Advanced Practice
The Portfolio

GIG
CYMRU
NHS
WALES

Asiantaeth Genedlaethol
Arwain ac Arloesi mewn
Gofal Iechyd

**National Leadership
and Innovation Agency
for Healthcare**

Cefnogi GIG Cymru *i gyflwyno gofal iechyd o safon fyd-eang*
Supporting NHS Wales *to deliver world class healthcare*

Advanced Practice Framework Task and Finish Group Membership

Dave Barton (Chair)
Academic Lead for Nursing,
Swansea University

Sandy Harding
Senior Education and Contracting
Manager, Workforce Development,
National Leadership and Innovation
Agency for Healthcare

Charlette Middlemiss
Associate Director, Workforce
Development, National Leadership
and Innovation Agency for Healthcare

Kim Atkinson
Clinical Lead Occupational Therapist,
ABM ULHB, Forge Centre, Port Talbot

Lesley Bevan
Assistant Director of Nursing, ABM
ULHB, Neath Port Talbot Hospital

Linda Theophilus
Strategic Lead - Therapies,
Cwm Taf LHB, Prince Charles Hospital

Julie Hayes
Rehab Nurse Practitioner/Medicine
and Elderly Care, Princess of Wales
Hospital

Ruth Emanuel
Physiotherapy Clinical Manager,
ABM ULHB, Singleton Hospital

Georgina Hourahane
Lecturer in Adult Nursing, Cardiff
University School of Nursing and
Midwifery

Jayne Lavin
Clinical Manager and Lead for
Education, Training and Staff
Development, Aneurin Bevan Health
Board, Royal Gwent Hospital

Helen Rogers
Director, Royal College of Midwives,
RCM, Cardiff

Martin Semple
Associate Director (Professional
Practice), RCN, Cardiff

Wendy Mashlan
Senior Nurse Practitioner, Community
Integrated Intermediate Care,
ABM ULHB Princess of Wales Hospital

Denise Richards
Nursing Officer, Department for
Public Health and Health Professsions,
Welsh Government

Nicola Ryley
Assistant Director of Nursing, Aneurin
Bevan Health Board, Llanfrechfa
Grange Hospital

Alison Strode
Therapy Advisor for Wales, Welsh
Government

Glynis Hudson
Leadership & Organisation
Development Manager, Leadership
and Organisation Development
Directorate, National Leadership and
Innovation Agency for Healthcare

Rhian Barnes
Lecturer/Professional Head Adult
Nursing, Cardiff University School of
Nursing and Midwifery

Gemma Ellis
Consultant Nurse Adult Critical
Care Services, Cardiff & Vale UHB,
University Hospital of Wales Heath
Park, Cardiff

Tim Jones
Advanced Paramedic Practitioner,
Welsh Ambulance Service NHS Trust,
SE Region, Vantage Point House,
Cwmbran

Contents

Purpose

These guidelines aim to assist advanced practitioners engaged in research, education, management, leadership and clinical activity in the development of a portfolio of evidence that demonstrates advanced level practice as outlined in the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (NLIAH 2010).

Introduction

The portfolio is intended to be used as a resource to support the annual appraisal process. In accordance with local governance arrangements, assessment of clinical practice will be undertaken by appropriate clinicians and managers and should be recorded in the portfolio. These individuals will review the portfolio, including an academic peer reviewer if required. The Professional Lead and Clinical Lead of the service will need to determine who the lead assessor is, in order to co-ordinate and quality assure the assessment activity.

Advanced practice enhances the development of services that better meet the needs of patients and the public in accordance with strategic and regulatory guidance. The Advanced Practice Portfolio supports your development, whatever your field of practice, both in the post you currently hold and as you progress in your career.

As part of the Governance Framework, Health Boards and Trusts are advised to develop and maintain a database of Advanced Practitioners. Once a practitioner is placed on the Advanced Practice Database, portfolios should be reviewed on an annual basis in accordance with the local Health Boards Governance Framework.

The following format is offered as guidance to good practice for the development of Advanced Practitioner Portfolios. The content should be easy to read and any signposting and cross referencing should be easy for the reader / assessor / reviewer to follow. For example, acronyms are not understood by all people and should be given in full.

Section One: Personal Details

This section captures the following types of information:

• Contact details (name, address, place of work, phone numbers and email address)

• Qualifications (professional and academic). The practitioner may wish to include relevant and current course documents

• Continuing Professional Development undertaken

• Curriculum Vitae

• Narrative context i.e. personal context and observation context

• Current Personal Development Plan and future plans for role / service

Section Two: Job Description

This section should contain an up to date copy of your Job Description, person specification and Knowledge and Skills Framework outline for your role.

It is essential for you to familiarise yourself with both the Job Description and Knowledge and Skills Framework documents of the role as part of your preparation for your annual review process.

Both these documents should be reviewed in accordance with your local governance arrangements; you may have several reviewers and these could include the identified lead assessor, another professional lead, a clinical lead, and the line manager.

In preparation for your portfolio review you will need to undertake a self assessment of your competency level against the Advanced Practice criteria set out by your local clinical governance leads, and in line with the advance Practice Pillars shown in Table 1. You need to ensure that your portfolio reflects all the skills and knowledge necessary to fulfil the requirements of the Advanced Practice criteria, Job Description and Knowledge and Skills Framework outline.

Section Three:
Advanced Practice Pillars

The Framework for Advanced Practice in Wales 2010 sets out the four Pillars of Advanced Practice and articulates the core principle that advanced practice is a level of practice rather than a role. It is not exclusively characterised by the clinical domain but includes those working in research, education or managerial / leadership roles. Evidence of advanced practice will be gathered under the following 4 pillars that are shown in Table 1.

Table 1 - Advanced Practice Pillars-Adapted from National Executive Scotland (2011). NOTE: The Toolkit content is subject to periodical updates.

1. Management and Leadership
- Identifying need for change, leading innovation and managing change, including service development
- Developing case for change
- Negotiation and influencing skills
- Networking
- Team development

2. Education (either within clinical practice or education sector)
- Principles of teaching and learning
- Supporting others to develop knowledge and skills
- Promotion of learning/creation of learning environment
- Service user/carer teaching and information giving
- Developing service user/carer education materials
- Teaching, mentorship and coaching

3. Research
- Ability to access research/use information systems
- Critical appraisal/evaluation skills
- Involvement in research
- Involvement in audit and service evaluation
- Ability to implement research findings into practice – including use of and development of policies/protocols and guidelines.
- Conference presentations
- Publications

4. Advanced Clinical Practice
- Decision making/clinical judgement and problem solving
- Critical thinking and analytical skills incorporating critical reflection
- Managing complexity
- Clinical governance
- Equality & diversity
- Ethical decision-making
- Assessment, diagnosis, referral, discharge
- Developing higher levels of autonomy
- Assessing and managing risk
- Non-medical prescribing in line with legislation.
- Developing confidence
- Developing therapeutic interventions to improve service user outcomes
- Higher level communication skills
- Service user focus/public involvement
- Promoting and influencing others to incorporate values based care into practice
- Development of advanced psycho-motor skills

NB The prevalence of evidence of advanced practice for each pillar will vary in accordance with the particulars of an individual's role. Nevertheless, the Advanced Practitioner should produce some evidence for all four pillars.

The portfolio should be structured in such a way that there are clearly defined sections that capture the evidence identified within the 4 pillars, and these sections should constitute the main body of the portfolio. The nature and the quantity of evidence in each section may vary depending on the particular role the practitioner is engaged in. The template is a guideline for the presentation of evidence and should not be seen as a constraint on the creative presentation of evidence of advanced practice. Each section should commence with an overall summary and reflection regarding the evidence submitted.

Section Four: Self Assessment

Advanced Practice The Portfolio have used an adapted version of Benner's (1984) model of skill acquisition and skill development, that describes five levels or stages of nursing performance: novice, advanced beginner, competent, proficient and expert. We suggest that you use this model when undertake a self assessment of your practice against the Advanced Practitioner Pillars. This self assessment will assist your reviewers in evaluating your competence and development.

Figure 1: Adapted from P. Benner (1984) Model of Skills Acquisition

Novice	• Beginner with no experience • Taught general rules to help perform tasks • Rules are: context-free, independent of specific cases, and applied universally • Rule-governed behaviour is limited and inflexible
Advanced Beginner	• Demonstrates acceptable performance • Has gained prior experience in actual situations to recognize recurring meaningful components • Principles, based on experiences, begin to be formulated to guide actions
Competent	• Typically a practitioner with 2-3 years experience on the job in the same area or in similar day-to-day situations • More aware of long-term goals • Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization
Proficient	• Perceives and understands situations as whole parts • More holistic understanding improves decision-making • Learns from experiences what to expect in certain situations and how to modify plans
Expert	• No longer relies on principles, rules, or guidelines to connect situations and determine actions • Background of greater experience • Has intuitive grasp of clinical situations • Performance is now fluid, flexible, and highly-proficient

It is proposed that Benner's 5 stages of performance can be used to describe your performance at this advanced level.

For example, in Pillar 1, entitled 'Management and Leadership ', the first criterion is described as:

'Identifying need for change, leading innovation and managing change, including service development'.

In assessing your current level of performance against this particular criterion consider whether you would assess yourself as functioning at the stage of:

• Novice

• Advanced Beginner

• Competent

• Proficient

• Expert

Here, Benner's (1984) Stages of Skill Acquisition are being used to more finely describe your practice, in terms of advanced level. As such, the practitioner, new to working at this level of practice may be seen as an 'advanced beginner'. Alternatively the practitioner who has been working at this advanced level for some time will have moved from the 'novice' stage to another stage, for example, that of 'proficient'.

Furthermore, you may assess yourself as being at different stages of skill acquisition against different criterion within a Pillar. For example, in the 'Management and Leadership' Pillar, for criterion number 1 in the Pillar you may be at the stage of 'novice', however within criterion number 4 of the Pillar you may see yourself as working at the stage of 'competent'.

Table 2 – Example taken form NES (2011) Pillars

No.	Pillar 2 Management and Leadership — Criteria	Evidence
1	Identifying need for change, leading innovation and managing change, including service development ☐ **Novice** ☐ **Advanced Beginner** ☐ **Competent** ☐ **Proficient** ☐ **Expert**	
2	Developing case for change ☐ **Novice** ☐ **Advanced Beginner** ☐ **Competent** ☐ **Proficient** ☐ **Expert**	
3	Negotiation and influencing skills ☐ **Novice** ☐ **Advanced Beginner** ☐ **Competent** ☐ **Proficient** ☐ **Expert**	
4	Networking ☐ **Novice** ☐ **Advanced Beginner** ☐ **Competent** ☐ **Proficient** ☐ **Expert**	
5	Team Development ☐ **Novice** ☐ **Advanced Beginner** ☐ **Competent** ☐ **Proficient** ☐ **Expert**	

Section Five: Evidence to support the self–assessment process

Evidence to support the self –assessment process

This section supports you in collecting robust evidence.

When collating evidence for assessment and review, you should be mindful of the following, so that the portfolio is not seen as a paper storing exercise.

- Evidence can be presented in a number of different ways. Care must be taken to ensure confidentiality e.g. patient names and any details that might identify a patient must not appear in the portfolio.

- Evidence should be entered into the portfolio to support each of the relevant criteria.

- The evidence presented needs to be verifiable (e.g. documents, testimonials, comments signed and dated).

Your evidence should be measurable against the following criteria:

QUALITY	A few robust examples of evidence and performance are better than many trivial examples.
QUANTITY	Make good judgements about how much evidence is needed. There are no benefits in the over collection of information.
RELIABILITY	Reviewers need to be satisfied that the examples are drawn from a suitably wide range of applications of knowledge and skills and not duplication of the same activity.
VALIDITY	Self-reporting of competence needs to be tested. Reviewers need to make sure that the (self) assertions of competence match evidence drawn from other sources, such as their own observations or witness statements.
CURRENCY	Evidence has a shelf-life. Fresh, current exemplars are always better. Usually, examples of competence or knowledge acquisition that are more than two years old need to be re-tested.

Section Six: 360-degree Feedback

This section explains the benefits of Multidisciplinary Team Feedback

The Benefits

360-degree feedback can be used to support individual, team and organisation development.

360-degree feedback helps you to understand how others interpret the behaviour you are exhibiting and to compare this with your own perception. It also helps you to identify your known and unknown strengths. As a result you can tailor your development to support you to be more effective and successful in your practice, relationships and therefore your role. You may wish to use it to establish a baseline at the start of a period of development and to repeat it at the end to review your progress. It can inform any coaching you are receiving.

The Process

There are different tools for obtaining 360-degree feedback and the selection of the most appropriate one will depend on what you are hoping to learn from the process. They are similar in that the process is confidential and typically involves asking people to complete questionnaires about you and the way that you behave.

Those who contribute may include your line manager/s, peers, direct reports and other stakeholders as appropriate.

On-line tools usually provide guidance on how to prepare for a 360-degree feedback, who to invite to provide feedback and what steps you might take as a result of the information that has been gathered. Most commercially available tools incur a fee and require a feedback facilitator who is accredited to administer the tool. You may wish to discuss your options with your line manager, professional lead, or workforce and organisation development colleagues.

Section Seven: Reflective Practice

This section supports your reflective practice, which is an important technique for optimising your learning experiences and developing your practice. It should form part of your evidence within this portfolio.

Each main section should be preceded by an overall summary and reflection on the evidence presented. This reflective section is important as it demonstrates the thinking processes of the Advanced Practitioner. It allows the reader or assessor of the portfolio to form a judgment as to the level of thinking the practitioner brings to practice. The reflective summary should also highlight how the key principles of advanced practice are applied to the practice of the individual practitioner.

Reflection is therefore a continuing cycle of planning, implementation and reviewing that is mutually beneficial to you and your organisation. It is your responsibility to ensure that all information is correct and up to date.

References

1. Scottish Government Health Departments (2008) Supporting the Development of Advanced Nursing Practice - A Toolkit Approach http://www.aanpe.org/LinkClick.aspx?fileticket=giFsLijsCRw%3D&tabid=1051&mid=2508&language=en-US

2. National Leadership and Innovation Agency (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales. http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf

3. P. Benner (1984) Model of Skills Acquisition http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html