

Implementing a Reflective Student Portfolio at The University of Kansas School of Medicine



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Overview

- Why implement a portfolio project?
- How has the project evolved from concept to practice?
- How does the portfolio system work?
- What have we learned?

Why a Portfolio Project?

- Making the competencies real and known
- Assessing 4 specific competencies
- Providing a practical advising system (linked to competencies)
- Learning across clerkship “silos”
- Address the “hidden curriculum”
- Getting added value from work projects
- Preparing student for lifelong recertification
- *Some faculty just love “cool” educational projects!*

Specific Graduation Competencies Addressed by Portfolio

- Develop reflective practice habits, using analysis of experience to improve performance.
- Outlines strategies to continuously update personal clinical knowledge and skills.
- Accepts constructive feedback as part of a commitment to continuous learning and improvement.
- Recognizes and addresses personal limitations, attributes or behaviors that might affect effectiveness as a physician.

Advisors provide assessments of these in MSPE (“Dean’s Letter”) at end of project

KU Portfolio Project: Core Principles

- Pilot program - Wichita campus (54 students)
- Resource for/responsibility of the student
- Confidential between student and advisor
- **Student/advisor use to regularly assess/plan**
- No new work (uses work already generated in clerkships)
- Each entry requires a reflective commentary
- Organized by SoM (ACGME) competencies
- Use existing technology/infrastructure
- Prudent use of scarce resources

Design Issues: Control and Content

Control: Student Driven/Faculty Mediated

Portfolios require active learning and participation: students select work, reflect, and then discuss with an advisor.

Content: Focused on specific curricular competencies

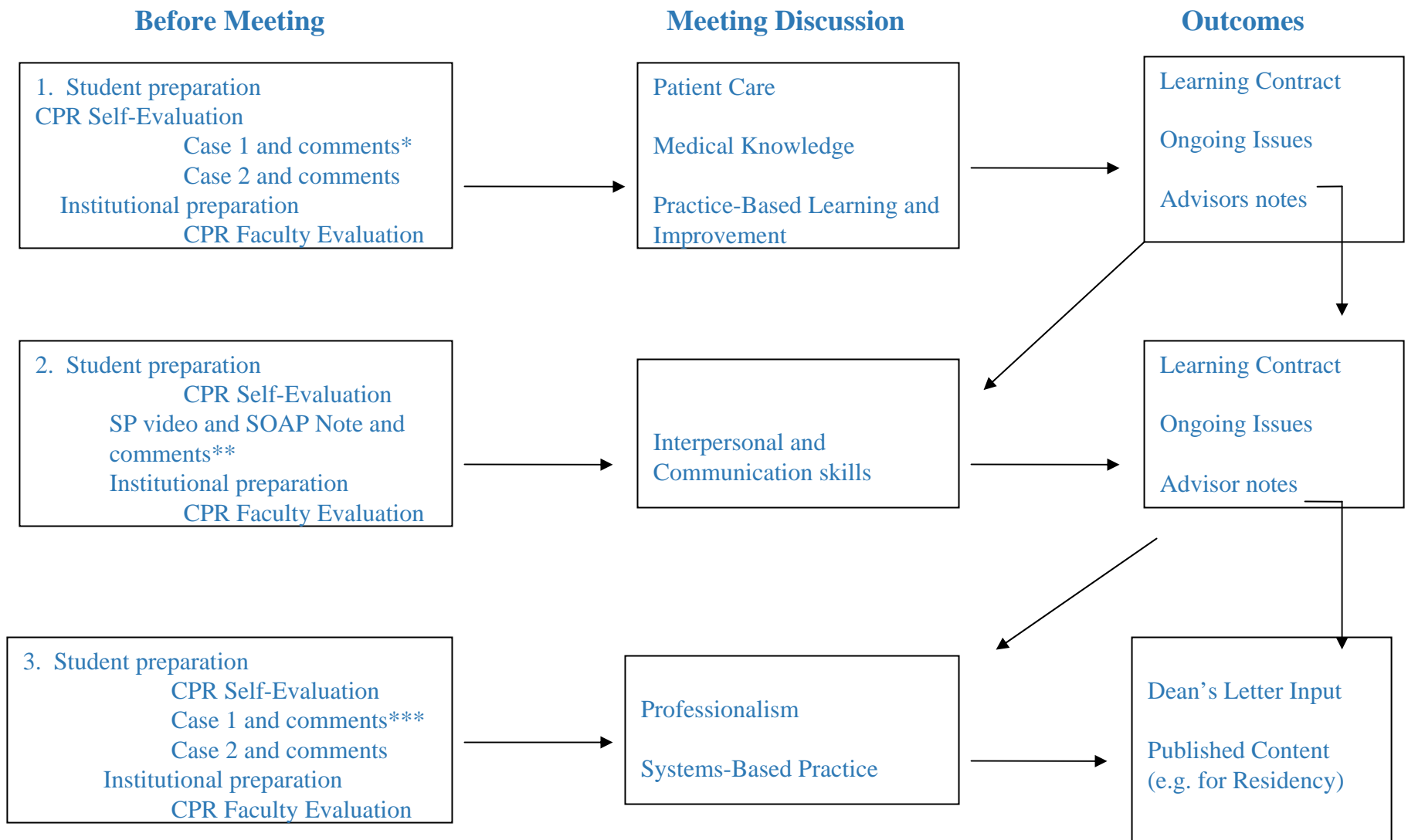
Artifacts are selected to meet a narrow purpose instead of the portfolio being a catch-all (“scrapbook”).

How has the project evolved?

- Original idea was a “shoe box” of artifacts
- The project has evolved into an advising system that addresses reflection and growth
- Opportunity for community faculty
- Diverse additional outcomes
- More energy is spent on the “human” factor than on technology

How does the (e)Portfolio system work?

- Defined process over MS 3 & 4
- Significant training/support for students and advisors
- ANGEL ePortfolio system
- Overt political support and validation
- Intensive staff support



*Meeting 1: Two case write-ups a) one focusing on chronic care/behavioral issues b) one focusing on acute care issues in which the patient presented with an undifferentiated problem and in which the student can demonstrate thought and/or the decision process

**Meeting 2: One standardized patient “package” – the video and SOAP note

***Meeting 3: Two case write-ups a) one focusing on ethical issues b) one in which multiple specialties or interdisciplinary cooperation was necessary. Focus should be on enhancing collaboration and patient safety.

How It works

Each required meeting has a theme @ competencies.

Students send advisors:

- 2 cases or SP encounters selected to illustrate their status and/or concerns
- Reflection on each artifact
(Why is it a good example? What was learned?)
- Competency tracker
(Which competencies does it address?)
- Overall Self-Assessment
Using CPR form (almost identical to clerkship director's summary)

Documents are starting points for confidential discussions with advisors around theme and other issues

How it works:

- Students put artifacts into ePortfolio system
- Publish to advisor only
- Advisor prepares for session
- Only required documentation is learning contract between student and advisor
- Advisor contributes to “Dean’s Letter” on the 4 reflective competencies
- Advisor can react to crises or significant issues

Microsoft Excel - Competency Tracker

Type a question for help

File Edit View Insert Format Tools Data Window Help

A1 Session 1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Session 1															
2																
3	Name:															
4																
5																
6	For full instructions, click on the instructions tab at the bottom of the page.															
7	Mouse over cells for descriptions of brief instructions. Choose no more than 5															
8	competencies for each artifact.															
9																
10											Medical					
11																Practice-Based Learning Improvement
12	Artifact Name		1	2	3	4	5	6								
13	Case Requirement 1															
14	<i>A case focusing on</i>															
15	<i>chronic care or</i>															
16	<i>behavioral issues</i>															
17																
18																
19																
20																
21																
22	Case Requirement 2															
23	<i>A case focusing on</i>															
24	<i>an undifferentiated</i>															
25	<i>problem in the</i>															
26	<i>context of an acute</i>															
27	<i>care issue</i>															
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Describe and implement strategies to facilitate behavior change in patients and to optimize adherence with medical recommendations.

Instructions Artifact List & Competencies

Cell H11 commented by

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ANGEL Artifacts

Artifacts - Mozilla Firefox

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https://eportfolio.kumc.edu/eportfolio/Admin/Pages/Artifacts/Default.aspx?PortfolioID=caab57e7-968f-411e-97f7-8571c3ec1be4&ObjectID=14bae6ad-75b2-4e48-b025-e3

ANGEL[®]

My Info Artifacts History Blogs Objectives Publications

Mark Medicine

Artifacts Add an Artifact Import Artifact Export Artifacts Add Folder

Artifact Browser

- ROOT
 - Advising Session #1
 - Case 1
 - Case 1 Self-Reflection
 - Case 2
 - Case 2 Self-Reflection
 - Competency Tracker
 - Mark Medicine Assignment

Advising Session #1 Edit

- Case 1**
7/27/2006. Acute Care Case from Family Medicine
Comments Edit Delete
- Case 1 Self-Reflection**
7/27/2006. My experience with the case.
Comments Edit Delete
- Case 2**
7/27/2006. Case from Surgery
Comments Edit Delete
- Case 2 Self-Reflection**
7/27/2006. My experience
Comments Edit Delete
- Competency Tracker**
7/27/2006. Advising Session 1
Comments Edit Delete
- Mark Medicine Assignment**
1/17/2007. Mark Medicine Assignment
Instructor's Remarks: Overall, good job. Next time make sure to clearly state the chief complaint. Score: 90%
Comments Delete

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Done eportfolio.kumc.edu

Student
access
only

ANGEL Objective Matrix

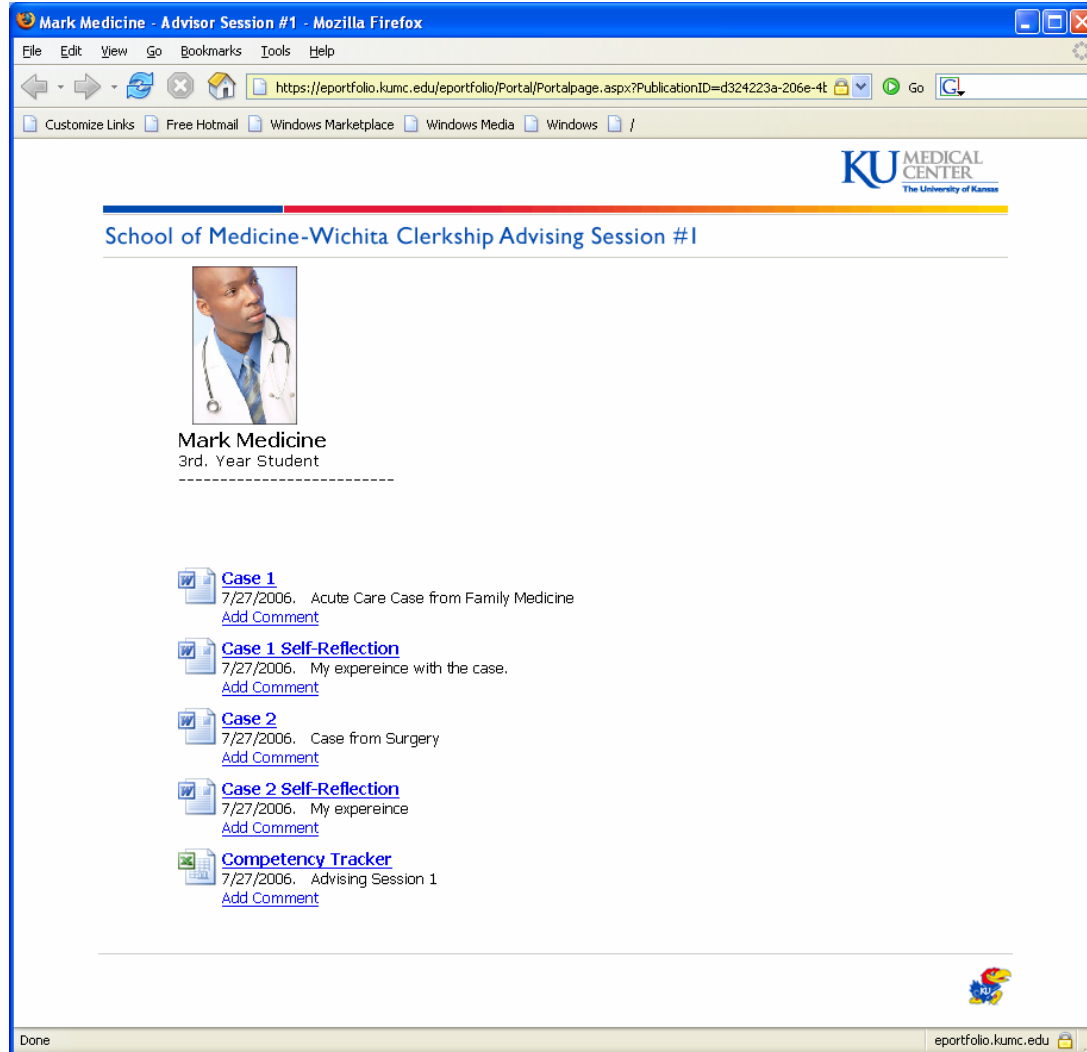
The screenshot shows the ANGEL ePortfolio interface. The browser title is "ePortfolio - Objectives - Mozilla Firefox". The address bar shows the URL: <https://eportfolio.kumc.edu/eportfolio/Admin/Pages/Objectives/Default.aspx?PortfolioID=caab5>. The navigation bar includes "ANGEL ePORTFOLIO" and links for "My Info", "Artifacts", "History", "Blogs", "Objectives", and "Publications". The user is logged in as "Mark Medicine".

The main content area is titled "Objectives" and includes a "Show:" dropdown menu set to "School and Department" and a "Go" button. Below this is the heading "KUSM-W Advisor Session #1".

	Match Artifacts Here
Case 1	Case 1
Case 1 - Self-Reflection	Case 1 Self-Reflection
Case 2	Case 2
Case 2 - Self-Reflection	Case 2 Self-Reflection
CompetencyTRACKER	Competency Tracker
CPR	Case 2 Self-Reflection
Other	Mark Medicine Assignment

Artifacts match core competencies addressed during advisor session

ANGEL Publication



Mark Medicine - Advisor Session #1 - Mozilla Firefox


File Edit View Go Bookmarks Tools Help






https://eportfolio.kumc.edu/eportfolio/Portal/Portalpage.aspx?PublicationID=d324223a-206e-4t

Customize Links Free Hotmail Windows Marketplace Windows Media Windows /

KU MEDICAL CENTER
The University of Kansas

School of Medicine-Wichita Clerkship Advising Session #1


Mark Medicine
3rd. Year Student

-  **Case 1**
7/27/2006. Acute Care Case from Family Medicine
[Add Comment](#)
-  **Case 1 Self-Reflection**
7/27/2006. My experience with the case.
[Add Comment](#)
-  **Case 2**
7/27/2006. Case from Surgery
[Add Comment](#)
-  **Case 2 Self-Reflection**
7/27/2006. My experience
[Add Comment](#)
-  **Competency Tracker**
7/27/2006. Advising Session 1
[Add Comment](#)

Done eportfolio.kumc.edu

Publication
sent as an e-mail
link to advisor

Advisor's Role

- Advisors serve as medical “aunts and uncles”
 - Discuss overall progress and issues
 - Provide continuity of learning across clerkships
 - Resource for the “hidden curriculum”
- Advisors evaluate **ONLY** the four self-reflection competencies
- Advisors may act to head off imminent disasters

Evaluation

- Survey of student and advisor perceptions of advising and professional development.
- Survey of workload impact, practical implementation, and goal achievement
- Change in knowledge of competencies, advising, revisiting of work.
- Search for connection to objective measurements.

Lessons Learned

- Takes time to clarify best purpose/design
- Students enthusiastic if presented with a professional growth opportunity/challenge
- Selection/preparation/support of advisors is crucial
- Requires considerable logistical support
- Powerful personal experience for both advisors and students

Lessons Learned

- Unexpected insights, linkages
- Project must solve problems/ add value
- Listen for the “win-wins” and negotiate
- Student enthusiasm (imminent physicians)
- Quality advisors (peer-selected)
- Match to developmental stage of students

Lessons Learned

- Overt respect and praise for participants
- Minimize the burden, maximize the benefit!
- KISS logistics and technology
- Focus more on people, processes, and relationships rather than the technology, gadgets, and gizmos
- Know the purpose and stick to it!!!

For more information...

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