FCFP(SA) – GUIDELINES TO COMPLETING YOUR PORFOLIO

Your portfolio of learning is a reflection of your learning and development throughout the registrar training year. It is prepopulated with a number of learning and assessment tools to help you reflect on your learning and development. For every year of registrarship you are required to create a portfolio of learning which gives evidence to yourself, your supervisors, the complex coordinator, the program manager, the head of department, and the College of Family Physicians that your learning has been adequate and you are eligible to sit the CFP examinations.

The value of your portfolio is enhanced through regular reflections around situations you encounter in the workplace, in discussions with your peers and supervisors, and capturing these in your portfolio. While a hardcover file was the norm in the past, this e-portfolio allows you to go digital with your evidence of learning.

Your e-portfolio remains your property. Your university HOD will submit a recommendation and assessment mark to the CMSA, and not your whole portfolio. The College of Family Physicians (CFP) of the CMSA will ask for some portfolios to be submitted, to validate and audit some registrars' performance in the exams.

Purpose of the portfolio

In a nutshell, the portfolio serves 2 purposes: Internally, it is part of Clinical Family Medicine, with a formative component (learning between you and your supervisors) and a summative component (towards your year mark). Externally, an acceptable portfolio is necessary to pass the FCFP exams of the CMSA.

Your portfolio provides evidence of learning in the workplace during your time as a registrar in family medicine. It allows you to demonstrate that you have met the outcomes of the training programme. Many of these outcomes are best assessed in the portfolio. This portfolio document is also available on the CMSA website, which will assist both yourself and your supervisor with its development.

The learning portfolio for Family Medicine training in South Africa has been developed through an extensive process of consultation and consensus between all eight Family Medicine academic departments in the country. In terms of national training outcomes for Family Medicine, 5 unit standards have been agreed upon. Within these 5 unit standards there are 85 more specific training outcomes. The portfolio does not intend to reflect training and learning in all of these, as some outcomes will be assessed through other means. The 50 outcomes that must be reflected in the portfolio are summarised in section 2 and should be constantly referred to and kept in mind as you work and learn in daily practice.

Your portfolio should help you to:

1. Think consciously and objectively about your own training. This is known as *reflective learning*, and is its primary purpose.
2. Document the scope and depth of your training experiences.
3. Provide a record of your progress and personal development as training proceeds.
4. Provide an objective basis for discussion with your supervisors about work performance, objectives, and immediate and future educational needs.
5. Provide documented evidence for the CMSA of the quality and intensity of the training that you have undergone, as a requirement to sit the Part I exam for the FCFP.

The portfolio is not just a logbook of signed procedures undertaken or witnessed. It should contain your written reflections and systematic documentation of your learning experience. It includes opportunities for

you to reflect, to explore, to form opinions, and to identify your own strengths and weaknesses. It allows you to follow your own progress; not only with regard to the training programme, but also in terms of learning goals you have set for yourself. In this way the portfolio provides an opportunity to record and document the subjective aspects of training.
The objectives of your portfolio are to:

- develop a structured learning plan
- identify goals and actions required to achieve them
- record progress in achieving those goals
- document personal strengths
- identify areas needing improvement

Who looks at your Portfolio of Learning?

1. **Registrars**. You should interact regularly with your portfolio to ensure it documents your learning on a continuous basis and stimulates you to reflect on your experiences.
2. **Supervisors**. You should meet on a regular basis with your supervisor to develop and reflect on your learning plans, to be observed and reflect on your clinical practice and to have a variety of educational meetings. All these activities should be documented in your portfolio. Your supervisor should also review progress with the portfolio during intermittent evaluations of your progress. In this way the portfolio allows a structuring of the supervision process.
3. **CMSA**. The CMSA requires evidence that learning has taken place as part of a structured programme, in order to sit Part I of the FCFP exam. The portfolio is an essential piece of evidence for this.

This portfolio is a cumulative record of your personal learning, goals, needs, strategies and activities throughout your training programme. The sections in the portfolio are not exhaustive, but rather an indication of the minimum that you should be doing. You will learn a great deal more than what is contained in your portfolio.

The portfolio does not aim to assess or capture all the competencies needed to be a family physician, nor is it the only way of assessing you. Some competencies or skills will also be tested or validated via other means, e.g. orals, OSCEs, Multiple Choice Questions, assignments and written papers in formal exams.

The portfolio should not become a big additional burden on you and the supervisor. In many instances you can include reports from meetings that you attend as part of your work (e.g. M&M meetings) or assignments that you have done as part of the academic programme for the university(e.g. reflective writing, assignments, patient studies, clinical audits and community projects). These should not be repeated, but should simply be incorporated into the portfolio.

The emphasis is on the *process* of completing the portfolio (in a way that encourages *reflection*), and "the learning journey" rather than "something else that must be done and handed in for marks." Be creative, for example you can include photos or video clips of a community project, or letters written as the patient advocate, etc.

It is especially important that you link your 'on-line learning' in Moodle with your everyday clinical practice, as well as maintain the continuity between the modules over the four years of training. So the Consultation, Ethics and EBM modules in year one all speak to each other, and need to be revisited during your subsequent training years, during the Chronic Diseases, COPC, Research, and FOPC modules, and of course finally also during the Teaching and Learning and Leadership and Governance modules. You need to consider all the time how your training and learning is reflecting the expected national outcomes, the six roles of the family physician in South Africa, and link with the local district health indicators.

Portfolio Completion Criteria

The Portfolio should always be used in conjunction with the ***Regulations and Syllabus for admission to the Fellowship of the College of Family Physicians of South Africa FCFP(SA)***, as may be amended from time to time. See http://www.collegemedsa.ac.za/Documents%5Cdoc_191.pdf (17 pages)

- Entries must, where indicated, be supported by the required **signatories/validation** of yourself and your supervisors, and your assessment **scores**. It is strongly advised that you keep a **backup copy** of all entries (electronic or printed).
- Each clinical allocation will need to be validated by the relevant supervisor, including the relevant sections in your logbook (procedures and clinical skills done).
- The scores in your completed portfolio will be discussed and assessed **at the end of every year** during years 1-3 of your training programme by the university head of department at the contact session at the start of every new year. In your 4th year of training, you should have a comprehensive portfolio, with cumulative evidence of learning that has been assessed every year by the university department, and will be part of the admission requirements for the CMSA exams.
- The final portfolio must reach your university head of department ***at least 3 (three) months*** prior to the commencement of the FCFP(SA) Part I Examination, in order for the head to submit a report, which will be sent to the Academic Registrar of the CMSA. Failure to submit the portfolio on time will result in the candidate not being invited to the examination.
- A **Declaration** must be signed by the registrar before submitting the final portfolio at the end of 3 completed years of training to the CMSA.

A note to supervisors

As a supervisor, you have a commitment to one or more registrars for the period under your supervision. During this time, please plan to meet regularly with your registrars to discuss their learning and development. A Colleges of Medicine of South Africa (CMSA) workshop on assessment during November 2010 indicated 2 key issues:

- Transfer of theoretical knowledge into clinical practice is a big challenge.
- Registrars want and need feedback on their clinical practice in order to learn.

The portfolio should be the vehicle that facilitates these learning conversations or educational meetings. However, the workshop also highlighted the importance of the *people* using the portfolio (and various assessment tools). The portfolio per se is a tool, and its quality is determined by the quality of the supervision, the feedback, the context of learning, and the input from the registrar. The portfolio must not be a '(thick) paper exercise', but rather a (lean) way of showing key evidence of learning; indicating continuous reflection on clinical practice and regular interaction between registrars and supervisors.

Since 2013 all registrars in South Africa sit a single exit exam offered by the CMSA. One requirement for entrance to the Part 1 examination is an acceptable portfolio of learning. This implies that all new registrars who started since 2012 must start to develop such a portfolio. Therefore in 2012 all the Divisions / Departments of Family Medicine in South Africa have incorporated the learning portfolio into their assessment of training in the MMed (Family Medicine) programme. Students outside South Africa are also expected to complete the same portfolio for their final examination.

The portfolio will be assessed by the academic head of department and/or program manager at the relevant university at the end of every year, for 3 years, as part of a summative assessment process (year mark). A recommendation (satisfactory / not satisfactory) will be given to the CMSA in the registrar's 4th year of training, 3 months prior to applying for the Part I examination, as a pre-requisite to sit the FCFP/MMed examination.

A large margin of flexibility and local adaptability for each university is accepted, while the general template of the portfolio, including the agreed upon national training outcomes, are standardised for South Africa as a whole.

National unit standards and expected learning outcomes to be assessed in the portfolio

During a national Delphi consensus process in 2010, with experts and supervisors in Family Medicine, consensus was reached on 50 of 85 learning outcomes which will be assessed by the Learning Portfolio. Simultaneously with this, there was a process to revise the national learning outcomes, which were previously reviewed in 2004. The Delphi process also asked panel members which assessment methods and tools would be the most appropriate to use in the portfolio. A focus group discussion between the 8 national Family Medicine Head of Departments during late 2010 verified and clarified the new national outcomes, as well as agreeing on the final assessment methods as suggested by the Delphi panel members.

It is important to keep the national training outcomes for Family Medicine in mind while you develop your portfolio. The 5 national Family Medicine Training Unit Standards are broken down into a number of

outcomes, of which 50 will be reflected on and assessed in your portfolio. These should help you to develop your personal learning plans.

Preparing a Learning Plan

You must meet with your local supervisor at the beginning and end of every clinical allocation, or at least every 6 months (twice a year) if you are not 'rotating' through different areas in the district hospital, to develop, document and review your learning plan. With your logbook at hand, list the learning objectives you have set for yourself for the duration of that allocation or 6-month period. These should be updated as your allocation progresses.

On completion of the allocation, you must reflect on the progress you made in meeting your objectives, and identify areas in which further learning is needed.

Some tools are useful to help you reflect, e.g. the Case-based discussion, Chart stimulated recall, and Clinical question analysis tools.

Note that this is not an assessment by the supervisor of the registrar's work during the allocation. It is an exploration of the registrar's ***insight*** into the learning appropriate to that allocation and the extent to which it has been achieved.

The Learning Plan includes the following objectives:

- Identification of prior learning
- Identification of current learning needs (objectives)
- Planning of activities to meet these needs
- Timelines and support required to enable these activities to take place
- How learning will be evaluated (with the suggested tools)

You need to be able to adjust your learning plan with each allocation and as you progress in the programme as a whole in order to develop the skill of lifelong learning and personal growth. Learning is best when it is learner-centered and very individual!

You need to keep in mind:

1. The National training outcomes for Family Medicine in SA.
2. Your University's MMed curriculum and its outcomes.
3. Your personal learning needs.
4. The relation of your planned allocations with the health service platform.

When you develop your learning plan you need to simultaneously consider what you will be doing in your academic programme (e.g. modules, assignments), what practical experience you will be receiving in your clinical setting (e.g. your allocations), what PHC clinic has adopted you, what your personal learning needs are, and what the health issues in the local community are. Also include you research thesis as a standing item, and document your progress. Ultimately all of this must contribute towards achieving the outcomes of the programme, your own personal growth, and improving the health of people in families in the local community.

<u>Some tips to help you write your learning plan:</u>

1. Use the 5 national training outcomes as framework.
2. Read your local (Sub) District Health plan, to align your learning plan. For example, if eye care or maternal health or diabetes mellitus is a sub-district priority, your learning plan should include some of these also.
3. Look at your progress overall - you should get to everything over the 4 years.
4. Have 2-3 learning plans per year according to your immediate allocation.
5. Be SMART, flexible, and adapt your learning to the working environment.
6. Discuss your draft learning plan with your supervisor and the clinical manager.
7. Regularly revisit and update your plan with your supervisor - Contract to meet at least twice to review the plan at a fixed time and day of the week.
8. Consider the local team - make visible your plan within the team.
9. Ensure your plan is graded and revisit it together with your reflections and supervisor report, before you draw up your next plan.
10. The discussions you have with your supervisor or mentor and the feedback you get are of much greater value than simply a grade.

Please ensure that your <u>supervisor has assessed and signed every learning plan</u>.

Assessment Methods and Tools

Different assessment methods and tools are available in the literature and used by different Departments of Family Medicine. The portfolio allows for various tools to be used (and shared) by different medical schools.

The 'bottom line' for whatever method or tool is used is that it should provide clear evidence of learning for one of the expected outcomes. Your university will already have a number of assessment tools in place to monitor your development as a registrar. Make use of whatever relevant methods or tools you have in your programme and add them to your portfolio. For example, if you are doing a relevant written assignment (e.g. COPC project, patient study, practice audit) as part of your academic programme, you should include this, **together with the assessment scores** you received, in your portfolio.

Examples of the most commonly used tools are included in your portfolio.

If you do not have internet access where you work, then keep some of these copies with you, for immediate use when the opportunity arises. You can also do an audio- or video-clip, for uploading/including in your portfolio later.

Written assignments

Written assignments may be used to provide evidence of learning in any of the following areas (see also the table in Section 2 on outcomes and assessment methods):

1. Clinical competence (e.g. patient studies that demonstrate diagnostic reasoning, bio-psycho-social approach)
2. Family-orientated Primary Care
3. Ethical reasoning and medico-legal issues
4. Community-orientated Primary Care
5. Clinical governance
    a. Evidence-based Medicine (e.g. critical appraisal of a journal article, searching for evidence, use of guidelines)
    b. Quality improvement cycle / audit
    c. Significant event analysis (SEA)
    d. Morbidity and mortality meetings
    e. Monitoring and evaluation meetings
6. Teaching and Learning

One written assignment may show evidence of learning for more than one outcome. You will do well to take note of this in your reflections, and indicate this overlap.

Observations by supervisor

Your supervisor must directly or indirectly (by use of audio or video tapes) observe you during patient consultations, teaching events (where you teach or train others), and when performing procedural or clinical skills. You must include **at least ten (10) observations** of yourself by your supervisor(s) during the course of each year. More than 10 is obviously better, but the top 10 will count towards your final year grade. These must include observations of consultations, procedures done, and teaching activities. In your preparation for the FCFP exams during your final year, the College of Family Physicians expects 3 of your mini-CEXs to be completed as follows: 1 by your local supervisor, and 2 by 2 external CMSA accredited supervisors from another training complex(es). Please indicate clearly which these are.

The following tools are useful here:

1. Mini-Clinical Evaluation Exercise (Mini-CEX) (for the consultation)
2. Communication skills observation tool (initially, when you start your training)
3. Direct observation of procedural skills (DOPS) (for procedures)
4. Teaching/presentation assessment tool (for teaching events)

The mini-CEX is the tool that you will use most often. The idea is that you keep it short (<20 min). You need not be assessed on every aspect of the consultation every time. Use this tool often, the more the better! Ask for feedback. You should be assessed against the FCFP exit exam standards (progress test), in other words, initially you may be scored low, and as you progress, your score should improve. Three of

your total mini-CEXs will count towards your FCFP exit exam - one must be completed by your local supervisor, and two must be completed by two external supervisors from other complexes. Remember to indicate which these are in your portfolio.
The mini-CEX we use was adapted from the American Board of Internal Medicine, www.abim.org. Discussed in Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX (Clinical Evaluation Exercise): a preliminary investigation. Ann Intern Med 1995;123:795-9.
Further references to help you can be found in Mash B. How to communicate effectively in the consultation. South African Family Practice Manual (Mash and Blitz, Ed), 3rd ed. 2015: 464-466; and Blitz J. Communication Skills. Handbook of Family Medicine (Mash Ed), 3rd ed. 2011: 67-96.

Multi-source feedback (not yet in portfolio)
To assess ability to work in a team (as team member or leader) the following tools are useful:
1. 360 degrees questionnaire
2. Peer review

Log book
The logbook is just one assessment method within the portfolio. It primarily captures the number of clinical skills performed and the competence achieved.
A list of clinical skills that should be assessed in the logbook is included in the portfolio and based on the agreed national list of clinical skills for Family Medicine.
Don't feel confined to the different clinical areas in the logbook, but 'indulge' your logbook and add your skills where-ever you pick them up in the appropriate areas in your logbook. Be honest with yourself, and force your supervisor to score you correctly, as a lower score provides opportunity for learning and improvement. If you score very well in a skill, to the point of competence to perform the skill independently (D), you need not revisit this skill again, and should be teaching others. The logbook skills are currently being revised, so do not be surprised if some of the skills do not make complete sense, like amniocentesis.

How should the registrar be assessed via these assessment tools?
Every item that is entered into your portfolio should be assessed in some way or another by a supervisor in the academic programme. This will assist the end-of-year overall assessment of the portfolio by the head of department or program manager.

The general recommendation by the national panel of experts and supervisors is to use one of two grading methods:
- A Global Rating (eg not satisfactory / needs improvement / satisfactory) for the item
- A specific Grade (eg percentage).

Many university academic programmes already give a mark for various assignments, which should just be captured in the portfolio, without the need for repeat assessment.

Educational meetings
A useful resource was published in the SA Family Practice Journal during 2010 which describes various learning conversations.
The abstract and reference is:
Mash R, Goedhuys J, D'Argent F. Enhancing the educational interaction in family medicine registrar training in the clinical context SA Fam Pract 2010;52(1):51-54:

"The relationship between registrar and trainer functions best when the trainer consciously facilitates the registrar's learning and considers all their interactions as educational opportunities. The trainer's role is more that of an educational guide and less that of an authoritarian expert. Both the registrar and the trainer should be aware of their own learning styles and how these may be complementary or contradictory. A variety of conversations with different purposes should be structured and planned and not left to chance and a number of methods for observing and collecting the registrar's clinical experience should be developed and used regularly. Further attention needs to be paid to the development of useful, reliable and valid portfolios."

Do you know your own learning style?

During the programme you should meet **individually** with your immediate supervisor and as a group of local registrars. These meetings can be alternated 1-2 weekly (i.e. one week with your supervisor one-on-one and the next week as a group) and be recorded in your portfolio. The meetings should focus on one of the following learning conversations: Your portfolio at the end of the year should demonstrate engagement with all of the learning outcomes below and a minimum of 2-hours formal tuition per month / 24-hours for the year. However, the aim should be to show engagement well above the minimum standard.

Use the letters below to record the general focus of the meeting and then describe what was done. Over the course of the year we would expect you to shown learning across all of the learning outcomes. The meeting should broadly be located within at least one of the national learning outcomes. Remember the learning outcomes are shown in detail in Section 2 of your portfolio.

A: Leadership and governance: Learning areas include personal or professional development (this includes discussion of your learning plans), teamwork and making sense of the healthcare system. Issues related to clinical (e.g. quality improvement) or corporate governance (e.g. procurement) could be discussed.

B: Clinical care: Learning areas include discussion of actual patients through the use of case-based discussions (This should be the dominant educational meeting that you are having on a regular individual basis with your supervisor), record review, presentation of problem patients (e.g. on ward rounds or in your clinic), or clinical tutorials. Reflect on assessment, management, difficult consultations, the biopsychosocial approach, challenges to communication.

C: Family and community orientated care: Learning areas include the engagement with family as part of clinical care, reflection on home visits, community engagement, community diagnosis, working with community health workers, community interventions.

D: Teaching and training others: Learning areas include your ability to build capability, teach, present or provide clinical training for other healthcare workers or students.

E: Professionalism and ethics: Learning areas include discussion of ethical dilemmas, health and human rights or professional conduct.

F: Other: This category can be used to code educational meetings that address other relevant issues not covered by the options above.

Some tools help to facilitate some of these meetings, for example:
1. Significant event analysis tool
2. Case-based discussion tool
3. Chart stimulated recall tool

Ideally, if you are documenting case-based discussions of patients with your supervisor, you should aim to follow up a number of patients over four years, to see their progress and development over time, which will be a very valuable learning experience. These patients would ideally be seen in your local PHC clinic that has adopted you as their doctor.

Useful references and resources

1. Instruments for Workplace-based Assessment (WBA): Follow link from: www.fdg.unimaas.nl/educ/cees/sa
2. Govaerts MJB, Van der Vleuten CPM, et at. Broadening Perspectives on Clinical Performance Assessment: Rethinking the nature of In-training Assessment. Advances in Health Sciences Education 2007; 12:239-260
3. Couper I, Mash B. Obtaining consensus on core clinical skills for training in family medicine SA Fam Pract 2008;50(6):69-73
4. Mash R, Goedhuys J, D'Argent F. Enhancing the educational interaction in family medicine registrar training in the clinical context SA Fam Pract 2010;52(1):51-54

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