Compass for Portfolio Building

A toolkit for Pharmacists

Chief Pharmacist's Office
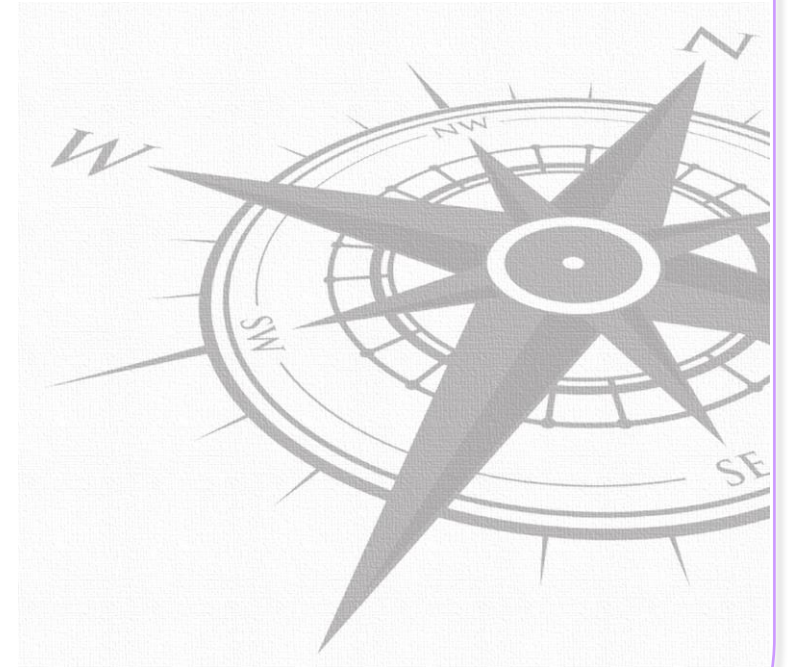*Version 2.0: June 2021*

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USER GUIDE

- Click on to go back to the main content page (*Page 3*)

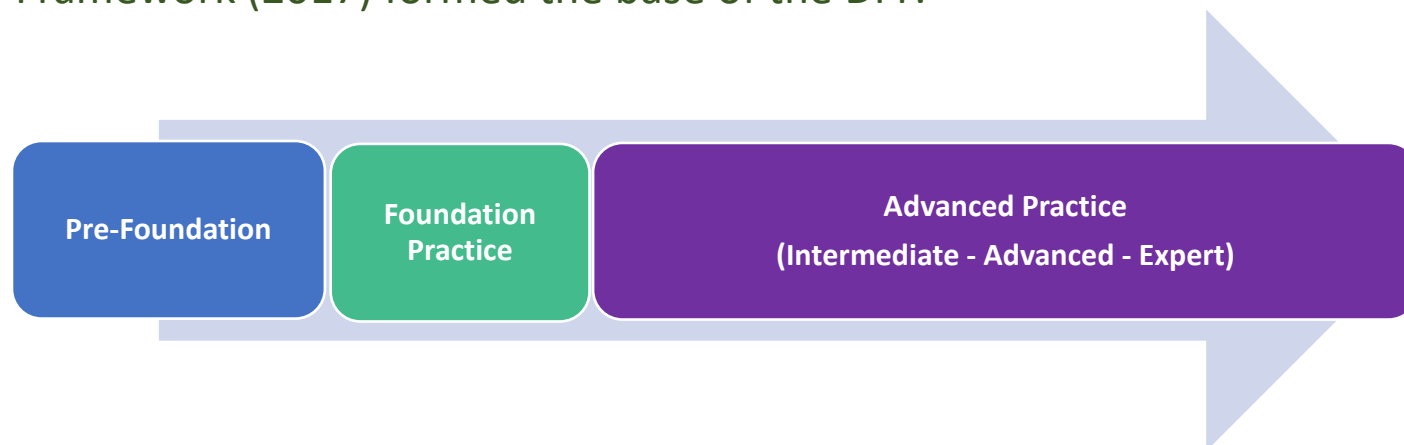- Click on underlined text to go to the relevant section

📖 Content

1. Towards a progressive and confident pharmacy workforce

As the healthcare landscape continues to evolve, progress requires practitioners to develop new ideas and competencies through lifelong learning. The Development Framework for Pharmacists (DFP) serves as a continuous professional developmental tool for pharmacists to navigate systematically from foundation-level practice towards advanced practice. The competencies developed for the Advanced Practice Framework (2017) formed the base of the DFP.

COMPETENCY STANDARDS
FOR PHARMACISTS IN ADVANCED PRACTICE

Development Framework
Continuum of Competency
For Pharmacists

Chief Pharmacist's Office
May 2020

Pre-Foundation

Foundation Practice

Advanced Practice
(Intermediate - Advanced - Expert)

Continuous Professional Development

Download the DFP _HERE_

2. Purpose of this toolkit

Since May 2018, over 400 senior pharmacists have received training on portfolio building through a series of Portfolio Building Workshops commissioned by the Ministry of Health to Tan Tock Seng Hospital. This toolkit is drawn from the experiences of pharmacists through the Portfolio Building Workshops and beyond.

This toolkit is designed to help you to effectively prepare a practice portfolio to:

- Demonstrate attainment of competencies in alignment with the advanced practice (Intermediate level and above) competency standards in the Development Framework for Pharmacists (DFP), and

- Demonstrate outcome or impact of your practice

How to start building my practice portfolio?

What are the evidence to gather?

How do I ensure that this is not just a paper exercise?

Click HERE to find out more!

3. Planning for portfolio building

A practice portfolio is a collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement.[1]

In charting your own professional development, a practice portfolio is key for demonstration of competence in your scope of practice.

START with reflections on developmental needs and professional development plan.

Benefits of a portfolio…

✓ Documents my contributions, my strengths and areas for improvement

✓ Showcases competencies that are not easily assessed by other methods e.g. leadership skills

✓ Enhances personal reflective learning experience

| Identify your current and next performance level | Recognize your expected performance level | Prioritize your developmental needs | Chart your development plan |

TIP: Reflection is an important concept in this framework (See Appendix 7.1)

4. Designing your practice portfolio

While there is no fixed approach to building a practice portfolio, it is recommended for pharmacists to adopt a holistic developmental approach so that efforts for portfolio development are aligned with professional development plans.

A blueprint is useful to guide you on the evidence to be collected. Consider your scope of work and/or the projects that you are or will be involved in as you chart your blueprint. The evidence example for a particular performance criterion could be used for another performance criterion of another domain and should be indicated in your blueprint.

Download examples of blueprints HERE

Blueprinting as portfolio building tool:

✓ Systematically plans for the evidence to be collected across all competency domains

✓ Allows quick review and facilitate communication with reviewers

✓ Tracks my progress in educational and/or career plans

https://go.gov.sg/pbtoolkit-blueprint

5. Examples of evidence

Criteria for information that may be included in a portfolio as evidence[2]:

✓ **Authentic**
   ▪ Evidence must identify your contribution to the outcome or impact

✓ **Up-to-date**
   ▪ Evidence should be within recent time, ideally not more than 3 years, to demonstrate currency of practice. Evidence beyond 3 years can be cited as relevant if appropriate and agreed by portfolio assessor.

✓ **Adequate**
   ▪ Evidence should be sufficient to demonstrate attainment of competency

Note: The types of evidence that might be appropriate for inclusion in a practice portfolio are not limited to the examples listed here.

PRACTICE

- Case note
- Presentation
- Written report
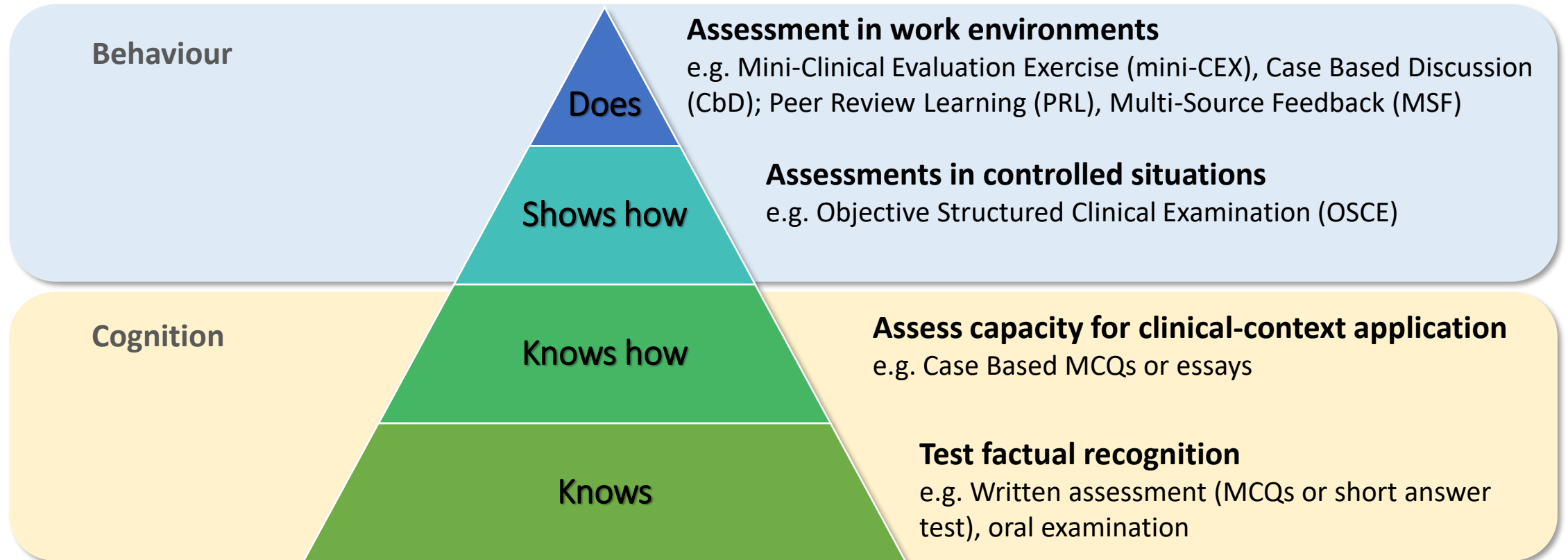- Testimonial
- Patient's feedback

KNOWLEDGE

- Qualification
- Published paper

PROJECTS

- Minutes of meeting
- Quality Improvement project report

Formal assessment of your professional practice can be included as evidence in your portfolio

Assessment in work environments
e.g. Mini-Clinical Evaluation Exercise (mini-CEX), Case Based Discussion (CbD); Peer Review Learning (PRL), Multi-Source Feedback (MSF)

Assessments in controlled situations
e.g. Objective Structured Clinical Examination (OSCE)

Assess capacity for clinical-context application
e.g. Case Based MCQs or essays

Test factual recognition
e.g. Written assessment (MCQs or short answer test), oral examination

Behaviour

Cognition

Does
Shows how
Knows how
Knows

Miller's pyramid[3-4]: At the "does" level, assessment becomes part of the authentic context in which one works and learns

How do we collect evidence examples or evaluate the data gathered for portfolio building?

The blueprint for portfolio building facilitates tracking and helps to ensure that evidence examples are gathered in a systematic manner. It also promotes efficiency as one evidence example can be used for more than one performance criteria.

💡 TIPS:
- Blueprints are dynamic and should be updated from time to time, at least once annually
- Each document in your portfolio is likely to provide evidence for several advanced practice competencies
- It is not the quantity but quality of the evidence that counts
- Training on reflective skills could facilitate self-reflection on developmental needs against the competency standards
- Engage your reporting officer, education supervisor or mentor to take this journey with you
- Consider the GROW model for coaching (see **Appendix 7.2**)

6. Frequently asked questions

1	**For pharmacists, what are the desired end-goal of the implementation of Development Framework for Pharmacists (DFP)?**	The DFP is envisioned to enable understanding of the core competencies and how they are used in managing performance, training and development for pharmacists to progress seamlessly from foundation towards mastery of competencies across seven domains in a systematic manner.
2	**Is it mandatory for pharmacists to maintain a practice portfolio?**	At present, maintenance of practice portfolio is recommended for professional development but is not a requirement for renewal of practicing certificates for pharmacists.
3	**Should I start to build my portfolio from foundation years?**	Portfolio building and reflective practice skills are useful as pharmacists advance in their career with continuing professional development and lifelong learning. Pharmacists can start to acquire portfolio building skills in foundation years. Junior pharmacists can gather case logs, presentation slides, workplace-based assessments or reflective narratives as evidence examples. They can review the documents, identify learning gaps and develop an individual training and development plan with guidance from senior pharmacists.
4	**What is the value of a portfolio if a pharmacist changes career track or job across sectors?**	A practice portfolio contains supporting evidence that spans across competency domains. Evidence for attainment of generic skill sets such as communication and leadership could be valuable to facilitate the transition from one job role to another regardless of practice setting.

6. Frequently asked questions

| 5	How do I ensure that portfolio building is not merely a paper exercise?	It is key to discuss your developmental progress and organisational plans with your education supervisor or reporting officer regularly. A good portfolio contains substantial evidence of self-assessment and reflection on the part of the pharmacist. Constructive feedback from the assessors would also be helpful in guiding your learning and development. Additionally, the outcome logic model (see **Appendix 7.3**) can be applied to demonstrate the purpose of evidence examples in your portfolio.
6	How extensive should the portfolio be? Would an evidence example per standard be sufficient?	The sufficiency of evidence gathered to demonstrate performance at an identified level is dependent on the quality and adequacy of the evidence to support the demonstration of the competency and NOT the quantity of the document. Discuss with your reporting officer or education supervisor if you have any doubts on the sufficiency of evidence gathered.
7	How much time should a pharmacist set aside to maintain a practice portfolio?	The time to set aside for building of a practice portfolio should be determined by yourself, in agreement with your supervisor. Setting up a portfolio may require more time and effort at the initial phase. Maintenance of portfolio at steady state should not be an administratively onerous process.
8	How do we decide on the competency domains to focus on?	Priorities in your professional development plan can be sorted out through discussions with your reporting officer or education supervisor. The expected demonstration of competency based on job grades in public healthcare institutions is indicated in **Appendix 7.4.**

7.1 Reflective practice model

The Rolfe's model is an approach based upon three simple questions to facilitate reflection

What?
- What was I trying to achieve?
- What actions did I take?
- What was the response of others?
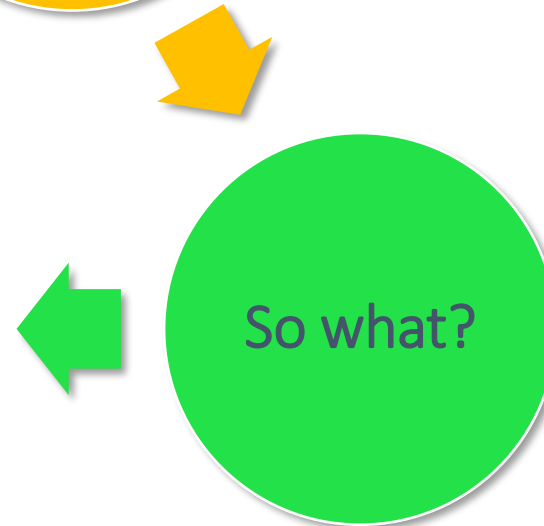
So what?
- So what does this mean?
- So what could/ should I have done to make it better?
- So what does this mean for my clinical/ management/ leadership or teaching practice?

Now what?
- Now what do I need to do in order to make things better?
- Now what broader issues need to be considered if this action is to be successful?
- Now what might be the consequences of this action?

Click **HERE** for alternative reflective practice model and examples[5]

Adapted from Reflecting on experience, What? So what? Now what? (accessed online at https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/what-so-what-now-what on 15 June 2021)
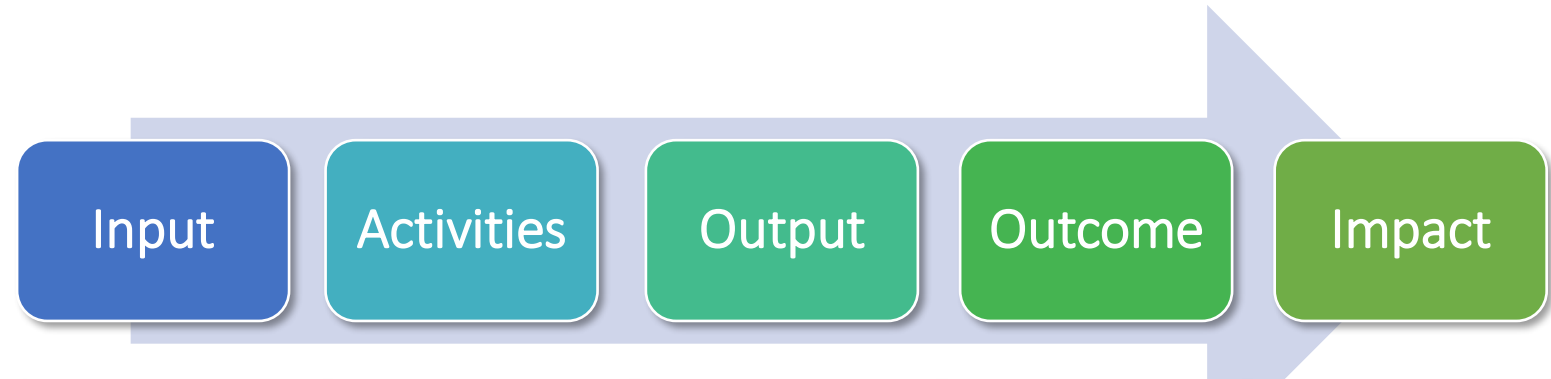
7.2 Coaching model

The GROW Model			
G	**R**	**O**	**W**
Goal	Reality	Options	Way
What do you want?	**Where are you now?**	**What could you do?**	**What will you do?**
- Set the goals - Ask probing questions about skill sets or job performance to develop - Select SMART goals, balancing personnel development with organisational needs	- Check the reality - Ask probing questions to understand current situation - Gather feedback and examples of past performance for evaluation	- Explore the options - Make a list of options - Evaluate and rank the options - Ask questions to understand the advantages/disadvantages of an option and biggest barrier to choosing that option	- Determine the way forward - Seek commitment and buy-in to both the goal and the actions necessary to achieve it - Ask questions to determine confidence to take action towards achieving the goals

Adapted from Expert Program Management: The GROW Model (accessed online at https://expertprogrammanagement.com/2017/01/the-grow-model/ on 15 June 2021)

7.3 Demonstrating outcome/impact of practice

The Outcome Logic Model is one way to demonstrate outcome or impact of the evidence gathered.

For portfolio building to be purposeful and outcome driven, consider applying the outcome logic model as you plan towards demonstrating impact

Input	Activities	Output	Outcome	Impact
Resources	Activities	Immediate Results	Aggregated Results	System-level Change
Resources dedicated to OR consumed by the work/project	What the person/team does with input/resources to fulfil its mission	Volume of measurable things accomplished by the work/project	Aggregation of immediate results that bring benefits and positive change to participants	Long term, system-level consequences of the work/project
Usually a NOUN, e.g. time, staff, money etc.	Usually a GERUND (i.e. a verb with '-ing') e.g. reviewing, assessing etc.	Usually QUANTIFIABLE e.g. number of case studies etc.	Usually a CHANGE, may be qualitative in description e.g. better skills set etc.	An elevation of the system baseline that confers advantages for all in the system

The Outcome Logic Model (adopted from A/Prof Tham Kum Ying with permission)
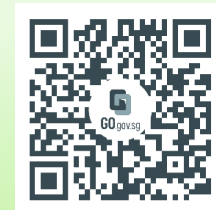
7.3 Demonstrating outcome/impact of practice

An example…

For a pharmacist, the evidence examples to demonstrate competency standard 3.1 (creates vision) could be supported at the activities or output stage

INPUT	ACTIVITIES	OUTPUT	OUTCOME	IMPACT
Resources	Activities	Immediate Results	Aggregated Results	System-level Change
▪ Manpower resources ▪ Training hours	▪ Auditing/review ▪ Competency assessment ▪ Create plans/ workflow/ SOP ▪ Define standards for review	▪ Percentage of patients reviewed appropriately ▪ Results of audit	▪ Decreased medication errors ▪ Timeliness of interventions	▪ Increased patient safety

Source: Adapted from inputs by participants of Portfolio Building Workshops conducted by TTSH

Scan this code for more examples:

https://go.gov.sg/pbtoolkit-olmv2

Alternatively, click HERE to download the file in Excel format

7.4 Competency mapping for Advanced Practice

In 2014, a validation survey was conducted in collaboration with the Center of Medical Education, National University of Singapore. 170 pharmacists representing approximately 70% of the total number of advanced practice pharmacists in the public sector (n=244) and their reporting officers participated in the survey. The competency framework was reviewed for content validity and reliability.

The results indicated that the competency framework demonstrated good reliability and validity for measuring competency of advanced practice pharmacists.

> **This table indicates the expected demonstration of competency based on job grades in public healthcare institutions.**

References:
[a] Adapted from An Advanced Pharmacy Practice Framework for Australia 2012. The Advanced Pharmacy Practice Framework Steering Committee on behalf of the pharmacy profession in Australia. Accessed at https://www.shpa.org.au/sites/default/files/uploaded-content/field_f_content_file/51._appf_october_2012.pdf on 15 June 2021
[b] Adapted from Competencies Proficiency Scale. Office of Human Resources at the National Institute of Health. Accessed at https://hr.nih.gov/working-nih/competencies/competencies-proficiency-scale on 15 June 2021
[c] The demonstration of competence is extrapolated from a competence survey (n=136) conducted in November 2014 through April 2015 among pharmacists in the public sector comprising of primary healthcare, specialized centres and tertiary institutions.

General characteristics of pharmacists working with advanced practice competency standards[a]

Intermediate	Advanced	Expert
Scope of practice experience[b]		
▪ Able to successfully complete tasks independently ▪ Assistance from an expert may be required from time to time ▪ Focus is on applying and enhancing knowledge or skill	▪ Able to perform the actions associated with this skill without assistance ▪ Recognised within the organization as "person to ask" when difficult questions arise ▪ Focus is on broad organizational or professional issues	▪ Recognised as an authority in an area of expertise, alongside a breadth of experience ▪ Able to explain issues in relation to broader organizational issues ▪ Creates new applications and processes ▪ Focus is strategic
Job Grade		
PH03	**PH04 – PH05**	**PH06**
Demonstration of competency, relevant to portfolio[c]		
▪ Meets at least 85% of competency standards at Intermediate Level and above	▪ PH04: Meets at least 70% of competency standards at Advanced Level and above ▪ PH05: Meets at least 80% of competency standards at Advanced Level and above, with 20% of competency standards meeting Expert Level	▪ PH06: Meets at least 40% of competency standards at Expert Level

8. References

1. Brown, R.A. (1992). Portfolio Development and Profiling for Nurses. Lancaster, England: Quay Publications

2. Pharmacy Development Australia (2018) Advancing Practice Portfolio Building Guide

3. Miller (1990) Assessment of clinical skills/ competence/ performance; Acad Med 1990; 9:63-7

4. Lockyer J. et al. Core Principles of assessment in competency-based medical education. Medical Teacher, 2017; 39 (6): 609-616

5. Reflecting on experience, the Gibbs' reflective cycle (accessed at https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle on 15 June 2021)

6. J Van Tartwijk, EW Driessen. Portfolios for assessment and learning: AMEE Guide No. 45 - Medical Teacher, 2009 Sep; 31(9): 790-801

Learning is not a product of schooling but the lifelong attempt to acquire it

- Albert Einstein

9. Acknowledgement

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2. Dr Catriona Bradley, Executive Director of the Irish Institute of Pharmacy, for advice on reflective practice and coaching model

3. All Pharmacy Managers and pharmacists for their support and guidance for the implementation of APF
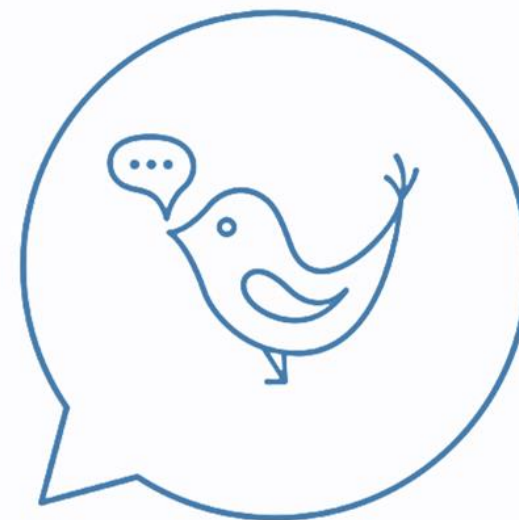
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