

Appendix 3: Portfolio guidance and supporting tools

Portfolio guidance

Portfolios should contain a range of evidence which is linked to the capabilities. Each piece of evidence should state why it demonstrates capability. It is often the case that one piece of evidence can demonstrate more than one capability.

All members of the cancer care workforce should develop and maintain a portfolio as they can be used for appraisal and revalidation purposes.

The capabilities contained within this Framework should not be seen in isolation but viewed holistically as they are all needed to demonstrate safe and effective practice at all practice levels. For example, a quality improvement project could lead to a change in process requiring leadership skills to implement.

Shared learning from this type of work, when presented at a local group/meeting could demonstrate some educational capabilities.

The following range of tools are provided to support people developing evidence of their capability however their use is not mandatory.

Consultation Observation Tool (COT) - Guidance

Clinical Supervisors use the Consultation Observation Tool (COT) to support holistic judgements about a practitioner is one of the tools used to collect evidence of capability, as a Workplace Based Assessment.

Selecting consultations for COT

Either record a number of consultations on video and select one for assessment and discussion or arrange for your clinical supervisor to observe a consultation. Complex consultations are likely to generate more evidence.

Consultations should be drawn from a range of people presentation that reflect the scope of the role.

Collecting evidence from the consultation

Practitioners should ensure there is sufficient time to review the consultation with their clinical supervisor, who will relate their observations to the capability framework as identified on the COT form. The Clinical Supervisor then makes an overall judgement and provides formal feedback, with recommendations for further development.

Case Based Discussion (CBD) – Guidance

Case based discussions (CBD) are a great way to explore capability, clinical reasoning and critical thinking. The CBD is a structured interview designed to assess your professional judgement in clinical cases. CBD is one of the tools used to collect evidence for your Portfolio of evidence of capability, as a Workplace Based Assessment.

They should be pre-planned and based on the clinical record. The CBD form has an area to write pre-planned questions by the clinical supervisor (CS).

Good practice would be for practitioners to send (with appropriate permissions) the cases/notes relevant in order for the clinical supervisor (CS) to review.

Consultations should be drawn from a range of patient contacts that reflect the scope of the practitioner's role. For example; children, older adults, mental health. The CS can then ask questions and a discussion can follow.

What's covered in the discussion?

The discussion is framed around the actual case rather than hypothetical events. Questions should be designed to elicit evidence of capability; the discussion should not shift into a test of knowledge.

The clinical supervisor will aim to cover as many relevant capabilities as possible in the time available. It's unrealistic to expect all capabilities to be covered in a single CBD, but if there are too few you won't have enough evidence of progress. It's helpful to establish at the start of the discussion which capability areas your supervisor is expecting to look at.

The clinical supervisor records the evidence harvested for the CBD in the Portfolio, against the appropriate capabilities.

It is recommended that each discussion should take about 30-60 minutes, including the discussion itself, completing relevant documentation and providing feedback.

At the end, the CS should provide some written feedback for the practitioner, covering the following two points as a minimum:

- What went well and why.
- Areas for further development/points to consider for future practice.

Guidance when assessing Clinical Examination Procedures (CEPs) for Practitioners

CEPs is a workplace-based assessment. It provides a way of assessing what the practitioner does in practice, day to day – how they apply their knowledge, skills, communication skills. Whilst CEPs exist to capture skills it is important to assess some common shared themes.

Suggested areas for consideration would be:

- Is there a clinical need for the examination?
- Has this been explained appropriately to the person?
- Has consent been granted?
- Has a chaperone been offered?
- Are there good hygiene practices?
- Is there an understanding of the relevant anatomy?
- Is the person treated with respect and provided with privacy?
- Does the practitioner maintain an empathetic approach throughout?
- Does the practitioner explain what is going on throughout the procedure?
- Are their findings accurate? – findings should be checked by the clinical supervisor.
- Does the practitioner provide an appropriate explanation of their findings to the person and the implications?
- Is there an appropriate management/personalised care and support plan made with the person?

Please note: a grading of 'needs further development' is not a failure but a suggestion that more practice and exposure to similar clinical scenarios is required.

Multi-Source Feedback (MSF) Guidance

Multi-source feedback is collected from colleagues. Good practice would be to send out a questionnaire to a range of both clinical and non-clinical colleagues. This process requires an optimum number of 5 clinical and 5 nonclinical responses. Ideally the responses should be looked at by the clinical supervisor and feedback given to the practitioner.

Portfolio Reflection Template

Date seen	
What happened – brief description - Presenting problem	
Reflection – what did you learn?	
Impact on your practice – what will you do the same or differently next time and why?	
Supervisor's comments – capabilities demonstrated, learning points?	

Employee:

Supervisor/Manager:

Consultation Observation Tool: Marking/Notes Sheet – Cancer Care Framework

Practitioner Name:	
Clinical Supervisor Name:	
Presenting Case:	
Date:	

GRADES	I – Insufficient evidence	N – Needs further development	C - Capable	E - Excellent
---------------	----------------------------------	--------------------------------------	--------------------	----------------------

Criterion	Grade	Evidence
Discovers the reason for the person's attendance		
Encourages the person's contribution		
Responds to cues		
Places presenting problem in appropriate psychosocial context		

Criterion	Grade	Evidence
Explores person's health understanding		
Defines the clinical problem		
Includes/excludes relevant significant condition		
Appropriate physical or mental state examination		
Makes appropriate working diagnosis		
Explains the problem to the person		
Explains the problem in appropriate language		
Addresses the person's problem		
Seeks to confirm the person's understanding		
Makes an appropriate shared management/ Personalised care/ support plan		
Person is given the opportunity to be		

Criterion	Grade	Evidence
involved in significant management decisions		
Makes effective use of the consultation		
Makes effective use of resources		
Condition and interval for follow up are specified		
Feedback and recommendations for further development		

Agreed action plan:

Case Based Discussion – Cancer Care Framework

Practitioner Name:	
Clinical Supervisor Name:	
Presenting Case:	
Date:	

GRADES	I – Insufficient evidence	N – Needs further development	C - Capable	E - Excellent
---------------	---------------------------	-------------------------------	-------------	---------------

Please insert which capabilities are being used for the discussion

NO.	CAPABILITIES	QUESTIONS	EVIDENCE OBTAINED	GRADE

FEEDBACK

ACTION PLAN

Clinical Examination Procedure (CEP) Assessment Template – Cancer Care Workforce

Practitioner Name:	
Clinical Supervisor:	
Date:	

TYPE OF PROCEDURE: Please provide a brief description below.
DESCRIPTION OF CEP ASSESSED. With reference to the items on the CEPs guidance sheet.
WHAT WAS DONE WELL?
WORKING POINTS?
LEARNING NEEDS?

Multi-Source Feedback (MSF) Template – Cancer Care Workforce

Practitioner Name:	
Location of MSF undertaken:	
Date of MSF undertaken:	

Part 1

This part should be completed by **all** respondents

Please state your job title

--

Please provide your assessment of the practitioners overall professional behaviour (please circle)

Very poor	Poor	Fair	Good	Very Good	Excellent	Outstanding
------------------	-------------	-------------	-------------	------------------	------------------	--------------------

Notes: You may wish to consider the following:

The practitioner:

- Is caring and respectful of people
- Shows no prejudice in the care of people
- Communicates effectively with people
- Respects other colleagues' roles in the health care team
- Works constructively in the health care team
- Communicates effectively with colleagues'
- Demonstrates commitment to their work as a member of the team
- Takes responsibility for own learning.

Comments (Where possible please justify comments with examples).

Highlights in performance areas (areas to be commented)

Possible suggested areas for development in performance

Part 2

To be completed by Clinical Supervisor

Please provide your assessment of overall clinical performance (please circle)

Very poor	Poor	Fair	Good	Very Good	Excellent	Outstanding
------------------	-------------	-------------	-------------	------------------	------------------	--------------------

You may wish to consider the following:

- Ability to identify peoples' problems
- Take a personalised, holistic approach
- People management skills
- Independent learning habits
- Range of clinical and technical skills

Comments (where possible please justify comments with examples)

Highlights in performance (areas to be commended):

--

Possible suggested areas for development in performance:

--