



# **University Residency Program 2019**

## **Rawalpindi Medical University**

### **MS Otorhinolaryngology**

# **FIRST YEAR PORTFOLIO**

## **Introduction of portfolio**

### **What is a portfolio?**

A collection of a learner's various documents and assessments throughout residency that reflect their professional development over time. May include referral letters and procedure logs (Rider et al., 2007). Portfolios also frequently include self-assessments, learning plans, and reflective essays (Epstein, 2007).

### **What should be included in a portfolio?**

resident may include the following components in his or her portfolio:

- Curriculum Vitae (CV)
- Personal Publications
- Research abstracts presented at professional conferences
- Presentations at teaching units/departmental meetings and teaching sessions
- Patient (case) presentations
- Log of clinical procedures
- Copies of written feedback received (direct observations, field notes, daily evaluations)
- Quality improvement project plan and report of results
- Summaries of ethical dilemmas (and how they were handled)
- Chart notes of particular interest
- Photographs and logs of medical procedures performed
- Consult/referral letters of particular interest
- Monthly faculty evaluations
- 360-degree evaluations
- Copies of written instructions for patients and families
- Case presentations, lectures, logs of medical students mentored
- Learning plans
- Writing assignments, or case-based exercises assigned by program director
- List of hospital/university committees served on
- Documentation of managerial skills (e.g., schedules or minutes completed by resident)
- Copies of billing sheets with explanations
- Copies of written exams taken with answer sheets
- In-training Evaluation Report (ITER) results
- Format can be as simple as material collected in a three-ringed binder or as sophisticated as information stored in a handheld Pocket PC (PPC).
- Patient confidentiality should be assured when any clinical material is included in the portfolio.
- Should be resident-driven and include a space for residents to reflect on their learning experiences.

## **Why portfolio is required?**

Can be used as a:

- Formative learning tool: To help develop self-assessment and reflection skills.
- Summative evaluation tool: To determine if a competency has been achieved.
- Useful for evaluating competencies that are difficult to evaluate in more traditional ways such as:
  - Practice-based improvement
  - Use of scientific evidence in patient care
  - Professional behaviors (Rider et al., 2007)
- Purpose is to highlight for the resident the need for ongoing learning and reflection to achieve and maintain competencies.
- Enormous flexibility in using the portfolio as a learning tool: Portfolio may focus on one area (e.g., assessments pertaining to professionalism in a learner with attitudinal issues) without losing its effectiveness for the broader scope of competencies.
- Number and frequency of entries may vary. Expectations, including minimum standards, should be defined with the resident from the outset.
- Portfolios can be powerful tools for guided self-assessment and reflection (Holmboe & Carraccio, 2008).

## **Evidence:**

- Evidence suggests that an assessment of skills is most valid when the tool used places the learner in an environment and/or situation that closely mimics that in which the learner will later practice the mastered skill (Wiggins et al., 1998). In that way, portfolios have the advantage of reflecting not just what residents can do in a controlled examination situation but what they actually do at work with real patients (Jackson et al., 2007).
- As an evaluation tool, the reliability and validity of a portfolio are dependent on the psychometric characteristics of the assessment and judging methods used in the portfolio process (Holmboe & Carraccio, 2008).
- Research is still needed to determine whether portfolios can be a catalyst for self-directed, lifelong learning (O'Sullivan et al., 2002).

## **Practicality/Feasibility:**

Portfolios can be time consuming for the resident to assemble and for the preceptor to assess.

## **References:**

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2. Challis M. (1999). AMEE medical education guide no. 11 (revised): Portfolio-based learning and assessment in medical education. *Medical Teacher*, 21, 370-86.
3. Colbert, C.Y., Ownby, A.R., & Butler, P.M. (2008). A review of portfolio use in residency programs and considerations before implementation. *Teaching and Learning in Medicine*, 20(4), 340-345.
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6. Davis, M.H., Ponnampuruma, G.G., & Ker, J.J. (2009). Student perceptions of a portfolio assessment process. *Medical Education*, 43(1), 89-98.
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9. Epstein, R.M. (2007). Assessment in medical education. *New England Journal of Medicine*, 356(4), 387-396.
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15. O'Sullivan, P.S., Cogbill, K.K., McClain, T., Reckase, M.D., & Clardy, J.A. (2002). Portfolios as a novel approach for residency evaluation. *Academic Psychiatry*, 26(3), 173-9.
16. Pitts J. (2007). *Portfolios, personal development and reflective practice*. Edinburgh: Association for the Study of Medical Education.
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18. Tochel, C., Haig, A., Hesketh, A., Cadzow, A., Beggs, K., Colthart, I., & Peacock, H. (2009). The effectiveness of portfolios for post-graduate assessment and education: BEME Guide No 12. *Medical Teacher*, 31(4), 299-318.
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Medical Education (ACGME), & American Board of Medical Specialties (ABMS). Available online: <http://www.acgme.org/Outcome/assess/Toolbox.pdf>

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21. Wiggins, G. (1998). *Educative Assessment: Designing Assessments to Inform and Improve Student Performance*. San Francisco: Jossey-Bass.

# ENROLMENT DETAILS

Program of Admission \_\_\_\_\_

Session \_\_\_\_\_

Registration / Training Number \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Father's Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CNIC No. \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Start of Training \_\_\_\_\_

Date of Completion of Training \_\_\_\_\_

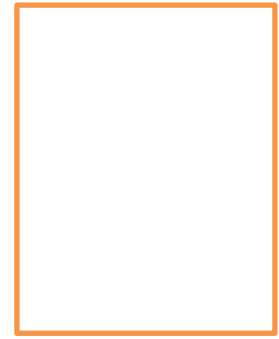
Name of Supervisor \_\_\_\_\_

Designation of Supervisor \_\_\_\_\_

Qualification of Supervisor \_\_\_\_\_

Title of department / Unit \_\_\_\_\_

Name of Training Institute / Hospital \_\_\_\_\_



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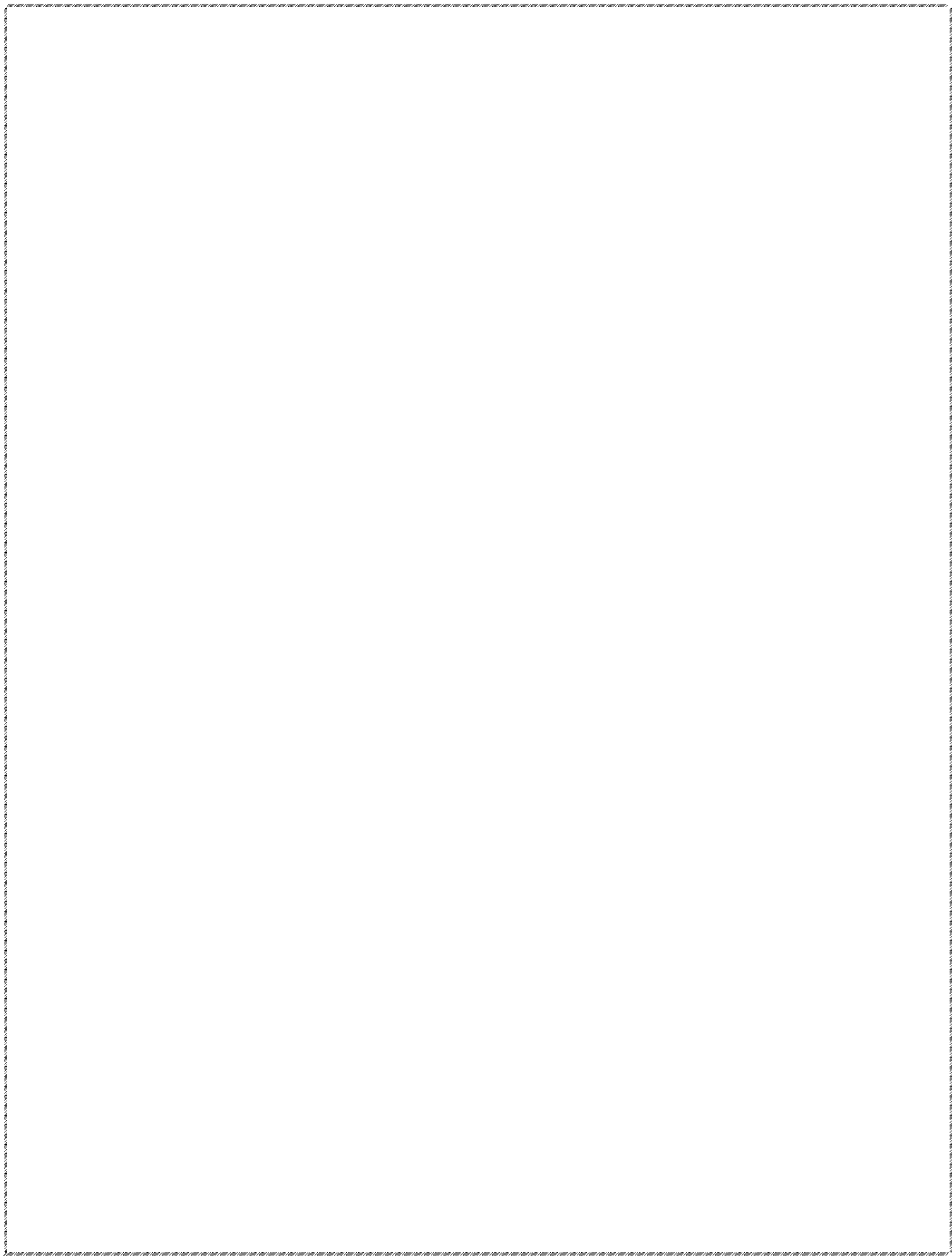
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6. INDOOR
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8. PROCEDURAL SKILLS/DIRECTLY OBSERVED PROCEDURES
9. MULTIDISCIPLINARY MEETINGS
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12. RESEARCH PUBLICATIONS/MAJOR RESEARCH PROJECT/  
ABSTRACT/SYNOPSIS/DISSERTATION/PAPER PRESENTATION
13. ASSESSMENT RECORDS & EVALUATION PROFORMAS
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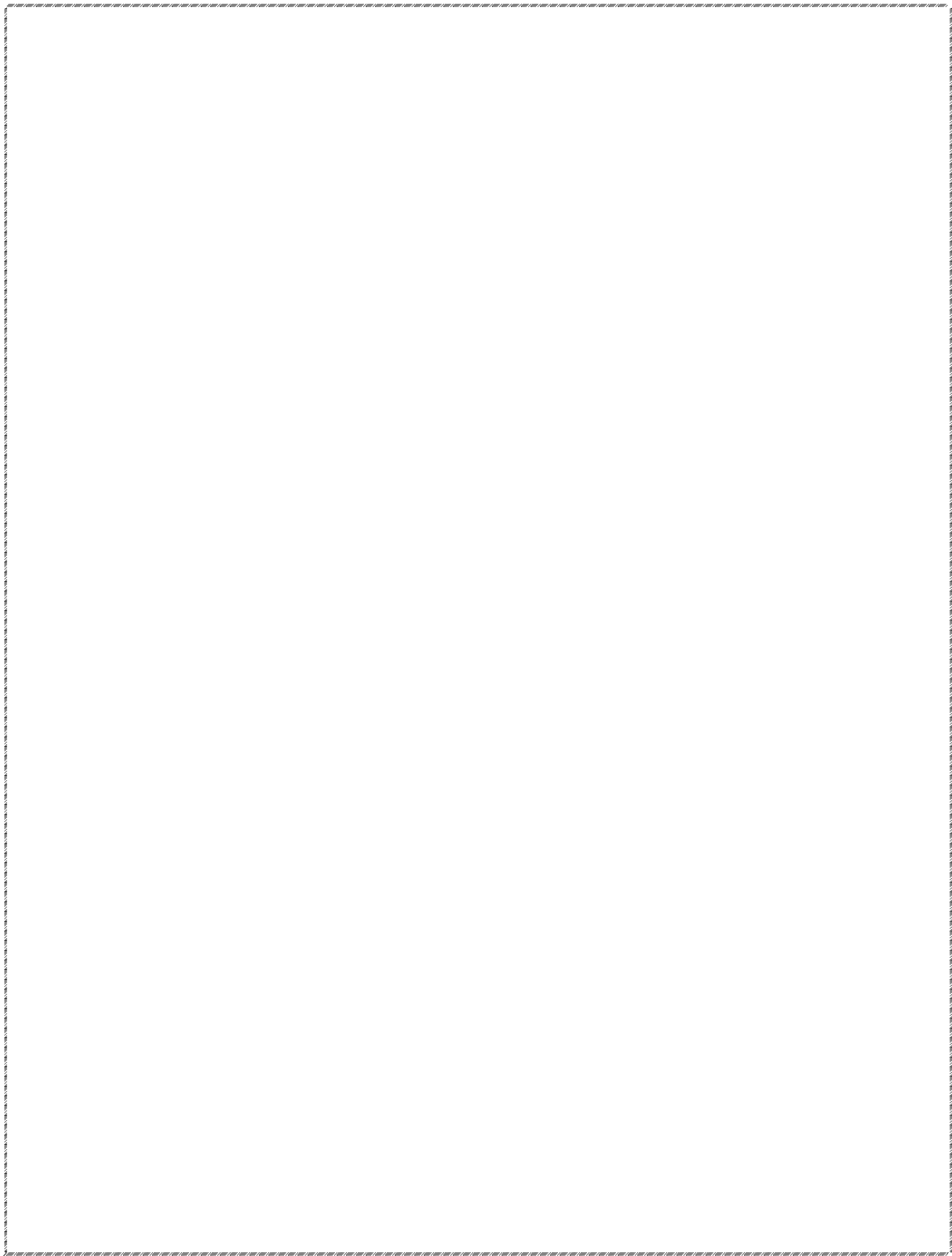
# SECTION-1

## CURRICULUM VITÆ (CV)

Brief curriculum vitae encompassing all academic achievements & work experiences should be written or pasted here



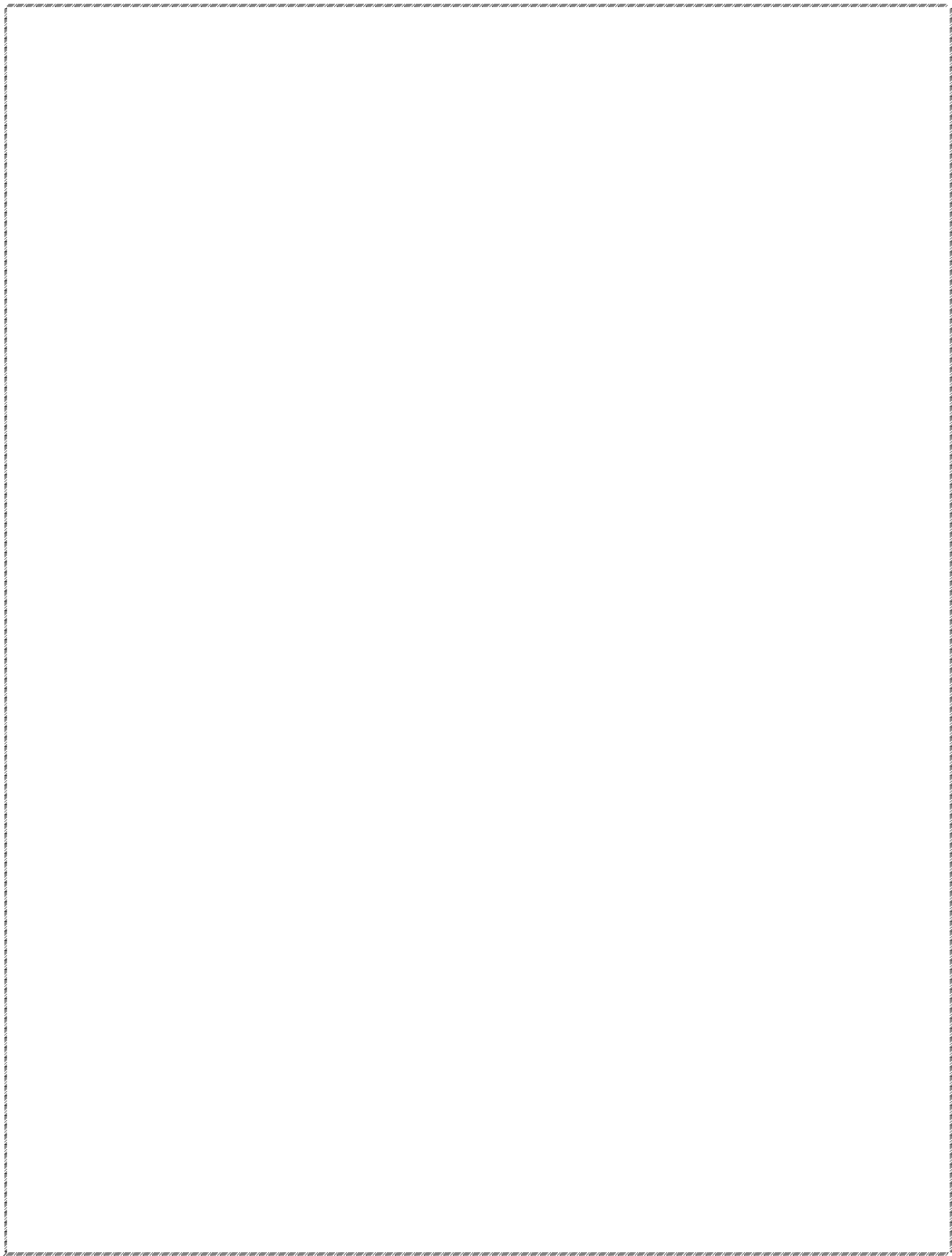




## **SECTION-2**

# **CASE PRESENTATION**

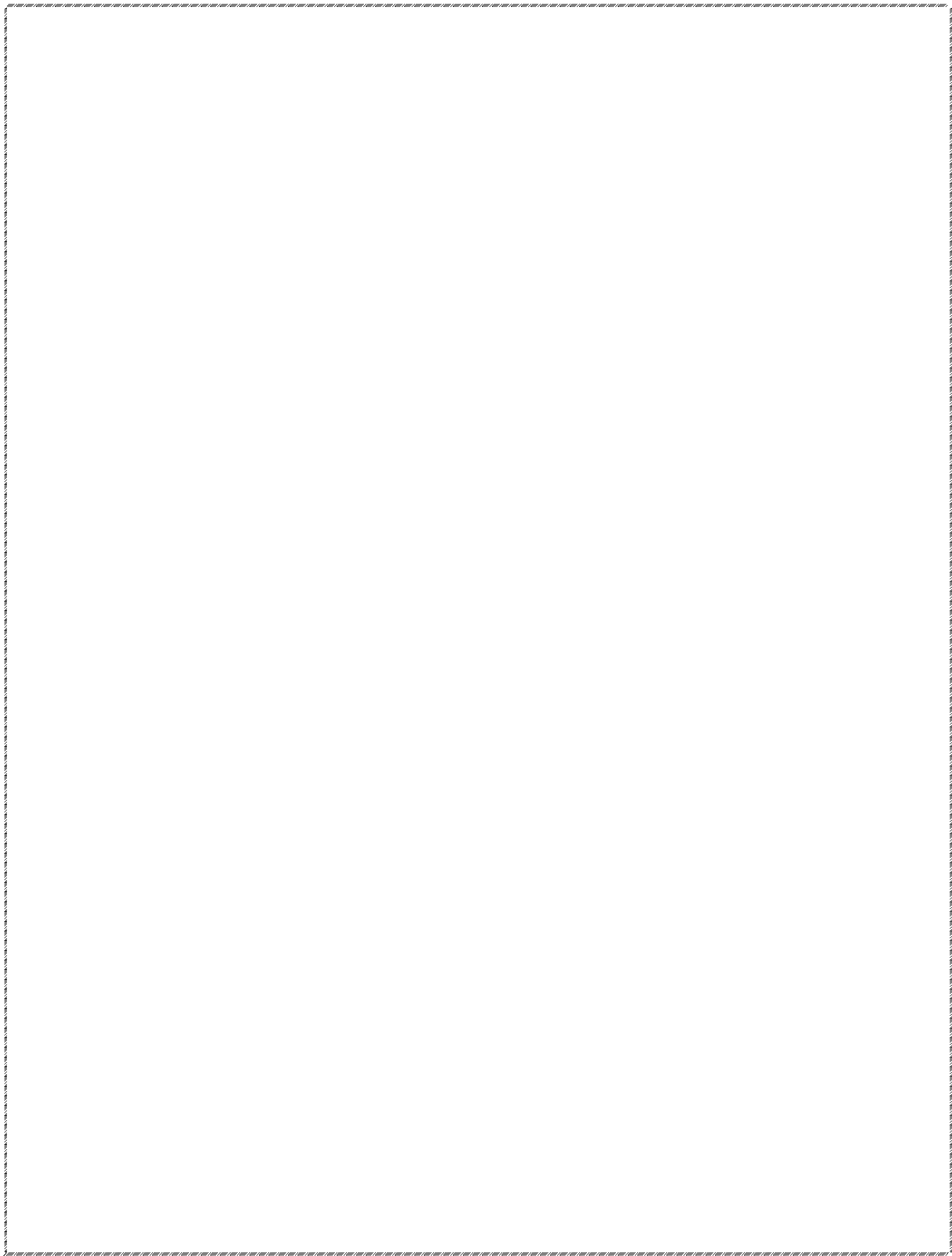
**Interesting and unique case presentations should be written in this section with your own opinion and comments of the supervisor**



## **SECTION-3**

# **TOPIC PRESENTATION**

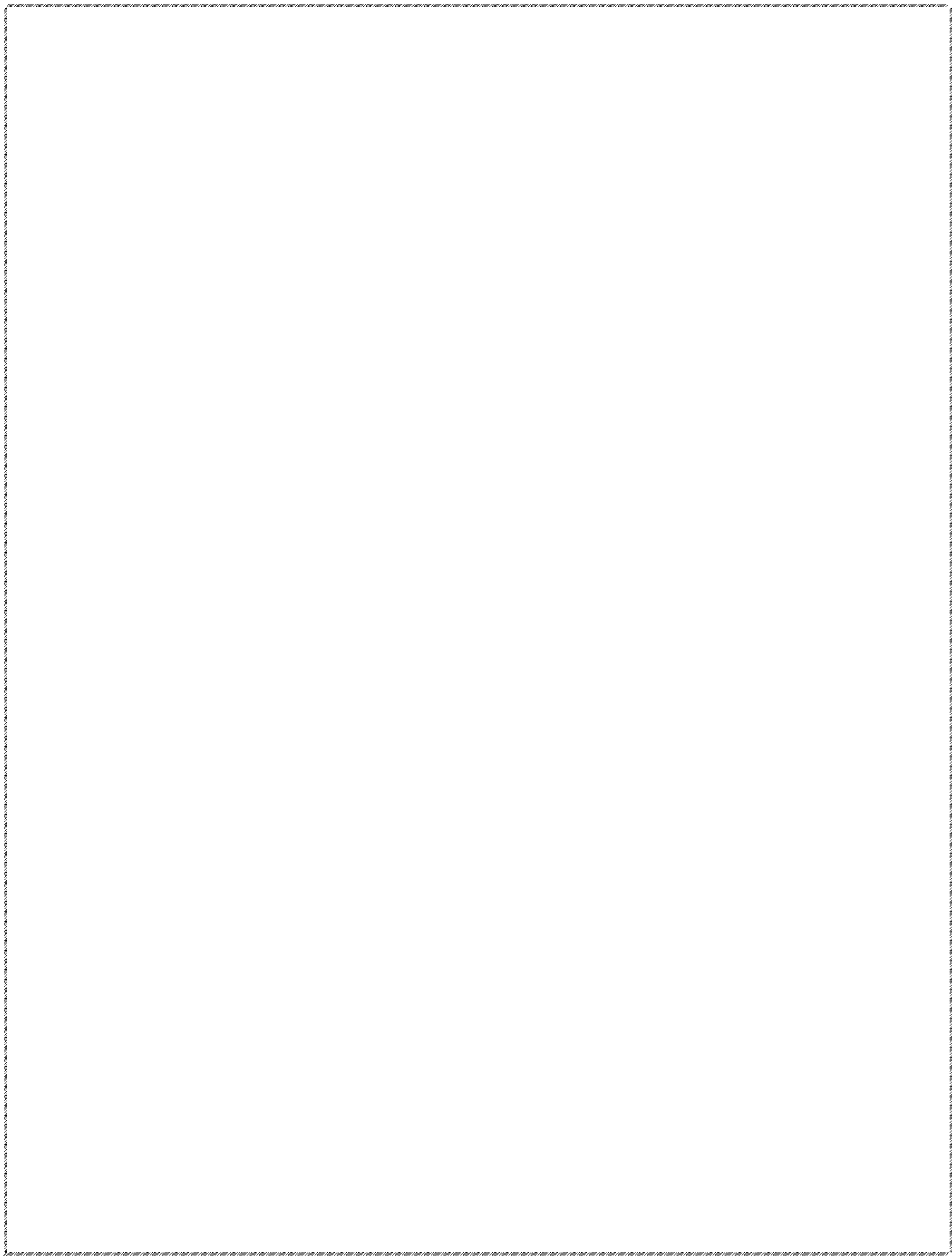
**Details of the topic presentations with the comments of the supervisor should be written here**



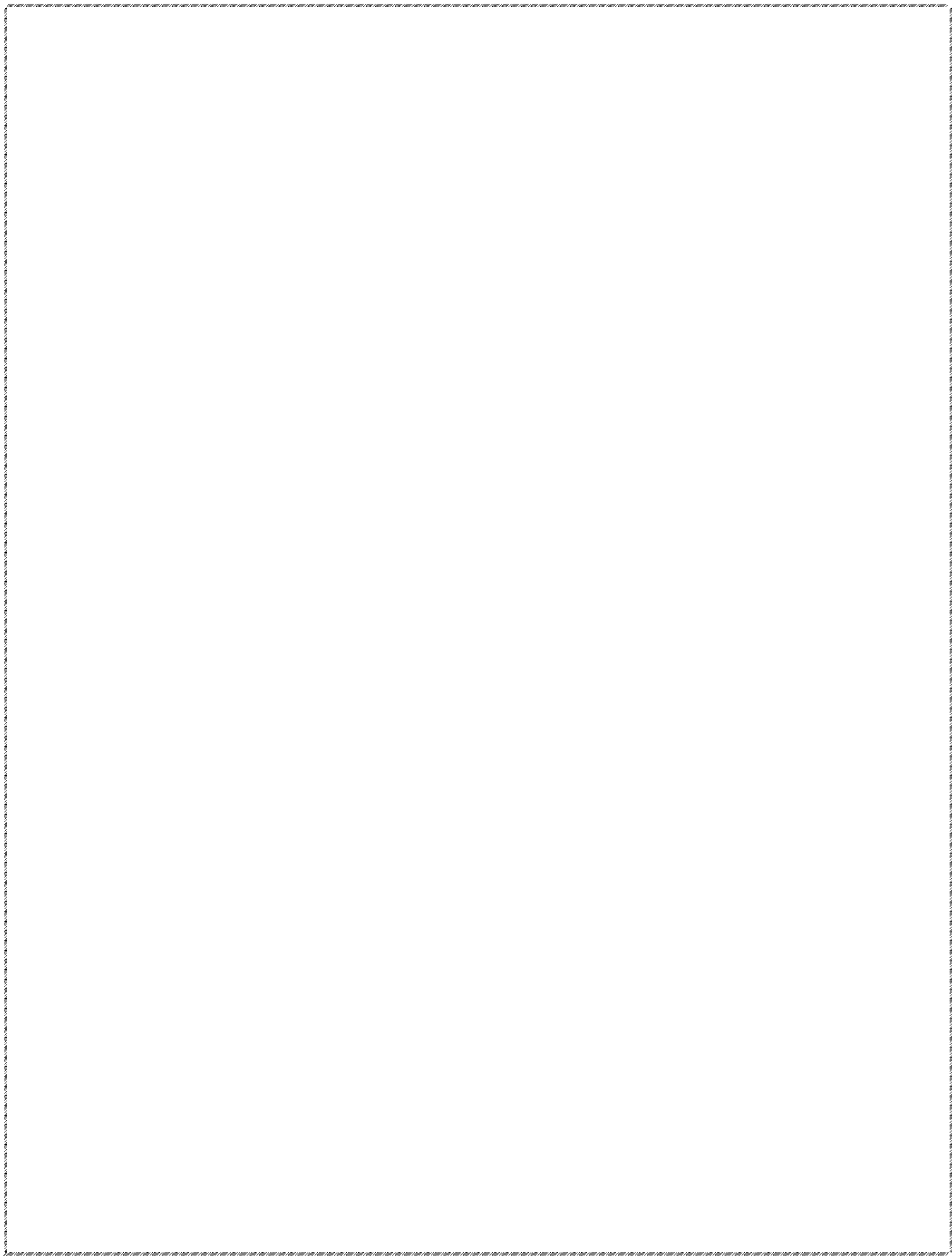
## **SECTION-4**

# **JOURNAL CLUB**

**Details of the selected critical appraisals of research articles discussed in journal club meetings should be written here**



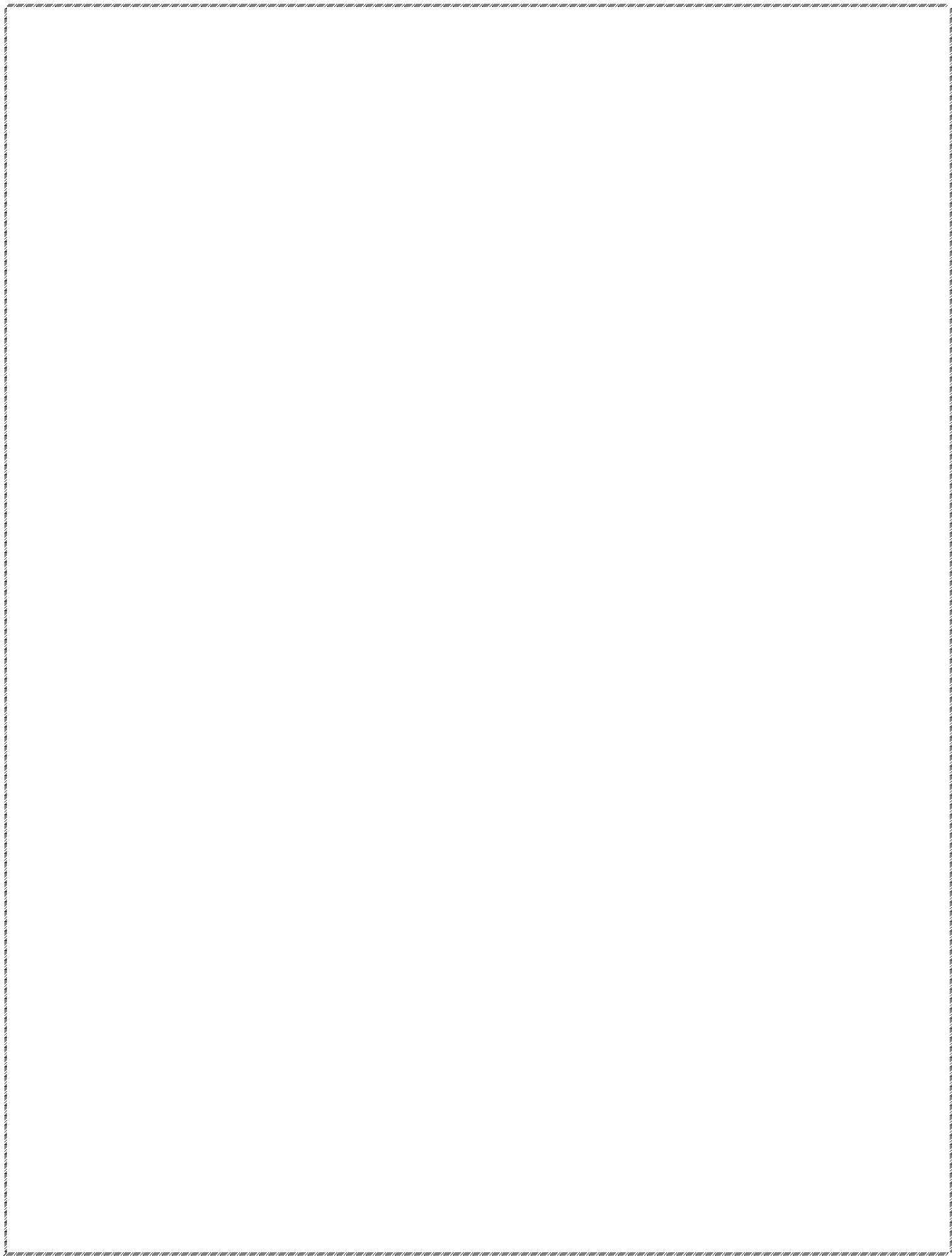


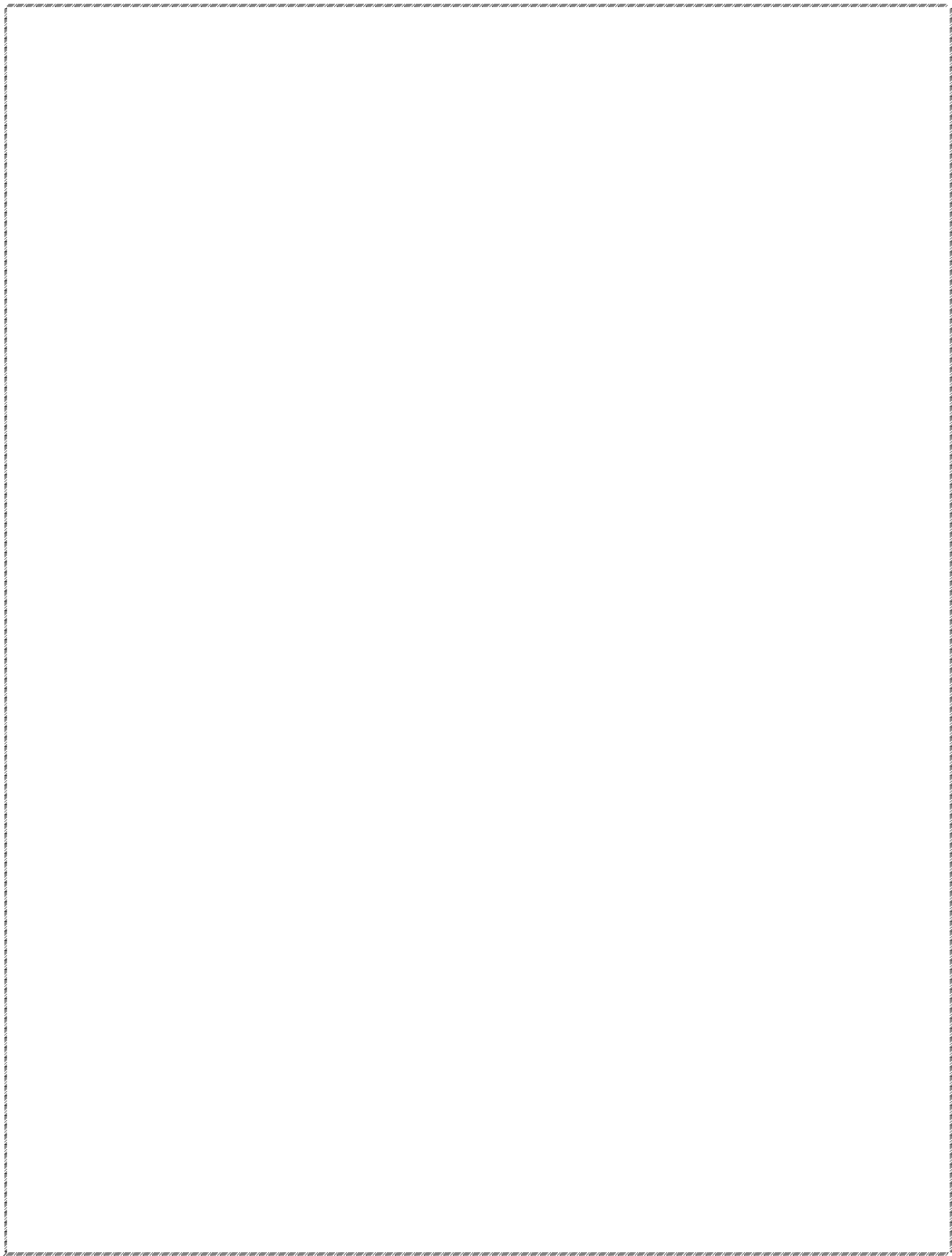


## **SECTION-5**

# **EMERGENCY**

**Details of complicated and interesting emergency cases along with comments of the supervisor should written in this section**

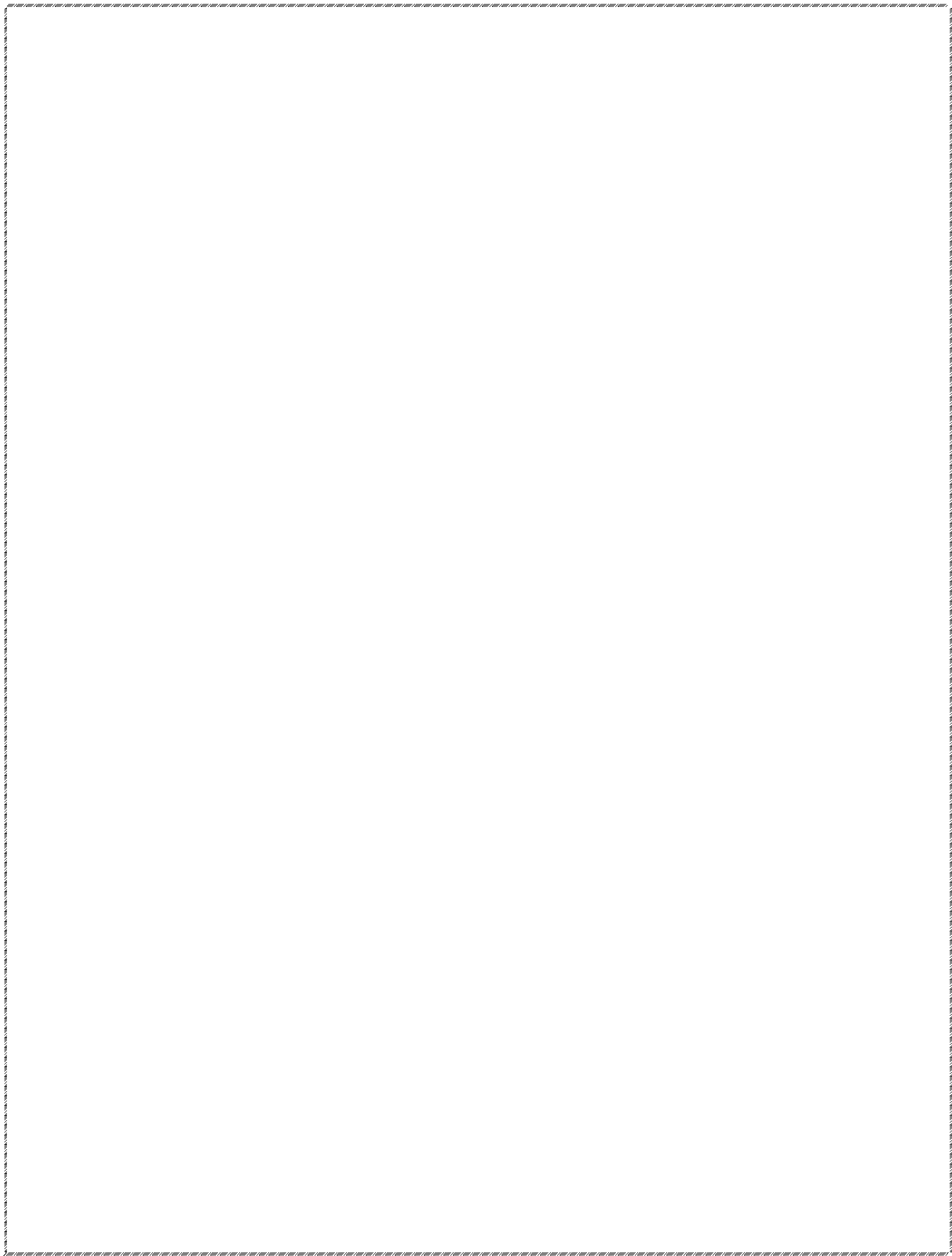




## **SECTION-6**

# **INDOOR**

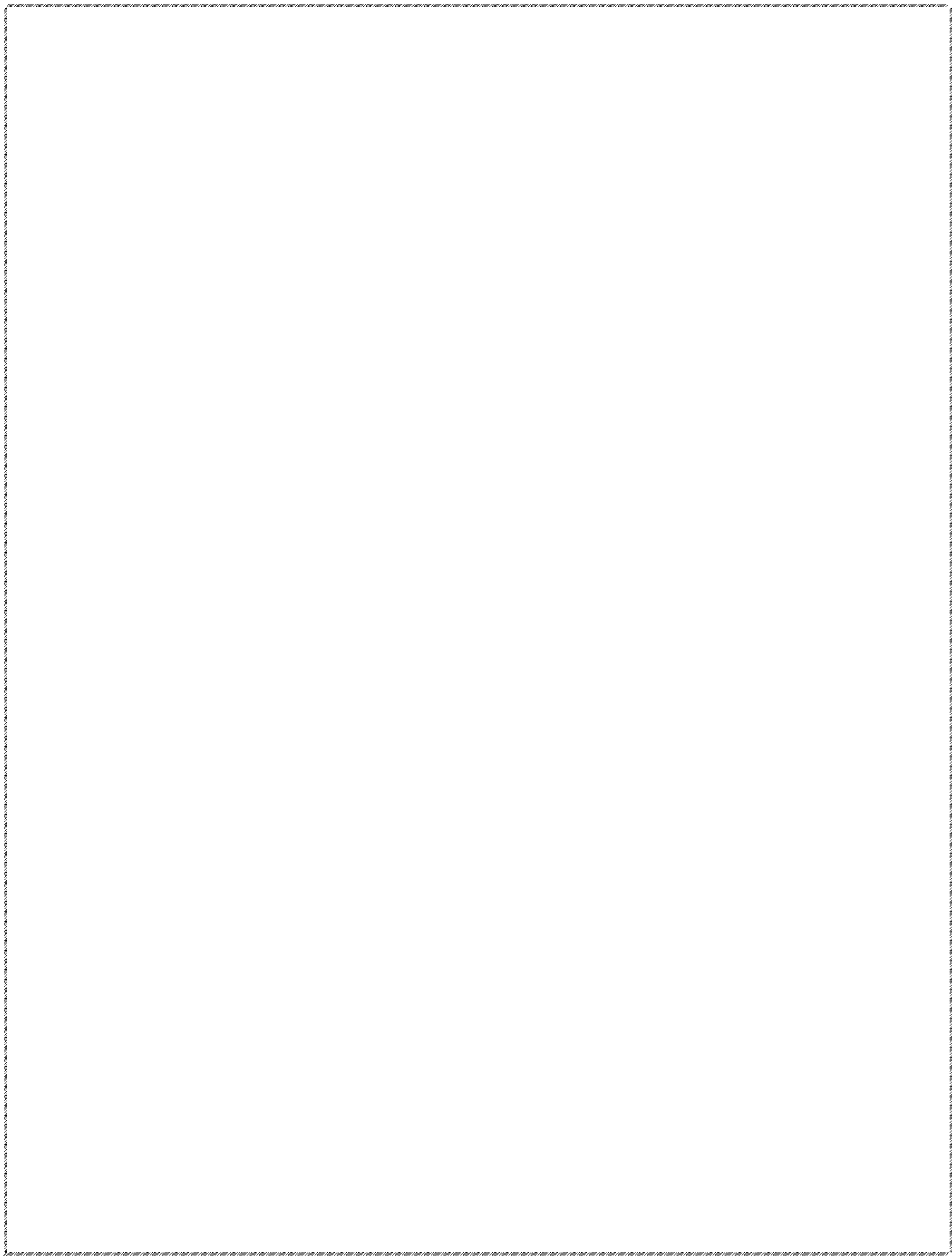
**Memorable cases seen in and managed in the medical ward along with comments of the supervisor should be mentioned in this section**



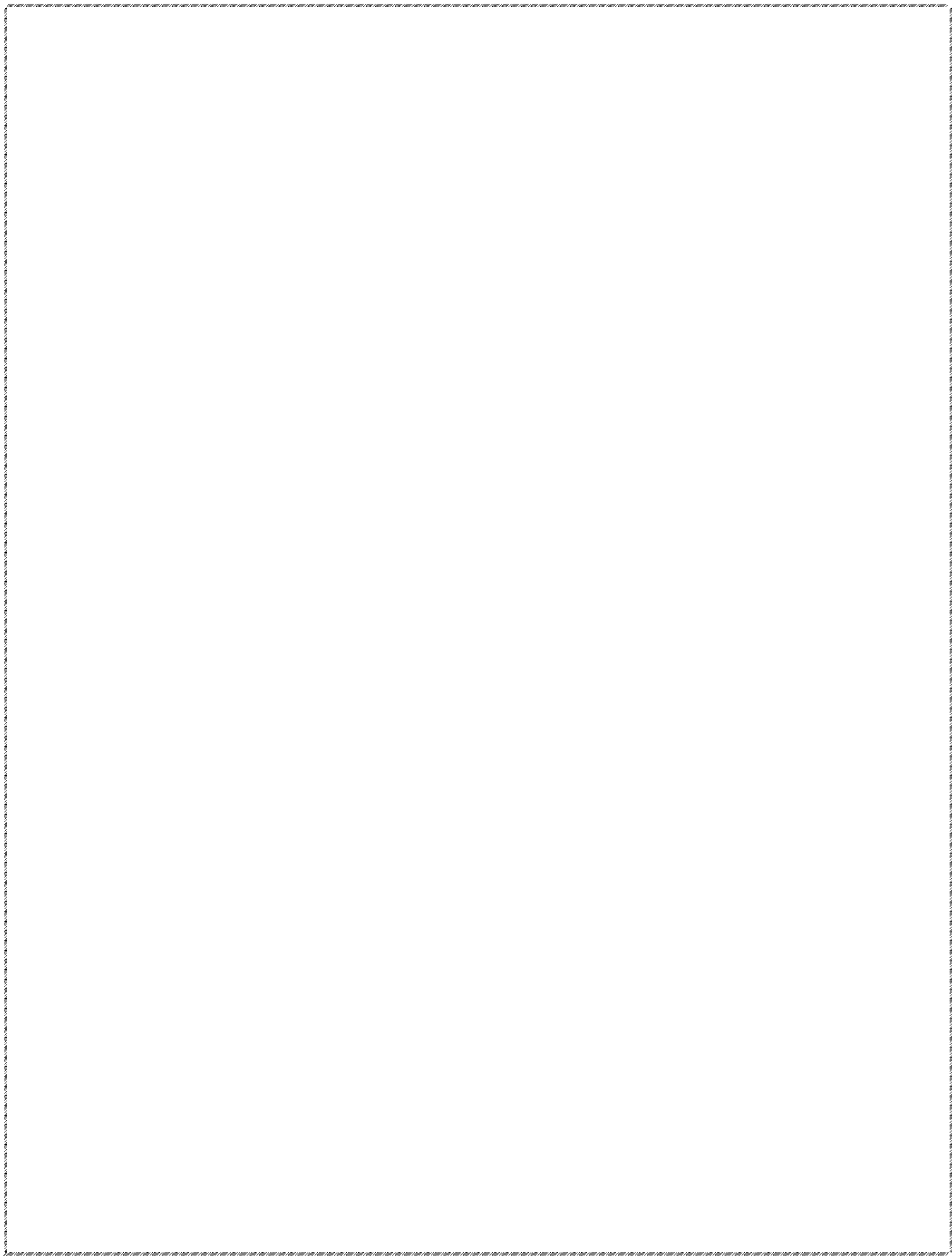
## **SECTION-7**

# **OPD AND CLINICS**

Outpatient experiences along with supervisor's comments should be written here



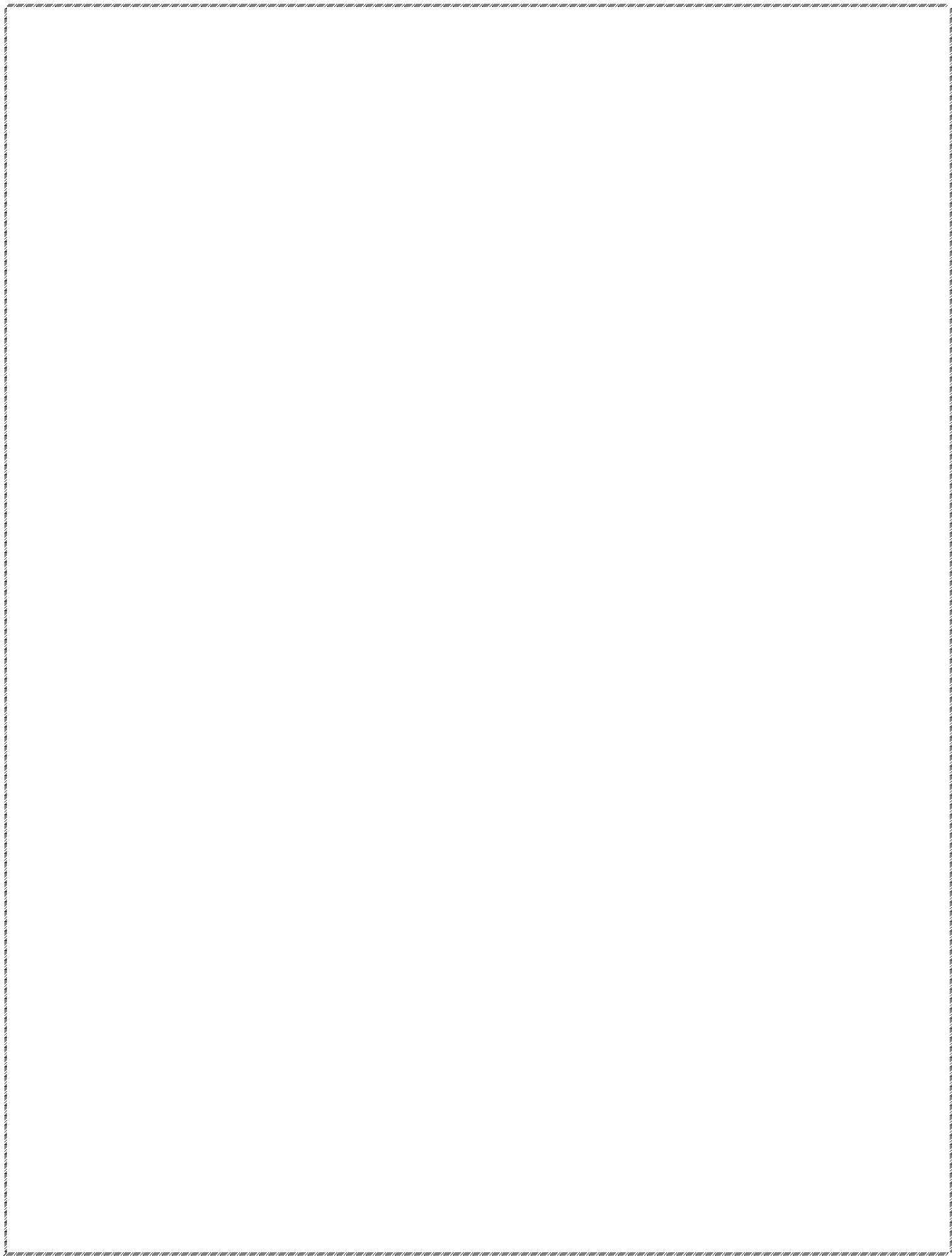




## **SECTION-8**

# **PROCEDURAL SKILLS/DIRECTLY OBSERVED PROCEDURES**

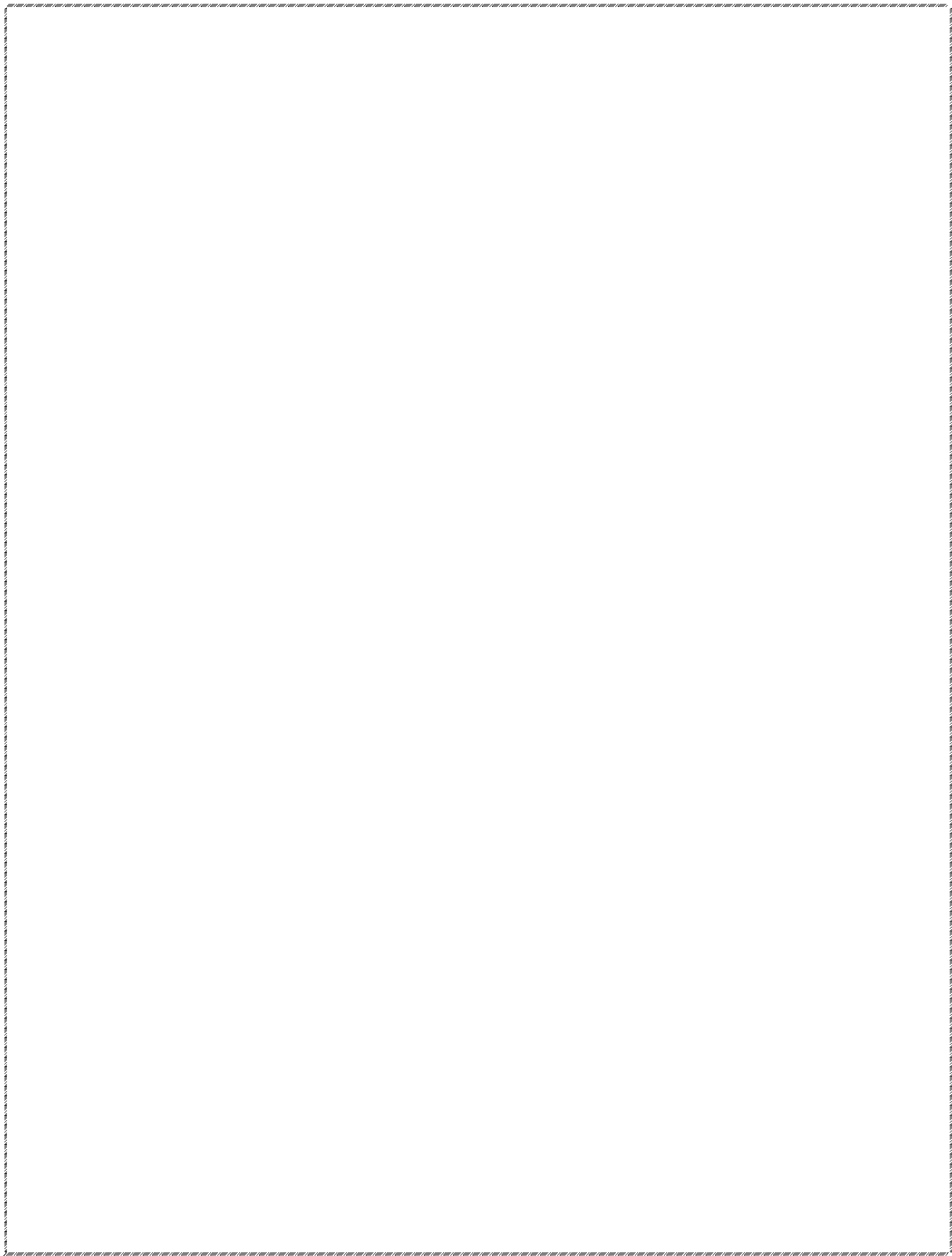
Experiences during learning of procedures and details of directly observed procedures should be written here along with comments of the supervisor

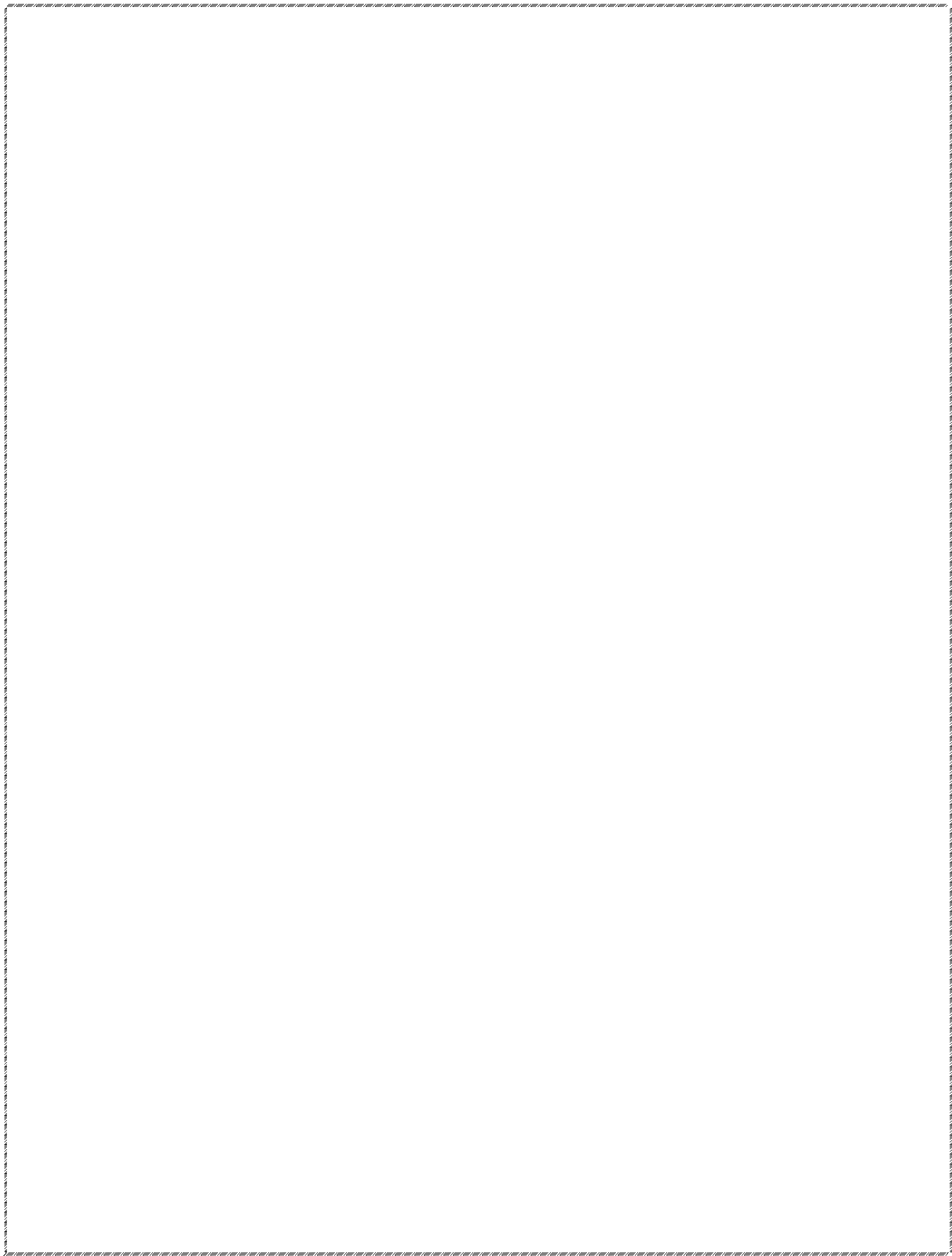


**SECTION-9**

**MULTI DICIPINARY  
MEETINGS**

Details of Multidisciplinary meetings attended should be written here with comments of the supervisor

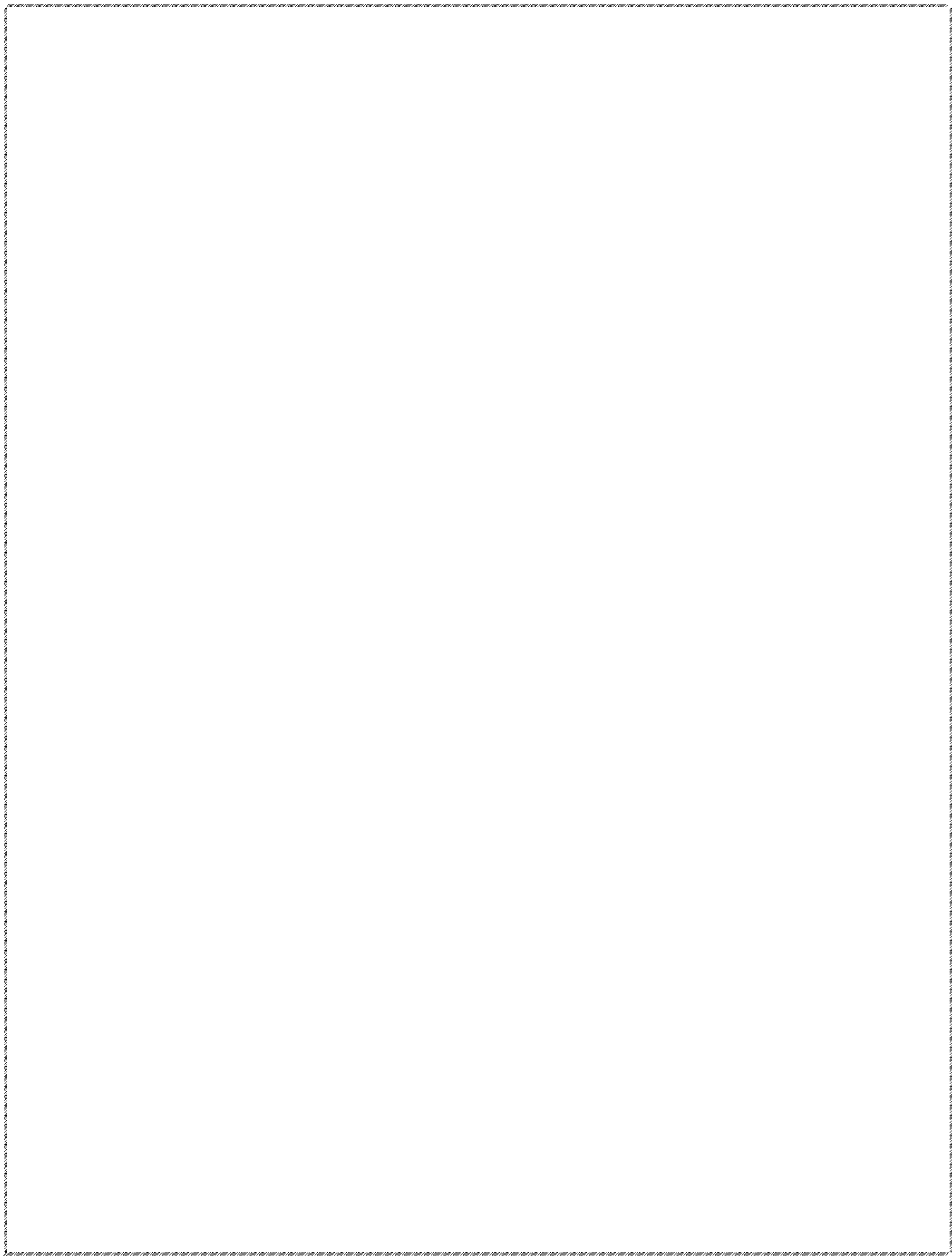




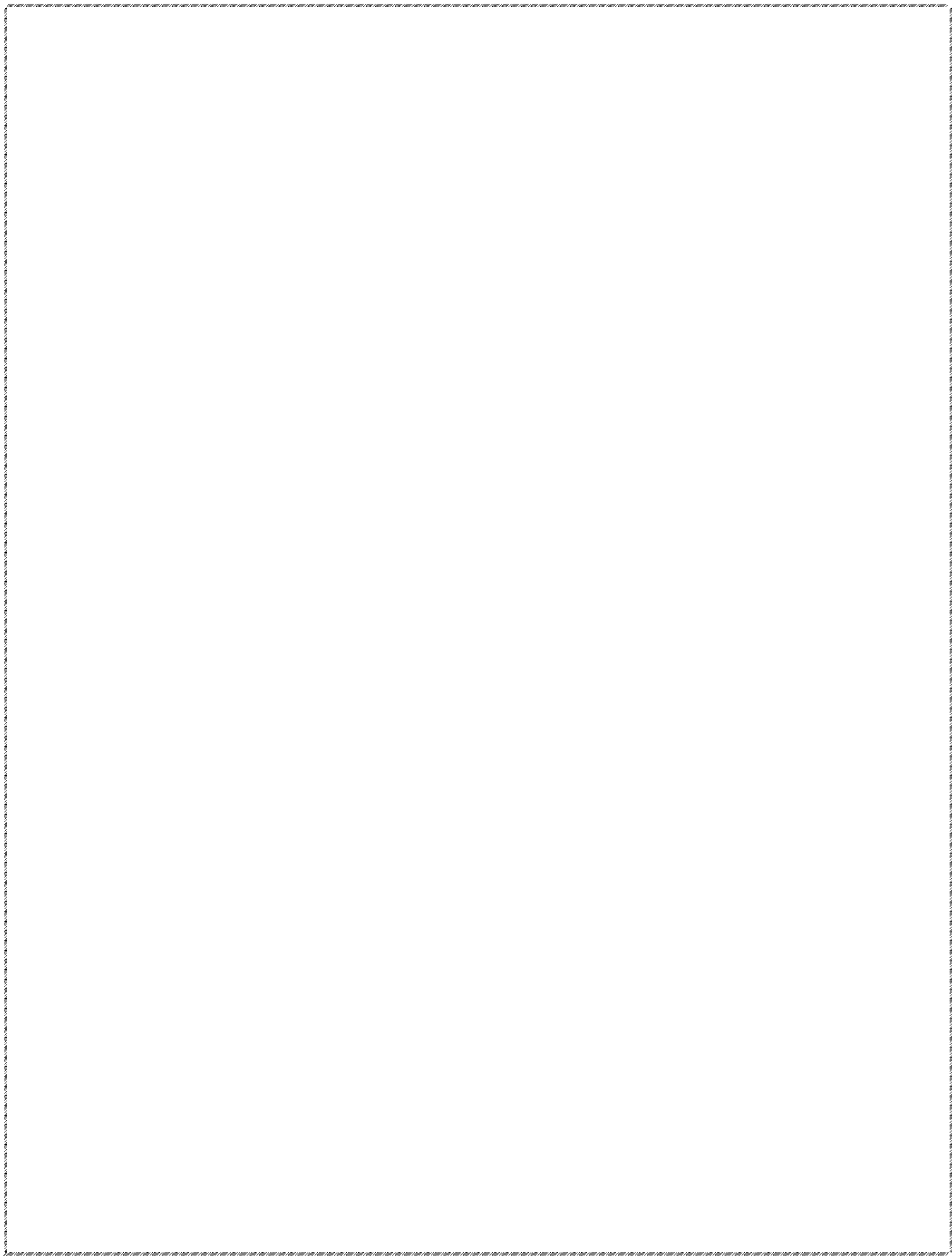
# SECTION-10

## MORBIDITY/MORTALITY MEETINGS

Details morbidity/mortality meetings attended should be written here with comments of the supervisor



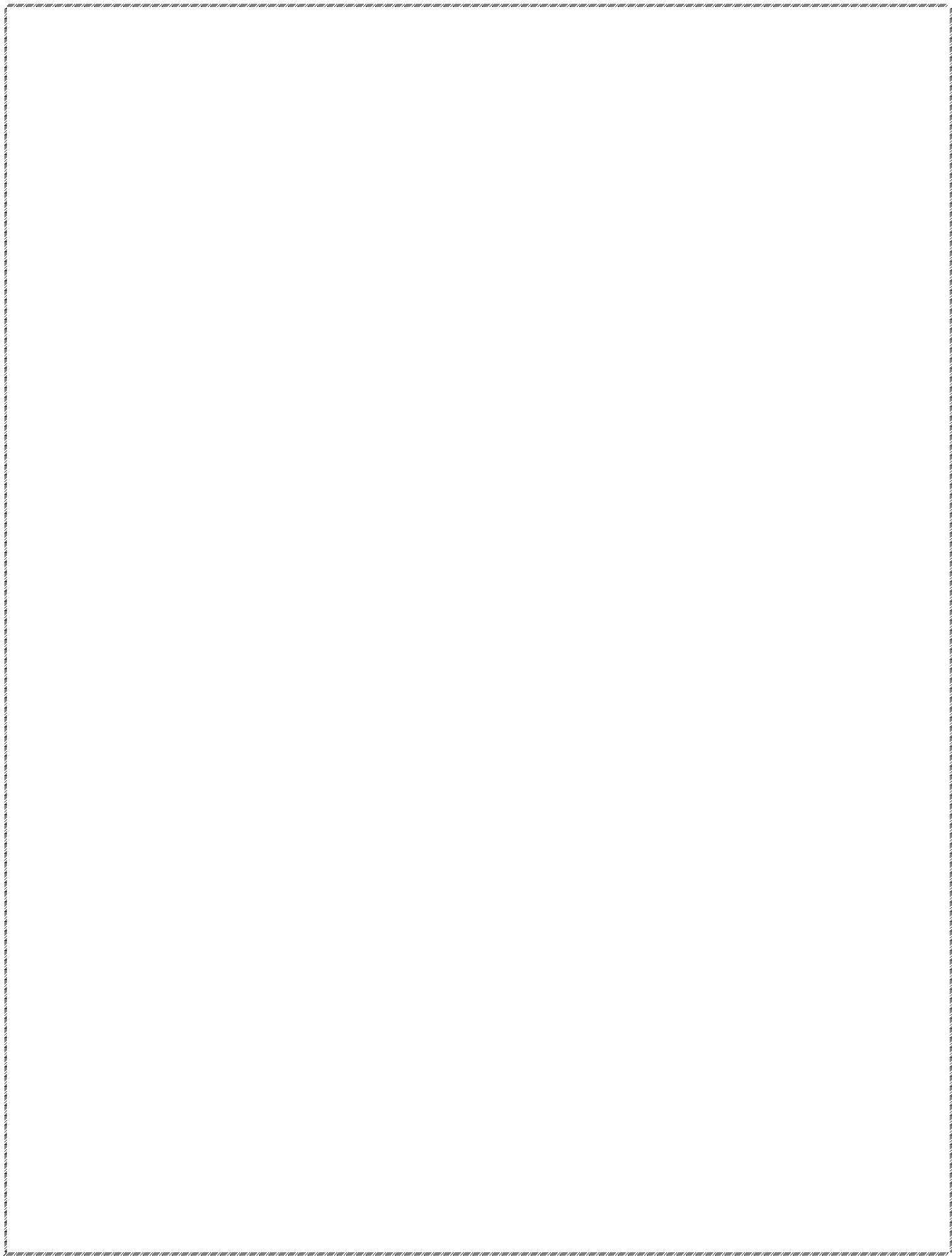




## **SECTION-11**

# **HANDS ON TRAINING**

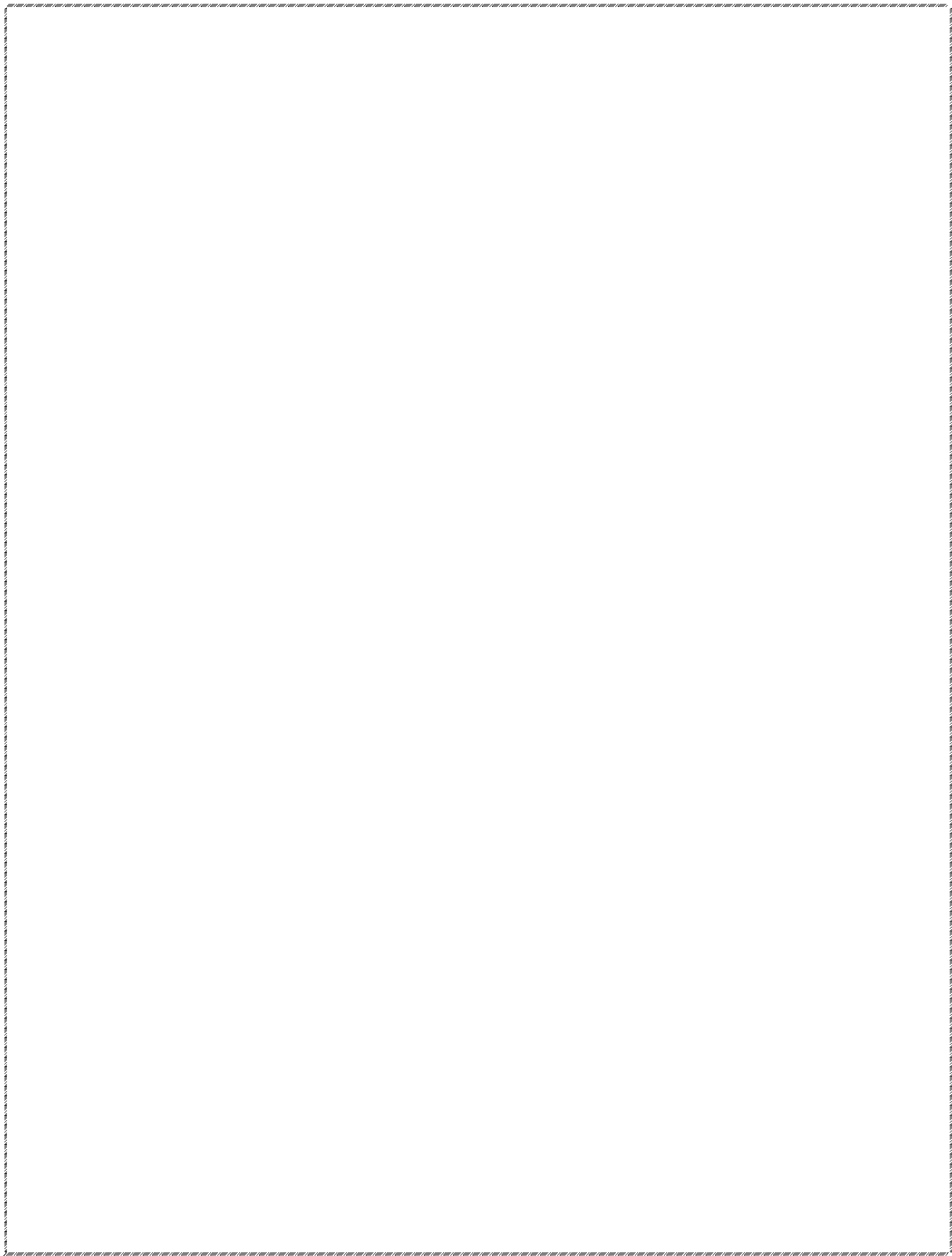
Brief description of learning outcomes achieved by workshops attended should be written here along with the reason of need to have a specific workshop and also get endorsed the comments of the supervisor for each workshop separately



## **SECTION-12**

# **RESEARCH PUBLICATIONS/MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION/PAP ER PRESENTATION IN A CONFERENCE**

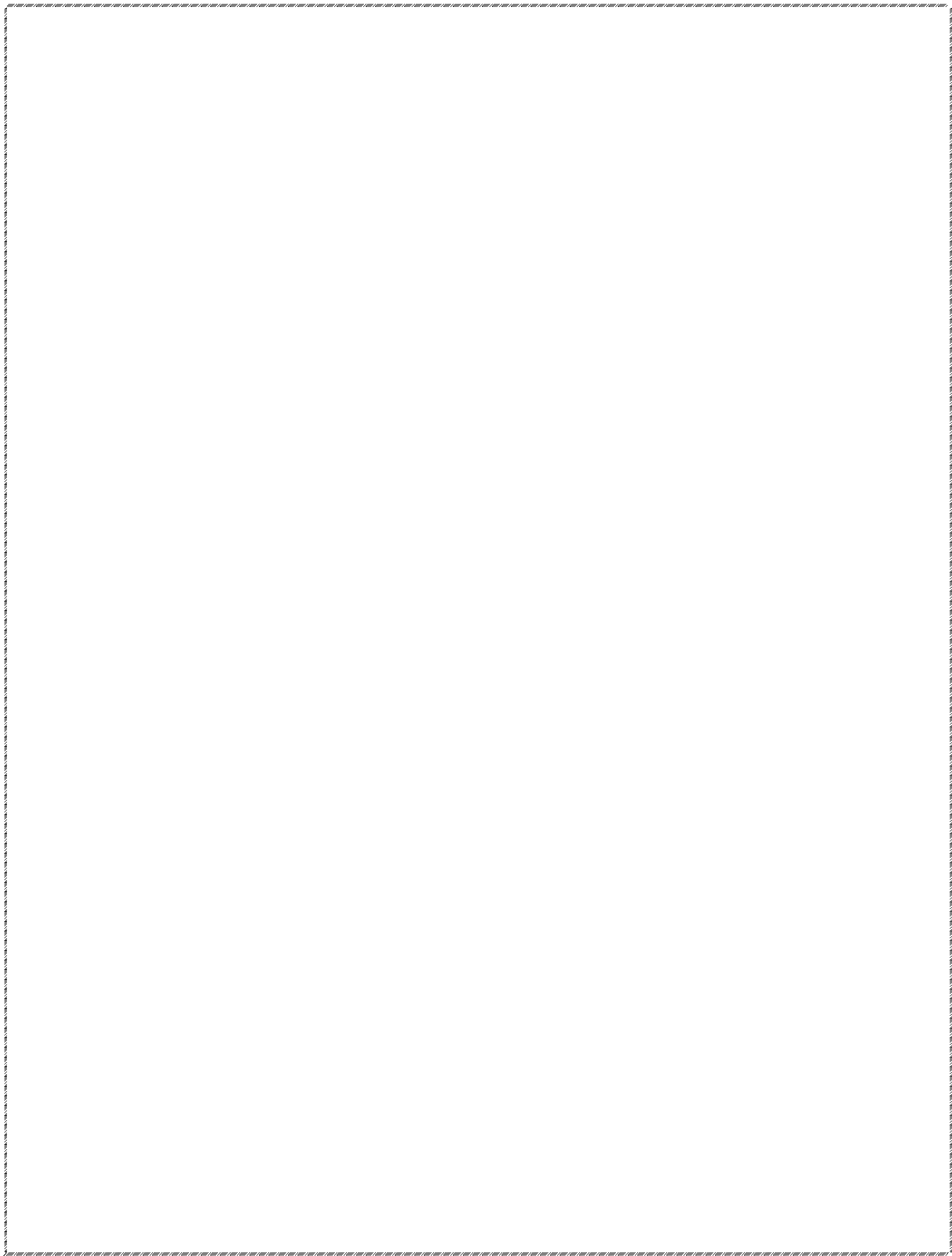
All research experiences should be mentioned in this section along with comments of the supervisor

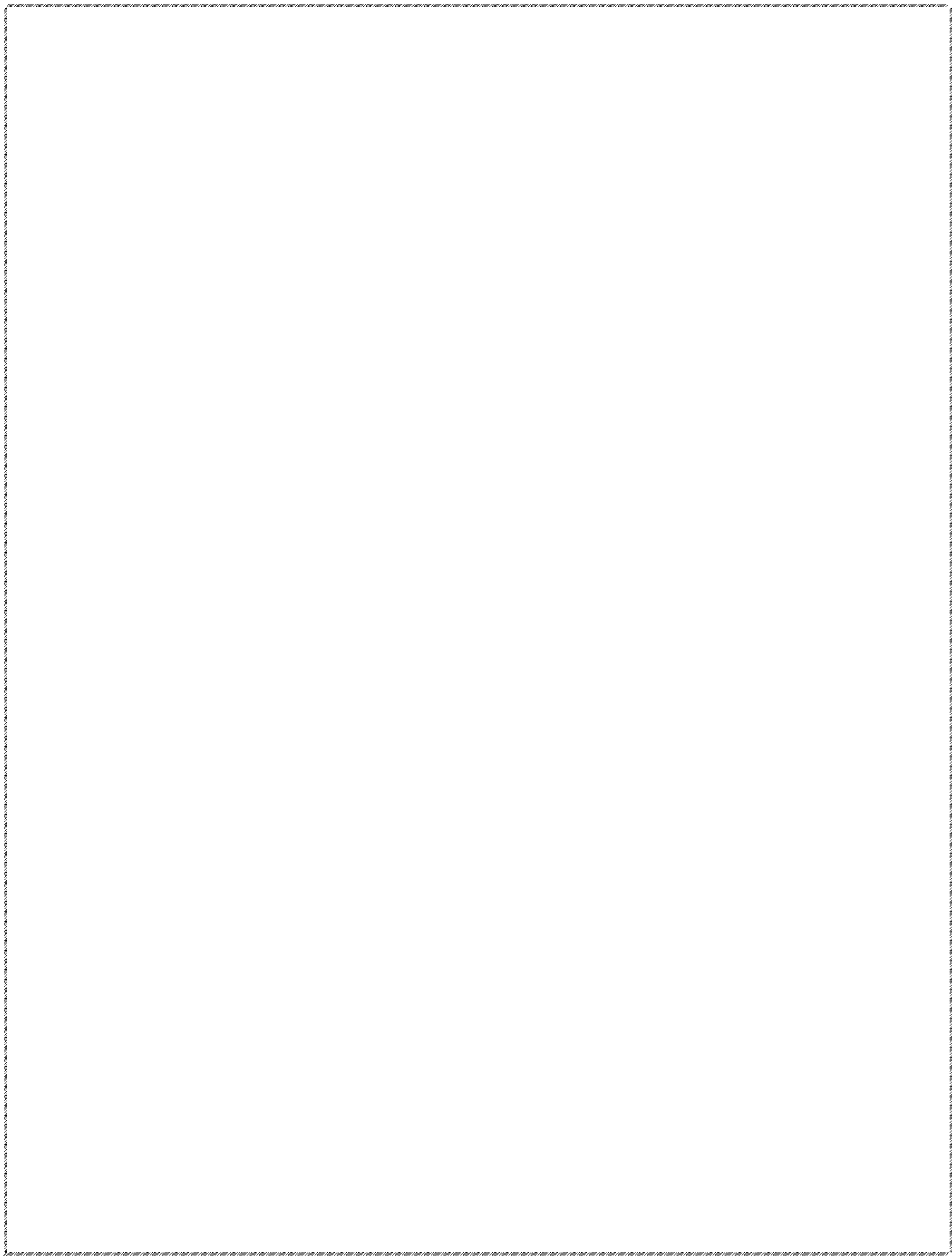


## **SECTION-13**

# **ASSESSMENT RECORDS/EVALUATION PROFORMAS**

**Evidence of all available result cards and end of block (four months) evaluation record should mentioned in this section to have a reflection about resident's Medical knowledge, patient care, Interpersonal and Communication Skills, system based learning, practice based learning and professionalism.**



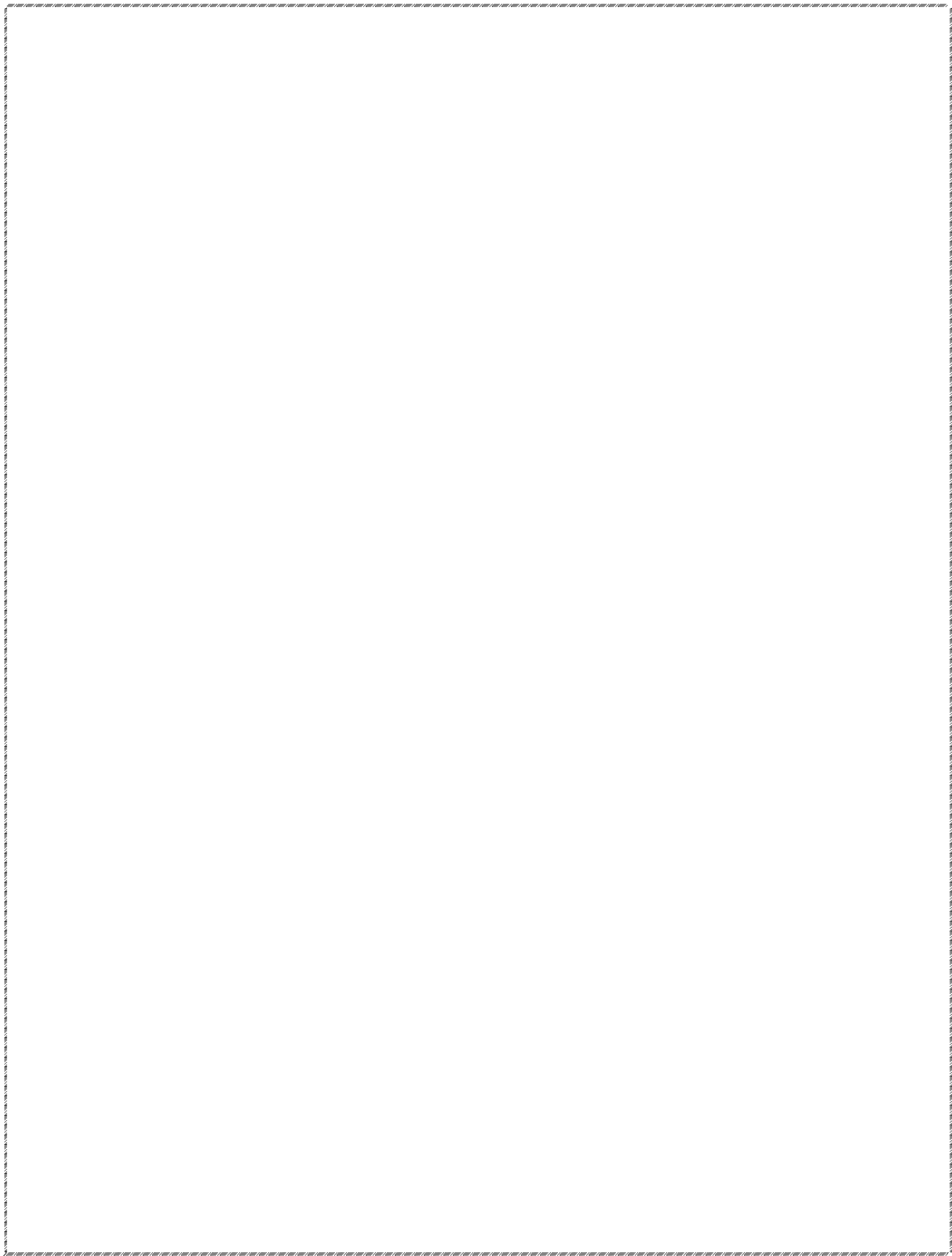


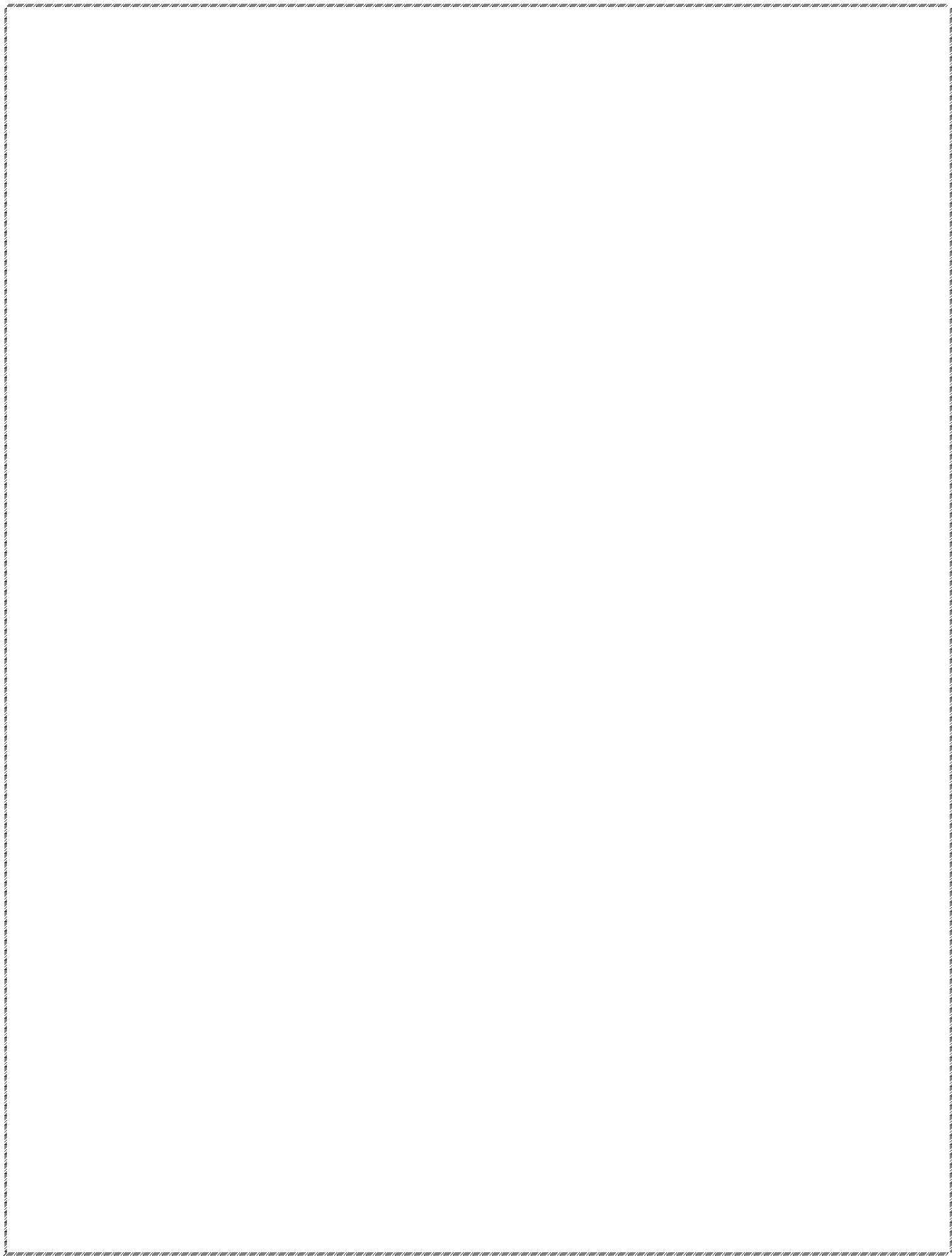


**SECTION-14**

**AWARDS/TESTIMONIALS/  
APPRECIATION LETTERS**

Evidence of awards, testimonials and appreciation letters if any should be given in this section with comments of the supervisor

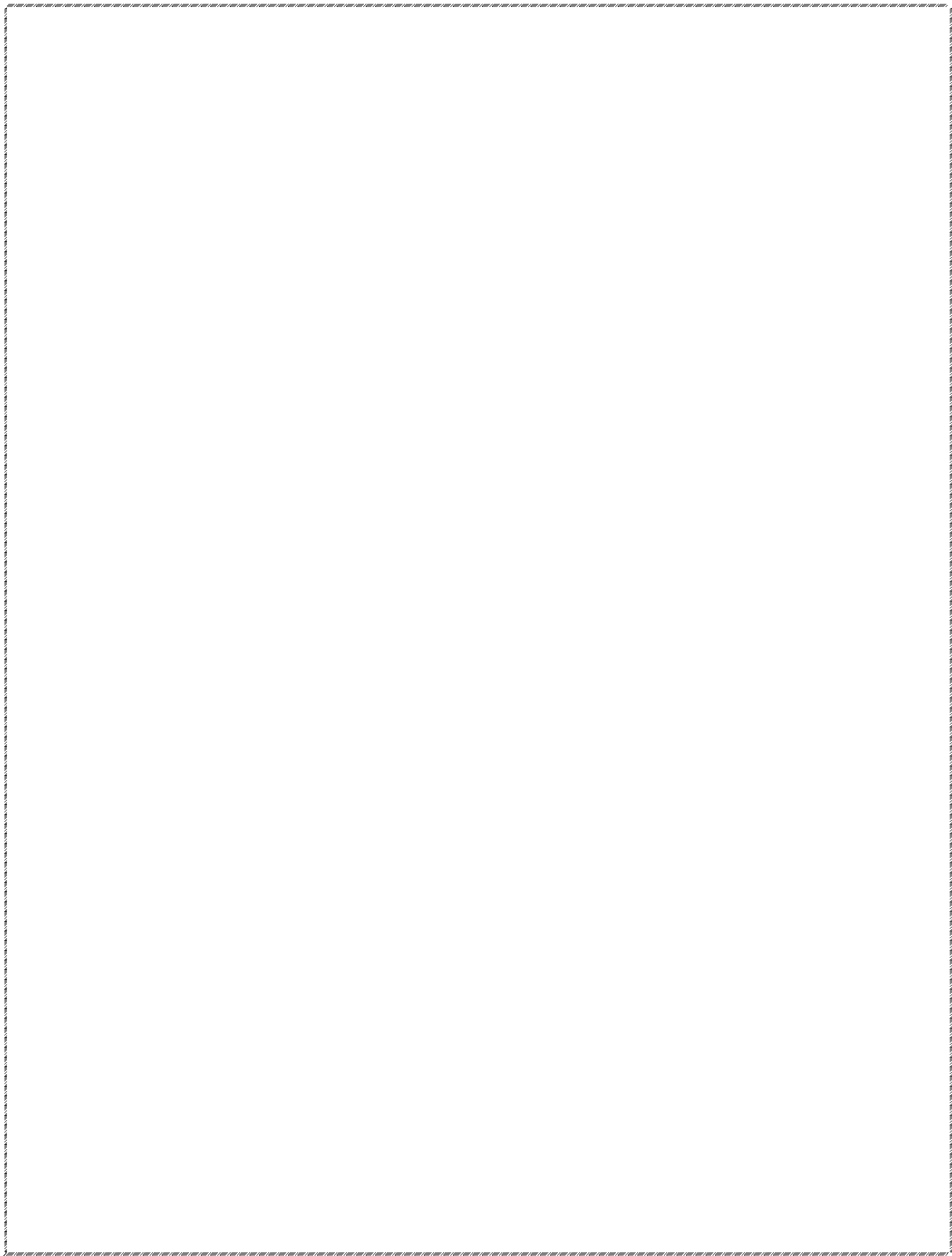


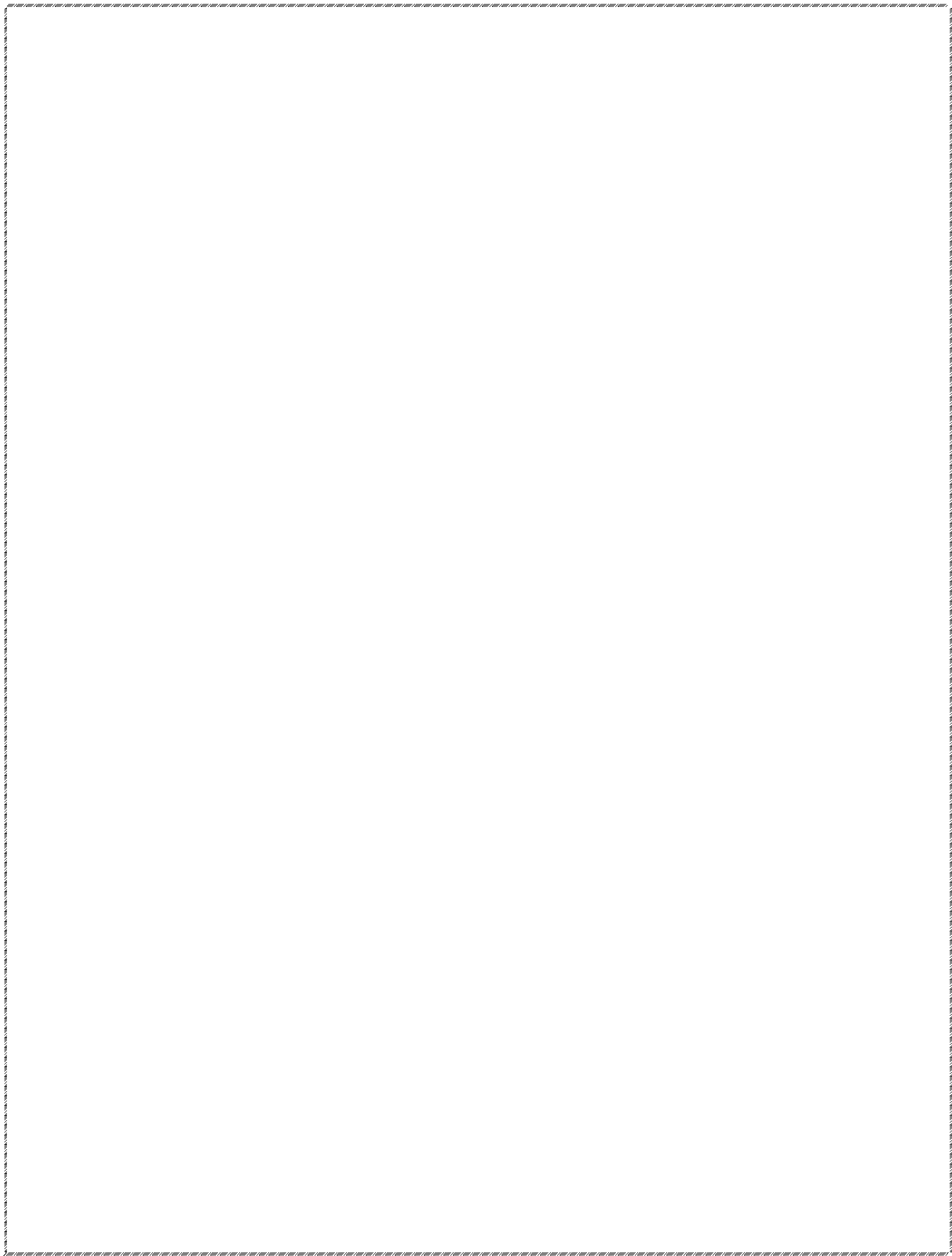


## **SECTION-15**

# **ANY OTHER SPECIFIC ACHIEVEMENT**

**Evidence of any other specific achievement done under forceful circumstances as a compulsion or done by chance without any previous plan or done as a passion should be mentioned in this section along with comments of supervisor**





## **SECTION-16**

# **FUTURE AIMS & OBJECTIVES**

**Brief overview of the future aims and objectives should mentioned in this section**

