

Building a Portfolio using the APL process

Advice and Guidance Notes

Introduction

Portfolio building provides evidence that an individual has carried out tasks that either supplement or replace traditional training and build on the skills already possessed. This has been a particular weak area within the Ambulance Service until recently, where for example a nurse who has developed skills and experience in clinical abilities has to undertake the full Ambulance training programmes within the PTS, Technician and Paramedic suite of awards without any recognition of the fact that they already possess and have been assessed in many of the skills that are delivered on the Ambulance awards.

Similarly, a member of the Armed Forces that has been a Combat Medical Technician for a number of years should be recognised for the skills and experience they have gained, especially recently, where they are expected to make clinical decisions in the role of Peace Keeper and therefore deal with members of the public on a range of conditions, including chronic conditions, not just dealing with fellow soldiers under critical conditions. This is known as the Accreditation of Prior Learning (APL) process.

Recent Events

In recent years, the Ambulance Service has recognised that it is not cost effective to send a person to complete a full programme when they already have a number of skills and have used them in real situations. It is a far more effective strategy to analyse the skills they already have and to map them into what is required for the new role. A good example of this is the role of Technician or Paramedic from abroad. A number of staff from South Africa, Canada, the Armed Forces and private companies has sent the Ambulance Service Awarding Body (IHCD) evidence of their skills and experience to be considered for part or whole exemption for the Ambulance awards. Once completed and under a number of conditions, they can join an NHS Ambulance Service, saving the NHS time and money in recruiting a member of staff.

As an example, a number of ex Police Driving Instructors undertook the APEL process to become IHCD Ambulance Driving Tutors. The process was done in three parts

1. The portfolio section – every applicant was required to build a portfolio that demanded minimum criteria. This was done to ensure that the next section could start from a baseline that all the applicants could understand and to ensure that they had the necessary skills and experience. It also allowed a mapping exercise to take place to determine the layout of the next section and to ensure only the areas they needed to know were going to be delivered, rather than teach the subjects they were already familiar with.
2. The classroom based section – this was a delivered training programme tailored to make the most of the time available, only including the subjects and topics that were unique to the Ambulance Service, such as patient comfort. A number of assessments took place which were recorded and added to the original portfolio

3. The assessments – this was a period when they were allocated real students but were assessed on the areas they are familiar with together with the areas that were new to them. Again, all evidence gathered was added to their portfolio.

There are a number of variations of gathering evidence, but the common theme and starting point is to add them to a portfolio.

Starting a Portfolio

There are no hard and fast rules when building a portfolio, but when they are being verified, the evidence needs to be apparent. As you have embarked on an IHCD Technician programme, your skills have been clearly mapped, which gives you an immediate advantage. You have also attended and passed the theory modules (E, F and G) which have been carefully documented and provide the first part of your portfolio. Your training provider should start your portfolio with the details of the training you have undertaken by way of copies of your tutorials and assessments you have carried out. As you may know, to claim your award, you need to demonstrate that you have made clinical decisions on a range of conditions and patients covering a range of circumstances. There are a number of ways that you can do this and this will be covered later within this booklet.

First, you need to determine what the basic elements are that are common to all pieces of evidence you add to your portfolio, and that you need to ask yourself when considering a piece of evidence.

These questions are:

- Is it **Relevant?** – Does the evidence relate to the role that the portfolio is designed for? As an example, if you were once a chef and you held qualifications, will it link in to anything you do now as a Technician? If it doesn't, then the advice is to leave it out. If you are including certificates of past achievements, then make sure it related to the job, i.e. First Aid at Work, Equality and Diversity, Moving & Handling, Communication etc – all these would be classed as relevant. Clearly, for the role of Technician, good evidence would be the jobs that you will be responding to.
- Is it **Current?** – is the evidence you are adding within a certain time span? For clinical decisions, the ideal would be decisions made within the past 2 years. Some certificates have a fixed period when they are current for example “Issued 2007 and valid for 3 years” If the certificate has expired, there is not much point in including it within your portfolio. This is to ensure that any skills you have are in date and skills decay is not apparent. The portfolio should ideally not have any gaps in it to show consistency.
- Is it **Authentic?** – this means that the evidence you are submitting is genuine. Although normally copies of certificates are requested when submitting a portfolio (for security purposes or in case the portfolio gets lost) there are security marks on certificates to ensure it is genuine, or a number that can be checked with the Body that awarded it in the first place. In the case of other types of evidence, you will need signatures and dates to ensure the authenticity and again be checked with the signatory and cross referenced.

- Is it **Sufficient?** – is there enough evidence to ensure you can carry out the skills required? For example, have you dealt with a similar case over a number of situations such as a cardiac condition in a house and in a public place – have the patients been co operative, unco operative, responded to treatment, not responded to treatment etc. This is known as the **Range Statement**. Another example is the skill of communication. You will be expected to show evidence that you have communication skills with a number of people that you will meet within your role such as other medical staff, nurses, police, management, relatives etc.

Types of Evidence

As stated above, there are a number of ways you can gather evidence and as long as it satisfies the 4 main questions above, your evidence should be suitable for inclusion. The examples below are not in any order of priority and the list is not exhaustive. However, in the role you are undertaking, the following are most commonly used within the Ambulance Service

Curriculum Vitae (CV)

This provides a good starting point and gives a basic overview of what you have done within your working and educational life up to the present. As with job interviews, the CV provides a first impression of you as a person and the skills and experience you have gained during school and working life. Much is written about CVs and this could warrant a Guidance Book of its own, but there are a couple of pointers to get you started. Most good CVs tend to be 2 - 3 pages long, giving a chronological review of your education and latterly the posts you have worked in since leaving education. There are normally headings of the job role and a brief synopsis of the skills required. Within this are the dates started and terminated and the reason for leaving. Other sections of the CV give an insight into you as a person and could include hobbies and interests.

Certificates

Probably the simplest of the items to add to your portfolio. However, you need to consider at least 3 of the 4 questions before deciding to add a copy of a certificate, these being;

- Is it relevant?
- Is it current?
- Is it authentic?

Don't forget to place copies within the portfolio, NOT the originals

Course Reports

These are the details of the Technician training you undertook within the classroom environment. This would normally comprise a course programme and copies of tutorials and assessments that took place within the programme. This provides evidence that you attended the programme with the additional detail of how you progressed within each module. IHCD examinations should not be included as they should be destroyed by the centre. However, confirmation papers and the results from the IHCD examinations can be added.

As part of the IHCD process, you should have a formal assessment every three months. This should be undertaken by your assigned Mentor or Ambulance Trainer on a formal basis either as a supernumerary member of the crew in addition to written and verbal assessments. As this is recorded, this can also be added to your portfolio to prove your skills have been formally assessed and have been formally recorded

Testimonials

These are letters from certain staff or people that have worked closely with you that can provide evidence that you have made clinical decisions and cannot evidence it any other way. The Testimonial will contain the details of the work you have done and give an outline of the skills you have undertaken. Again as with other evidence, testimonials are only accepted if they are less than two years old. The only exception to this is if they are providing underpinning knowledge for the portfolio, i.e. events and background leading up to the role you are submitting the evidence for.

As can be expected, to provide credibility, all testimonials must be written by certain staff to provide an element of sufficiency and authenticity. Examples of staff that would provide good testimonials are

- Written commentary from a crew mate who is suitably qualified such as an IHCD Technician, Technician or Mentor
- Letters from medical staff such as nurses who you have handed over patients to at A&E, or medical staff who have attended the incident with you
- Letters from the public, or thank you notes explaining how you dealt with the “softer” aspects of your clinical skills such as dealing with relatives, offering sympathy, diffusing a situation etc.
- Witness Statements – these are accounts of events written in a more formal manner on pro formas. Some Services employ Professional Witnesses that are trained to write these specific testimonies which link directly to performance criteria (exact details of what you are expected to do)

Patient Report Forms (PRFs)

These are the details of the patient that you have made clinical decisions on, which provides the best documentation of your skills performed in a real environment. If properly recorded, they can provide evidence that you have made decisions on a patient’s condition, made a clinical assessment, decided on the appropriate treatment, used equipment to within manufacturers and Trust recommendations and handed over the patient at A&E. This is the ideal evidence to add to your portfolio, as it documents the skills in detail and satisfies the 4 main questions of relevancy, currency (if within 2 years) authenticity (if signed and completed correctly) and sufficiency. Some areas to consider if adding PRFs to your portfolio are:

- Make sure that any patient details are omitted from the PRF to comply with Patient Confidentiality in addition to the fact that it is not required for the portfolio
- Ensure that the PRF has recorded your details as the role of attendant. It is not sufficient to be an observer or the driver
- If you are recording your staff number, make sure it is consistent. For example, if your staff number is 0123, check that this number appears within the “Attendant” box in all the PRFs, not just some of them.
- Ensure you have a selection of PRFs that cover a range of patient conditions
- A good portfolio should contain around 15 – 20 PRFs – more if you think it will broaden the range
- A typical range will be areas such as dealing with an MI, breathing difficulties, and longer term conditions such as diabetes. Other ideal PRFs would be evidence that you have liaised with others such as an Road Traffic Collision, domestic situations, dealing with death, dealing with the public, assaults and communicating with other Emergency Services
- The clinical decisions should be undertaken on patients that have not been pre stabilised as opposed to a transfer that has already received treatment

Logs of jobs attended

This will supplement the PRFS submitted and list all the jobs carried out within the post course development. All that is required for this section is a matrix that details each shift and should include the date, the PRF number, the hours of the shift (start and finish time) a brief outline of the job, equipment used and any remarks that could be of use to the portfolio. To prepare you for this, it may be a good idea to start a daily diary to record every event. It only takes a minute to record the details but will provide evidence that you have dealt with a number of cases over a variety of situations. It can also provide evidence that you have work on evening and night shifts over weekends and so have gained experience outside of the normal working week. It will also provide evidence of any patterns that may occur, such as a high number of cardiac related cases or a high percentage of dealing with older patients within a period of the day or week.

Analysis of shifts worked

Another supplement to the PRF, where a more detailed description is written of a selection of cases that you have attended. This is ideal when the case required extra skills that are not recorded on the PRF. An example of this would be where you are dealing with an injury within a restrictive environment, or where you in a public place dealing with antagonistic members of the public. This provides evidence of underpinning knowledge, where you are demonstrating skills that would not be reflected within the PRF but nevertheless demonstrates skills that are required within your role and are difficult to measure. These are known as affective skills and the more of this you can demonstrate the better. Make sure you include the PRF number to allow easier cross referencing.

Reflective Practice

This will provide a holistic account of the jobs you have done, and allows you to reflect on the job. Reflective Practice generally has the following columns:

- The basic details of the job, including the PRF number, the dates and times of the job, who was your crew mate, where the job took place and any other relevant details
- The skills you carried out and any equipment used. This would include any measurements or doses of treatment used, such as % oxygen, measurements of drugs used or any observations such as recordings from the Glasgow Coma Scale.
- A brief synopsis of the Job, including any observations upon arrival, any potential problems such as access to the patient, obstacles such as relatives, animals, parking etc, patient positioning or size of patient, the journey from the scene and handover at A&E. This column contains the pure facts of the job and is regarded as objective.
- Your personal feeling from the job. This should cover all aspects of the job and includes a reflection of how you undertook your skills, how you came to your clinical decision, what were the factors that brought you to that conclusion, anything that you would do different if you was to undertake the skills again and an analysis and debrief of the job from others. Of particular use would be any assessments undertaken by a Mentor that could be used to compare and contrast from your thoughts. You could also include any views you had from any feedback from the job from other people's perspectives, such as relatives, hospital staff of other emergency services – or even from the patients themselves.

Mapping / Cross Referencing

Consideration should be given to cross referencing from the start when compiling a portfolio. It provides a complete picture of your skills and provides continuity from one section to another. To this end, you should ensure that any reference numbers tally with one another. As stated above, PRF numbers can be a good reference point, but another good idea is to provide a good contents and index page. When the portfolio is being Externally Verified, this preparation can ease the process and ensure you have documented all the required skills across the range of patients, conditions and situations. For the Technician Award, the required number of hours to complete the post course practical experience is 1,750 hours, although there are plans to reduce this in the near future, so the portfolio should reflect this.

Another essential item to include within your portfolio is the [Technician Comparator Matrix](#), which details all the skills required to obtain the qualification. There is space within column 3 which you add the page / section numbers of your portfolio to ensure all aspects are covered. If all the boxes are completed, this will ensure you should have applied all the modules within a real environment.

Verification

Once your portfolio is complete, it will be submitted for independent verification. These are called Internal Verifiers and are trained to check the contents and that they are coherent, follow a logical sequence and most importantly contain all the required information. They should also ask the basic four questions of relevancy, currency, authenticity and sufficiency, and will advise you if there are any gaps or are items which are not required.

From here, your portfolio will be Externally Verified (EV), undertaken by an independent person who will ensure all the above has been carried out and will compare with other portfolios from other Services to ensure national consistency. This person will make one of two decisions:

1. The portfolio contains all the evidence required and the member of staff is regarded as competent. A short report should chronicle the contents and highlight any areas that meet or exceed the standards
2. The portfolio has a number of gaps that require further details (or Request for Further Information – RFI) before it can be signed off. This will be detailed within the EV report and will also give suggestions on how to obtain the evidence required. This report should be returned to the Service and passed on to you. Clearly the quicker you can supply this missing evidence, the quicker you can apply for your certificate

Certification

Once the External Verifier is satisfied that you have reached the standard, you will be allowed to claim your IHCD Technician certificate. Please note that this only demonstrates your clinical skills and does not cover the IHCD D1 and D2 Ambulance Driving award.