Dos and don’ts of good competency evidence

DO:

* Make evidence clear, concise and to the point.
* Make sure the evidence is relevant to the competency.
* Give evidence of real-world practice, for example with feedback and observations from colleagues.
* Ensure it is critically reflective. What did you learn, what would you do differently or what could you improve next time?
* Include patient feedback or the patient’s perspective wherever possible.
* Repeat a task over time. E.g. capture reflections on and direct observations of a task being completed multiple times to indicate progression and to ensure that the task is embedded in your practice.  This will create a trail of reflections and actions each time.
* Demonstrate progression. Good competency evidence is not evidence of initial perfection. It can be evidence of what you did or you would do if something does not go as planned.
* Think about evidence in a range of media, not always written documents. Photographs and audio and video recordings can provide excellent evidence of skills in practice. Audio and video recordings of feedback from colleagues can also be powerful.
* Apply academic learning in a clinical context e.g. linking evidence of practice to literature, frameworks and best practice.
* Provide more than one explanation in cases of differential diagnosis.

DON’T:

* Write a 10,000- word essay as evidence.
* Produce an extensive piece of written work as evidence unless that is the practice that is required in the workplace for a specific competency.
* Upload policy or standards documents without good reason. If they are supplied as part of your evidence, there should be a clear indication of their relevance or of reflection upon them.
* Just list or summarise your knowledge; show how it can be applied in the clinical context.
* Breach patient confidentiality, especially when using videos, photographs or case histories.
* Leave competencies which are harder to evidence until the end of the programme.