Education Article

Professional portfolios and Australian registered nurses' requirements for licensure: Developing an essential tool

Jane Mills, RN, GradCertEd, BN, MN, PhD, FRCNA

School of Nursing and Midwifery, Gippsland Campus, Monash University, Churchill, Victoria, Australia

Abstract   A requirement of many nurses in the process of licensing for practice each year is a declaration of continuing competence to practice. In Australia, each state and territory currently has its own regulatory authority for nurses and midwives, whose main role is to protect public safety. Like many other registering authorities in the Asia-Pacific region, Australian regulatory authorities undertake the random auditing of nurses and midwives in order to assess their competence to practice. Professional portfolios commonly are considered to be a tool that nurses can use to demonstrate to regulatory authorities, employers, and others how they meet the required competencies. This article examines the different types of portfolios that fall under the umbrella term, professional portfolio, and recommends that nurses explore the strategies that identify evidence of their continuing competence to practice for inclusion in such a document.

Key words Australia, competencies, nurse, portfolio, registration.

INTRODUCTION

The concept of portfolios as a way of demonstrating competence to practice only recently has entered the discourse of nursing. In Australia, competencies to measure and assess the practice of nurses were introduced in 1990 after extensive industry consultation (Pearson *et al.*, 2002). This reform strategy was clearly linked to the transfer of nurse education from the domain of teaching hospitals to the tertiary sector, a process mandated by the Australian Commonwealth Government in 1984 (Grehan & Nelson, 2005). Since the first edition of the competency standards for registered nurses was published, there have been four iterations, reflecting ongoing consultation and the contemporization of the competency standards required for licensure as an Australian nurse (Australian Nursing and Midwifery Council, 2006).

   In Australia, nurses and midwives must reapply for registration annually. When completing this application, they are required to sign a statutory declaration that they have maintained their competence to practice. Each regulatory authority conducts the regular random auditing of nurses and midwives, where those chosen must submit evidence of the activities undertaken to meet this requirement. The use of professional portfolios as a tool to organize such a response is currently not mandated; however, it is strongly encouraged (Nurses and Midwives Board of Western Australia, 2008). In March 2008, an intergovernmental agreement was signed by the states and territories, stating that Australia will move to one national regulatory authority for all health professionals in 2010 (Council of Australian Governments, 2008). As will be the case for other health-care professions, such as medicine, it is expected that, at that time, compiling a professional portfolio will become a necessary requirement for nurses and midwives who wish to renew their registration to practice.

The International Council of Nurses undertook an international comparative study of the role and identity of the regulators of nursing and midwifery (Australian Nursing and Midwifery Council, 2008). A search of the referred literature did not identify the requirements for registration in countries other than Australia. However, a search of the grey literature did reveal that countries in the Asia-Pacific region have varying requirements for nursing and midwifery registration and the renewal of registration. New Zealand, like Australia, requires nurses and midwives to renew their registration annually and to declare their continuing competence to practice (Te Kaunihera Tapuhi o Aoteraroa Nursing Council of New Zealand, 2006). Japan, unlike New Zealand and Australia, does not have a system for the annual renewal of licensure; however, there is an expectation that continuing professional development will be undertaken (Japanese Nursing Association, 2006). The Singapore Nursing Board does require nurses and midwives to renew their registration annually and to provide evidence of continuing education points accrual (Singapore Government, 2008), as does the Malaysian Nurses Board (2007).

Nursing is similar to other professional groups in that there is a wide range of portfolios used in a variety of contexts. This article will define the concept of portfolios, explain the different types of portfolios that nurses use, summarize the different types of artifacts that provide evidence of competency, examine reflection on practice, and identify how reflective practice can generate evidence-based artifacts for inclusion in a professional portfolio.

LITERATURE REVIEW

A review of the literature concerning the use of professional portfolios in nursing was undertaken using the electronic databases, Ovid, CINAHL, MEDLINE, PubMed, and Proquest, as these are most relevant to nursing. The search terms used were a first-

level combination of "portfolio" and "nurse" that was limited to the years, 1996–2008, and English. The relevant policy documents also were retrieved from the websites of the Australian state and territory regulatory authorities, Australian Nursing and Midwifery Council, International Council of Nurses, and various nurse regulatory authorities in the Asia-Pacific region.

WHAT IS A PROFESSIONAL PORTFOLIO?

The term, professional portfolio, can be defined as, "… a purposeful compilation of, and reflections on, a professional's work, effort and progress in their field" (Kilbane & Milman, 2003: 111). In many ways, the concept of professional portfolios is an umbrella for a range of types of portfolios that relate to the context of work. In the field of education, teachers use different portfolios for three main purposes: to provide a framework for professional development and reflection, to evaluate their teaching skills and accomplishments, and for employment (Seldin, 1993; Retallick, 2000).

For Australian nurses, the primary purpose of a professional portfolio is to compile evidence that demonstrates one's competence to practice, leading to licensure as a registered nurse by the state or territory registering authorities. Table 1 illustrates the components of a nurse's professional portfolio by using a variety of examples.

Context-specific standards for nurses and midwives, as well as beginning competencies for registration, can be used to compile a professional portfolio. An example of this would be the specialized competencies for nurses in general practice (Australian Nursing Federation, 2005) that build on the Australian Nursing and Midwifery Council's (2006) competency standards for registered nurses.

TYPES OF PORTFOLIOS

There are three main types of portfolios that nurses may use in their role as lifelong learners: assessment portfolios, learning portfolios, and presentation portfolios. Each of these types of portfolios can inform the other and, together, they are components of a nurse's overall professional portfolio.

Assessment portfolios are used to assess learners' levels of skill and knowledge in relation to specific units of learning (Kilbane & Milman, 2003) and they are relatively common in both Australian and overseas' undergraduate and postgraduate tertiary nursing programs (McCready, 2006). The students are required to collect evidence of their competence against a specified set of learning objectives. This evidence forms an assessment portfolio that is presented to their lecturer for grading.

Learning portfolios differ from assessment portfolios in both their purpose and composition. The primary purpose of a learning portfolio is to stimulate reflection on practice, with the aim of self-assessment and planning for continuing professional development (Kilbane & Milman, 2003). Another term used for a learning portfolio is a working portfolio, a title that best describes the type of portfolios that nurses commonly compile in relation to the competency standards for registered nurses (Australian Nursing and Midwifery Council, 2006), in combination with other standards that are specific to their specialty.

Large numbers of artifacts, or tangible evidence, are included in a learning portfolio to demonstrate that a nurse has achieved or is working towards the relevant competency standards. Examples of artifacts are professional work samples, a philosophy statement, evidence-based research papers that support the nurse's position on a particular issue or topic, records of attendance at continuing professional development opportunities, academic transcripts, research reports, participation in

research studies and practice development groups, a professional reading list, projects completed or in progress, and reflective statements on critical incidents in practice (Campbell *et al*., 2007). Using the typology of evidence presented by Andre & Heartfield (2007), the artifacts need to be either core evidence or generated evidence and they need to relate to the structure of an identified competency set or sets (Table 1).

Drawn from a nurse's learning or working portfolio, presentation portfolios are much more flexible, context-specific compilations of evidence that are brought together for a specific purpose. Unlike a learning portfolio, which is always a work in progress, a presentation portfolio is usually designed for the purpose of a job interview, performance review, or in response to a request for an audit by a registering authority (Campbell *et al*., 2007).

The artifacts need to be carefully selected for inclusion in a presentation portfolio to represent the best-quality work that demonstrates competency in relation to the relevant standards. As well, Campbell *et al*. (2007) suggested writing a rationale for each artifact to precede it in the presentation portfolio layout. The rationale needs to include answers to the following questions:

1   What is the experience that is reflected in this document?

2   What is the artifact?

3   What does this work say about my growing competence to practice?

4   Under which competency standard is it filed and why?

5   What will I do differently in the future? Upon reflection, how will the skills that I have gained transfer to new experiences?

The layout of the presentation portfolios can relate to the actual structure of the competency standards used, can follow the selection criteria for a particular job, or can follow the performance review plan that forms the basis of a nurse's annual employer review interview. Compiling a presentation portfolio is not always a requirement of these interviews; however, having tangible evidence of one's achievements can be advantageous, as well as being a way of focusing the preparation that is required anyway.

Electronic presentation portfolios are becoming more popular as information technology becomes more a part of everyday life. The scanning of key artifacts or digitally photographing them safeguard against their loss and promote their ease of access for others. The digital artifacts then can be filed on a CD-ROM or on a website, using the same layout as described. Some of the benefits of electronic presentation portfolios are that they demonstrate technological knowledge and skills, facilitate distribution and access, improve portability, convey the vitality of practice, and provide a venue for creativity beyond pen and paper by using, for example, video, podcasts, and audio recordings (Heath, 2002; Kilbane & Milman, 2003; Campbell *et al*., 2007).

REFLECTIVE PRACTICE THAT GENERATES EVIDENCE-BASED ARTIFACTS

Reflection on and in action is a concept developed by an educationalist, Donald Schön (Newman, 1999). Reflection on and in practice is now a widely accepted process in nursing education, research, and practice and arises from this early work. Taylor (2000) argued that there are three main forms of reflection that nurses can engage in on a day-to-day-basis. These are: (i) technical reflection that audits one's work processes to ensure that they are based on sound evidence; (ii) practical

reflection that promotes one's interpretation of descriptions and explanations of human interaction or action; and (iii) emancipatory reflection that encourages the unpicking of underlying assumptions and oppressive forces that shape and limit human interaction or action. Not all of these forms of reflection are written; however, journal writing is advocated in the literature as a useful reflective process (Johns, 1998).

Over time, there has been an emerging acceptance of the rhetoric of reflection, with nurses articulating the processes of reflection as including reflecting in action, reflecting for action, and reflecting on action (Riley, Beal & Lancaster, 2008), supporting Taylor's forms of reflection. The participants in the study by Riley, Beal and Lancaster (2008: 432) described reflection as, "… an active process whereby they made connections between knowledge and practice while they were in the act of caring".

There is continued resistance, however, to recording the process of reflection in a way that provides evidence or an artifact that can be included in a professional portfolio, be it a learning portfolio or a presentation portfolio. One of the greatest inhibitors of this translation of practice to artifact is the "… level of literary refinement required to convey 'real world' practice" (Scholes *et al*., 2004: 600). Nursing is clearly identified in the literature as possessing a strong oral culture that dissuades clinicians, in particular, from considering writing as being an easy option to record one's evidence of practice and reflection on practice in either a practical or emancipatory sense (Walker, 1995).

In order to make a start with this important activity, Scholes *et al*. (2004) suggested deconstructing, or breaking down, each identified competency and matching that to a nurse's current practice on a variety of levels; for example, clinical practice, teaching,

professional development, research, and community development. Once a nurse can identify the activities or critical incidents that match each competency, they can be reconstructed for inclusion in the professional portfolio.

Of course, it is in this reconstruction that difficulties in writing can be experienced. Even though nurses might be able to brainstorm ideas from this process, a further strategy is needed to support and direct reflection in order to ask, "What is really going on here?" Reid (2000) drew upon the work of Gibb, who described a reflective cycle of questions that nurses can use to interrogate activities or critical incidents in the process of reflecting on practice (Fig. 1).

In my experience of working with experienced nurse mentors and clinical supervisors, I have found that the reflective cycle is a very useful tool to structure a written reflective account that could become an artifact for inclusion in a professional journal. There are several formats for written reflective artifacts, which also can be termed as "generated evidence for practice" (Andre & Heartfield, 2007).

Reflective diaries encourage nurses to write about their work on a regular basis. This is cited in the literature as a good way to encourage the habit of writing while, hopefully, enhancing the skill of writing. Critical incident analysis is a much more focused process that requires nurses to choose and analyze a scenario. The outcome from a critical incident analysis could be a reflective statement on the lessons learned from one's involvement in the scenario described and a plan for what to do in the event of a repeat scenario. Case studies are a more in-depth reflective writing and thinking exercise that require nurses to choose an area of interest and to investigate it in relation to their practice while, at the same time, linking it to relevant evidence and theory (Davies & Sharp, 2000). Memos are another form of reflective writing that can structure nurses' thoughts about a particular issue or incident. Memos are particularly

relevant to nurse researchers in their quest to promote reflexivity or an awareness of their influence on their studies (Mills *et al*., 2006; Birks *et al*., 2007).

Writing, for the purpose of reflection, lends itself to even more creative options once the habit of writing is established and nurses' skills begin to grow and become established. Poetry, storytelling, myths and fables, and parody are all creative writing techniques that adapt themselves to the process of reflecting in and on action (Bolton, 2005).

CONCLUSION

Professional portfolios that comprise the elements of a learning portfolio and a presentation portfolio are important tools for nurses to demonstrate their competence against the standards required for licensure. Generated evidence is the most difficult of artifacts for nurses to include in their professional portfolios. Strategies to promote reflection on and in practice, including written accounts, have been provided that break the process down into small steps that will lead towards success.

Internationally, nurse and midwifery registering authorities and employers need to use professional portfolios as a method for appraising nurses' and midwives' competence and continuing competence to practice. The diligent compilation of a professional portfolio by nurses and midwives from all areas of practice, including the clinical, academic, and management areas, will promote self-regulation and accountability, as well as provide a transportable method of demonstrating their competence. Nurses and midwives are obligated, by the nature of their profession, to be life-long learners. The understanding of what a professional portfolio is and how it can be used as a "living document" can only make this task easier.

REFERENCES

Andre K, Heartfield M. *Professional Portfolios: Evidence of Competency for Nurses and Midwives*. Sydney: Elsevier, 2007.

Australian Nursing and Midwifery Council. *RN Competency Standards*. 2006. [Cited 22 Aug 2008.] Available from URL:

http://www.anmc.org.au/professional_standards/index.php.

Australian Nursing and Midwifery Council. *International Projects*. 2008. [Cited 28 Nov 2008.] Available from URL: http://www.anmc.org.au/international/projects.php.

Australian Nursing Federation. *Competency Standards for Nurses in General Practice*. 2005. Available from URL:

http://www.anf.org.au/nurses%5Fgp/index.html.

Birks M, Chapman Y, Francis K. Memoing in qualitative research: probing data and processes. *J. Res. Nurs.* 2007; **32**: 68–75.

Singapore Government. *Singapore Nursing Board*. 2008. [Cited 26 Nov 2008.] Available from URL: http://www.snb.gov.sg/html/SNB_Home.html.

Bolton G. *Reflective Practice: Writing and Professional Development*. London: Sage, 2005.

Campbell D, Cignetti P, Melenyzer B, Nettles D, Wyman R. *How to Develop a Professional Portfolio*. Boston: Pearson, 2007.

Council of Australian Governments. *Intergovernmental Agreement: Registration and Accreditation Scheme for the Health Professions*. 2008. [Cited 28 Nov 2008.] Available from URL: http://www.nhwt.gov.au/natreg.asp.

Davies C, Sharp P. The assessment and evaluation of reflection. In: Burns S, Bulman C (eds). *Reflective Practice in Nursing*. Oxford: Blackwell Science, 2000; 52-76.

Grehan M, Nelson S. Visioning the future by knowing the past. In: Daly J, Speedy S, Jackson D (eds). *Contexts of Nursing: An Introduction*. Sydney: McLennan and Petty, 2005; 13–16.

Heath M. Electronic portfolios for reflective self-assessment. *Teach. Libr.* 2002; **30**: 19–23.

Japanese Nursing Association. *Japanese Nursing System and its History*. 2006. [Cited 26 Nov 2008.] Available from URL: http://www.nurse.or.jp/jna/english/index.html.

Johns C. Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *J. Adv. Nurs.* 1998; **22**: 226–234.

Kilbane C, Milman N. *The Digital Teaching Portfolio Handbook*. Old Tappan, New Jersey: Pearson Education, 2003.

McCready T. Portfolios and the assessment of competence in nursing: a literature review. *Int. J. Nurs. Stud.* 2006; **44**: 143–151.

Malaysian Nurses Board. *Nursing Practice and Registration*. 2007. [Cited 26 Nov 2008]. Available from URL: http://www.gov.my/MyGov/BI/Directory/Business/BusinessByIndustry/BusinessHealth/HealthLicensePermit/HealthMedicalPractise.

Mills J, Bonner A, Francis K. Adopting a constructivist approach to grounded theory: implications for research design. *Int. J. Nurs. Pract*. 2006; **12**: 8–13.

Newman S. Constructing and critiquing reflective practice. *Educ. Action Res.* 1999; **7**: 145–163.

Nurses and Midwives Board of Western Australia. *Portfolios*. 2008. [Cited 26 Nov 2008.] Available from URL: http://www.nmbwa.org.au/3/2167/50/portfolios.pm.

Pearson A, Fitzgerald M, Walsh K. Nurses' views on competency indicators for Australian nursing. *Collegian* 2002; **9**: 36–40.

Reid B. The role of the mentor to aid reflective practice. In: Burns S, Bulman C (eds). *Reflective Practice in Nursing*. Oxford: Blackwell Science, 2000; 79-102.

Retallick J. Teacher learning through portfolios: international developments. In: McCulla N, Retallick J (eds). *Initial and Continuing Teacher Professional Development Occasional Papers*. NSW Department of Education and Training, Sydney, 2000; 12–26.

Riley, J., Beal, J. and Lancaster D. Scholarly nursing practice from the perspectives of experienced nurses. *J. Adv. Nurs*. 2008; **61**: 425–435.

Scholes J, Webb C, Gray M *et al*. Making portfolios work in practice. *J. Adv. Nurs*. 2004; **46**: 595–603.

Seldin P. *Successful Use of Teaching Portfolios*. Bolton, VT: Anker, 1993.

Taylor B. *Reflective Practice: A Guide for Nurses and Midwives*. Sydney: Allen & Unwin, 2000.

Te Kaunihera Tapuhi o Aoteraroa Nursing Council of New Zealand. *Nursing Council of New Zealand*. 2006. [Cited 26 Nov 2008.] Available from URL: http://www.nursingcouncil.org.nz/

Walker K. Nursing, narrativity and research: Toward a poetics and politics of orality. *Contemp. Nurse* 1995; **4**: 156–163.

Figure 1. The reflective cycle.

Table 1. Components of a nurse's professional portfolio using examples adapted from Andre & Heartfield (2007)

Standard	Evidence	Examples
Competency standards for registered nurses or midwives	Core evidence	Certificates
		Transcripts of results
	Generated evidence	List of the readings undertaken
		Examples of nursing documentation (de-identified care plans, nursing notes, discharge plans)
		Reflective statements
		Performance review and development documents