

UNIVERSITY RESIDENCY PROGRAMME 2019

MS OPHTHALMOLOGY

PORTFOLIO FOR 1ST YEAR



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:

6. Curriculum Vitae (CV)
7. Personal Publications
8. Research abstracts presented at professional conferences
9. Presentations at teaching units/departmental meetings and teaching sessions
10. Patient (case) presentations
11. Log of clinical procedures
12. Copies of written feedback received (direct observations, field notes, daily evaluations)
13. Quality improvement project plan and report of results
14. Summaries of ethical dilemmas (and how they were handled)
15. Chart notes of particular interest
16. Photographs and logs of medical procedures performed
17. Consult/referral letters of particular interest
18. Monthly faculty evaluations
19. 360-degree evaluations
20. Copies of written instructions for patients and families
21. Case presentations, lectures, logs of medical students mentored

22. Learning plans
23. Writing assignments, or case-based exercises assigned by program director
24. List of hospital/university committees served on
25. Documentation of managerial skills (e.g., schedules or minutes completed by resident)
26. Copies of billing sheets with explanations
27. Copies of written exams taken with answer sheets
28. In-training Evaluation Report (ITER) results
29. 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).
30. Patient confidentiality should be assured when any clinical material is included in the portfolio.
31. 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:

2. Formative learning tool: To help develop self-assessment and reflection skills.
3. Summative evaluation tool: To determine if a competency has been achieved.
4. Useful for evaluating competencies that are difficult to evaluate in more traditional ways such as:
 1. Practice-based improvement
 2. Use of scientific evidence in patient care
 3. Professional behaviors (Rider et al., 2007)
5. Purpose is to highlight for the resident the need for ongoing learning and reflection to achieve and maintain competencies.
6. 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.
7. Number and frequency of entries may vary. Expectations, including minimum standards, should be defined with the resident from the outset.
8. Portfolios can be powerful tools for guided self-assessment and reflection (Holmboe & Carraccio, 2008).

Evidence:

1. 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).

2. 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 & Carracio, 2008).
3. 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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 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 _____

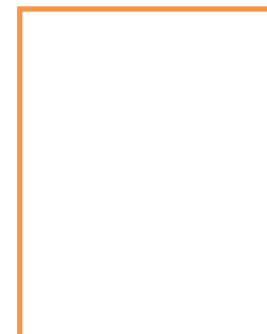
Cell Phone _____

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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SECTION-1

CURRICULUM VITÆ (CV)

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

SECTION-2

CLINICAL/EDUCATIONAL SUPERVISOR REPORT

Information regarding trainees progress, assessments and achievements laboriously entered by clinical supervisor

SECTION-3

CASE PRESENTATION

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

SECTION-4

TOPIC PRESENTATION

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

SECTION-5

JOURNAL CLUB

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

SECTION-6

EMERGENCY PROCEDURES

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

SECTION-7

INDOOR

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

SECTION-8

OPD AND CLINICS

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

SECTION-9

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-10

**MULTI DICIPINARY
MEETINGS/CLINICOPATHOLOGICAL CONFERENCES**

Details of Multidisciplinary meetings/clinicopathological conferences 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

CLINICAL AUDITS

Sharing experience of Audits and quality improvement projects conducted to improve patient care and outcomes with comments from supervisor

SECTION-13**RESEARCH PUBLICATIONS/ MAJOR RESEARCH PROJECT/
ABSTRACT/SYNOPSIS/DISSERTATION/PAPER
PRESENTATION IN A CONFERENCE**

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

SECTION-14**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-15

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-16

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-17

FUTURE AIMS & OBJECTIVES

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

