Educational Portfolio – Individual Learning Plans

The ACGME has determined that every Urology resident must maintain a "learning portfolio."

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 by the American Board of Urology and many state licensure boards for certification or recertification in the future. Like it or not, you will be dealing with these Six Competencies for the rest of your professional life).

Mechanics:
You have been provided with a portfolio binder containing some of 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 quarterly and semi-annual review with the Program Director.

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

The remainder of your portfolio will consist of exhibits which you may choose from the following lists. The headings of the lists are the Six Competencies which the ACGME has identified as essential elements of your training. The definitions have been provided by the ACGME and are, where appropriate, specific to Urology. You must choose at least 6 of the non-required exhibits; at least one must appear under each Competency (though some of the exhibits appear under more than one Competency, you must still choose a total of 6. You should be able to figure this out).

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 (CDs of Power-point presentations, for example, or electronic data files of invasive procedure logs and case logs). Please remove patient identifiers from all documents.
How will your portfolio be evaluated?
You will review your portfolio with the program director as part of your quarterly and semi-annual review. It will be scored according to the following criteria:
  - Beginning: partial demonstration of required and non-required exhibits
  - Advancing: substantial demonstration of required and non-required exhibits
  - Competent: satisfactory demonstration of required and non-required exhibits
  - Above Competence: outstanding demonstration of required and non-required exhibits

Since we are documenting that you are a Competent Physician, you must achieve a score of Competent in all Six Competencies by the end of your residency. Evaluation Sheet attached.

Resident Portfolio Evaluation Checklist

Resident ___________________________ Date ___________

Please have your portfolio organized with all documentation in place. **All items in bold print are required!** You must choose at least 6 of the non-required exhibits; at least one must appear under each Competency (though some of the exhibits appear under more than one Competency, you must still choose a total of 6 non-required exhibits). For each subsequent 6-month review you must have additional non-required exhibits.

How will your portfolio be evaluated?
You will review your portfolio with the program director as part of your semi-annual review.
It will be scored according to the following criteria:
  - Beginning: partial demonstration of required and non-required exhibits
  - Advancing: substantial demonstration of required and non-required exhibits
  - Competent: satisfactory demonstration of required and non-required exhibits
  - Above Competence: outstanding demonstration of required and non-required exhibits

**PATIENT CARE**
___ Invasive procedure/case log, up-to-date/ACGME Minimum Numbers
___ Rotational faculty evaluations
___ Direct observation by faculty of invasive procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation (see form in portfolio)
___ Blood-borne Pathogens Safety Training Course

**MEDICAL KNOWLEDGE**
___ In-service examination scores
___ Extracurricular Urology conferences, Urology courses, Progression through the AUA Curriculum and Urology self-assessment (SASP) modules. Include printed documentation of completion.
Presentation and analysis of scientific articles at Journal Club (include copy of articles), with written critique (see form in portfolio)

**PRACTICE BASED LEARNING AND IMPROVEMENT**

- Urology self-assessment modules
- Research project, including manuscript, exhibit and presentation.
- Documentation of participation in departmental QI/QA and regulatory activities
- Presentation and analysis of scientific articles at Journal Club (include copy of articles), with written critique (see form in portfolio)
- Teaching File case preparation (copies of 10 cases with discussion of each)
- Residents as Teachers Course and related activities
- Case conferences: preparation and presentation (include .ppt or other files)
- Topical PowerPoint presentation. Include printed notes.
- Other publications, with reprints or manuscripts
- Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Director for upcoming Internal Reviews.

**INTERPERSONAL AND COMMUNICATION SKILLS**

- Institutional Core Curriculum Sessions (Informed Consent, Conflict Resolution, Crafting Apologies, Delivering Difficult News) with documentation of attendance.
- Multidisciplinary oncology conference; preparation and moderation (show dates and patient lists)
- Direct observation by faculty of invasive procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation.

**PROFESSIONALISM**

- Conference attendance record
- Online modules: "Patient Confidentiality", "Ethics" Include documentation of completion.
- Institutional Core Curriculum (Impaired Physicians, HIPPA instruction).
- Include documentation of attendance.
- U.T. Risk Management Course
- Medicare Compliance Ethics Instruction (CDT certificate)

**SYSTEM-BASED PRACTICE**

- Resident analysis of systems-based problem; with data, solution and implementation, if applicable.
- Multidisciplinary conference; preparation and moderation (show dates and patient lists)
- Online modules: Urology Request, Medical Billing Include printed documentation of completion.
- Billing and Documentation Instruction (CDT certificate)
- Spring Departmental Planning Retreat
Hospital / school / department committee service
Activity in professional societies
Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Director for upcoming Internal Reviews.

For reviewer use only:
Overall assessment of progress:
Beginning
Advancing
Competent
Above Competence

Deficiencies (if applicable)

Plan of action

Reviewer signature Date

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

*You also have a clinical 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.