action research methodology, a pilot study was undertaken in 2009 with postgraduate students at the School of Nursing who would be asked to document their fulfilment of course requirements electronically within the e-portfolio. The first stage of the study involved establishing the appropriate content for an e-portfolio and a configuration and structure suitable for nursing and midwifery education programmes. The content and structure of the e-portfolio was based on the second edition of the National Council's *Guidelines for Portfolio for Nurses and Midwives* (2006), the relevant postgraduate nurse/midwife education programme and the e-portfolio already developed for use in the School of Medicine. The second stage involved further technical development of the structure and design of the e-portfolio; this was undertaken by the RCSI's IT department and an external service provider. Specialised technical development was vital to ensuring that the e-portfolio would accommodate on-going data entry by students (e.g., reflections on practice and critical incident analyses) and electronic correspondence between students and lecturers (e.g., submission of and feedback on assignments).

An extensive training programme in the use of the e-portfolio was provided by the RCSI. Students at the School of Nursing in Dublin and the RCSI's centre in Bahrain and academic staff in Dublin were encouraged to give feedback on its content, navigability and any difficulties encountered. By October 2009 feedback had been generally positive, and data collection was continuing.

Students and staff logging in to the e-portfolio will see the following pages and options:



This e-portfolio has been designed to be a record of post-registration education and competency development incorporating reflective practice items, case studies and research from practice. While currently limited to use by postgraduate students at the RCSI, it is envisaged that it will eventually enable nurses and midwives to record and track their development as practitioners throughout their careers. The projected portability (via the Internet or through other electronic means) will make the e-portfolio accessible to users and employers alike.

BOX 1 continued overleaf

BOX 1 *continued*

Potential Outcomes

The individual Nurse/Midwife

- A dynamic portable record of his/her own professional development following registration
- A record of individual competency development
- An efficient means of communication with tutors

The education provider

- An efficient means of communication with students
- A standardised student record system

For further information about the RCSI's e-portfolio for nurses and midwives, contact Stephanie Lawrence, School of Nursing, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2. T: 01- 4028643. E: stephanielawrence@rcsi.ie.

What do I need to make my own portfolio?

For a **paper-based** portfolio you will need:



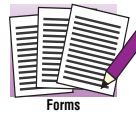
- A sturdy portfolio ring-binder/folder



- Tabbed dividers to create distinct sections



- Plastic page holders



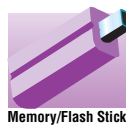
- Forms to help you organise information or reflect upon learning situations (see Section 5)

For an **electronic** portfolio you will need



- A CD-ROM in a labelled jewel case

OR



- A memory/flash stick.

What should I put into my portfolio?

You can store almost anything that you think is relevant to your career in your personal portfolio: copies of certificates, job descriptions, references, lists of previous employers, performance review forms, copies of presentations, records of committees you have belonged to, articles you have written and anything else that will help you identify your achievements, skills and career objectives.

Scanning documents and storing them electronically can help you to save paper – just remember to back up your electronic files. You can review and prune the contents of both paper-based and electronic portfolios as often as you think necessary.

How should I organise my portfolio?

You should organise your personal portfolio in whatever way best suits you. The National Council suggests the following section headings:

- Personal information
- General education
- Professional education
- Employment
- Continuing professional development.

Suggestions for what to include in your personal portfolio under each heading and sample forms are provided in Section 5.

Who should see my portfolio?

Your portfolio is private and personal to you. However, you can select contents and adapt them for viewing by another person (see Section 2).

I am undertaking a course and am required to maintain a portfolio in order to demonstrate learning and/or competency development. Should I combine this portfolio with my personal portfolio?

It is advisable to keep your personal and course-related portfolios separate. As stated above, course providers will have their own requirements and specifications for their portfolios. You can draw upon the contents of your personal portfolio, if appropriate.

The service I work in has already provided me with a portfolio. Do I need two separate portfolios?

If you are happy with the format of the portfolio provided by your service, then there is no need to change over or to keep two separate portfolios. Whatever version of portfolio you choose to use, you should remember to update it regularly. You should also check if your service has any stipulations about the use of its portfolio format.

Furthermore, you should remember that every document contains elements that become obsolete as policy changes and existing formats are revised. Look out for new suggestions in other versions or formats. You may also find that other portfolio guidelines contain useful activities or exercises more appropriate to your learning style.

The service I work in does not use portfolios, so do I need to use one?

No, you don't. But in 2002 the *Action Plan for People Management in the Health Service* (Department of Health and Children and the Health Service Employers' Agency 2002) stated that it would be necessary for organisations to develop a strategic approach

to training, development and education. This Action Plan also referred to the introduction of performance management systems across the public sector. More recently the Health Service Executive has indicated that it will implement a performance planning and review process and maintain and develop nursing standards through continuing professional development (HSE *Corporate Plan*, 2008-2013, p41), so now may be a good time to start keeping a portfolio, if you are not already doing so. By maintaining a portfolio, you can be ready to face the challenges of personal development planning and performance review.

See Section 4 for more discussion of continuing professional development.

Who can help me with my portfolio?

Your line manager (i.e., clinical nurse/midwife manager, grades 1 to 3) may be involved in or have completed training for personal development planning, performance review and identification of learning and development needs at departmental level. He/she should be able to help you, but you can approach anyone you feel would be willing to advise you.

For further information, you could carry out your own literature search on the topic of portfolios and related subjects. A list of references and sources you could use and agencies you could contact are contained in Section 6.

Adapting your Portfolio for Specific Purposes

When I apply for a job, should I submit my portfolio?

It is unlikely that an employer will ask you to submit an entire personal portfolio. Job application instructions are more likely to ask you to complete an application form and to submit a curriculum vitae or résumé, both of which should be adapted for the purposes of the post. If you have kept electronic versions of documents in your personal portfolio, you should be able to "cut and paste" relevant information from it into an electronic application form – just make sure you re-format the pasted text to match that used in the form.

How should I adapt my portfolio for viewing by a current or prospective employer?

You should bear in mind the type of job you are applying for and check whether you are being asked to submit a portfolio. If you are being asked to submit a portfolio, make sure you are clear about the information to be included (this also applies to preparing a curriculum vitae or a résumé).

Obtain and read through the job description, paying particular attention to the tasks and functions of the job and the qualifications and competencies required. Look through your personal portfolio for evidence that demonstrates you:

- have the ability to carry out the tasks and functions (e.g., certificates, course transcripts, references, concise accounts of any critical learning incidents or work-based projects, etc)
- hold the required qualifications (e.g., certificates, course transcripts, etc)
- have developed the required competencies (e.g., certificates, course transcripts, concise accounts of any work-based projects, etc).

It may be appropriate to summarise this information for an adapted portfolio. Reviewing this information will also help you to prepare for any interviews.

Remember that your personal portfolio may identify other people, e.g., previous line managers, patients, nurse teachers or anyone you might have named in a written reflective exercise. If you are preparing information to be seen by other people you should seek the permission of anyone identified in your personal portfolio to include material about them in any adapted version that is to be seen by other people. Where this permission cannot be obtained you should ensure that you either omit certain documents or take all reasonable steps to protect the anonymity and confidentiality of people and places.

Other considerations for material to be viewed by others are that it should contain respectful and non-judgemental language and that it should conform to relevant legislation, policies and guidelines (Jasper 2006a).

How can I make my adapted portfolio reader-friendly?

As well as making sure your adapted portfolio matches the requirements and purposes of anyone who is going to read it, you should ensure that your adapted portfolio is easy to handle, well organised and straightforward to read. You can do this by:

- numbering the pages
- including a contents page
- including a cross-reference page to avoid repetition (see Figure 2)
- using appendices for supporting information
- using clear headings and sub-headings

- using *pro formas* such as those included in this document
- using terms, fonts and a format that computer programmes can read and print
- checking spellings, grammar, punctuation and consistency of lay-out and formatting.

Figure 2. Sample Cross-Reference Page

Identification of competencies in being able to manage people:

- Skills in influencing people – pages 5, 9, 8, 16
- Skills in managing individual performance – pages 5, 9, 11, 20

Identification of competencies in professional and clinical leadership:

- Skills in mentorship – pages 5, 6, 8, 15, 16
- Skills in developing clinical standards – pages 7, 9, 11, 22-25

If you need to adapt your portfolio in order to present evidence of competency development with reference to specific standards or criteria (a product-oriented portfolio) you could use the portfolio framework suggested by Andre and Heartfield (2007) which contains the following headings and sub-headings:

- Summarising statement (e.g., purpose of the portfolio)
- Standard or competency (e.g., An Bord Altranais Domain of Competence)
- Statement of justification for why claims can be accepted
- Evidence summary
- Title of evidence
- Appendix number
- Specific subcategory details.

If this framework does not suit your needs, you could look at other frameworks and adapt them to match your preferences

Should I include information about my second-level education in an adapted portfolio?

Although Section 5 (*Organising your Portfolio*) suggests that you keep records of your second-level education in your personal portfolio, it is unlikely that you will be asked to present these records when applying for senior posts. You should include information about your second-level education only if asked to do so specifically.

I am interested in applying for a clinical nurse/midwife specialist post. Do I need to prepare an adapted portfolio?

There is currently no requirement by the National Council for nurses or midwives applying for clinical nurse/midwife specialist posts to provide a portfolio (National Council 2008c). In general, an applicant must:

- provide evidence that he/she engages in continuing professional development and
- demonstrate on application that he/she has the competencies necessary to fulfil the requirements of the job description.

You might enhance your preparation by reviewing the contents of your personal portfolio against the job description for the post. See the *Guidelines for an Advanced Nurse Practitioner/Advanced Midwife Practitioner Candidate Portfolio* on pages 57 to 60 which may assist you in collating the information required.

Are there any special requirements for a portfolio for an advanced nurse/midwife practitioner post?

Yes, these are outlined in *Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners* (National Council 2008b, p17). This document also provides guidance on preparing a portfolio to advanced nurse/midwife practitioners: holders of these posts are required to demonstrate that they continue to meet the requirements of the initial application (National Council 2008b). Section 5 (*Organising your Portfolio*) of the *Guidelines for Portfolio Development for Nurses and Midwives* contains a guide to compiling an advanced nurse/midwife practitioner candidate portfolio.

Using Portfolios: The Nurse/Midwife Manager's Role

I'm a manager. Do I have a role in helping staff with their portfolios?

Yes, you do. Line managers were identified in the *Action Plan for People Management in the Health Services* (APPM) as being critical to the implementation of the Action Plan (Department of Health and Children et al 2002). More recently the Health Service Executive (HSE) has indicated that it will engage with staff and create work environments that support its transformation programme (HSE *Corporate Plan*, 2008-2013). This will involve, *inter alia*, the implementation of a performance planning and review (PPR) process and the further implementation of the Clinicians in Management initiative. While you should take the time to stay up to date with all developments in PPR, you should also bear in mind that different age cohorts and people of different ethnic and cultural backgrounds in the workforce have their own expectations, values, goals and motivators (Levett-Jones and Bourgeois 2007).

As a manager, where can I find further guidance in helping my staff with portfolios, personal development planning and performance review?

As a manager you should be aware of the benefits of keeping a portfolio, personal development planning and performance management (see the Office for Health Management's *Management Competency User Pack for Nurse and Midwife Managers*, 2004 and Health Service Executive and University of Limerick, *Clinical Leadership Pilot Evaluation Report*, 2008). Portfolios and personal development planning can help set personal development goals and provide opportunities for staff to contribute ideas for service improvements. Feedback on performance is generally appreciated by staff and can help improve morale, future performance and service delivery. It also has the potential to match skills with roles and assist with personal career development.

The APPM stated that it was necessary for organisations to develop a strategic approach to training, development and education. The Office for Health Management published a framework for corporate learning (*Learning and Development Needs Identification and Planning Toolkit*, 2002) and led out on a series of pilot programmes to test the applicability of personal development planning to the Irish health system. The framework provides a mechanism by which corporate and individual learning needs (i.e., as set out in the service plan) are linked to service needs. A process for individual development through the use of personal development plans and competencies/skills and attributes is incorporated within the framework.

Although the Office for Health Management has been disbanded, its resources are still available from Lenus (the Irish Health Repository – www.lenus.ie). The Health Service Executive's e-learning centre (www.hseland.ie) contains a wide range of resources for management, talent management and personal development which may be assistance to you. (You do not have to be employed by the Health Service Executive to use this website.)

How could portfolios be introduced in my organisation?

As with any identified subject of learning and development needs, education and training in the use of portfolios involves identifying the needs at corporate, service, departmental and individual levels. No matter which level advocates or initiates the use of portfolios, it is particularly important that clinical nurse/midwife managers receive training in the use of portfolios and personal development planning.

For further assistance please refer to the list of agencies in Information Sources and to the References and Bibliography in Section 6.

Continuing Professional Development and Personal Development Planning

What is continuing professional development?

The term *continuing professional development* is used in nursing/midwifery literature to refer to any activity that contributes to your professional development as a nurse or midwife. Related terms are *continuing competence*, *staff development*, *continuing professional education* and *lifelong learning*. The context within which continuing professional development (CPD) takes place or the extent to which healthcare professionals are expected to engage in continuing professional development is influenced by government legislation, professional regulatory and registration bodies, and employers' and service users' expectations (Jasper 2006a).

Is there a difference between *continuing professional development* and *continuing competence*?

Continuing professional development refers to your professional development after obtaining your initial nursing and/or midwifery qualification. The aim of participating in continuing professional development activities is to ensure, firstly, that knowledge and competence acquired during undergraduate and postgraduate education programmes remain current and, secondly, that new information and evidence are translated into practice (Nurses Board of Victoria 2009). The National Qualifications Authority of Ireland defines competence as "the effective and creative demonstration and deployment of knowledge and skill in human situations. Such situations could comprise general social and civic ones, as well as specific occupational ones. Competence draws on attitudes, emotions, values and sense of self-efficacy of the learner, as well as on declarative and procedural knowledge" (National Qualifications Authority of Ireland on-line glossary). In the context of nursing and midwifery in Ireland, An Bord Altranais defines competence as the ability of the registered nurse or midwife to practise safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice (An Bord Altranais 2005a and 2007a).

Circumstances in which nurses and midwives are required to provide evidence of continuing professional development and/or continuing competence are discussed below.

What is behind the current interest in continuing professional development within health services in Ireland?

Current trends in the health service are influencing personal professional development. There have been calls to ensure a qualified, competent workforce to meet the changing demands of the public (Department of Health and Children 2003). More specifically the health strategy, *Quality and Fairness*, refers to development of the human resource function within the health system to include skills development, management development and personal development. In 2003 the *Audit of Structures and Functions in the Health System ("Prospectus Report")* (Department of Health and Children 2003) noted that it was critical for professional regulation and training bodies to put in place programmes that would ensure ongoing review of competence of their members (p62).

In 2008 the Commission on Patient Safety and Quality Assurance took this a step further in its consideration of, *inter alia*, systems that would enable employers to "review the qualifications and track records of doctors and other professional staff who are either joining or are already working within their organisations" (credentialing) (Commission on Patient Safety and Quality Assurance 2008, p140). The Commission stated that the information that could usefully be contained in a credentialing database in the Irish context might include registration status with a professional regulatory body, specialist registration and results of participation in a competence assurance scheme recognised by a professional regulatory body (ibid, p143).

Other agencies endorsing continuing professional development for health service staff are the Mental Health Commission (MHC) and the Health Information and Quality Authority (HIQA). Both agencies have published standards and criteria pertaining to continuing professional development for:

- healthcare specialists in breast disease (HIQA 2006)
- staff working in mental health services (MHC 2006)
- nurses working in residential services for older people (HIQA 2009a)
- staff working in residential services for people with disabilities (HIQA 2009b)
- staff with a specific remit in infection prevention and control (HIQA 2009c).

What are continuing professional development activities?

There are many activities, both formal and informal, that can be included under the heading continuing professional development activities. They include (in alphabetical order and not in order of importance or value):

- audit of practice or workload
- clinical practice meetings
- developing policies, protocols and guidelines
- following up on an identified (personal/unit/department) knowledge gap by undertaking a literature search and review in order to inform the implementation of new practice
- in-service training, e.g., manual handling, intravenous drug administration
- involvement in committees (e.g., conference organising committee, risk management committee)
- membership of reflective practice or clinical supervision groups
- mentoring and/or coaching
- participating in action learning sets
- participation in management activities such as staff selection and recruitment, performance review, policy development or service planning
- peer review
- preceptorship of newly qualified staff
- presenting papers and posters
- project work
- reflective writing activities such as critical incident analyses
- risk assessment and management activities
- short course, conference, workshop and seminar attendance
- small-scale research studies
- training on new equipment
- undertaking courses accredited by third-level education providers or recognised authority (full-time; part-time; distance learning; supported learning; certificate, diploma, baccalaureate (primary degree), postgraduate/higher/diploma/advanced diploma, postgraduate degree (master's, doctoral, post-doctoral)
- visiting other centres to compare practice or learn from other professionals about new techniques, practices or projects
- work-based learning (WBL) (includes pre-designed learning packages in the work place)
- writing articles for in-house, regional, national or international publications.

What is evidence of continuing professional development?

Documentary evidence of continuing professional development includes:

- certificates of attendance at short courses, conferences, workshops and seminars,
- certificates awarded by third-level education providers,
- written transcripts from a course co-ordinator containing verification of modules, subjects covered, hours allocated and results (a course leaflet is not evidence that you attended),

- copies of unpublished and published work (articles, reports, etc) that you either wrote or contributed to, and
- written references.

As well as documentary evidence of continuing professional development, it is possible that some nurses and midwives may be required to provide audio-visual evidence of their clinical competencies. This evidence may include films of clinical demonstrations or teaching sessions.

Are there circumstances in which I may be asked to demonstrate continuing professional development or continuing competence?

Circumstances specific to nursing and midwifery in relation to demonstrating continuing professional development include the following:

- the requirement of the Code of Professional Conduct to take appropriate measures to address any limitation in competence (An Bord Altranais 2000);
- the requirement for applicants for clinical nurse/midwife specialist posts to provide evidence of engagement in continuing professional development and for post-holders to identify their own continuing professional development needs (National Council 2008c); and
- the requirement for applicants for advanced nurse/midwife practitioner posts to provide evidence of continuing professional development and for post-holders to include details of their continued development when seeking re-accreditation (National Council 2008a).

The introduction of nurse and midwife prescribing in Ireland in 2007 has also led to circumstances in which particular nurses and midwives must engage in continuing professional development. In accordance with *Practice Standard 9. Continuing Professional Development and Continued Competency* (An Bord Altranais 2007b) registered nurse prescribers have a "professional and personal responsibility to maintain individual competency for prescribing practice. There is an obligation for the registered nurse prescriber to commit to, and engage in, continuing professional development relating to assurance of competency for her/his prescribing practices. This is affirmed in the CPA [collaborative practice agreement]. Health service providers/employers have a responsibility to provide support and access to continuing professional development and assessment of competence. The CPA signed by the registered nurse prescriber, medical practitioner and the health service provider/employer requires the involved parties to be aware of the professional regulatory and organisational requirements for the registered nurse prescriber's continued competence for maintaining prescriptive authority" (p13).

How would I use my portfolio to demonstrate continuing competence?

Continuing or continued competence is usually demonstrated against a competency standard or statement. Evidence for use in a portfolio takes two forms: primary and secondary (Jasper 2006a; Andre and Heartfield 2007). Primary evidence consists of items you have prepared yourself in relation to your practice, study or professional activities; secondary evidence consists of items prepared by or in collaboration with others such as supervisors, colleagues or clients. Box 2 illustrates the two types of evidence relating to sample practice standards.

When asked to demonstrate continued competence, review your personal portfolio and identify items of primary and secondary evidence that are relevant to the specific competency. If you consider that you do not have sufficient evidence, you could obtain copies of relevant documents (e.g., course transcripts, certificates of attendance or a hospital policy which identifies you as a contributor).

BOX 2.**Evidence for a Portfolio Demonstrating Continuing Competence**

Practice Standard	Examples of Primary Evidence <i>(items prepared by the nurse/midwife)</i>	Examples of Secondary Evidence <i>(pre-existing items prepared by or in collaboration with others)</i>
The nurse/midwife practises in accordance with relevant legislation, ethics, standards, codes of conduct and scope of practice/decision-making framework	Explanatory statement clarifying your understanding of the links between your role description, scope of practice, reporting relationships and organisational policy	Copy of your current certificate of registration with An Bord Altranais
	Case study in written and/or audio-visual format demonstrating your ability to perform specified clinical tasks	Copy of a transcript relating to a course you have completed from the centre of nurse education or third-level school of nursing where you undertook a course
The nurse/midwife is able to plan and implement care, supervise and manage others, and work effectively as a member of a multidisciplinary team	Copy of a plan for pressure area care you have prepared and implemented for an individual client or group of clients	Copy of your current job description
	Case study photographs illustrating consecutive stages of wound healing	Report on an audit of wound care in your hospital in which you participated
The nurse/midwife participates in and contributes to professional development activities within this hospital	Report on your role in hospital's audit committee	Performance review documentation containing comments on your contribution to improved rates of pressure area prevention
	Copy of your literature review on hand hygiene which was used to update your hospital or unit guidelines	Copy of hospital's information leaflet for staff on hand hygiene

Advanced nurse practitioners (ANPs) and advanced midwife practitioners (AMPs) are required by the National Council to update their portfolios in order to demonstrate that they continue to meet the National Council's standards and criteria for accreditation (National Council 2008b). Box 3 below illustrates how an ANP/AMP might demonstrate that he/she has continued to maintain and develop the competencies outlined in his/her job description

BOX 3.**Demonstrating Continued Competence in an Advanced Nurse/Midwife Practitioner's Portfolio**

Competency	Examples of Primary Evidence (items prepared by the nurse/midwife)	Examples of Secondary Evidence (pre-existing items prepared by or in collaboration with others)
The ANP/AMP is an expert practitioner who practises at an advanced level in accordance with relevant legislation, ethics, standards, codes of conduct and scope of practice/decision-making framework	Explanatory statement clarifying your understanding of the links between your role description, scope of practice, reporting relationships and organisational policy	Copy of your current certificate of registration with An Bord Altranais
	Case study in written and/or audio-visual format demonstrating your ability to perform specified clinical tasks at an advanced level	Copy of a testimonial from a person who has supervised your clinical practice
	Report you have prepared on an audit of your caseload of patients/clients	Extract from your department's annual report illustrating your contribution
The ANP/AMP provides professional and clinical leadership to other nurses and midwives	Outline of a clinical skills education programme you have developed and implemented for nurses/midwives working in your specialist area	Copy of an evaluation report on the clinical skills education programme you developed and implemented for nurses/midwives working in your specialist area
	A reflective account of setting up a new nurse-/midwife-led clinic in your hospital including information on how you identified the need for this clinic	Copy of a service needs analysis report demonstrating the need for the new nurse-/midwife-led clinic
	A log of your participation on a committee working on national guidelines for clinical care	Copy of published national guidelines developed by the committee of which you were an active member
	Selected extracts from your e-mail correspondence with an individual nurse or group of nurses advising them on the establishment of an ANP/AMP service (Remember to protect the anonymity of your correspondents. See Section 2)	Copy of a testimonial from a director of nursing or the leader of a multidisciplinary acknowledging your consultative role in the establishment of an ANP/AMP service
The ANP/AMP initiates, co-ordinates and conducts nursing/midwifery research	Copy of your research proposal for a study on clinical outcomes of nursing/midwifery interventions in your specialist area	Copy of a letter indicating approval for your proposed study from the hospital's research and ethics committee
	Copy of a published research report on your study of clinical outcomes in your specialist area	Copy of your hospital's updated information leaflet based on the results of your study

What is personal development planning?

The Office for Health Management described personal development planning as a "continuous development process that enables people to make the best use of their skills and helps advance both the individual's plans and the strategic goals of the organisation" (*Personal Development Planning Guidelines and Workbook*, 2003). It involves reviewing where you have been and reflecting on where you are now in order to determine where you would like to be in the future and how you can achieve your objectives. Boxes 4 and 5 contain examples of personal development planning in relation to clinical audit and venous cannulation.

BOX 4.

Sample Personal Development Planning Template for Developing Competency in Clinical Audit

NB, the example below is only an illustration and does not purport to serve as a template for clinical audit.

Competence	Ability to conduct clinical and/or nursing audit		
Performance indicators	My current skill/ proficiency level (Expert; Good; Competent; Limited; Poor; Untested)	My target skill/ proficiency level	Time scale for improving performance
Able to:			
• Plan an audit	C	G	6 months
• Identify an area of practice to audit	C	G	6 months
• State aims and objectives of audit	C	G	6 months
• Use explicit measures and/or standards	C	G	6 months
• Reflect good practice	C	G	6 months
• Define case selection	C	G	6 months
• Define data to be collected and sources of relevant data	C	G	6 months
• Ensure validity and reliability of data	L	G	6 months
• Collect the data	C	G	6 months
• Analyse audit data	L	G	6 months
• Compile data for reporting purposes	U	C	6 months
• Identify shortcomings and causes	U	C	6 months
• Identify necessary improvements	L	C	6 months
• Devise an action plan for making improvements	L	C	6 months
• Implement action plan	U	C	6 months

BOX 4 *continued*

Criteria for judging success	Development opportunities and resources
<p>I will:</p> <ul style="list-style-type: none"> • take part in more ward and service-wide audits • be asked to take on a more responsible role in clinical audit • receive positive feedback from my line manager/team leader and other team members about my contribution to audit • be able to advise and assist my colleagues on the ward about conducting an audit. • be able to recognise and acknowledge the particular skills of other team members involved in audit 	<ul style="list-style-type: none"> • Talk to my line manager to find out more about audits taking place in the service – what are they for? • Find out more about clinical audit- Use the resources on www.hseland.ie, talk to the clinical nurse specialists, read audit reports, attend audit training day in the centre of nurse education, get information from service library • Read the service plan and identify what it says about clinical governance and audit • Keep a record of above activities, including dates of training and meetings, reflection on learning

Adapted from *Checklist for Good Practice in Clinical Audit* available at the Clinical Audit Learning Programme on the Health Service Executive's Learning and Development website (www.hse.land.ie).

BOX 5.**Personal Development Planning: Practice Example – Venous Cannulation**

Michael qualified as a general nurse a year ago and now works as a staff nurse in a general surgical ward. He has noticed that there can be delays in commencing intravenous antibiotics for some patients before surgery. Other staff nurses on the ward are able to insert venous cannulas, which expedites the pre-operative process for the patient, the ward team and the operating theatre team. The personal development plan below illustrates how Michael works with his line manager to learn how to cannulate patients.

NB, the example below is only an illustration and does not purport to serve as a template for nursing care.

Employer:	St Blanaid's Hospital (an acute Band-1 hospital)
Employer's/organisation's objectives:	To deliver high-quality services in St Blanaid's specialities in a safe environment. Those services are provided to a local catchment population, and include secondary and tertiary referral services in its regional and national specialities. The hospital also aims to strengthen and improve its record in teaching and research activities.
Title of post:	Staff nurse
Grade:	Staff nurse
Date of personal development planning/performance review session:	1 November 2009
Department's/team's objectives:	Acute surgical unit To ensure that patients on our ward receive the highest standards of treatment and care

BOX 5 *continued*

	from all members of the multidisciplinary surgical team prior to and following surgery To keep length of stay within service guidelines
Key functions of own post:	Assess the condition of individual patients using appropriate tools and other data Plan the patient's care to include appropriate nursing interventions and instructions from multidisciplinary team Provide the patient's care and implement interventions Evaluate the delivery of care and patient outcomes
Main responsibilities:	As above
Achievements in this post:	I have been working in this ward for six weeks and think that I have settled in well. I am familiar with the ward and hospital lay-out, I know all the nursing staff and healthcare assistants on the ward, and am getting to know the other members of the multidisciplinary team. I have been asked to participate in an audit of the dressing packs used on the ward, as part of a service-wide project aiming to ensure an efficient use of resources.
Knowledge, skills and personal qualities that have contributed to successes and achievements:	I am well organised in how I go about my work, outgoing and can make decisions quickly. I am assertive and can advocate well for patients. Above all I really enjoy my work and finding out new information that will help me to develop my clinical skills.
Resources and activities needed to develop knowledge, skills and personal qualities:	On my last ward nurses did not insert cannulas. I have told Eileen (the clinical nurse manager) that I would like to learn how to do this. She has given me the hospital policy and guidelines on venous cannulation to read and asked the clinical support nurse on the ward to teach me. With her support I have booked a place on the next cannulation training session at the centre of nurse education. She has suggested that I might be a bit more tactful with some of the senior staff nurses when asking for their assistance.
Target date for development of identified knowledge and skills:	31st January 2010

Michael's SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis
(with some guiding questions)

S	Strengths What are the best aspects of your practice and the care you give? What positive feedback have you had? What are you proud of? What do you think you are most valued for, for example, by patients, relatives, other nurses, other members of the multidisciplinary team?	I am self-confident and generally competent (my clinical assessments during my pre-registration education programme were mostly very good). I usually received very good assessment results (for both theory and practice elements) during my pre-registration education programme. I think patients value the time I take to explain procedures to them. Other members of the ward team value the ability to learn new skills quickly.
W	Weaknesses What are your concerns about your practice in the context of, for example, your ward or hospital? Do colleagues have a poor understanding of your contribution? What difficulties within the organisation may negatively affect your practice or the delivery	I am concerned that I cannot insert venous cannulas. Since I started on this ward six weeks ago, I have had to learn about the overall running and routines of the ward, as well as getting to know the staff, so now I need to re-focus on my clinical competence and competence development. Eileen (the clinical nurse manager) has mentioned to me that one or two other staff nurses might think that I am focusing too much on learning new clinical skills rather than learning to work as a

BOX 5 *continued*

	<p>of your service? What criticisms could, for example, patients, relatives, other nurses or other members of the multidisciplinary team have, or what, if any, complaints are you aware of?</p>	<p>member of the ward team.</p>
O	<p>Opportunities How could your patients benefit by development of your service? What innovative ideas have you had? What has been identified at any performance reviews relating to you/your role?</p>	<p>As yet I haven't had a performance review (this process will commence when I have been working here for six months) but one of the senior staff nurses has told me about the personal development planning resources used within St Blanaid's. This standardised approach to performance review linked with personal development planning is gradually being implemented.</p>
T	<p>Threats Where are changes in other parts of the service affecting your work, i.e. changes internal/external to your work and organisation? Where do you sense there is lukewarm support for, or even opposition to, your work? Are there issues/problems with your funding? Is changing skill mix affecting your work?</p>	<p>The ward may close for longer than expected over Christmas because of budgetary restrictions. This means I may be transferred to another ward for two weeks, which may reduce the opportunities for practising cannulation. The centre of nurse education may have to delay or revise its training schedule – I'm not sure if that will include postponing the cannulation sessions. I'm aware that a couple of other nurses want me to concentrate on other aspects of ward work, but I think that I can be more helpful to them if I learn how to insert cannulas sooner rather than later.</p>

Source: Adapted from National Council and the Nursing and Midwifery Planning and Development Unit, HSE (South) (2008) *Clinical Nurse/Midwife Specialist Role Resource Pack* (2nd ed) and Pearse P and McSherry R (2007) *Applying Clinical Governance in Daily Practice*. In Pearse P and McSherry R (Eds) *Clinical Governance: A Guide to Implementation for Health Professionals* (2nd ed). Blackwell Publishing, Oxford.

What resources are available for personal development planning?

There are countless resources available, of which only a few are mentioned here. The *Personal Development Planning Guidelines and Workbook* referred to above and other personal development planning resources produced by the now defunct Office for Health Management can be found on the websites of the Health Service Executive's Learning and Development Centre (www.hseland.ie) and of the Irish Health Repository (Lenus – www.lenus.ie). The Learning and Development site also contains e-learning (electronic learning) resources on topics such as competency assessment, management, leadership and developing other people. Developed by the National Council and the Nursing and Midwifery Planning and Development Unit, HSE (South) (2008), Chapter 3 of the *Clinical Nurse/Midwife Specialist Role Resource Pack* and the accompanying CD-ROM may also be of some assistance. See also McSherry and Pearse's example of a personal development plan (2007, pp114-6).

Are continuing professional development and personal development planning linked?

As stated previously, as organisations take a more strategic approach to education, training and development, you can expect to be offered an opportunity to develop a personal development plan. By keeping a record of your continuing professional development activities in a portfolio, you should be able to work with your line manager to achieve a development plan that meets your needs, obtain resources to support your plan and balance work and outside interests. See also the discussion of the nurse/midwife manager's role in helping staff with their portfolios (Section 3).

How do I reflect on significant events in my development?

There are various models for reflecting on and analysing events or incidents that you feel have been significant to the development of your practice and of new knowledge and skills (Johns 2000; Johns and Freshwater 2005; Jasper 2006b; Bulman and Schutz 2008).

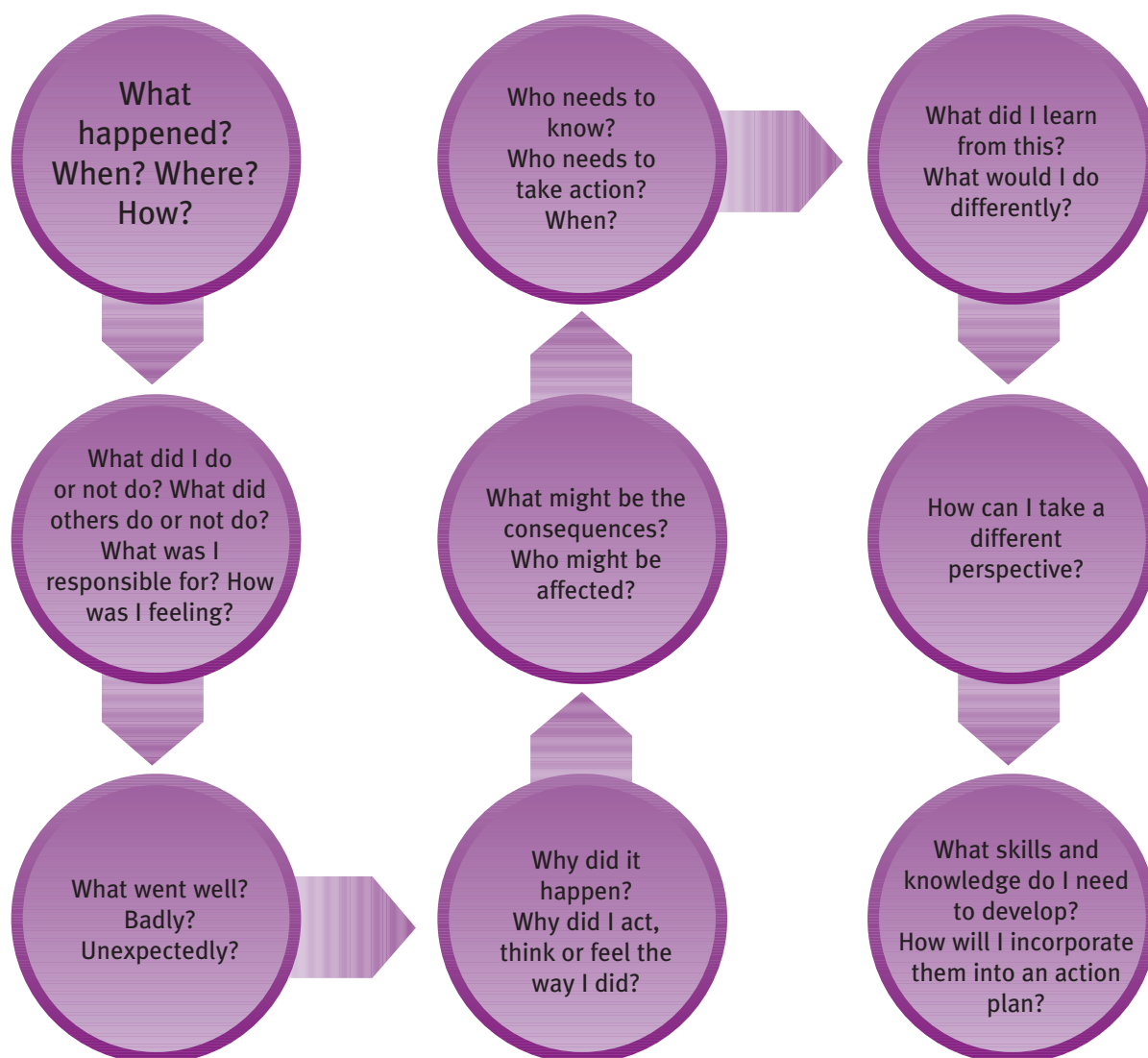
Essentially you need to:

- (1) describe a particular event or situation and
- (2) plan what you would do if a similar situation arises.

Figure 3 shows the steps involved in reflecting on significant events and planning to deal with similar events in the future.

Reflecting on significant events can occur formally (e.g., in the course of personal development planning, performance review or clinical supervision¹) or informally (e.g., in the course of peer review or in confidence with a trusted colleague). Three exemplars of reflection on significant events are included at the end of this section.

Figure 3. Reflecting on Significant Events



¹For further information about clinical supervision see the National Council's discussion paper *Clinical Supervision: A Structured Approach to Best Practice* (National Council 2008d).

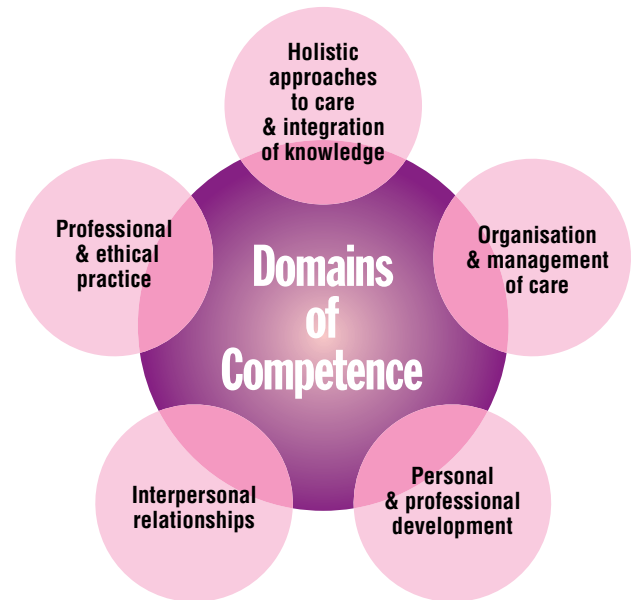
What skills and knowledge should I consider developing?

There are various possible areas of skill and knowledge development. You could consider developing further the competencies required for registration. These fall within five domains, namely:

1. Professional/ethical practice
2. Holistic approaches to care and the integration of knowledge
3. Interpersonal relationships
4. Organisation and management of care
5. Personal and professional development (An Bord Altranais 2005) (see Figure 4).

You might also consider whether you would like to pursue career pathways in clinical practice, management, education and research within nursing/midwifery or another health-related area, and what knowledge, skills and competencies are required for each. A key theme in health policy is the need for more collaborative working between health and social care professionals, so you might consider how you can develop your skills in this area.

Figure 4. Domains of Competence



Reflecting on an incident: Three exemplars

EXEMPLAR 1

Noreen's Story

(Addressing a skills/knowledge deficit in direct patient care)

Prompts from Figure 3 (Reflecting on Significant Events) are used to guide the reflection.

What happened? When? Where?

Since I qualified two years ago I had mostly worked in the out-patients department where I had always got on well. Two months ago I transferred to an oncology ward.

What did I do or not do? What was I responsible for? How was I feeling?

For the first few weeks I concentrated on getting to know the staff working on the ward, the teams and the lay-out of the ward, and trying to refresh my general surgical nursing skills. One of my responsibilities was pain management but I felt very anxious about using the new syringe drivers and conducting pain assessments.

What went well, badly or unexpectedly?

I would ask my colleagues to help me with the syringe drivers and pain assessments, but I knew it wasn't fair on them when they were busy. One day we were short staffed because two members of staff were on sick leave. I went about supervising a student nurse and one of the patients didn't receive his analgesia on time. Laura, the clinical nurse specialist in pain management,

happened to come to the ward at that time, saw the patient in distress and took immediate action.

Who needed to know and take action?

I had to report the delay to Catherine the clinical nurse manager. We completed an incident report form in accordance with the hospital's clinical governance policy. After we had completed the form, Catherine said one of my colleagues had complained the previous day about my frequent requests for help with the pain assessment instrument and the syringe driver.

Why did it happen? Why did I act, think or feel the way I did?

I had wanted to transfer to the oncology ward but felt awkward when I didn't know the staff there. Also, while I was trying to revise my surgical nursing skills, I hadn't had time to get up to date with the pain management system in use on the ward – it seemed easier to keep asking my colleagues for help. Although I knew Laura to see, I didn't know she was a clinical nurse specialist in pain management and that she was available to teach

EXEMPLAR 1 *continued*

me to use the pain assessments instruments on a one-to-one basis.

What was good and bad about the situation?

Although I was anxious about what would happen after the incident, Catherine said the information about it would be used to ensure sufficient staffing in future and, more importantly, that patients received the appropriate nursing interventions at the right time.

Catherine explained her role as a manager was to deal with problems and concerns as soon as possible, so she had had the opportunity to deal with my colleague's complaints about my contribution to the team. She also had to help me overcome my difficulties, so we agreed that she would ask Laura to teach me to use the pain assessment instrument and the syringe driver.

What did I learn from this? What would I do differently?

Although Catherine had given me a good induction into the oncology ward, its routine and main functions, I wasn't fully prepared for some specific tasks. I would prioritise my areas for improvement and ask for help sooner.

What skills and knowledge do I need to develop? How will I incorporate them into an action plan?

I have arranged to have two teaching sessions with Laura on pain management. The centre of nurse education in my hospital will be running a short course on palliative care, which I have applied to attend. Catherine has recently had training on personal development planning and will work with me to develop an interim action plan using the personal development planning resources available on the HSE's Learning and Development website.

EXEMPLAR 2

Mary's Story

(Maintaining composure and quality of working life)

Prompts from Figure 3 (Reflecting on Significant Events) are used to guide the reflection.

The incident

What happened? When? Where? How?

A member of staff (Jacinta) was not pulling her weight on the ward and this had been going on for about three months. Also, she seemed to be very friendly with the clinical nurse manager (Fidelma).

One day we had a row on the ward in front of patients and other staff (Fidelma was not on duty). I asked her to give me a hand to turn a patient, but she told me she was tidying out the clinic room at the request of Fidelma.

I told her that myself and other staff did not think she was working as hard as the rest of us. She challenged me to complain about her to Fidelma, so I told her that that would do no good and that I would go the divisional manager. She stormed off the ward and (as I discovered later that day) went home, leaving us short-staffed for the rest of the shift.

I apologised to Mrs Flynn (the patient I had been about to turn) and asked another nurse to help me.

After half-an-hour I started to look for Jacinta, then received a phone call from the nursing administration office saying that Jacinta had gone home sick.

I asked if administration would send somebody to replace her, but was told all the wards were short-staffed.

Two other nurses who had seen what had happened told me they agreed with what I had said to Jacinta about not pulling her weight, but pointed out that it was not the time or the place for an argument. One of them took me aside to say she had heard that Jacinta's mother had been sick for the last four months.

The next day when Fidelma was back on duty I told her about the row, what I had said and what had happened next. She said to never let it happen again and that she did not have favourites. She refused to discuss the matter further.

When Jacinta came back to work I tried to apologise for what had happened and to sympathise with her on her mother's illness. She told me it was none of my business.

I worked on the unit for another six months before asking for a transfer. In that time Jacinta seemed to work harder, but she was distant with me. Fidelma appeared less likely to favour Jacinta.

What did I do or not do? What did others do or not do?

EXEMPLAR 2 *continued***What was I responsible for? How was I feeling?**

Although I had felt for some time that Jacinta wasn't pulling her weight, I did nothing about it. After the incident, two of my colleagues said they thought the same, but they hadn't done anything either.

I felt very resentful of Jacinta for not helping out and of Fidelma for not managing the nursing team more effectively.

My main responsibility was to the patients in my care.

I felt embarrassed about quarrelling with Jacinta in front of patients and other staff.

What went well, badly or unexpectedly?

My request for help from Jacinta went badly – I didn't expect her to leave the ward. Nor did I expect to hear that her mother was sick.

Why did it happen? Why did I act, think or feel the way I did?

I think this incident occurred for a number of reasons, some of which were outside my control, for example, staffing levels.

I wasn't assertive enough and didn't know how to tackle the situation of Jacinta not pulling her weight.

What might be the consequences? Who might be affected?

The consequences for me were that I had to start thinking about my own responsibilities to patients and to other members of the team on the ward.

Who needs to know? Who needs to take action? When?

Nursing administration had to be informed immediately

that a nurse had left the ward unexpectedly and to provide a replacement if available.

Fidelma also had to be told about the incident and then take steps to resolve any difficulties.

What did I learn from this? What would I do differently?

I could have been more direct with Fidelma, ignoring that fact that she and Jacinta appeared to be friendly, and put it to her that Jacinta didn't seem to be pulling her weight.

How can I take a different perspective?

I can take a different perspective by trying to find out more about the clinical nurse manager's role and competencies required for effective management and leadership.

What skills and knowledge do I need to develop? How can I incorporate them into an action plan?

I need to develop my competencies in building and maintaining working relationships.

My action plan will involve:

- looking at how I dealt with similar situations two years ago, one year ago and more recently
- identifying what went right and what went wrong
- finding resources for coping better in future
- reflecting on similar incidents that might occur in future and finding evidence that shows I can deal with them more effectively, e.g., evidence from performance reviews or informal feedback from colleagues.

EXEMPLAR 3

Pauline's Story

(Integrating research findings into nursing practice)

Prompts from Figure 3 (Reflecting on Significant Events) are used to guide the reflection.

The incident**What happened? When? Where? How?**

I have been working in Juno House, a long-stay residential setting for older people for two years now. Elizabeth is one of the four residents living here who has Alzheimer's disease. Gerry is a senior staff nurse who has been working here for five years and before that had experience in mental health and other older person settings.

I was finding it very difficult to help Elizabeth to eat her meals – she would become agitated and throw her plate on the ground. Her weekly weigh-ins showed that she had been steadily losing weight in the two months since she came to live here.

What did I do or not do? What did others do or not do?**What was I responsible for? How was I feeling?**

Here in Juno House nursing staff were already using *Essence of Care - Patient-Focused Benchmarks for Clinical Governance* (NHS Modernisation Agency 2003) to guide practice relating to nutrition. All residents were given daily menu cards so that they could choose their meals but Elizabeth seemed unable to make a choice. I was responsible for supervising the mealtime and ensuring that all patients' nutritional needs were met. I felt that I was letting Elizabeth down by not meeting her nutritional needs.

I had heard that Gerry had recently completed a higher diploma in gerontological nursing and that his research was focused on malnutrition among people with dementia, so I decided to ask him for help. He told me that malnutrition is a common feature in people with dementia arising from eating difficulties, refusal to eat, apparent loss of appetite, forgetting to chew or swallow, overeating or distractibility. Referring to *Nutrition Support in Adults* (National Institute for Health and Clinical Excellence 2006) and the *National Quality Standards for Residential Settings for Older People in Ireland* (HIQA 2009a), he emphasised the need for high standards for meals and meal times and mentioned the possibility of assessing for malnutrition. During his course he had met other nurses from the region who were using the *Malnutrition Universal Screening Tool* (MUST) (British Association for Parenteral and Enteral Nutrition 2004; see www.bapen.org.uk for more information). He suggested that we work together to introduce nutritional assessments in Juno House.

I felt like a novice on hearing all of this information although Gerry was more than happy to share his knowledge and to work with me develop nursing practice in our service. He proposed bringing in some

reading materials for me and that we meet again the next week to develop a plan of action. I contacted the practice development facilitator who suggested we work through the practice development framework published by the HSE (South) (2006), using the stakeholder analysis tool to identify potential supporters for this project.

What went well, badly or unexpectedly?

My initial and subsequent meetings with Gerry went well. I had read the relevant research and felt better equipped to take on what now seemed like a huge task.

My meeting with the practice development facilitator was successful in that she provided me with a useful Irish resource.

My initial "nutrition meeting" had mixed outcomes. Like myself, some staff had not considered the possibility of malnutrition in an older person setting. A few other nurses admitted to experiencing difficulty in getting Elizabeth and some of the other residents to eat.

While several obstacles to introducing nutritional assessments were identified, suggestions were made about overcoming them. Eventually it was acknowledged that this project was going to take some time but would be worthwhile. A plan of action was formulated and a working group established.

Why did it happen? Why did I act, think or feel the way I did?

I think this situation arose for a number of reasons. However, the decision to take positive action came about because I realised that Elizabeth needed help and by coincidence a colleague had done some research in the relevant area.

I feel very pleased that I have taken advantage of resources already available and have taken steps to provide better nursing care.

What might be the consequences? Who might be affected? I think the consequences will be:

- Improved evidence-based nursing care, particularly in relation to providing meals and menu choices and undertaking nutritional assessment
- Use of photographic menus to assist residents who are unable to interpret traditional written menus
- Greater satisfaction with services at Juno House on the part of residents and their families
- Enhanced intra- and multidisciplinary working relationships among staff at Juno House

EXEMPLAR 3 *continued*

- A more integrated person-centred approach to care with input from all member of the multidisciplinary team
- Extension of the "nutrition team" to include the catering department and the dietician
- Networking with other services to share information and resources

Who needs to know? Who needs to take action? When?

The clinical nurse manager and nursing administration need to be kept informed of all developments on a daily basis.

Elizabeth's family need to be kept up to date with their mother's progress (they have said they will phone every other day and members of the family will take it in turns to help with meals at the weekends).

I will stay in touch with the practice development facilitator, probably at least once a fortnight initially then less frequently as the project becomes more established.

What did I learn from this? What would I do differently?*I learned that:*

Sometimes we do not include the views of people who cannot speak for themselves when making decisions about their care, albeit unintentionally

I had sufficient insight to recognise and address shortcomings in care provision

Other nurses have different skills, knowledge and strengths to me and are very willing to share their expertise

Now I would:

Identify and use appropriate strategies for identifying a person's food likes and dislikes (e.g., by using picture menu cards) and document my findings

Build on this experience and monitor other areas of practice at Juno House, particular with reference to the HIQA standards

Discuss any difficulties or new learning with my colleagues

How can I take a different perspective?

I can take a different perspective not only by listening to other nurses and other healthcare staff, but also by taking on board the views and experiences of family members who previously lived with the older people I now care for.

What skills and knowledge do I need to develop? How can I incorporate them into an action plan?

I need to develop my clinical skills around assessing patients for malnutrition. I will not be alone in this. This will of course mean that all staff have to take on another assessment and understand any subsequent actions that may be required. The nutrition team action plans will reflect this staff training requirement and allocate responsibility to one person. The practice development facilitator will source the relevant education and training for us.

This incident has shown me that competence is not static and that ongoing professional development is vital. The action plans from the nutrition team will also reflect this and following a staff learning needs analysis, I will work with Gerry and the practice development facilitator to set up in-service education and updates, perhaps in the form of a journal club.

This exemplar was developed with the assistance of Sheila Doyle, Regional Practice Development for Care of Older Persons, Nursing and Midwifery Planning and Development, HSE (South), Kilkenny. It does not purport to serve as a template for nursing care generally and in relation to care of older people with Alzheimer's disease specifically.

Organising your Portfolio

This section contains suggestions for information and items you might like to store in your portfolio. As stated in Section 1, commercially produced portfolios for nurses and midwives are already available. These may not always fully apply to nursing and midwifery in Ireland and also may not suit your learning style. However, you can use forms from these portfolios or adapt them for your own use. You can also use the National Council's guidelines and sample record sheets in this section to devise your own record sheets in order to record specific and explicit information about yourself.

PERSONAL INFORMATION

What to record:

- Name as stated on birth certificate and An Bord Altranais registration certificate
- Home address
- Telephone numbers (home and mobile)
- Fax number
- E-mail addresses (home and work)
- An Bord Altranais PIN
- Divisions of Register (Irish and non-Irish) in which name is entered (see Note 1 below)
- Date of registration in division(s) of Register (Irish and non-Irish)

What to include with your record:

- Copy of tests or activities that have helped you to identify and understand your personal attributes

Note 1:

The Irish Register contains the following divisions (in alphabetical order):

Registered Children's Nurse (RCN), Registered General Nurse (RGN), Registered Midwife (RM), Registered Nurse – Intellectual Disability (RNID), Registered Nurse Prescriber (RNP), Registered Nurse Tutor (RNT), Registered Psychiatric Nurse (RPN) and Registered Public Health Nurse (RPHN).

You can update this page as necessary.

SAMPLE RECORD SHEET - PERSONAL INFORMATION

Name: _____

As per birth certificate/An Bord Altranais certificate of registration:

Usual form of name: _____ Ms/Miss/Ms/Mr/Dr: _____

Date of birth: _____

Home address: _____

Telephone number(s): _____

Home: _____ Mobile: _____ Fax number: _____

E-mail address(es): _____

An Bord Altranais PIN: _____

Date of registration in each division of register:

An Bord Altranais	Year of Registration	Other Registration Body	Other Registration Title
RCN	_____	_____	_____
RGN	_____	_____	_____
RM	_____	_____	_____
RNID	_____	_____	_____
RNP	_____	_____	_____
RNT	_____	_____	_____
RPHN	_____	_____	_____
RPN	_____	_____	_____

This page can be photocopied in order to have clean record sheets for updating purposes.

GENERAL EDUCATION

This section should contain information about your second-level education and any non-nursing/midwifery courses or activities you have undertaken since completing your second-level education. Even if you did not complete a course, it is still worthwhile noting what you learned from it.

Stage

Second-level education

What to record:

Each second-level school/college attended in chronological order, including:

- Name of each school/college
- Address(es)
- Dates attended
- Name of State examinations taken (e.g., Intermediate Certificate, Junior Certificate, Leaving Certificate)
- Dates of State examinations
- Subjects taken and level (e.g., higher or ordinary level)
- Extracurricular activities participated in
- Meaningful achievements

What to include with your record:

- Copy of statements of State examination results
- Copy of other examination results
- Other meaningful records or items

Third-level and further education

This subsection encompasses certificate, diploma, degree and other non-nursing/midwifery courses you have undertaken, whether or not you completed them.

What to record:

Each non-nursing/midwifery qualification obtained or each course undertaken since completing second-level education in chronological order, including:

- Name of each organisation, college, institute of technology, former regional technical college, university or other course provider
- Name of each organisation, etc, awarding or validating the award if different from the above
- Address of each organisation, etc
- Dates attended
- Title of qualification obtained or any modules completed
- Subjects taken and level (if applicable)
- Credit points (if applicable)
- Extracurricular activities participated in
- Meaningful achievements

GENERAL EDUCATION (cont.)

What to include with your record:

- Copy of statements of examination results of courses undertaken
- Copy of transcripts of modules and results
- Other meaningful records or items
- Concise accounts of any critical learning incidents, etc, during these courses that may have affected your personal or professional development

Other activities

This subsection encompasses any other non-nursing/midwifery activities that do not fit in with the section above, but you feel have contributed to your personal and professional development. Such activities may include sports, hobbies, voluntary work, and club membership.

What to record:

- Each non-nursing/midwifery activity undertaken since completing
- second-level education in chronological order, including:
- Name of each activity
- Dates of participation in each activity
- Name and contact details of any organisation with which you have been involved through this activity
- Key roles or functions
- Meaningful achievements

What to include with your record:

- Copy of certificates or other awards
- Concise accounts of any critical learning incidents, etc, while taking part in these activities that may have affected your personal or professional development

PROFESSIONAL NURSING/MIDWIFERY EDUCATION AND TRAINING

This section should contain information about any nursing/midwifery courses you have undertaken. Even if you did not complete a course, it is still worthwhile noting what you learned from it.

Registerable qualifications

This subsection is concerned with those qualifications (i.e., certificate, registration/diploma, registration/degree, registration/higher diploma, etc) and education/training programmes which have led to registration in any division of the register maintained by An Bord Altranais, i.e., Registered Children's Nurse (RCN), Registered General Nurse (RGN), Registered Midwife (RM), Registered Nurse – Intellectual Disability (RNID), Registered Nurse Prescriber (RNP), Registered Nurse Tutor (RNT), Registered Psychiatric Nurse (RPN) and Registered Public Health Nurse (RPHN). If you undertook a pre-registration nursing/midwifery programme in another State you should include the name of that State's registration body and title of your qualification(s).

What to record:

Each qualification and education/training programme which has led to registration on the register maintained by An Bord Altranais (see Note 1) in chronological order of attainment, using the following headings:

- Title of qualification (e.g., certificate, registration/diploma, registration/degree or registration/higher diploma)
- Academic level of award (e.g., level 8 (major or minor award) on the National Qualifications Authority of Ireland's National Framework of Qualifications or level M on the England, Wales and Northern Ireland Framework for Higher Education Qualifications)
- Name of hospital-based school of nursing/midwifery and associated third-level education institution (if applicable) or third-level education institution-based school of nursing/midwifery where pre-registration programme was undertaken
- Commencement and completion dates of pre-registration programme
- Extracurricular activities participated in
- Meaningful achievements

What to include with your record:

Primary evidence

- Concise accounts of any critical learning incidents, etc, during these programmes that may have affected your personal and professional development

Secondary evidence

- Copy of statements of examination results
- Copy of transcripts of modules (if applicable)

Other professional qualifications

This subsection encompasses professional nursing/midwifery courses leading to an award by a third-level education institution and undertaken following registration as a nurse/midwife. Such awards include primary/bachelor degrees in nursing/midwifery, postgraduate/higher/graduate diplomas in nursing/midwifery and postgraduate degrees (masters' or doctorates) in nursing/midwifery.

What to record:

Each qualification in chronological order of attainment using the following headings:

- Title of qualification

PROFESSIONAL NURSING/MIDWIFERY EDUCATION AND TRAINING (cont.)

- Academic level of award (e.g., level 8 (major or minor award) on the *National Qualifications Authority of Ireland's National Framework of Qualifications* or level M on the *England, Wales and Northern Ireland Framework for Higher Education Qualifications*)
- Name of third-level education institution
- Commencement and completion dates of course
- Modules completed and grades
- Extracurricular activities participated in
- Meaningful achievements

What to include with your record:

Primary evidence

- Concise accounts of any critical learning incidents, etc, that may have affected your personal and professional development

Secondary evidence

- Copy of statements of examination results (if applicable)
- Copy of transcripts of modules (if applicable)
- Any other relevant documentation

Note 2:

At present there are no statutory requirements for recording qualifications other than those registerable qualifications referred to in Note 1. You may, however, choose to note qualifications that are recorded by overseas registration bodies such as the Nursing and Midwifery Council in the United Kingdom and relevant courses approved by An Bord Altranais.

Category 1 courses include in-service training/education, seminars, study days, conferences and refresher courses. These may be recorded with continuing professional development activities. Category 2 courses include specialist courses and exclude those courses leading to registration.

SAMPLE RECORD SHEET - REGISTERABLE NURSING/MIDWIFERY QUALIFICATIONS

Title of Qualification (and academic level of award)	Name of Hospital-based School of Nursing/Midwifery	Name of Third-Level Education Institution	Dates of Education/Training Programme

Extracurricular activities:

Meaningful achievements:

Tip: You could store copies of statements of examination results of courses undertaken with this page. You could also include a concise account of any critical learning incidents.

SAMPLE RECORD SHEET - OTHER PROFESSIONAL NURSING/MIDWIFERY QUALIFICATIONS

Title of Qualification (and academic level of award)	Name of Third-Level Education Institution	Dates of Education Programme	Modules	Grade

Extracurricular activities:

Meaningful achievements:

Tip: If this form does not meet your requirements you can adapt it by removing headings or adding headings from other documents.

EMPLOYMENT

This section should contain information about your employment since completing your second-level education. You could record your professional nursing/midwifery employment and your employment outside nursing/midwifery chronologically, but separately.

Professional nursing/midwifery posts held

This subsection is concerned with nursing/midwifery posts you have held since your initial registration as a nurse/midwife.

What to record:

Each nursing/midwifery post since initial registration as a nurse/midwife using the following headings:

- Title of post
- Employer/organisation
- Dates of employment
- Hours (i.e., full-/part-time)
- Location of post
- Specialised area/client group
- Main responsibilities/duties
- Knowledge and skills acquired for clinical practice, management and education (Kenworthy & Redfern, 2004)
- Main achievements in the post
- Reasons for leaving
- Contact name(s)/referee(s)

What to include with your record:

Primary evidence

- Concise accounts of any critical learning incidents, etc, that may have affected your personal and professional development

Secondary evidence

- Copy of job description

Employment outside nursing/midwifery

This subsection is concerned with posts you have held outside nursing/midwifery.

What to record:

- Title of post
- Employer/organisation
- Dates of employment
- Location of post
- Main responsibilities/duties
- Knowledge and skills acquired that may have contributed to your nursing/midwifery career development
- Main achievements in the post
- Reasons for leaving
- Contact name(s)/referee(s)

What to include with your record:

- Copy of job description (if relevant)
- Concise account of any critical learning incidents, etc, that may affected your personal and professional development.

SAMPLE RECORD SHEET - EMPLOYMENT DETAILS: PROFESSIONAL NURSING/MIDWIFERY EMPLOYMENT

You should make several photocopies of these pages if you have held more than one nursing/midwifery post. If all relevant data will not fit into this pro forma, use a separate page.

Title of post: _____

Employer/organisation (name & address): _____

Dates post held:

From: _____ To: _____ Full-time ☐ Part-time ☐ Part-time hours: _____

Location of post: _____

Specialised area/client group: _____

Main responsibilities/duties: _____

Knowledge and skills acquired for clinical practice, management and education: _____

Main achievements in this post: _____

Reasons for leaving the post: _____

Tip: If you still have a copy of the job description and person specification for this post you can store it next to this entry in your portfolio.

SAMPLE RECORD SHEET - EMPLOYMENT OUTSIDE NURSING/MIDWIFERY

You should make several photocopies of these pages if you have held more than one post outside nursing/midwifery that you feel has contributed to your nursing/midwifery career. If all relevant data will not fit into this pro forma, use a separate page.

Title of post: _____

Employer/organisation: _____

Dates of employment: _____

Location of post: _____

Specialised area/client group (if applicable): _____

Main responsibilities/duties: _____

Knowledge and skills acquired that may have contributed to your nursing/midwifery career development: _____

Main achievements in this post: _____

Reasons for leaving the post: _____

Contact name(s)/referees: _____

Tip: If you still have a copy of the job description and person specification for this post you can store it next to this entry in your portfolio.

CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development activities and evidence of participation in these are outlined in Section 4. This section of your portfolio should contain your own record of the activities you have taken part in and any supporting documentation.

Personal development plans and performance review

The information and headings in this subsection could be used for both personal development planning and performance review purposes.

What to record:

If you do not have a personal development planning or performance review form supplied by your hospital/employer, you can keep your own record by listing the following details:

- Employer
- Employer's/organisation's objectives
- Title of post
- Grade
- Date of personal development planning/performance review session
- Department's/team's objectives
- Key functions of the post
- Main responsibilities
- Achievements in this post
- Knowledge, skills and person qualities that have contributed to successes and achievements
- Knowledge, skills and personal qualities for development
- Resources and activities need to develop knowledge, skills and personal qualities
- Target date for development of identified knowledge and skills

What to include with your record:

Primary evidence

- Notes of meeting

Secondary evidence

- Copy of current job description and person specification
- Copy of employer's form (if different)

Note 3:

Nurses and midwives can refer to the:

- *Office for Health Management's* Personal Development Planning Guidelines and Workbook (April 2003) and *Section 9* ("Matching Personal Development/Individual Needs with Organisation Needs") of *Learning and Development Needs: Identification and Planning Toolkit. Resources for Creating a Learning and Development Plan (October, 2002)* available to download from the website of the Irish Health Repository (www.lenus.ie)
- *Health Service Executive's e-learning centre website* www.hsland.ie

Clinical supervision record

What to record:

If you are engaged in clinical supervision, you can record sessions in chronological order using the following headings:

- Date of session

CONTINUING PROFESSIONAL DEVELOPMENT (cont.)

- Name of clinical supervisor
- Central issues addressed
- New learning from session
- Agreed action plan
- Date of next session

What to include with your record:

Primary evidence

- Notes or a summary of notes taken at meetings
- Relevant extracts from a reflective journal

Secondary evidence

- Articles or reference list of articles concerned with clinical supervision or your area of practice

Study activity

What to record:

If you are not currently undertaking a formal programme of study but are interested in studying or reading about a particular topic or area of practice, you can keep a record of it using the following headings:

- Topic studied
- Approximate time spent on study activity
- Study methods (e.g., group activity, reading, internet search, etc)
- Aims of study activity (e.g., to implement change in practice, to meet targets of personal development plan, etc)
- Aims achieved

What to include with your record:

- List of documents studied, websites visited, contacts made, etc

Research, audit and project work

What to record:

Record involvement in research and project work in chronological order using the following headings:

- Title of research/audit/project
- Dates of research/audit/project
- Background to research/audit/project (e.g., change in clinical practice required, justification for new post, etc)
- Role in the research/audit/project
- Description of research/audit/project including team members, progress updates, outcomes

What to include with your record:

- List of documents studied, websites visited, contacts made, etc

Documents

This subsection encompasses documents (paper and electronic) that you have contributed to in any way (i.e., care plans, policies, procedures, guidelines, service plans, audit reports, books, chapters, articles, brochures, newsletters, etc)

CONTINUING PROFESSIONAL DEVELOPMENT (cont.)

What to record:

Record documents in chronological order using the following headings:

- Title and type of document
- Role in document (e.g., author, editor, contributor, etc)
- Publication details (if applicable)
- Distribution details (if applicable)
- Summary of content
- Implications for practice (if applicable)

What to include with your record:

- Copy of document (if brief)
- Abstract of document

Lectures, seminars, papers, and posters presented**What to record:**

Record lectures and seminars delivered and papers and posters presented in chronological order using the following headings:

- Title
- Type of event
- Date
- Type and size of audience
- Venue
- Brief description of content
- Learning outcomes

What to include with your record:

- List of reference material, websites visited, contacts made
- Summary of feedback

In-service training**What to record:**

Record in chronological order any in-service training activities you have attended (e.g., intravenous drug administration, manual handling, fire safety, etc) using the following headings:

- Title of in-service activity
- Type of activity
- Date
- Venue
- Brief description of content
- Learning outcomes

What to include with your record:

- Certificate of attendance
- Reference material
- Handouts

CONTINUING PROFESSIONAL DEVELOPMENT (cont.)

Conferences and seminars attended

What to record:

Record in chronological order any conferences, seminars and similar events you have attended using the following headings:

- Title of conference or seminar
- Type of activity
- Date
- Venue
- Brief description of content
- Learning outcomes

What to include with your record:

- Certificate of attendance
- Reference material
- Handouts
- Contacts made and business cards

Membership of professional associations and organisations

What to record:

Record in chronological order membership of professional associations and organisations such as specialist groups or unions using the following headings:

- Name of association/organisation
- Address
- Dates of membership
- Membership number
- Brief description of activities of association/organisation
- Role in association/organisation
- Brief description of skills acquired and relevance to practice

What to include with your record:

- Fliers for events participated in
- Documents contributed to (if brief)
- Contacts made

CONSIDERATIONS FOR KEEPING AND DEVELOPING YOUR OWN PORTFOLIO

Using electronic/digital portfolios

You can store any of the above items, including scanned-in versions of documents, video, audio and interactive components.

Tips for designing record sheets

- Take time to think about the information you want to record
- Keep layouts simple and clear
- Split forms into sections with clear sub-headings
- Keep the sequence of sections and headings logical
- Look at other record sheets and formats for ideas
- Adapt record sheets in accordance with policy changes at national, regional or local levels.

SAMPLE RECORD SHEET - PROFESSIONAL DEVELOPMENT PLANNING/PERFORMANCE REVIEW

Nurses and midwives can refer to the Health Service Executive's Learning and Development website (www.hseland.ie) for further guidance in personal development planning (PDP). You can review your past experience by using tools for reflecting on significant events and critical incidents.

Employer:

Employer's/organisation's objectives:

Title of post:

Grade:

Date of personal development planning/performance review session:

Department's/team's objectives:

Key functions of own post:

Main responsibilities:

Achievements in this post:

Knowledge, skills and personal qualities that have contributed to successes and achievements:

Resources and activities needed to develop knowledge, skills and personal qualities:

Target date for development of identified knowledge and skills:

You should make several photocopies of this page if you are likely to be involved in personal development and performance review on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

SAMPLE RECORD SHEET - CLINICAL SUPERVISION RECORD

Date of session:

Name of clinical supervisor:

Central issues addressed:

New learning from session:

Agreed action plan:

Date of next session:

You should make several photocopies of this page if you are likely to be involved in clinical supervision on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store copies of articles or reference lists concerned with clinical supervision or your area of practice with this page.

SAMPLE RECORD SHEET - STUDY ACTIVITY

Topic studied:

Time spent on study:

Study methods:

Aims of study activity:

Aims achieved:

You should make several photocopies of this page if you are likely to be involved in study activity on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store copies of lists of documents studied, websites visited, contacts made, etc, with this page.

SAMPLE RECORD SHEET - RESEARCH, AUDIT AND PROJECT WORK

Title of research/audit/project:

Dates of research/audit/project:

Background to research/audit/project:

Role in research/audit/project:

Description of research/audit/project:

You should make several photocopies of this page if you are likely to be involved in research, audit and project work on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

SAMPLE RECORD SHEET - DOCUMENTS

Record any documents with which you have been involved (i.e., written, co-written, edited, co-edited or contributed to) on this page.

Title and type of document:

Role in document:

Publication details:

Distribution details:

Summary of content:

Implications for practice:

You should make several photocopies of this page if you have been or are likely to be involved in providing or contributing to documents on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store copies or abstracts of your documents with this page.

SAMPLE RECORD SHEET - LECTURES, SEMINARS, PAPERS AND POSTERS

Record any lectures or seminars delivered and papers or posters presented with which you have been involved (i.e., written, co-written, presented or co-presented or contributed to) on this page.

Title:

Type of event:

Date:

Type and size of audience:

Venue:

Brief description of content:

Learning outcomes:

You should make several photocopies of this page if you have been or are likely to be involved this sort of work on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store lists of reference material, websites visited and contacts made with this page.

SAMPLE RECORD SHEET - IN-SERVICE TRAINING

Record in chronological order any in-service training activities you have attended (e.g., intravenous drug administration, manual handling, fire safety, etc) on this page.

Title of in-service training activity:

Type of activity:

Date:

Venue:

Brief description of content:

Learning outcomes:

You should make several photocopies of this page if you have been or are likely to be involved in-service training on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store copies of any certificates of attendance, reference material and handouts issued with this page.

SAMPLE RECORD SHEET - CONFERENCES AND SEMINARS

Record in chronological order any conferences, seminars and similar events you have attended on this page.

Title of conference or seminar:

Type of activity:

Date:

Venue:

Brief description of content:

Learning outcomes:

You should make several photocopies of this page if you have attended or are likely to attend conferences or seminars on an on-going basis. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store copies of programmes, any certificates of attendance issued and lists of contacts made with this page.

SAMPLE RECORD SHEET - MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS AND ORGANISATIONS

Record membership of professional associations and organisations such as specialist groups or unions and your role on this page.

Name of association and organisation:

Address:

Dates of membership:

Membership number:

Brief description of activities of association or organisation:

Role in association or organisation:

Brief description of skills acquired and relevance to practice:

You should make several photocopies of this page if you have been or are likely to be a member of more than one professional association. If all relevant data will not fit into this pro forma, use a separate page.

Tip: You could store copies of programmes, any certificates of attendance issued, documents contributed to and list of contacts made with this page.

GUIDELINES FOR AN ADVANCED NURSE/MIDWIFE PRACTITIONER CANDIDATE PORTFOLIO

These guidelines have been included in this edition of the *Guidelines for Portfolio Development* to assist individual nurses and midwives who are applying to the National Council for accreditation or re-accreditation as an advanced nurse or midwife practitioner (ANP/AMP). See also Box 3 (*Demonstrating Continued Competence in an Advanced Nurse/Midwife Practitioner's Portfolio*) in Section 4.

Personal details

Refer to PERSONAL INFORMATION and the *Personal Information* pro forma on pages 33 and 34 respectively.

Suggested headings to be used include:

- Name
- Home address
- Telephone number(s)
- E-mail address(es)

Detailed employment history

Refer to EMPLOYMENT and the *Professional Nursing/Midwifery Employment* and *Employment Outside Nursing/Midwifery* pro formas on pages 41 to 43 inclusive.

Suggested headings to be used include:

- Title of post
- Employer/organisation
- Dates of employment
- Hours
- Main responsibilities/duties
- Contact name(s)/referee(s)

Tip: Use one page for each post held. Include only those non-nursing/midwifery posts that have contributed to your development as an advanced practitioner.

Details of registerable qualifications

Refer to PERSONAL INFORMATION, the *Personal Information* pro forma, PROFESSIONAL NURSING/MIDWIFERY EDUCATION AND TRAINING and the *Registerable Nursing/Midwifery Qualifications* pro forma on pages 33, 34, 37-38 and 39 respectively.

Suggested headings to be used and information to be given include:

- An Bord Altranais PIN
- Name of division(s) in which you are registered
- Date of registration in each division of the register
- Name of registration body outside the Republic of Ireland, where applicable
- Evidence of current registration with An Bord Altranais

Details of education undertaken

Refer to GENERAL EDUCATION on pages 35 and 36.

Suggested headings to be used and information to be given include:

Second-level school(s)/college(s)

- Name and address of second-level school/college
- Dates attended
- Name of State examinations taken
- Date of State examinations taken

Tip: You are not required to record results or to include copies of second-level education certificates in an ANP/AMP candidate portfolio.

Third-level college(s) (non-nursing/midwifery courses)

Suggested headings to be used and information to be given include:

GUIDELINES FOR AN ADVANCED NURSE PRACTITIONER/ADVANCED MIDWIFE PRACTITIONER CANDIDATE PORTFOLIO (cont.)

- Name of institution where course(s) undertaken
- Address of institution
- Dates attended
- Title of qualification obtained or any modules completed
- Academic level of award or modules (e.g., level 9 on the National Qualifications Authority of Ireland's *National Framework of Qualifications* or level M on the *England, Wales and Northern Ireland Framework for Higher Education Qualifications*)

Tip: You are required to include documentary evidence of your participation in and completion of these courses in an ANP/AMP candidate portfolio (i.e., original certificates, original transcripts, etc).

Tip: Reviewing these courses or modules may help you to identify competencies you have developed that relate to the ANP/AMP post for which you are applying.

Details of continuing professional development

Refer to PROFESSIONAL NURSING/MIDWIFERY EDUCATION AND TRAINING (Other professional qualifications) and the *Other Professional Nursing/Midwifery Qualifications* pro forma on pages 37-38 and 40 respectively.

Third-level college(s) (nursing/midwifery, health and/or management courses, etc)

- Name of institution where course(s) undertaken
- Address of institution
- Dates attended
- Title of qualification obtained or of any modules completed with grades indicated
- Academic level of award or modules (e.g., level 9 on the National Qualifications Authority of Ireland's *National Framework of Qualifications* or level M on the *England, Wales and Northern Ireland Framework for Higher Education Qualifications*)
- Relevant extracurricular activities participated in
- Meaningful achievements

Tip: You are required to include documentary evidence of your participation in and completion of these courses in an ANP/AMP candidate portfolio (i.e., original certificates, original transcripts, etc).

Other continuing professional development activities referred to in this document include clinical supervision, study activities, research, audit, project work, care plans, policies, procedures, guidelines, service plans, publications, presentations, in-service training, conferences, etc. Refer to CONTINUING PROFESSIONAL DEVELOPMENT and the various continuing professional development pro formas on pages 44-47 and 48-56 respectively for suggested headings.

Tip: Reviewing these continuing professional development activities may help you to identify competencies you have developed that relate to the ANP/AMP post for which you are applying.

Details of research activities

Refer to CONTINUING PROFESSIONAL DEVELOPMENT (*Research, audit and project work*) and the Research, Audit and Project Work pro forma on pages 45 and 51 respectively.

Suggested headings to be used and information to be given include:

- Title of research project
- Dates of research project

GUIDELINES FOR AN ADVANCED NURSE PRACTITIONER/ADVANCED MIDWIFE PRACTITIONER CANDIDATE PORTFOLIO (cont.)

	<ul style="list-style-type: none"> • Background to research project • Role in research project • Description of research project including team members, progress updates, outcomes
Details of involvement in the provision and delivery of educational activities	<p>This section should demonstrate the ANP/AMP candidate's involvement in the provision/delivery of educational activities and may include:</p> <ul style="list-style-type: none"> • clinical supervision provided to others • lectures, seminars and papers presented • in-service training given <p>Suggested headings to be used and information to be given include:</p> <ul style="list-style-type: none"> • Title of educational activity • Format of educational activity • Academic level of educational activity, if applicable (e.g., level 9 on the National Qualifications Authority of Ireland's <i>National Framework of Qualifications</i>) • Dates of provision/delivery of educational activity • Grades of staff for/to whom educational activity is/was provided/delivered
Details of professional activities	<p>This section should demonstrate the ANP/AMP candidate's involvement in any other professional activity not already covered by the above, e.g., membership of professional associations and organisations. Refer to CONTINUING PROFESSIONAL DEVELOPMENT (Membership of professional associations and organisations) and the <i>Membership of Professional Associations and Organisations</i> pro forma on pages 47 and 56 respectively.</p> <p>Suggested headings to be used and information to be given include:</p> <ul style="list-style-type: none"> • Name of association/organisation • Address • Dates of membership • Role in association/organisation
Details of any clinical and other skills/competencies development outside formal education programmes with verification of nature, duration and supervision	<p>This information may already have been covered in the above sections. The ANP/AMP candidate may either copy the relevant information or refer the reader back to the appropriate sections. Where this information has not already been covered, the suggested headings to be used and information to be given include:</p> <ul style="list-style-type: none"> • Skills/competencies developed • Academic level of skills/competencies developed, if applicable (e.g., level 9 on the National Qualifications Authority of Ireland's National Framework of Qualifications) • Dates skills/competencies developed • Total number of hours for development of skills • Location where skills developed • Name of supervisor(s) • Supervisor's/supervisors' contact details

MAKING THE ANP/AMP PORTFOLIO READER-FRIENDLY

You can make your portfolio reader-friendly by:

- numbering the pages
- including a contents page
- including a cross-reference page to avoid repetition
- including the completed Competency Attainment for ANP/AMP Role Template in *Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners* (2nd edition, November 2008, p20)
- including a list of abbreviations and a glossary of terms used
- including a reference list
- using appendices for supporting information
- using clear headings and sub-headings
- using pro formas such as those included in this document
- using terms, fonts and a format that computer programmes can read and print
- checking spellings, grammar, punctuation and consistency of lay-out and formatting.

NB Check other requirements for accreditation and re-accreditation in the *Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners* (2nd edition, November 2008, pages 17, 20,21 and 24).

Information and Sources

Glossary

Access	The process by which learners may commence a programme of education and training having received recognition for knowledge, skill or competence required (<i>Qualifications (Education and Training) Act, 1999</i>).
Accreditation	The process of giving formal recognition or validation to skills, knowledge, experience or competence (Hull and Redfern 1996).
Accreditation of prior learning (APL)	The recognition of previous learning (certified and/or uncertified) and the award of credits which count toward further studies or may be considered as an alternative to or equivalent to certified entry requirements to particular courses.
Accreditation of prior experiential learning (APEL)	The recognition of previous experience which the nurse/midwife is able to demonstrate has met specific learning outcomes relevant to a certified course of study.
Accumulation of Credits and Certification of Subjects (ACCS)	A scheme whereby courses or constituent subjects of courses may be offered on a single-subject basis. Subject certificates are awarded to successful participants and credits are accumulated towards a full award.
Competence	The ability of the registered nurse or midwife to practise safely and effectively fulfilling his/her professional responsibility within his/her scope of practice (An Bord Altranais 2005). Competence is the effective and creative demonstration and deployment of knowledge and skill in human situations. Such situations could comprise general social and civic ones, as well as specific occupational ones. Competence draws on attitudes, emotions, values and sense of self-efficacy of the learner, as well as on declarative and procedural knowledge (<i>National Qualifications Authority of Ireland Glossary</i>).
Credentialing	The process whereby healthcare organisations review the qualifications and track record of doctors and other professional staff who are either joining or are already working within their organisations. This process, which contributes to risk management, consists of establishing and reviewing the primary qualification, specialist certification, liability record and disciplinary record of doctors and other healthcare practitioners (Commission on Patient Safety and Quality Assurance 2008).
Credit Accumulation and Transfer	The process of accumulating credits towards an award, as well as transferring accumulated credits across courses and higher education institutions (Hull, Redfern and Shuttleworth 2005). The CAT Scheme (CATS) was established in the United Kingdom based on the principle that appropriate learning should be given academic credit wherever it occurs, provided that it can be assessed (Hull and Redfern 1996).
Further education	Education and training which occurs between second- and third-level. This includes programmes such as post-Leaving Certificate courses, second-chance education such as the Vocational Training Opportunities Scheme for the unemployed, Adult Literacy and Basic Education, and self-funded adult education programmes (Department of Education and Science 2000).

Health Service Executive (HSE)	The body established in 2005 under the provisions of the <i>Health Act, 2004</i> to provide health and social services for the people of Ireland (log on to www.hse.ie for more information).
Health Information and Quality Authority (HIQA)	The body established in 2007 under the provisions of the <i>Health Act, 2007</i> as part of the health reform programme to drive quality, safety, accountability and the best use of resources in health and social care services, whether delivered by public, voluntary or voluntary bodies (log on to www.hiqa.ie for more information).
Higher education	Courses offered in recognised higher education institutions (HEIs) (but usually excluding post-Leaving Certificate courses) and which normally demand a minimum entry requirement of a Leaving Certificate with at least grade D in five subjects (almost all colleges admit some mature students who may not have reached these required educational credentials). There are four groups of HEIs, namely universities, institutes of technology, colleges of education and other colleges (Higher Education Authority 2005).
Personal development planning (PDP)	A continuous development process that enables people to make the best use of their skills and helps advance both the individual's plans and the strategic goals of the organisation (Office for Health Management 2003).
Profile	Selected contents from the total portfolio (Jasper 2001); a public version of the portfolio that can be offered at interview to support an application or submitted to professional bodies as proof of continuing professional development (Pearse 2003).
Progression	The process by which learners may transfer from one programme of education and training to another programme, where each programme is of a higher level than the preceding programme (<i>Qualifications (Education and Training) Act, 1999</i>).
Recognition of prior learning (RPL)	A process by which prior learning is given a value, formally identified, assessed and acknowledged (National Qualifications Authority of Ireland 2005).
Third-level education	The third-level education sector in Ireland offers a wide range of opportunities from post-secondary courses, to vocational and technical training, to full degree and the highest post-graduate levels. It is broad in scope and encompasses the university sector, the technological sector, the colleges of education and private, independent colleges. The institutions which fall within the first three groupings are autonomous and self-governing, but substantially state-funded (www.educationireland.ie).
Transfer	The process by which learners may transfer from one programme of education and training to another programme having received recognition for knowledge, skill or competence acquired (<i>Qualifications (Education and Training) Act, 1999</i>).

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Information Sources: Statutory Bodies, Institutions and Organisations

Nursing and Midwifery Statutory Bodies

National Council for the Professional Development of Nursing and Midwifery

6-7 Manor Street Business Park
Manor Street
Dublin 7
T: (01) 8825300
E: admin@ncnm.ie
W: www.ncnm.ie

An Bord Altranais

18-20 Carysfort Avenue
Blackrock
Co Dublin
T: (01) 6398500; 2669777 (Registration); 6398562 (Education); 6398511 (Library)
E: admin@nursingboard.ie; registration@nursingboard.ie; education@nursingboard.ie; library@nursingboard.ie
W: www.nursingboard.ie

Health Service Executive

Office of the Nursing Services Director

Health Service Executive
Dr Steevens' Hospital
Dublin 8
T: (01) 6352471
E: nursing.services@hse.ie

Check with this office for the up-to-date contact details of the **Nursing and Midwifery Planning and Development (NMPD)** offices in the following HSE areas:

Dublin and North-East

(Includes Counties Cavan, Monaghan, Louth and Meath; North Dublin, North-West Dublin and Dublin North Central)

Dublin and Mid-Leinster

(Includes Counties Longford, Westmeath, Laois, Offaly, Kildare and Wicklow; Dublin West, Dublin South West, Dublin South East, Dun Laoghaire and Dublin South City)

South

(Includes Counties Kerry, Waterford, Carlow, Kilkenny and Wexford; West Cork, North Cork, North Lee, South Lee and South Tipperary)

West

(Includes Counties Mayo, Galway, Donegal, Sligo, Leitrim, Roscommon, Clare and Limerick; North Tipperary)

Learning and Development

W: www.hseland.ie

Nursing and Midwifery Planning and Development Units

North Dublin, North-West Dublin and Dublin North Central; Dublin West, Dublin South West, Dublin South East, Dun Laoghaire and Dublin South City
Stewart's Hospital, Mill Lane, Palmerstown, Dublin 20

T: (01) 6201710
Swords Business Campus, Balheary Road, Swords, Co Dublin
T: (01) 8131830

Counties Cavan, Monaghan, Louth and Meath

St Brigid's Hospital, Kells Rd, Ardee, Co Louth
T: (041) 6860733

Counties Waterford, Carlow, Kilkenny and Wexford and South Tipperary

Office Complex, Kilcreene Hospital, Kilkenny
T: (056) 7785629

West Cork, North Cork, North Lee, South Lee and Co Kerry

Unit 8A, South Ring Business Park, Kinsale Rd, Cork
T: (021) 4927460

Counties Sligo, Leitrim, Donegal and West Cavan

Iona House, Main Street, Ballyshannon, Co Donegal
T: (07198) 22106

Counties Longford, Westmeath, Laois and, Offaly

Unit 4, Central Business Park, Clonminch, Portlaoise Rd, Tullamore, Co Offaly
T: (05793) 57866

Counties Limerick and Clare and North Tipperary

31-33 Catherine St, Limerick
T: (061) 483301

Counties Galway, Mayo and Roscommon

HR Department, Merlin Park University Hospital, Galway
T: (091) 775841 or 775879

Centres of Nurse and Midwife Education²

HSE (Dublin/Mid-Leinster) Area

Midland Regional Hospital, Arden Road, Tullamore, Co Offaly
T: (05793) 58752 or 58759

St Vincent's University Hospital, Elm Park, Dublin 4
T: (01) 2214581

Adelaide and Meath Hospital Incorporating the National Children's Hospital (AMNCH)
Tallaght, Dublin 24
T: 01-4142857 or 4142867

St James's Hospital, James's Street, Dublin 8
T: (01) 4162200/01/02

Our Lady's Children's Hospital, Crumlin, Dublin 12
T: (01) 4096366 or 4096367

Coombe Women and Infants University Hospital, Cork St, Dublin 8
T: (01) 4085261

HSE (Dublin and North-East)

St Davnet's Hospital Complex, Monaghan
T: (047) 77506

²NB, although listed for convenience by HSE administrative area, not all the centres of nurse and midwife education are located within HSE services. Furthermore, the title Centre of Nurse Education has been used to denote all service-based centres providing education and training to nurses and midwives.

St Ita's Hospital, Portrane, Co Dublin
T: (01) 8836023

Connolly Hospital, Blanchardstown, Dublin 15
T: (01) 6465455

Beaumont Hospital, Beaumont, Dublin 9
T: (01) 8092131

Mater Misericordiae University Hospital, Nelson St, Dublin 1
T: 01 803 2391
E: cne@mater.ie

HSE (South)

Waterford Regional Hospital, Dunmore Rd, Waterford
T: (051) 842726

Cork University Hospital, Wilton, Cork
T: (021) 4928037

Cork University Maternity Hospital, Wilton, Cork
T: (021) 4920733

Mercy University Hospital, Grenville Place, Cork
T: (021) 4935183/4
E: cne@muh.ie

Kerry Regional Hospital, Tralee, Co Kerry
T: (066) 7184107

HSE (West)

Mid-Western Regional Hospital, Dooradoyle, Limerick, and St Munchin's Regional Maternity Hospital, Ennis Road, Limerick
T: (061) 483157

Cregg House Campus, Rosses Point Road, Ballincar, Co Sligo
T: (07191) 77090 or 77746

Letterkenny General Hospital/St Conal's Hospital Campus, Letterkenny, Co Donegal
T: (07491) 236440 or 23728

University Hospital, Galway (a constituent hospital of Galway University Hospitals), Newcastle Rd, Galway
T: (091) 544351

Mayo General Hospital, Castlebar, Co Mayo
T: (094) 9042054 or 9042074

Specialist Interest and Practice Associations

The National Council hosts websites for a number of specialist interest and practice associations. Log on to www.ncnm.ie to find out more.

Health Policy

Department of Health and Children, Hawkins House, Hawkins Street, Dublin 2
T: (01) 6354000 LoCall: 1890 200311
W: www.dohc.ie; www.healthreform.ie

Health Management

Health Service Executive - Employers' Agency
63-64 Adelaide, Road Dublin 2
T: (01) 6626966
E: info@hseea.ie
W: www.hseea.ie

Health Service Executive - National Hospitals Office

Dr Steevens' Hospital, Dublin 8
T: (01) 6352500
E: anncm.doherty@hse.ie
W: www.hse.ie

Health Management Institute of Ireland

Heather House, Heather Road, Sandyford Business Park, Dublin 18
T: (01) 2974070
E: info@HMI.ie, W: www.hmi.ie

Education

Department of Education and Science

Marlborough Street, Dublin 1
T: (01) 8734700
W: www.education.ie

Further Education and Training Awards Council (FETAC)

East Point Plaza, East Point Business Park, Dublin 3
T: (01) 8659500 or 865 9599
E: information@fetac.ie
W: www.fetac.ie

Higher Education and Training Awards Council (HETAC)

26-27 Denzille Lane, Dublin 2
T: (01) 6314567
E: info@hetac.ie
W: www.hetac.ie

Higher Education Authority

Brooklawn House, Crampton Avenue, Shelbourne Road, Dublin 4
T: (01) 2317100; LoCall: 1890 200637
E: info@hea.ie
W: www.hea.ie

Institutes of Technology, Ireland

First Floor, Fumbally Square, Fumbally Lane, Dublin 8
T: (01) 7082900
E: info@ioti.ie
W: www.ioti.ie

National Qualifications Authority of Ireland

5th Floor, Jervis House, Jervis Street, Dublin 1
T: (01) 8871500
E: info@nqai.ie
W: www.nqai.ie; www.nfq.ie (National Framework of Qualifications)

Qualifax (National Learners Database)

Linkardstown, Tinryland, Carlow
E: info@qualifax.ie
W: www.qualifax.ie

Universities

Dublin City University*

Glasnevin, Dublin 9
T: (01) 7005000
W: www.dcu.ie

National University of Ireland

49 Merrion Square, Dublin 2
T: (01) 4392424
E: registrar@nui.ie
W: www.nui.ie

National University of Ireland, Maynooth

Maynooth, Co Kildare

T: (01) 7086000

W: www.nuim.ie

The Open University in Ireland (Belfast)

40 University Road, Belfast BT7 1SU

T: (048) 90245025

E: Ireland@open.ac.uk

W: www.open.ac.uk/ireland

The Open University in Ireland (Dublin)

Dublin Enquiry & Advice Centre, Holbrook House, Holles Street, Dublin 2

T: (01) 6785399

E: Ireland@open.ac.uk

W: www.open.ac.uk/ireland

Queen's University, Belfast*

University Road, Belfast BT7 1NN

W: www.qub.ac.uk

University College, Cork*

National University of Ireland, Cork

T: (021) 4903000

W: www.ucc.ie

University College, Dublin*

National University of Ireland, Dublin, Belfield, Dublin 4

T: (01) 7167777

W: www.ucd.ie

University of Dublin* (Trinity College)

Dublin 2

T: (01) 8961000

W: www.tcd.ie

University of Limerick*

Limerick

T: (061) 202700

W: www.ul.ie

University of Ulster*

T: (048) 70344141

W: www.ulst.ac.uk

Institutes of Technology

Athlone Institute of Technology*

Dublin Road, Athlone, Co Westmeath

T: (090) 6424400

E: info@ait.ie

W: www.ait.ie

Cork Institute of Technology

Rossa Avenue, Bishopstown, Cork

T: (021) 4326100

W: www.cit.ie

Dublin Institute of Technology

Admissions Office, 143-149 Lr Rathmines Road, Dublin 6

E: admissions@dit.ie

W: www.dit.ie

Dundalk Institute of Technology*

Dublin Road, Dundalk, Co Louth

T: (042) 9370200

E: info@dkit.ie

W: www.dkit.ie

Galway-Mayo Institute of Technology

Galway Campus

Dublin Road, Galway

T: (091) 753161

E: info@gmit.ie

W: www.gmit.ie

Castlebar Campus*

Westport Road, Co Mayo

T: (094) 9025700

Letterfrack Campus

Letterfrack, Co Galway

T: (091) 742650

Cluain Mhuire Campus

Monivea Road Galway

T: (091) 770661

Institute of Technology, Blanchardstown

Blanchardstown Road North, Blanchardstown, Dublin 15

T: (01) 8851000

W: www.itb.ie

Institute of Technology, Carlow

Kilkenny Road Carlow

T: (05991) 75000

E: info@itcarlow.ie

W: www.itcarlow.ie

Institute of Technology, Sligo

Ballinode, Sligo

T: (071) 9155222

E: info@itsligo.ie

W: www.itsligo.ie

Institute of Technology, Tallaght

Dublin 24

T: (01) 4042000

E: info@ittallaght.ie

W: www.it-tallaght.ie

Institute of Technology, Tralee*

Clash, Tralee, Co Kerry (South Campus)

Dromtacker, Tralee, Co Kerry (North Campus)

T: (066) 7145600

E: info@ittralee.ie

W: www.ittralee.ie

Letterkenny Institute of Technology*

Port Road, Letterkenny, Co Donegal

T: (074) 9186000

E: information@lyit.ie

W: www.lyit.ie

Limerick Institute of Technology

Moylish Park, Limerick

T: (061) 208208

E: information@lit.ie

W: www.lit.ie

Waterford Institute of Technology*

Cork Road, Waterford

T: (051) 302000

E: info@wit.ie

W: www.wit.ie

Other Third-Level Institutions and Education Providers**St Angela's College***

Lough Gill Sligo
T: (071) 9143580
E: admin@stacs.edu.ie
W: www.stacs.edu.ie

Institute of Public Administration

57-61 Lansdowne Road, Ballsbridge, Dublin 4
T: (01) 2403600
E: information@ipa.ie
W: www.ipa.ie

Irish Management Institute

Sandyford Road, Dublin 16
T: (01) 2078400
W: www.imi.ie

National College of Ireland

Mayor Street, IFSC, Dublin 1
T: (01) 4498500
E: info@ncirl.ie
W: www.ncirl.ie

Royal College of Surgeons in Ireland*

123 St Stephen's Green, Dublin 2
T: (01) 4022100; 4022206 (School of Nursing/Faculty of Nursing and Midwifery)
E: info@rcsi.ie; facnurs3@rcsi.ie
W: www.rcsi.ie

Employment and Industrial Relations**Equality Authority**

2 Clonmel Street, Dublin 2
T: (01) 4173336
Public Information Centre
Birchgrove House, Roscrea, Co Tipperary
T: Locall 1890 245545
E: info@equality.ie
W: www.equality.ie

Equality Tribunal

3 Clonmel Street, Dublin 2
T: (01) 4774100 or Locall 1890 344424
E: info@equalitytribunal.ie
W: www.equalitytribunal.ie

Impact (Irish Municipal, Public & Civil Trade Union)

Nerney's Court, Dublin 1
T: (01) 8171500/1/2
W: www.impact.ie

Irish Business & Employers Confederation (IBEC)

Confederation House, 84-86 Lower Baginbun Street, Dublin 2
T: (01) 6051500
E: info@ibec.ie
W: www.ibec.ie

Irish Nurses' and Midwives' Organisation

The Whitworth Building, North Brunswick Street, Dublin 7
T: (01) 6640600
E: inmo@inmo.ie
W: www.inmo.ie

Labour Relations Commission

Tom Johnson House, Haddington Road, Dublin 4
T: (01) 6136700; LoCall: 1890 220227
E: info@lrc.ie
W: www.lrc.ie

Psychiatric Nurses' Association

Station House, The Waterways, Sallins, Co Kildare
T: (045) 852300
E: info@pna.ie
W: www.pna.ie

SIPTU (Services, Industrial, Professional & Technical Union)

Liberty Hall
Dublin 1
T: (01) 8586300
E: nursing.unit@siptu.ie
W: www.siptu.ie

Other Resources**National Federation of Voluntary Bodies (Providing Services to People with Intellectual Disability)**

Oranmore Business Park, Oranmore, Galway
T: (091) 792316
E: info@fedvol.ie
W: www.fedvol.ie

Mental Health Commission

St Martin's House, Waterloo Road, Dublin 4
T: (01) 636 2400
E: info@mhcirl.ie
W: www.mhcirl.ie

* indicates locations of schools/departments of nursing/midwifery.

NOTES

Portfolios for Nurses & Midwives

Continuing Professional
Development

Information and Sou



National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chmáimhseachais

National Council for the Professional Development of Nursing and Midwifery
6-7 Manor Street Business Park, Manor Street, Dublin 7

t: 353 1 882 5300. f: 353 1 868 0366. e: admin@ncnm.ie w: www.ncnm.ie