

DEPARTMENT OF HEALTH AND SCIENCES  
**GRADUATE PORTFOLIO GUIDE 2007-2008**

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## STUDENT GUIDE\*

### Background

The use of student portfolios is emerging as one of the major trends in education in the United States. Portfolios provide a vehicle to help students understand what they have learned and applied. Specifically, a portfolio is a purposeful organization of learner selected evidence of school and non-school accomplishments. As such, it provides a dynamic vehicle to help you understand what you have learned and applied.

The portfolio, as it is described here, is a repository to enable you to document and develop your employability skills along the guidelines prescribed by the National Commission for Health Education Credentialing for entry-level competencies in health. These basic competencies are the skills needed to carry out the seven areas of responsibilities of all health education specialists regardless of work setting. Each responsibility includes competencies that, in turn, depend on clusters of essential skills called sub-competencies. Collectively, these skills are the core competencies that a professional entry-level health education specialist should have. Your portfolio contents, therefore, attest to the acquisition of these competencies.

\* - Taken from Student Guide, Department of Allied Health, College of Health and Human Services, Slippery Rock University

### What is an Entry-Level Skills Portfolio?

The portfolio is a special case that holds the documentation regarding your entry-level skills in one place. Your portfolio will help you prove you have certain skills and competencies. It will also make you aware of skill areas that still need your attention. The portfolio is your property; you decide what to keep in it. It is actually a working file for you.

This portfolio, as described here, consists of seven folders -- one for each of the entry-level skills areas. The front of each folder denotes the responsibility area and then lists some specific competencies and skills. There are spaces beside each skill to record descriptions of the documents you place into that folder to indicate your acquisition of that skill.

### How Do I Acquire Entry-Level Skills?

The majority of the skills and competencies for the entry-level health educator will be learned from courses in your academic major. You will certainly acquire some of them in a structured internship, practicum, or involvement in professional organizations such as Eta Sigma Gamma. You can also acquire entry-level skills from certain courses which serve as electives related to your course of study. With the help of your advisor and committee, you can begin working on documenting your skills under the seven general areas of responsibility of the health education specialist. To further ensure that your portfolio is being developed properly, you may wish to request that a practicing community or public health educator inspect the contents of your skill folders. He/she can then offer advice on whether or not you would be employable at their agency based upon the skills you have documented.

### Why Do I Need a Portfolio?

Many community health graduate students often don't understand how the content of their classes is related to what employers will some day ask of them. In addition, they often are not clear how to explain their qualifications to potential employers in community/public health settings. The workplace today is not only asking more from employees, but is also asking for more evidence up front that an individual can get the job done. The portfolio will help prove you have the necessary skills to secure an entry-level position in health education. The portfolio can also be continually upgraded after graduation or upon obtaining a position to reflect new experiences and refined skills. This portfolio subsequently becomes a set of advanced credentials to enable you to seek positions of increasing responsibilities.

The Entry-Level Skills Portfolio not only serves as an employment-seeking device, but also functions as a progressive self-evaluation tool for health education students. Over the course of your preparation program, you can see evidence of professional growth and the occupational necessity of your courses and assignments. Not only are successes recognized, but gaps in documentation of competencies are identified and can be strengthened prior to graduation or before taking the examination to become a Certified Health Education Specialist. Creating a portfolio will also help you develop a stronger and more productive relationship with your advisor as well as other faculty who teach courses in your program.

### Types of Evidence\*

**ARTIFACTS** are documents produced in the normal course of the work of the person developing a portfolio. For a community health major, an artifact could be a paper written for a course, field notes from a neighborhood survey, or a videotape of a peer-education performance,

**REPRODUCTIONS** are documents about typical events in the work of the person developing the portfolio, but events which usually are not captured. A health education major, for example, might include a typical lesson plan or a picture of a micro-teaching performance.

**ATTESTATIONS** are documents about the work of the person prepared by someone other than the portfolio developer. A letter of commendation regarding participation in a health fair or an environmental cleanup campaign would be indicative of this category.

**PRODUCTIONS** are documents prepared especially for the portfolio and include two types: reflections and captions. The first type of production is a reflective statement, written as the portfolio is being reviewed and organized in preparation for submission for evaluation. These statements provide an opportunity to look back at the documents in the portfolio and demonstrate how the documents have captured growth, or context, or integration. The most important of the productions is the caption. A caption is a statement attached to each document that describes what the document is, why it is evidence, and what it is evidence of. Without captions, the materials in the folder are just a collection of documents with limited meaning. The caption converts documents into evidence. Captions are important for two reasons -- they assist the portfolio developer in articulating precise thinking about learning and teaching and they assist the portfolio assessor in the task of making inferences about the quality of work represented by the documents in the portfolio. By writing captions, students become aware of how much they have accomplished, especially when they compare recent evidence with earlier documents.

\* Adapted from: Collins, A. (1990). The BioTAP Story: A narrative description of an exploration (Technical Report BO). Stanford, CA: Stanford University.

**Guidelines:** For Implementing the Use of Portfolios (Paulson, L., Paulson, P., & Meyer, 1991).

1. Developing a portfolio offers the student an opportunity to learn about learning. Therefore, the end product must contain information that shows that a student has engaged in self-reflection.
2. The portfolio is something that is done by the student, not to the student. Portfolio assessment offers a concrete way for students to learn to value their own work and, by extension, to value themselves as learners. The student must be involved in selecting the pieces to be included.
3. The portfolio is separate and different from the student's cumulative folder. Scores and other cumulative folder information that are held in central depositories should be included in a portfolio only if they take on new meaning within the context of the other exhibits found there.
4. The portfolio must convey explicitly or implicitly the student's activities. An example includes the rationale (purpose for forming the portfolio), intents (its goals), contents (the actual displays), standards (what is good and not-so-good performance), and judgments (what the contents tell us).
5. The portfolio may serve a different purpose during the year from the purpose it serves at the end. Some material may be kept because it is instructional, for example, partially finished work on problem areas. At the end of the year, however, the portfolio may contain only material that the student is willing to make public.
6. A portfolio may have multiple purposes. A student's personal goals and interests are reflected in his or her selection of materials. One purpose that is almost universal in student portfolios is showing progress on the goals represented in the instructional program.
7. The portfolio should contain information that illustrates growth. There are many ways to demonstrate growth. The most obvious is by including a series of examples of actual academic performance which show how the student's skills have improved. Changes observed on interest inventories, records of outside activities such as reading, or on attitude measures are other ways to illustrate a student's growth.
8. Finally, many of the skills and techniques that are involved in producing effective portfolios do not happen by themselves. By way of support, students need models of portfolios, as well as example of how others develop and reflect upon portfolios.

**Requirements:** Graduate students in the Department of Health Sciences who choose the Portfolio requirement must provide evidence that they understand the seven areas of responsibility for which they will need to demonstrate mastery as health education specialists. Those areas of responsibility chosen by the department are listed below. However, specific competencies and sub-competencies for each area are provided in detail elsewhere in this document. The areas of responsibility are:

- Responsibility 1 -- Assess Individual and Community Needs for Health Education
- Responsibility 2 -- Plan Health Education Strategies, Interventions, and Programs
- Responsibility 3 -- Implement Health Education Strategies, Interventions, and Programs
- Responsibility 4 -- Conduct Evaluation and Research Related to Health Education
- Responsibility 5 -- Administer Health Education Strategies, Interventions, and Programs
- Responsibility 6 -- Serve as a Health Education Resource Person
- Responsibility 7 -- Communicate and Advocate for Health and Health Education

Following are examples of portfolio inclusions, to be placed under the appropriate Areas of Responsibility (study the Competencies and Sub-Competencies for other ideas; include materials from all departmental courses, internships and work experiences). THESE ARE NOT TO BE CONSIDERED ABSOLUTE REQUIREMENTS OR A DEFINITIVE LIST OF POSSIBLE INCLUSIONS!

1. A sample of writing ability
2. An indication of professional philosophy and involvement
3. A list of short-term and long-term professional goals and objectives
4. A developed professional code of ethics
5. Demonstration of cultural diversity understanding and commitment
6. Demonstration of computer competency
7. Demonstration of critical thinking ability
8. A video or audio taped interview of self
9. A video taped clip of part of a presentation
10. A copy of a community or target group analysis
11. A copy of a list of annotated references
12. A copy of a resume or professional vita
13. An example of grant-writing skills
14. An example of test-writing or presentation planning ability
15. Demonstration of reasonable research capabilities



## Organization and Content of the Graduate Student's Health Education Portfolio

The contents of the portfolio will be as follows:

1. A sheet of paper containing names of committee members for sign-off of the document after acceptance of the portfolio.
2. The Letter to the Reader (approximately three pages). This is a letter that fully summarizes and clearly explains the portfolio purpose(s) and how the content you have selected meets the purpose(s). It should include:
  - an orientation to your philosophy of health education
  - an assessment of your current strengths and weaknesses, and goals for continued growth
  - a reflection of your ability to work with others
  - an explanation of how each item of evidence in the portfolio meets the competencies of an entry-level professional health educator
3. The Table of Contents of portfolio evidence will be as follows:
  - Assess Individual and Community Needs for Health Education
  - Plan Health Education Strategies, Interventions, and Programs
  - Implement Health Education Strategies, Interventions, and Programs
  - Conduct Evaluation and Research Related to Health Education
  - Administer Health Education Strategies, Interventions, and Programs
  - Serve as a Health Education Resource Person
  - Communicate and Advocate for Health and Health Education
  - Professional growth and development
4. Evidence from experiences and work conducted throughout the length and scope of your professional preparation that documents your developing competence and expertise for each of these ten areas. That evidence should be organized into the sections above.

Acceptable evidence includes:

- course projects and assignments
- service or observation logs/reflections
- lesson plans/learning objectives
- letters of commendations
- videotapes of presentations
- computerized health data
- journal abstracts
- summary and reflections of professional development experiences
- any other evidence you feel will support the reader's full comprehension of your growth as a professional

## SAMPLE LETTER TO THE READER

Dear Reader:

My portfolio is a summary of the work I have completed regarding health education.

My philosophy of health education emphasizes a holistic approach to health on a personal level. I believe a holistic approach to health represents being spiritually, physically, and emotionally healthy. To become spiritually, physically, and emotionally healthy, I believe one has to evaluate one's lifestyle, health-risk behaviors, nutrition, physical activity, and stress in one's life. My philosophy paper is located in the Professional Growth Folder.

My professional strengths include well-developed communication skills, listening skills, the ability to be objective, the desire to further my education, being business-oriented, and being considerate of others. My professional weaknesses consist of needing more education on health promotion, lack of volunteering experiences, acquainting myself with community agencies and professional organizations, and introducing myself to the world of health.

To turn my weaknesses into strengths, I plan to continue to read and study, perhaps take continuing education workshops and courses, and to sit for the CHES examination. I plan to spend what time I can in volunteering at community agencies and deciding in what agencies I would eventually like to be employed. I believe that volunteering with agencies and joining professional organizations like APHA, AAHE, or Eta Sigma Gamma will help expand my knowledge of the health profession along with continuing my education.

As you will see from the portfolio, it has been organized with documents and evidence of my competencies in each Area of Responsibility. I have included discussion of how my evidence fits the competency requirement in each area. Thank you for your interest in my profession

## **Areas of Responsibility (2007)**

### **Area I: Assess Individual and Community Needs for Health Education**

#### Competency A: Access existing health-related data

Sub-competencies:

1. Identify diverse health-related databases
2. Use computerized sources of health-related information
3. Determine the compatibility of data from different data sources
4. Select valid sources of information about health needs and interests

#### Competency B: Collect health-related data

Sub-competencies:

1. Use appropriate data-gathering instruments
2. Apply survey techniques to acquire health data
3. Conduct health-related needs assessments
4. Implement appropriate measures to assess capacity for improving health status

#### Competency C: Distinguish between behaviors that foster and hinder well-being

Sub-competencies:

1. Identify diverse factors that influence health behaviors
2. Identify behaviors that tend to promote or comprise health

#### Competency D: Determine factors that influence learning

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

#### Competency E: Identify factors that foster or hinder the process of health education

Sub-competencies:

1. Determine the extent of available health education services
2. Identify gaps and overlaps in the provision of collaborative health services

#### Competency F: Infer needs for health education from obtained data

Sub-competencies:

1. Analyze needs assessment data

## **Area II: Plan Health Education Strategies, Interventions, and Programs**

### Competency A: Involve people and organizations in program planning

Sub-competencies:

1. Identify populations for health education programs
2. Elicit input from those who will affect or be affected by the program
3. Obtain commitments from individuals who will be involved
4. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests

### Competency B: Incorporate data analysis and principles of community organization

Sub-competencies:

1. Use research results when planning programs
2. Apply principles of community organization when planning programs
3. Suggest approaches for integrating health education within existing health programs
4. Communicate need for the program to those who will be involved

### Competency C: Formulate appropriate and measurable program objectives

Sub-competencies:

1. Design developmentally appropriate interventions

### Competency D: Develop a logical scope and sequence plan for health education practice

Sub-competencies:

1. Determine the range of health information necessary for a given program of instruction
2. Select references relevant to health education issues or programs

### Competency E: Design strategies, interventions, and programs consistent with specified objectives

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

### Competency F: Select appropriate strategies to meet objectives

Sub-competencies:

1. Analyze technologies, methods and media for their acceptability to diverse groups
2. Match health education services to proposed program activities

### Competency G: Assess factors that affect implementation

#### Sub-competencies:

1. Determine the availability of information and resources needed to implement health education programs for a given audience
2. Identify barriers to the implementation of health education programs

## **Area III: Implement Health Education Strategies, Interventions, and Programs**

### Competency A: Initiate a plan of action

#### Sub-competencies:

1. Use community organization principles to facilitate change conducive to health
2. Pretest learners to determine baseline data relative to proposed program objectives
3. Deliver educational technology effectively
4. Facilitate groups

### Competency B: Demonstrate a variety of skills in delivering strategies, interventions, and programs

#### Sub-competencies:

1. Use instructional technology effectively
2. Apply implementation strategies

### Competency C: Use a variety of methods to implement strategies, interventions, and programs

#### Sub-competencies:

1. Use the Code of Ethics in professional practice
2. Apply theoretical and conceptual models from health education and related disciplines to improve program delivery
3. Demonstrate skills needed to develop capacity for improving health status
4. Incorporate demographically and culturally sensitive techniques when promoting programs
5. Implement intervention strategies to facilitate health-related change

### Competency D: Conduct training programs

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

## **Area IV: Conduct Evaluation and Research Related to Health Education**

### Competency A: Develop plans for evaluation and research

Sub-competencies:

1. Synthesize information presented in the literature
2. Evaluate research designs, methods and findings presented in the literature

### Competency B: Review research and evaluation procedures

Sub-competencies:

1. Evaluate data-gathering instruments and processes
2. Develop methods to evaluate factors that influence shifts in health status

### Competency C: Design data collection instruments

Sub-competencies:

1. Develop valid and reliable evaluation instruments
2. Develop appropriate data-gathering instruments

### Competency D: Carry out evaluation and research plans

Sub-competencies:

1. Use appropriate research methods and designs in health education practice
2. Use data collection methods appropriate for measuring stated objectives
3. Implement appropriate qualitative and quantitative evaluation techniques
4. Implement methods to evaluate factors that influence shifts in health status

### Competency E: Interpret results from evaluation and research

Sub-competencies:

1. Analyze evaluation data
2. Analyze research data
3. Compare evaluation results to other findings
4. Report effectiveness of programs in achieving proposed objectives

### Competency F: Infer implications from findings for future health-related activities

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

**Area V: Administer Health Education Strategies, Interventions, and Programs**Competency A: Exercise organizational leadership

Sub-competencies:

1. Conduct strategic planning
2. Analyze the organization's culture in relationship to program goals
3. Promote cooperation and feedback among personnel related to the program

Competency B: Secure fiscal resources

This competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency C: Manage human resources

Sub-competencies:

1. Develop volunteer opportunities

Competency D: Obtain acceptance and support for programs

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

**Area VI: Serve as a Health Education Resource Person**Competency A: Use health-related information resources

Sub-competencies:

1. Match information needs with the appropriate retrieval systems
2. Select a data system commensurate with program needs
3. Determine the relevance of various computerized health information resources
4. Access health information resources
5. Employ electronic technology for retrieving references

Competency B: Respond to requests for health information

Sub-competencies:

1. Identify information sources needed to satisfy a request
2. Refer requesters to valid sources of health information

### Competency C: Select resource materials for dissemination

#### Sub-competencies:

1. Evaluate applicability of resource materials for given audience
2. Apply various processes to acquire resource materials
3. Assemble educational material of value to the health of individuals and community groups

### Competency D: Establish consultative relationships

#### Sub-Competencies:

1. Analyze parameters of effective consultative relationships
2. Analyze the role of the health educator as a liaison between program staff and outside groups and organizations
3. Act as a liaison among consumer groups, individuals and health care providers
4. Apply networking skills to develop and maintain consultative relationships
5. Facilitate collaborative training efforts among health agencies and organizations

## **Area VII: Communicate and Advocate for Health and Health Education**

### Competency A: Analyze and respond to current and future needs in health education

#### Sub-competencies:

1. Analyze factors (e.g., social, cultural, demographic, political) that influence decision-makers

### Competency B: Apply a variety of communication methods and techniques

#### Sub-competencies:

1. Assess the appropriateness of language in health education messages
2. Compare different methods of distributing educational materials
3. Respond to public input regarding health education information
4. Use culturally sensitive communication methods and techniques
5. Use appropriate techniques for communicating health education information
6. Use oral, electronic and written techniques for communicating health education information
7. Demonstrate proficiency in communicating health information and health education needs

### Competency C: Promote the health education profession individually and collectively

#### Sub-competencies:

1. Develop a personal plan for professional development



Competency D: Influence health policy to promote health

Sub-competencies:

1. Identify the significance and implications of health care providers' messages to consumers