

The portfolio: how was it for you? Views of F2 doctors from the Mersey Deanery Foundation Pilot

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ABSTRACT – A study was conducted between August 2004 and August 2005 to explore the experiences of Foundation year 2 (F2) trainees who used the learning portfolio on the Mersey Deanery pilot scheme. Seventy-three trainees (77%) reported receiving their portfolio during their induction. In their first four-month placement, 90 trainees (96%) completed the two case-based discussions, 80 (87%) the three mini clinical examinations and 92 (97%) the two direct observation of practical procedures. The number of trainees who felt there was an opportunity to make a record of and analyse clinical critical incidents and critical incidents related to professional behaviour was only 32 (35%) and 13 (15%) respectively. Free text responses suggested that trainees appreciate the portfolio but that an understanding of its content and purpose, particularly by educational supervisors, is paramount to its success.

KEY WORDS: Modernising Medical Careers, portfolio, postgraduate education

Introduction

In August 2005, foundation programmes were introduced across the UK as a result of Modernising Medical Careers (MMC)¹ leading to the formal introduction of a national learning portfolio for all foundation programme doctors. The portfolio sets out new formative and summative assessment methods:

- multi-source feedback (MSF)
- case-based discussions (CBD)
- mini clinical examinations (Mini-CEX)²
- direct observation of practical procedures (DOPS)
- critical incident recording.

These assessments are student centred and will require the trainee to take responsibility for, and have a proactive approach to, their training. They also require a significant amount of input from educational supervisors and other members of the multi-professional team. The portfolio not only allows for collection of these assessments but may also yield a

picture of the trainees' clinical activity, their reflections on these activities and their overall competencies, thus serving as an assessment tool in its own right. There are, however, concerns that as assessment tools, learning portfolios remain unreliable and problematic, in particular because full engagement by trainees and trainers with the process of using a portfolio may not always take place.³

In August 2004, the Mersey Deanery took a Deanery-wide approach in establishing an MMC Foundation year 2 (F2) pilot scheme of 242 posts. At the same time a learning portfolio was locally developed to record the range of experience, learning, education and training. It also included the assessment methods expected to be integral elements of the national learning portfolio. A study was conducted to explore the experiences of the F2 trainees.

Methods

Each F2 trainee was invited to take part in a study, which involved participants' names and contact details being held on a database with the knowledge that they would be contacted in the future about the progression of their medical training. A 15-item questionnaire, containing both open and closed questions relating to the portfolio and its contents, was issued to the F2 trainees who consented to take part (the questionnaire is available upon request from the authors). Questionnaire responses could either be 'yes', 'no' or a numerical value. Trainees were asked to express their views on a Likert scale of 1-9 as to how helpful the portfolio was in helping them achieve the educational requirements of their post. A space was left at the end of the questionnaire for suggestions as to how the portfolio and its use might be improved. The local research ethics com-

Key Points

The learning portfolio helps to support the education of Foundation year 2 trainees

Educational supervisors need more guidance on its use

mittee approved the study and all responses were anonymised. Descriptive statistics are reported for quantitative data. Thematic framework analysis was carried out on the free text responses with consensus being reached on emergent themes by two researchers.

Results

Ninety-five F2 trainees (65%, 95/147) returned completed questionnaires. Seventy-three trainees (77%) reported receiving their portfolio during the F2 induction day. Eight (8%) received the portfolio on the first day of their first placement and a further 13 (14%) within two weeks of starting. Reasons for any delay were given as either being on rotational night duty or annual leave. One trainee was unable to recall as to when he/she received the portfolio.

Sixty-six F2 trainees (70%) met with their supervisor in the first week of their post. Reasons for not doing so (provided by 28) included:

- the educational supervisor was on annual leave (12)
- the 'demands of shift-work' (8)
- the educational supervisor had previous commitments (7)
- the trainee was unsure who their educational supervisor was (1).

Eighty-four trainees (93%) had agreed a personal development plan with their supervisors and had signed an education agreement during the first two weeks of their post.

In their first four-month placement, 90 trainees (96%) completed the two required CBDs, 80 (87%) the three mini-CEXs and 92 (97%) the two DOPs.

Seventy-seven trainees (82%) felt that there was an opportunity to make a record of interesting/difficult cases and 73 (78%)

felt they had the opportunity to carry out research/audit. Thirty-two trainees (35%) felt there was an opportunity to make a record of and analyse clinical critical incidents while only 13 (15%) felt that they could record critical incidents related to professional behaviour. Trainees used the Likert scale to show how effective the portfolio was in achieving their educational requirements (Fig 1).

Two themes emerged from qualitative analysis of the 22 free text responses. Firstly, the portfolio was of help in supporting education and training:

'I think it's a very constructive development in training.'

'The portfolio is a good way of self-learning and professional development.'

'[The portfolio] helped me a lot in achieving the desired competencies and skills.'

And secondly, that educational supervisors needed more guidance on how to use the portfolio:

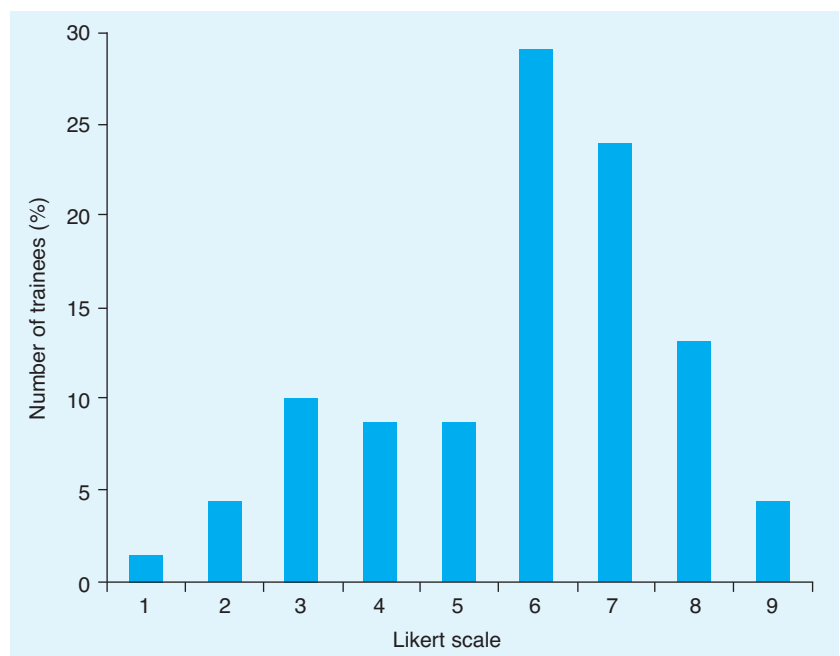
'I personally feel that supervisors should be informed regarding the portfolios.'

'Please orientate the Educational Supervisors to the portfolio and what is expected of them.'

Discussion

In this study, the learning portfolio experiences of trainees on a Deanery-wide MMC F2 pilot programme were explored. The response rate of 40% is similar to that for other postal questionnaires; the absolute number of 95 responses, however, ensured a reasonable spread of views. The portfolio should be used to drive good clinical practice and should form the basis of the

Fig 1. Trainees' views on the effectiveness of the portfolio in meeting their educational requirements (1 = no help at all, 9 = invaluable).



evidence that a trainee is appropriately developing along the lines of the General Medical Council's *Good medical practice* guidance.⁴ The majority of trainees found the portfolio to be helpful in the completion of required assessments. Reflective practice was enhanced with respect to recording interesting/difficult cases but not with respect to critical incident analysis. The latter relates to both positive and negative events during everyday practice and should, as a result, involve a degree of reflection. There may, however, be misunderstanding amongst trainees and their supervisors as to what constitutes a critical incident. Clarification of this and emphasising the need to reflect on incidents is an area that needs to be immediately emphasised to the trainees and should be addressed by educational supervisors. It is likely that trainees did not comment on multisource feedback, as they had not experienced this when the questionnaire was administered.

It is encouraging that the majority of trainees met with educational supervisors in the first few weeks of their attachments and that most were able to complete their assessments. This study highlighted that from the trainees' perspective, educational supervisors need more guidance and instruction on the use and value of the portfolio. This is essential in order to make the first trainee-educational supervisor meeting productive and to enable the establishment of education and training needs and mutually agreed learning objectives.

In the two years leading up to August 2005, there was concern that the significant changes occurring in postgraduate medical education would lead to a period of uncertainty.⁵ Bringing order and structure via a curriculum to drive the training and using performance assessments and tools to facilitate reflective practice via the portfolio should counteract this.⁶ The portfolio is potentially a valuable tool giving trainees the opportunity to

take greater, more systematic control of their learning needs and Foundation Programme requirements. This study suggests that trainees appreciate the portfolio but that an understanding of its contents and purpose, particularly by educational supervisors, is paramount to its success. As a result of this pilot work, Mersey Deanery has rolled out 'Tools of the trade' workshops for educational supervisors. These one-day sessions have provided training in the use of the portfolio in order to ensure their ability to support foundation trainees. There will, however, be a continuing need to emphasise the educational value of the portfolio by both foundation trainees and their educational supervisors.

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