

Usefulness of a competency-based reflective portfolio for student learning on a Masters Health Promotion programme

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Abstract

Background: Efforts to identify core competencies within health promotion and health education have been on-going for a number of years. These efforts include work carried out by the International Union for Health Promotion and Education (IUHPE) in drawing up a draft list of 11 core competencies which were incorporated into the practice module on the Masters (MA) in Health Promotion at National University of Ireland (NUI), Galway for the academic year 2008–2009. A reflective portfolio was introduced to allow students to reflect on their learning while on the programme. The aim of this article is to explore the usefulness of this competency-based reflective portfolio for student learning on the course.

Methods: A qualitative study design was utilized. Content analysis of 18 student portfolios was undertaken addressing the 11 competencies of: professionalism; values/ethics; needs assessment; planning; implementation; evaluation; communication; policy/strategy; organization/management; collaborative working and technology.

Results: The use of the portfolio promoted high levels of reflection across the *entire* course rather than within the practice module only. It reinforced student learning across modules and identified further training needs for students. Aspects of the course which were of particular value to students were also identified and included the work placement component and *real life experiences* of practitioners in the field of health promotion. The importance of dedicated skills workshops, such as strategy development, was also identified.

Conclusion: The competency-based reflective portfolio is a very useful tool which draws together theoretical and experiential learning. It provides students with an opportunity to bring together the course as a whole and to integrate material across modules and tasks.

Keywords

competencies, health promotion practice, portfolio, student learning

Competency-based approach in health promotion

In order to promote health in a globalized world as articulated in the Bangkok charter (2005)¹ we need to continually address the issue of building capacity in health promotion, health education and

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public health. This requires actions in the areas of resource allocation, organizational development, partnership, leadership and workforce development². Workforce development requires that those who aspire to promoting and protecting health have the appropriate skills, knowledge and attitudes for these tasks. It has been recognized that a specific body of knowledge, skills and expertise are distinctive to health promotion practice³.

Since the 1970s, competency models have been in use to clarify the specific requirements for health promotion practice (as well as for public health and health education practice) and are necessary to delineate health promotion as a specialized field of practice⁴. Competencies have a key role in: underpinning future developments in health promotion training and course development; continuing professional development; systems of accreditation and development of professional standards; and consolidation of health promotion as a specialized field of practice and accountability to the public for the standards of health promotion practice⁵.

In June 2008 The Galway Consensus Conference took place at the National University of Ireland, Galway, to provide a forum for exploring greater international collaboration on the development of health promotion workforce capacity. The conference saw the publication of the Galway Consensus Conference Statement (CSS), which was intended for practitioners, researchers, employers academics and policy makers. The statement outlined eight domains of core competency, which the expert group agreed to be critical in achieving improvements in health. These eight domains are: catalyzing change; leadership; assessment; planning; implementation; evaluation; advocacy; and partnerships⁶.

In 2008, following the publication of the Galway Consensus Statement, the assessment component of the Health Promotion Practice module within the MA/Postgraduate Diploma Programme at NUI, Galway, was revised to include a competency-based portfolio. Students were required to reflect on each competency and their exposure to it in the context of work placement, assignments, lectures, tutorials, workshops and other extracurricular activities including voluntary work.

The Health Promotion Practice (HPP) module introduces students to the knowledge, principles, and skills required for professional health promotion practice. This module was revised in 2007 to reflect the framework of competencies for health promotion practitioners, recommended at that time by the IUHPE. There are nine competencies in this earlier framework each with specific learning objectives. The HPP module includes an additional two competencies.

Use of a portfolio

A variety of assessment methods are needed for assessment of competencies, and portfolios appear to have the potential to integrate these. Four assumptions regarding adult learners underpin the theoretical basis for using a portfolio method: (1) the learner is self-directed; (2) the student's past experiences are a rich resource for learning; (3) readiness to learn develops from life's tasks and problems; and (4) the student demonstrates curiosity and is motivated to grow⁷.

Portfolios are often used as an instrument with which to stimulate students to reflect, and in particular as a useful method to promote student reflection on practice^{8,9}. An often-quoted definition of a personal portfolio is useful here where it is defined as 'a private collection of evidence, which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievements. It is both retrospective and prospective as well as reflecting the current stage of development and activity of the individual'¹⁰. The portfolio is seen as a potentially crucial link between practice and theory, which can help to reduce the 'reality shock' experienced by many students when they move into practice¹¹.

While research into the effectiveness of portfolios is as heterogeneous as the portfolios themselves, a number of common aspects can be delineated¹². A portfolio makes an important contribution to the effective assessment, both formative and summative, of performance in the workplace, provided three conditions are met: mentoring is available for students; the portfolio must be smart and lean with clear guidelines; and learners must be allowed to create a piece of work which reflects their personal interests and concerns. Overall, portfolios can be effective through increasing personal responsibility for learning and can support professional development¹³. While there are several different types of portfolios, the 'spinal column' model, which is structured around practice competencies, was chosen in this instance¹⁴.

Implementation of the portfolio into the practice module

Students completed a portfolio divided into 11 competencies. Students were asked to reflect on each competency in the context of work placement, all other modules on the course, assignments, lectures and other teaching methods, and possibly other extracurricular activities, such as voluntary work or previous work done. All students (19) completed a portfolio. Staff who assessed were given guidelines for correction and a moderation process was incorporated. Eight staff were involved in the assessment process.

This article offers preliminary observations regarding the usefulness of this approach as an assessment method for purposes of professional accreditation. The aim of the article is to explore the use of a practice portfolio to assist students in reflecting on their understanding and efficacy of competencies in health promotion.

Methods

A qualitative study design was utilized and content analysis of 18 student portfolios (one portfolio was not available at the time of analysis) submitted by full-time students of the MA/Postgraduate Diploma Programme in Health Promotion at NUI, Galway, was undertaken. The basis of the process of data analysis follows a general template analysis style involving the generation of themes, patterns and interrelationships in an interpretive process¹⁵.

Stage 1

Two of the authors read through a total of 18 portfolio documents. Initially analysis focussed on the 11 competencies as set out, and looked at what was discussed within each of these. This stage was documented in an Excel spreadsheet format.

These data were then explored using the assignment criteria which students had used as a framework for their portfolios. These criteria were:

- Demonstrate understanding and summarize learning about competency;
- Relate to work experience;
- Actual skills gained;
- Some self-assessment and further areas for training;
- Reference to assignments completed and how they link with the competency.
- Overall reflection referring to a significant learning moment (ie change in thinking relating to own work practice or to the practice of health promotion).

Stage 2

Each competency was further explored in relation to:

- Linkages to modules (including lectures, assignments, tutorials, workshops);
- Linkages to work placement;
- Previous experience;
- Further training needs;
- Reflection/learning.

Analysis and discussion

This article offers a preliminary exploration into the usefulness of a competency-based reflective portfolio for students learning on a Masters Health Promotion programme. Eleven competencies were reflected on. These included both concrete, tangible skills, such as being able to evaluate a programme/carry out a needs assessment, as well as the more abstract notion of professionalism that is intrinsic to all aspects of health promotion training. A number of issues were identified in relation to the usefulness of this reflective portfolio exercise for student learning.

First, the use of the portfolio promoted high levels of reflection across the *entire* course rather than within the Health Promotion Practice module alone. It reinforced student learning across modules and identified further training needs for students. Aspects of the course which were of particular value to students were also identified and included the work placement component and *real life experiences* of practitioners in the field of health promotion. The work placement was linked to all of the core competencies and clearly allowed students the opportunity to translate theory from the class room into practical settings. Similarly, a large number of assignments throughout the course allowed the students to ‘practice’ many of the core competencies. The importance of dedicated skills workshops, such as strategy development, was also identified. Students also demonstrated significant learning on the nature of health promotion.

In the analysis of student reflection on the competency of professionalism it is clear that students drew together and integrated many different aspects of the course. Professionalism is seen to permeate all aspects of the course, is displayed by teaching staff, workplace mentors, and is taken up and practised by the students themselves. Reflections included many of the course modules where issues of confidentiality, values and communication are reinforced.

The role of the student work placement is central to the development of the professionalism competency where supervisors/mentors can be observed in their practice. Students provided evidence of how the work placement affords the opportunity to see how real life interactions with clients/community/groups can link theory and practice. Examples from student reflections included: issues regarding confidentiality; communication skills; personal presentation; being respectful; punctuality and time management; commitment; quality; responsibility; and personal integrity. Being aware of the core values and principles of health promotion was identified as being essential in the practice of professionalism in health promotion.

Second, all of the course modules were addressed to some degree by students in their portfolio documents which allowed both students and teaching staff to appreciate the breadth of the level of integration of the competencies into course material. One of the most useful aspects of the portfolio is that it allows students to clearly identify where they feel further training in a particular competency may be required. This is also useful to staff in terms of further course development. For example, in 2009–2010 students will have the opportunity to take an optional module on ‘Evaluation in Health

Promotion' which will focus on the application of evaluation research skills to develop a detailed evaluation proposal. Such a module will address some of the further training needs identified in relation to the competency of evaluation.

A number of students expressed the need for further training to carry out an actual needs assessment under the direction of a professional. Additional training needs in the associated research skills (such as facilitating focus groups and conducting interviews) were also highlighted. The areas of planning interventions, budget planning, actual programme implementation, producing policy statements, articulating policy options, drafting strategies and advocacy training were all identified as areas where further training was desired.

Third, the portfolio also served to reinforce learning for students. A number of examples of this is where students were able to see the importance of the Ottawa Charter in relation to many of the competencies; the interrelatedness of planning, implementation and evaluation as demonstrated through a number of modules, assignments and through the work placement; how needs assessment and planning are related; and the way in which communication affects implementation and how values and ethics relate to the concept of professionalism. Students reflected on both the theoretical/philosophical aspects of ethics and values as well as the importance of ethics applied to health promotion research. A number of assignments served to reinforce many core competencies as well as meeting more specific learning objectives (such as core competencies of evaluation, communication, technology and management) and students identified a number of key assignments which addressed multiple competencies.

Finally, another important outcome of the portfolio exercise for students is that it promoted looking at the bigger picture in terms of working in the field of health promotion. Students were able to 'join up' all aspects of the course and to reflect on how these skills come together in order to carry out the work of a health promotion practitioner. Without the portfolio, it can be argued that this is difficult to accomplish given the intensity and workload of a masters level course. This use of a portfolio reinforces the uses identified in previous research^{9,12}.

Reflections within the portfolio have exposed to staff the aspects of the course which are of particular value to students, such as practical and real-life aspects. In addition to the evident work placement here, other notables are various dedicated skills workshops, a problem-based element in the Promoting Healthy Behaviour Module, and the acquisition of technical skills through a research methods module.

The importance of the work placement and linkages to past experience cannot be underestimated. The work placement allows students to break down the theoretical concept of professionalism into practice-based activities such as telephone manner, time management, punctuality, communication skills, practice of confidentiality with clients and data, and an understanding of the meaning of personal integrity. All of the competencies were 'tried out' or reflected in depth through the work placement.

The range and depth of student reflection was impressive and certainly meets the Plaza et al. (2007) definition of a personal portfolio¹⁰. Portfolios drew on retrospective and prospective reflection and looked at skills, knowledge, attitudes, understanding and achievements. The portfolio guidelines were clearly laid out and the piece of work was in agreement with Driessen's 2007 guidelines regarding effective portfolios¹².

Conclusion

The competency-based reflective portfolio is a very useful tool which draws together theoretical and experiential learning. It provides students with an opportunity to draw together the course as a

whole and to integrate material across modules and tasks. Students are also able to identify their personal strengths and weaknesses going forward.

References

1. Hawe P, King L, Noort M, Jordens C, Lloyd B. *Indicators to help with capacity building in Health Promotion*. Sydney: NSW Health Department, 2000.
2. World Health Organisation. The Bangkok Charter for Health Promotion in a Globalised World. Geneva: World Health Organisation, 2005. Online. Available: http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf (19 May 2010).
3. Santa-Maria Morales A, Barry MM. A scoping study on training, accreditation and professional standards in health promotion. *IUHPE Research Report Series*, 2007: **II**(1). Online. Available: http://www.iuhpe.org/upload/File/RRS_1_07.pdf (19 May 2010).
4. Battel-Kirk B, Barry M, Taub A, Lysoby, L. A review of the international literature on health promotion competencies: Identifying frameworks and core competencies. *Global Health Promotion*, 2009: **16**(2): 12–20.
5. Barry M, Allegrante JP, Lamarre MC, Auld ME, Taub, A. The Galway Consensus Conference: International collaboration on the development of core competencies for health promotion and health education. *Global Health Promotion*, 2009: **16**(2): 5–11.
6. Allegrante JP, Barry MM, Airhihenbuwa CO, Auld, ME, Collins J, Lamarre M-C et al. Domains of core competency, standards, and quality assurance for building global capacity in health promotion: The Galway Consensus Conference Statement. *Health Education & Behaviour*, 2009: **36**(3): 476–82.
7. Knowles M. *Self directed learning: A guide for learners and teachers*. Chicago, IL: Follet, 1975.
8. Driessen EW, van Tartwijk J, Overeem K, Vermunt JD, van der Vleuten CP. Conditions for successful reflective use of portfolios in undergraduate medical education. *Medical Education*, 2005: **39**(12): 1230–5.
9. Spence W. Portfolio assessment: Practice teachers' early experience. *Nurse Education Today*, 2004: **24**(6): 388–401.
10. Plaza CM, Draugalis JR, Slack MK, Skrepnek, GH, Sauer, KA. Use of reflective portfolios in health science education. *American Journal of Pharmaceutical Education*, 2007: **71**(2): Article 34.
11. McMullan M. Portfolios and assessment of competence: A review of the literature. *Journal of Advanced Nursing*, 2003: **41**(3): 283–94.
12. Driessen E, van Tartwijk J, van der Vleuten C, Wass V. Portfolios in medical education: Why do they meet with mixed success? A systematic review. *Medical Education*, 2007: **41**: 1224–33.
13. Tochel C, Haig A, Hesketh A, et al. The effectiveness of portfolios for post-grad assessment and education. *Medical Teacher*, 2009: **31**(4): 299–318.
14. Endacott R. Using portfolios in the assessment of learning and competence: The impact of four models. *Nurse education in practice*, 2004: **4**: 250–7.
15. Miller W, Crabtree B. Overview of qualitative research methods. In B Crabtree and W Miller (Eds), *Doing qualitative research*. London: Sage Publications, 1992.