Portfolio Evidence – The Good the Bad and the Ugly!
What counts as Evidence?

- Consider
  - Is it appropriate to the standard?
  - Is it at the right level? (registration vs specialist)
- Examples of types
  - In house assessments
  - Annotated results
  - Case studies
  - Reflective logs
Witness Statements

- Objective observations
- relating to a specific task or action
- independently written
- verified by the trainer
  
  OR

- Self witness statement written by trainee
- signed and authorised by the trainer
Reflective Logs

• A brief description of a process, incident or event undertaken by or involving the trainee that related to the standard.

• Should be accompanied by the personal thoughts of what has been learned (not the actual subject but what the trainee has taken from the experience) and how this might be applied in the future to their benefit and that of their service users.

• It is taking a holistic approach to the training experience.
Examples of Evidence

• All of the evidence on the following slides has been anonymised - all evidence that you assess should be **signed** and **dated**.
Carbon Monoxide Tutorial

- Assessed and dated
- Explanation of CO formation
- Comment on result
- Analyser
- Explanation

(Some feedback to the trainee might be that the annotation is tidier in future and moved away from the busier areas of the form)
• spurious result
• no rule violated
• warning to observe subsequent results
• violation – reject run
• assessed and dated

Levey Jennings Tutorial
Good annotations. Candidate has used arrows to mark up and demonstrate their understanding of each part of the image. Clearly demonstrates ability to interpret results. Some feedback might be that the annotation is placed peripheral to the results for clarity of interpretation.
Liver Function Tutorial

- Function of metabolites
- Principles of technique
- Liver profiles
- Significance of results
- Assessed and dated
Oral Assessment on Transfusion Knowledge

- Questions with expected answers
- Answers ticked off - some feedback could be added to affirm that trainee has a good understanding

Excellent way of evidencing an oral tutorial / Q&A session
INSUFFICIENT EVIDENCE

Be able to understand and apply health and safety requirements.

Competency a
- Locate relevant health and safety procedures, guidelines and documents in the laboratory.

Evidence
- Health and safety hand book
- SOP presentation

Reference
- Question 3
- Question 5
- Competency c

How have you applied your training to your current role?
- I am able to locate the health and safety handbook on Qualys. As the system is computerised it is easily accessible. I have used it to look up the waste disposal policy.

How will you apply the learning to your future work?
- I know where to find certain information so if there is a problem or a question I know where to look for the answer and I can show others.

Future development possibilities.
- As Qualys is a new system I was only aware of the printed health and safety handbook located in the manager’s office. There could be a note on the cover raising awareness of the electronic version and the fact that it is not just SOPs on Qualys.

Not enough detail for it to be used as evidence at either registration or specialist level.

H&S is a large subject area and this is not reflected in this piece of work.

Some feedback would be to direct the trainee to further information or by asking some questions associated with the activity.

For example, feedback could ask for specific answers or further descriptions of a scenario where this new knowledge would be applied.
INSUFFICIENT EVIDENCE

Reads like it has been taken from the web or a textbook rather than candidate’s own words. Not applied to the context of the lab.

No signature and date
No evidence that the training officer has reviewed this piece of work and signed it off as up to standard.
SATISFACTORY EVIDENCE

Suitable for Registration Portfolio due to the level of subject matter

Reflective Log - Health & Safety

1. Safety lectures/course attended.
   Sygol presentation
   Spill kit training session
   H&S review

   Duration of training.
   From Aug 2010
   To March 2011

2. How have you applied your training to your current role?
   I have attended a Sygol presentation. This database has taken over from the old COSHH sheets. The idea is that it uses a live website so the information is always current. I have used it several times for myself & colleagues, mainly to look up the specific PPE required.
   The spill kit training session was very useful as I had never used one before. I would not have known that the chemical spill would turn to jelly with the granules.

3. How will you apply the learning in your future work?
   I will be able to continue to use Sygol to ensure myself & others are working safely. If the need ever arises, I will be comfortable using a spill kit for all the different types & sizes of spills.

4. Future development possibilities.
   I found the H&S review difficult to follow as the slides were full of the exact legislation. I feel that it isn't necessary to know the exact wording of the law, just what we need to do to comply with it. This should make the next review shorter, simpler & hopefully people will pay more attention.
GOOD EVIDENCE

Evidence of marking and feedback from Trainer

The candidate has highlighted an error in quiz!

Multiple choice questions
Evidence of marking and feedback

Written Questions and Answers

• Comments from training officers
• Responses from candidate
• Shows learning progression
What supravital stains do we use in haematology? Explain the principals and practice of staining blood cells by Romanowsky staining. Discuss the cellular component stained by the constituents of the Romanowsky stain and the impact of pH on the appearance of the red cells and the white cells.

The multiple stains are based on the Romanowsky stain is use in laboratory. Romanowsky used a mixture of old methylene blue and eosin to stain the nucleus of a malarial parasite purple and the cytoplasm blue. Subsequently, Giemsa modified the stain, combining methylene azure and eosin. The stain most commonly used in the UK is a combination of Giemsa’s stain with May Grunwald stain, it is therefore designated the May-Grunwald-Giemsa (MGG) stain. The essential components of a Romanowsky-type stain are: (i) a basic or cationic dye, such as azure B, which conveys a blue violet or blue colour to nucleic acids (binding to the phosphate groups of DNA and RNA) and to nucleoprotein, to the granules of basophils and weakly, to the granules of neutrophils and (ii) an acidic or anionic dye, such as eosin, which conveys a red or orange colour to haemoglobin and eosinophil granules and also binds to cationic nuclear protein, thus contributing to the colour of the stained nucleus. A stain containing azure B and eosin provides a satisfactory Romanowsky stain as does a mixture of azure B, methylene blue and eosin. Staining must be performed at the correct pH. If the pH is too low, basophilic components for not stain well. Leucocytes are generally pale, with eosinophil granules a brilliant vermillion. If the pH is too high, uptake of the basic dye may be excessive leading to general over staining, it comes difficult to distinguish between normal and polychromatic red cells, eosinophil granules are deep blue or dark grey, and the granules of normal neutrophils are heavily stained, simulating toxic granulation.
Candidates must put evidence into their own words.

The answer in the previous slide has been copied from a textbook. Plagiarism is not acceptable.

The candidate’s training officer should pick this up.

If you don’t have access to recognition software, enter the first 20 words into Google and see if it is recognised

Speak to your trainee but be sensitive—don’t be confrontational.
Good annotations.

Good demonstration of candidate’s understanding.

Commented on cell types

Commented on limitation of method

Identified as an abnormal result

Some feedback would be to draw the annotations further away from the images for clarity.
INSUFFICIENT EVIDENCE

No annotation.
No demonstration of candidate’s understanding of the section they have underlined.
It is not clear why this has been included or for which standard.
In cases more subtle than this, the subject can be probed during the tour.
In cases like this, further evidence must be produced – this piece has no value or context.
Some feedback would be to return to the trainee and request further context and annotation.
Do not accept incomplete evidence such as this – it has no value and if the trainee cannot explain its value then remove it.
Describe the internal and external quality assurance procedures for the measurement of red cell folate.

Internal QC performed every 24 hours. Which cover at least one level of controls. Quality control results that do not fall within acceptable ranges may indicate invalid test results. For that reason there are 2 types of ranges been setup if the QC fall in yellow ranges (i.e. 2 standard deviation from the main). Re calibrates the analyser and than re run the QC. And if QC>30 from mean. Also needs to documents as well.

For external QC laboratory participates in NEQAS. Results can be submitted online. And than NEQAS will send us a copy of reports, which can be stored on Q-Plus. Previous NEQAS report attached.

This answer is not of a specialist level. There is a big difference between registration and specialist. Need to know subject in depth and have an understanding which allows critical thinking and troubleshooting. Evidence from registration portfolio can be re-used, but it MUST be updated and linked to the specialist requirements.
Skills for trainers

- Excellent communication
- Generosity
- Understanding
- Ability to focus and isolate issues
- Positivity in all situations
- Confidence in interactions
Skills for verifiers

• Excellent communication
• Ability to focus and isolate issues
• Firm but fair
• Tact
• Confidence in decisions
• Professional but approachable