

The Residents Report

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UCSF Office of Graduate Medical Education

Learning Portfolios: Changing the Culture of Assessment at UCSF

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A group of leaders representing the medical education continuum at UCSF, has been charged by David Irby, Ph.D., Vice Dean for Education, to support the development of learning portfolios for UCSF medical students, residents, and fellows, to design the specific characteristics of an electronic portfolio system, and to select a system that meets the proposed design. The committee, named "ePORT", is the first of its kind at UCSF. It is structured to represent equally the undergraduate (UME) and graduate (GME) programs in medical education. Co-chaired by Drs. Patricia Robertson and Lee Learman, ePORT's governance and working groups will be led by collaborative teams of UME and GME educators and its membership will include medical students, residents and fellows.

For learning portfolios to have been given such high priority by the School of Medicine they must be perceived as crucial to our educational mission. So, why all the excitement? This series of answers to questions from a learner's perspective will hopefully tell the story.

What is a learning portfolio? It is a purposeful and longitudinal collection of tangible evidence of learner-selected work that exhibits the learner's efforts, progress or achievement. It features the criteria for selection and judging merit, and includes evidence of learner reflection.

How would I use a learning portfolio? Is this really for me or for my program director? The portfolio is centered on you, the learner. Purposes for the portfolio can include personal reflection, self-directed learning, academic advancement, or application to a program or employer. The portfolio is longitudinal, covering the continuum of experience extending, potentially, from pre-matriculation to well into your professional career.

The portfolio allows you to collect and present evidence of strengths and mastery of competencies to augment the current modes of academic assessment. The portfolio supports an interactive process with robust advising that engages you in self-reflection and individualized development as a professional. With the mentor's advice, you would select the best examples as

proof of achievement of competency. These examples would assist your program director in determining competency relative to benchmarks and as a decision aid in the development of further learning goals.

What does "self-reflection" mean and why is it essential for a portfolio? Reflection is the retrospective analysis of what the contents of the portfolio indicate about learning. Without reflection the portfolio would not be a portfolio at all. Instead it would be a passive warehouse or database. Real portfolios build a bridge between the data and self-discovery. By reflecting on evidence learners identify their own strengths, opportunities for improvement, and development over time. Reflection creates new learning as we consider our achievements and emerge with a new evidence-based understanding of our progress and our future goals.

How will learning portfolios "change the culture of assessment at UCSF?" Our current assessment culture puts residents in a passive position as evidence is accumulated about their competency using examinations, observation-based assessments, and opinions of their supervisors, peers, professional associates, and patients. At least twice annually, the program director or designee reviews the "grade book" with each resident and discuss their progress and future goals.

Using a learning portfolio, learners have a far more active role. Residents would have access to their grade book assessments but would also be able to contribute their own evidence of learning (reflections, correspondences, documents, and media featuring achievements in any of the ACGME competencies). Periodically residents would be asked to select among the evidence and populate a formative portfolio for receiving feedback from a faculty coach or mentor. When decisions need to be made about academic advancement, residents and their mentors would create a showcase portfolio according to guidelines for highlighting best work.

The program director would then judge the portfolio along with other criteria for determining advancement and goals for the coming year.

It sounds like there may be some work involved. Is the 'juice worth the squeeze' or is this just another administrative requirement? Ultimately, like other learner-centered programs, the power of learning portfolios will depend on how much time, effort and importance people give them. Beyond the benefits accrued while in medical school and residency, portfolios will help learners prepare for a career of ongoing self-assessment. The new requirements for maintenance of board certification across all specialties include a self-study of our practice in relation to some standard. We will need to make a self-assessment of how we are practicing and develop a plan of action for the future. In academic medicine the standard CV is often enhanced or amended to include additional evidence and a self-assessment of achievements and goals. The Educator's Portfolio is becoming a standard requirement for career advancement in medical education nationally. Learning portfolios are becoming the norm in elementary and secondary education as well as many professions outside of medicine.

What are the essential ingredients for success? The most robust description of the promise and challenges of implementing learning portfolios comes from the Cleveland Clinic Lerner College of Medicine, a 5-year program of Case Western Reserve University focused on developing physician scientists (see Dannefer EF, Henson LC. Acad Med 2007; 82:493-502). To graduate, a student must use their learning portfolios to demonstrate mastery of nine competencies: research, medical knowledge, communication, professionalism, clinical skills, clinical reasoning, health care systems, personal development, and reflective practice. In their publication, Dannefer and Henson enumerate the essential components of a successful portfolio system. These include time for reflection and mentorship, separation of formative feedback (coaching) and summative decision-making (career advancement), student-selected evidence of learning, written essays to aid student reflection on integration of competencies, and rigorous measurement standards for summative assessments (fair, valid, reliable).

How will we make this work at UCSF? The ePORT committee will work diligently over the next year to put the critical ingredients in place for portfolios to succeed. The keys to success will extend far beyond what electronic platform we use. The names of the ePORT working groups capture the tasks ahead: Benchmarking, Mentoring, Communications, Technology tools, Learner-centered value, and Process Evaluation. Each group will be co-led by leaders in GME and UME. If you are interested in learning more or serving as a working group member, please let me know by email: learmanL@obgyn.ucsf.edu and I will put you in touch with the appropriate leaders. Your perspectives are highly valued: as a learner-centered initiative, portfolio implementation at UCSF cannot succeed without you!