

Why use Portfolios for Assessment?

One Program's Experience

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What is a portfolio?

“A purposeful collection of student work that exhibits to the student (and/or other) the student’s efforts, progress, or achievement in (a) given area(s). This collection must include student participation in selection of portfolio content; the criteria for selection; the criteria for judging merit, and evidence of student reflection. (p. 12).”

Reckase, M.D. (1995). Portfolio assessment: a theoretical estimate of score reliability. *Educational Measurement: Issues and Practice* 14: 12-31.

1. Purpose

- **Assessment** of competency as a psychiatrist
- Residents assemble a “showcase” portfolio of best work
- **Learning** during training
- Residents assemble a portfolio showing progression, tackling deficiencies

2. Selection

What should the portfolio contain?

- content pertinent to demonstrating competency
- content from which residents can make choices about what to select
- actual resident work embedded in their daily tasks

Selection (continued)

- Who decides the “menu” for the content?
 - Team approach
 - Faculty
 - Resident
 - Program Director
- What resources did the team use?
 - RRC program requirements
 - Rotational objectives

Portfolio Menu

- Crisis management
- Working with Teams and Families
- Legal issues
- Teaching
- Professional Communication
- Self Directed Learning
- Neuropsychiatry
- Bio/psycho/social formulation
- Psychotherapy
- Medical Psychiatry
- Treatment Modality
- Initial Treatment & Diagnosis
- Treatment Course

3. Criteria for Selection

For each topic we developed

- definition,
- a description of documentation to include in an entry, and
- resources residents might consider

Portfolio Entry Requirements: Legal Issues

Select a challenging case with legal implications . . . that best demonstrates your understanding of the legal system and your obligations within it. The case may involve: matters of involuntary admissions; . . ., etc. In your cover letter, describe the situation, your specific legal obligations, and your intervention. Include the outcome. . . You may provide . . . written petition, patient rights documents, commitments

4. Criteria for Judging Merit

Developed a six point scoring rubric

- 1. lack of skill and /or knowledge that endangers a patient
- 2. appropriate approach, but weaknesses likely to lead to potential problems
- 3. competent to manage standard cases using conventional approach

Criteria (continued)

- 4. standard approach for more complicated cases/situations
- 5. well-integrated knowledge and skills to resolve complex problems beyond standard approach
- 6. wide breadth of knowledge and skills and a sophisticated, well integrated approach

5. Self Reflection

Cover Letter

- Why you chose the case
- How it fits in context of other cases
- How it demonstrates your competency as a psychiatrist and reflects the general competencies
- How it demonstrates ACGME competencies
- Guides the reader through the entry

Part of a self-reflective letter: Crisis Management

This is the 10th patient who is psychotic and an ER admission whom I have managed. I feel this case shows that I am competent to effectively resolve these complex situations. I chose to use X because. . . and because the patient is without insurance I contacted . . . I have placed him on 24 hour hold because this is a less expensive option than admitting him and is reasonable given his wish not to be admitted. . . I contacted social work and police to ensure safety of the family. . .

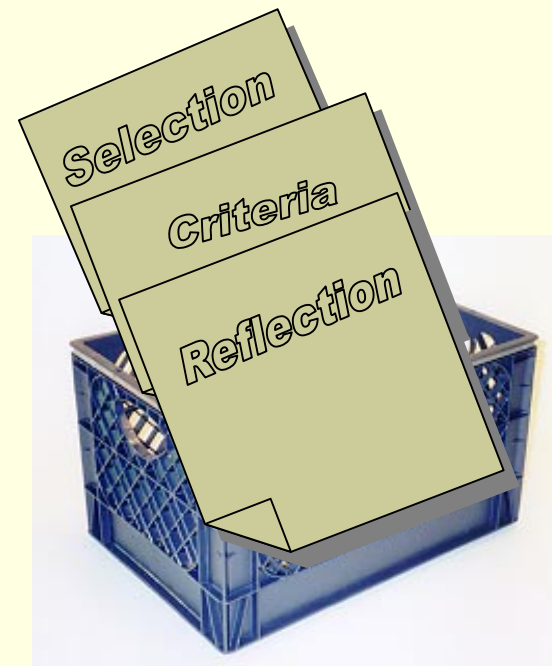
Using Portfolios

- Resident Engages in Assessment
 - Active rather than passive
 - Making choices
 - Critically self-examining
 - Explaining thinking and actions in real situations

In Summary

This portfolio collection must include

- Resident selected content
- Written criteria for selecting content
- and how it will be evaluated
- Evidence of resident reflection



Annual Portfolio

- 6 entries
 - Biopsychosocial formulation
 - Psychotherapy
 - Four of their own choosing
- Obscure resident and patient names
- Send to external, trained raters
 - Two Board certified general psychiatrists

<http://www.uams.edu/psych/academic/ResidencyPortfolioInformation.asp>

6. Rater Training

- Initially, a day of training
 - Used benchmark examples
 - Discussed until we came to consensus about score
 - Rated several entries prior to review to assess rating skill
- Recommend half day retraining annually
- We do pay raters for their work

Resident Assessment

- Individual report
- Used in the semi-annual evaluation with the program director
- Aiming toward requiring another entry for those falling below a competent level

Resident Performance Report from Portfolios

Skill/Competency	PGY1	PGY2	PGY3	PGY4
BPS Formulation	2.0	3.0	3.5	4.0
Overall Score	2.4	2.8	3.2	3.5
Systems-based Practice	below	below	at	above
Interpersonal & Communication	at	above	above	at

Resident Comment

“Personally, I had a ton of resistance to doing this, but I was surprised that it was not that hard. It’s just that it’s another thing to do when we are really busy. It’s more paperwork that you have to generate, and I don’t want to do more paperwork. If this is what’s coming, it’s good for the program to have a jump on it . . .it will shine light on people’s ability to document. It’s nice to realize personal improvement, and it’s good for self-assessment and to see personal growth. Obviously, it may be hard getting us use to it, planting the seed that you’re not just going to skate through. It’s hard to evaluate, but it’s important.”

Resident Comment

“It makes me more aware, on a day-to-day basis of my practice. I might be more likely to make things more integrated. It has changed the way I document and think about things. It has helped me to organize my thought process.”

Reliability

- Used generalizability theory
 - Found reliability for both relative and absolute decisions exceeded 0.8 using six entries and two raters

Validity

■ Curricular

- Found deficits in biopsychosocial teaching based on low portfolio assessments in this area
- Enhanced neuropsychiatry teaching based on few entries submitted in this area and from residents not in the PGY level targeted for this skill

Validity of Portfolio Score

- Correlation with in-training examination
- No correlation with clinical global rating
- Association with faculty and resident perceptions
 - lowest skill from faculty and resident perception of teaching and resident competency was neuropsychiatry
 - neuropsychiatry entries averaged the lowest scores

Validity (cont.)

- Correlation with separate assessment of ACGME competencies from entries
- Demonstrated significant improvement for BPS area as a result of an intervention
 - An effect size exceeding what expected due to experience
 - An effect exceeding what happened in control programs

Some Possibilities for Transitional Year

- Clinical Competence
- Practice Based Learning and Improvement

TY Clinical Competence

- Purpose:

- To demonstrate competence in specified fundamental skills

TY Clinical Competence

- Menu fundamental skills
 - Obtain a complete medical history
 - Perform a complete physical examination
 - Define a patient's problem
 - Develop a rational plan for diagnosis
 - Implement therapy based on the etiology, pathogenesis and clinical manifestations of various diseases

TY Clinical Competence

- Criteria for Selection
 - Select cases that demonstrate clinical competence at a high level
 - Select cases that involve a level of complexity
 - Select cases where performance was competent
 - Choose cases to be representative of family medicine, emergency medicine, pediatrics, internal medicine, surgery, and ob/gyn

TY Clinical Competence

- Entry
 - Selected portions of patient record
 - Supporting lab tests
 - Progress notes indicating consultations
 - Literature search

TY Clinical Competence

- Self Reflective Letter
 - Explain the context of this case—how many others like it?
 - Tell how this shows competence
 - Explain how documentation supports your contention
 - Indicate how it illustrates the ACGME competencies?

TY Practice Based Learning and Improvement (BPL&I)

- Purpose
 - To illustrate the ability to examine one's practice and devise a plan to improve

TY BPL&I

■ Menu

- For each clinical area identify area of deficiency
- Devise a project to assess practice in a given area
- Identify area where practitioners vary in their approaches

TY PBL&I

- Criteria for Selection
- Individual Improvement
 - Select case where there is a deficiency
 - Devise a plan to remediate deficiency
 - Select second case illustrating improvement
 - May include literature search, consultation with practitioners, audits

TY PB &I

- Selection Criteria Discrepant Practice
 - Select a typical case of where you have observed different practices
 - Obtain literature in area
 - Possibly interview practitioners
 - Survey other practitioners

TY PBL&I

- Self Reflective Letter
 - Describe case/project/anomalous practice
 - Describe process to collect & analyze data
 - Describe presentation that would help to improve practice
 - Assess what was learned through this process

We believe that portfolios

- Tell us about resident performance
- ***Changed evaluation from passive to active***
- Uses work residents are already doing
- Requires self-reflection that will be important as residents enter practice
- Identified curricular deficiencies
- Make us better educators