<u>EDUCATIONAL PORTFOLIO – INDIVIDUAL LEARNING PLANS - MILESTONES</u>

The ACGME has determined that every Urology resident must maintain a "learning portfolio" that begins to integrate the Urology Milestones.

What is a portfolio?

A portfolio is a collection of selected resident work packaged and organized for easy review and evaluation. You are already doing most of this work: your portfolio will provide a framework for presenting it as evidence of your progress in achievement of the Six Competencies required by the ACGME of every graduating resident.

What are the purposes of a portfolio?

The portfolio will be used by the Program Director, along with other information, to evaluate your evolving competence as an Urologist and physician.

If properly maintained, the portfolio will become a robust document that will enhance your marketability when applying for positions or fellowships. It can also become the basis for your lifetime professional portfolio (which will likely be required many state licensure boards for certification or recertification in the future). Like it or not, you will be dealing with the Six Competencies for the rest of your professional life.

Mechanics:

The Program Coordinator will provide a digital portfolio binder that will house the required documents. As you progress through your residency you will fill this binder with evidence of your evolving competence as a Urologist and physician. It is your responsibility to maintain it and to make sure that all the necessary documents / components are present for your semi-annual review with the Program Director.

Some components of your portfolio/training folder are required, including in-service exam scores, research project, training certificates and rotational evaluations by faculty. These and other required components appear in bold type.

Your portfolio will be primarily a digital file though some parts may continue as a paper-based document. You may want to include other media (Power-point presentations, for example, or electronic data files of invasive procedure logs and case logs). *Please remove patient identifiers from all documents*.

Resident Portfolio Evaluation Checklist

Resident	Date
Please have your portfolio organized with all documen print are required!	ntation in place. All items in bold
How will your portfolio be evaluated? You will review your portfolio with the program direct review.	tor as part of your semi-annual
It will be scored according to the following criteria: Beginning: partial demonstration of required exhibit Advancing: substantial demonstration of required exhibits.	khibits
Competent: satisfactory demonstration of required e Above Competence: outstanding demonstration of r	
Though not a surrogate for the Milestones, you can see into the Milestones process and may be considered in the Milestones process.	e that these evaluations dovetail
Patient CareInvasive procedure/case log, up-to-date/ACGM	IE Minimum Numbers
Rotational faculty evaluations	
Direct observation by faculty of invasive procedu site confirmation, time-out, and advising patients regard	
with faculty evaluation (see form in handbook)	during adverse events of outcomes,
Blood-borne Pathogens Safety Training Course (UTHSCSA, VA)
Radiation & Laser Safety Training Course (UTHS	SCSA, VA)
Medical Knowledge	
In-service examination scores	
Extracurricular Urology conferences, Urology con AUA Curriculum and Urology self-assessment (SASP) modules.
Participation in the formal Curriculum including: all presentations), case discussions (include a brief disc and outcomes) and analysis of scientific journal article	cussion summary with references
copy of articles)	1
Research project, including manuscript, exhibit	it and presentation.
Practice-based Learning & Improvement	
Urology self-assessment modules (e.g. SASP)	
Quality Improvement project, including manuDocumentation of participation in hospital QI/	'QA and regulatory activities
Case presentations at conferences: preparation	n and presentation (include .ppt
or other files)Participation in interdepartmental Internal Review	y, with short personal analysis of
process. See Program Coordinator for upcoming Inter	<u> </u>

Interpersonal Communicati	on Skills	
	ies Sessions (Informed Consent, Conflict Resolution,	
	fficult News, etc) with documentation of attendance.	
	onference; preparation and moderation (show dates ar	ıd
patient lists)	, , , , , , , , , , , , , , , , , , ,	
,	of invasive procedures, including obtaining consent,	
•	vising patients regarding adverse events or outcomes:	
with faculty evaluation.	81 8	
· · · · · · · · · · · · · · · · · · ·	and related activities (UTHSCSA)	
Professionalism		
Conference attendance record		
Online modules: "Patient Con		
Include documentation of c		
	ncies (Impaired Physicians, HIPPA instruction).	
Include documentation of		
U.T. Risk Management Cours		
<u> </u>	s Instruction (CDT certificate)	
Membership & Activity in pro	· · · · · · · · · · · · · · · · · · ·	
Nembership & Activity in pro	ressional societies	
System-based Practice		
Multidisciplinary conference;	preparation and moderation	
(show dates and patient list		
	ct - Resident analysis of systems-based problem;	
with data, solution and implemen		
Billing and Documentation In		
Departmental Planning Retre		
Hospital / school / department		
*	ntal Internal Review, with short personal analysis of	
process. See Program Coordinator		
For reviewer use only:	Tot upcoming internal reviews.	
Overall assessment of progress:	Beginning	
overall assessment of progress.	Advancing	
	Competent	
	Above Competence	
	Above Competence	
Deficiencies (if applicable)		
Daviersen eiemeterne	Data	

After signing, copy this entire form and give to resident for inclusion in portfolio. Keep one copy in departmental file.

*You also have a training file that includes the following components; Demographic Summary,

Application Documents, Contracts and Professional Liability Insurance, Credentialing Documents, Record of Training and General Correspondence

**Confidential Evaluations and In-Service Scores are kept separate from either of these files.

Individual Learning Plan (ILP)

The ILP takes into consideration the differing needs of the individual learners and attempts to delineate the steps necessary to build on the resident's strengths and improve the weaknesses. While the in-service examination is designed to test basic knowledge and the ability to follow proscribed guidelines and best practices, the ILP includes development of surgical and other skills necessary to become a superior urologist. The ILP should be reviewed periodically during the year by the resident and used as a discussion tool for study planning. It will also be reviewed at the PD's semiannual review session.

ILP Form

This form will be placed in your portfolio as your self directed Individual Learning Plan (ILP). You will complete this annually and make adjustments as you attain each goal.

C			
Name:	PGY Level:	Date:	
Goals for curr	rent PGY year:		
1.			
2.			
3.			
Objectives to	reach PGY year goals:		
1.	·		
2.			
3.			
Goals for Uro	logy Residency:		
1.			
2.			
3.			
Objectives to	reach Urology Residency g	oals:	
1.			
2.			
3.			
In-Service Ex	am Problem Areas:		
Plan of Action	n to resolve ISE problem ar	reas:	

What do you consider to be your <u>strengths</u>? How can you build on them?

What do you consider to be your <u>weakness</u>? How can you improve them?

What <u>opportunities</u> lie ahead that will benefit you education? How can you realize them?

What <u>threats</u> do you perceive to your successful educational objectives? How can you obviate or prevent them?

MILESTONES

The 32 Urology Milestones are listed on the ACGME website. They cover general areas of clinical functionality mostly focused on the 6 core competencies.

Each resident must be evaluated with respect to the competencies which is then translated to progress in the milestones on a semiannual basis.

The basic descriptions of the milestones is available at the following link.

https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/UrologyMilestones.pdf