

## **Building a Portfolio**

### **Information for foundation doctors**

#### **Why do I need a portfolio?**

The foundation doctor will be expected to keep an up-to-date portfolio of learning and progress. All will be working in a range of training environments and therefore no 2 portfolios will look the same. The prospect of building a portfolio might be daunting. We will cover all aspects of questions you may be asking, from where I start and when; to how do I select evidence and how do I present it?

The portfolio is an electronic record of your progress during foundation. It stores all the information you need to show progress.

It is also important to use the portfolio to share your successes and achievements. When you complete Foundation you will be applying for further posts and you can use your portfolio to show future specialties your achievements.

It's your portfolio and you should be proud of what you achieve.

#### **When should I start my portfolio?**

You should start to record your evidence from the start of your training year. Open the portfolio as soon as you get access to it and make sure you can navigate it and understand what is required of you. As you progress through the year think about what you upload. You will record all your curriculum progress both formative and summative assessments. You will need to have it complete and up to date for ARCP and you can use it to 'showcase' your achievements.

#### **What do I need to put in my portfolio?**

Each HLO has several Foundation professional capabilities. You will need to record and link evidence to each FPC. We will expect a range including SLEs, attendance at learning, simulation and reflections.

Evidence to be submitted to your portfolio:

##### **1. Supervised learning events (SLEs)**

You should aim to complete around 15-20 (minimum) per training year to ensure you can show curriculum coverage.

Please ensure you have a range of evidence for both physical and mental health and that they are spread evenly across all your posts and are reviewed with feedback from a range of assessors. If you only provide evidence for physical health, it is likely your ES will ask you to complete more SLEs to show you have covered the curriculum requirements. They must also cover a range of specialties, including medical, surgical, mental health and community posts.

You can only have a maximum of 10 links per FPC.

Record your SLEs on either the SLE form such as minicex, DOPs or CBD forms or on the LEARN (learning event and reflection note) form.

## **2. Personal Learning Log**

Alongside SLEs, the Personal Learning Log (PLL) provides a record of learning and therefore of curriculum coverage. The Foundation Programme has a syllabus that builds on undergraduate learning and is wide ranging, to ensure the foundation years prepare doctors for future healthcare needs, although no programme of learning can cover the whole range of medical practice and knowledge that continues to develop.

Please record and link a minimum of 30 hours of delivered learning based on your curriculum.

Please record a minimum of 30 hours of non-core learning. Please ensure that this covers a range of specialties and must not all be in one speciality, eg medicine, surgery, mental health.

## **3. Reflective practice**

You should aim to reflect on your SLEs, learning activities and simulation activities. These can be recorded on the reflection form or on the LEARN form.

## **4. Simulation**

You should be attending simulation events as part of your educational programme. This may be high fidelity such as sim man or low fidelity. All simulation events should be recorded and you should reflect on your learning and performance.

The LEARN form is an ideal place to record these.

## **5. Quality improvement**

Understanding QI is a requirement and you should attend learning on this and record this in your portfolio. If possible, you could aim to complete or contribute to a QI project.

## **6. Leadership**

As part of the curriculum, you are required to demonstrate leadership. This might be ward based such as guiding medical students in your ward or leading multidisciplinary teaching. This can be recorded on the LEADER form.

## **7. Tasters**

If you undertake a taster, then use the taster form to link to the portfolio.

## 8. Summary narrative

The summary narrative is a form of written reflection that encourages the doctor to reflect on their overall practice and development. The concept is currently used by non-training grades, including consultants, when preparing for annual appraisal to review practice against the four domains of Good Medical Practice, and thus seeks to encourage reflective practice and prepare the FD for future requirements.

### Feedback

Feedback is how we learn. You will require to show evidence of learning from feedback.

You will require to provide:

- 1 satisfactory TAB (team assessment of behaviour) minimum per training year
- 1 satisfactory PSG (placement supervision group feedback) per training year

### Portfolio evidence (curriculum linkage)

To satisfy the curriculum, the FD will be required to provide evidence demonstrating complete coverage of the curriculum and thus achievement of the HLOs. To achieve this, the FD will be expected to link a range of evidence selected from their e-portfolio to each FPC. The gathering of portfolio evidence is a formative process but, as with much of the formative assessment used throughout the year, selected examples are used summatively. For each FPC, the FD should aim to provide a range of linked evidence, which should be from a range of learning experiences including SLEs, classroom or self-directed learning, reflective practice and formative feedback. However, at least some of this must comprise evidence from the top of Miller's Pyramid, i.e. 'does', in the form of SLEs, where the FD has demonstrated the required capabilities and multisource feedback via the TAB or PSG. Some will, however, come from other levels, for example where the FD has 'shown' competence (e.g. simulation). Demonstration of behaviours can be underpinned by evidence that the FD 'knows' through attendance at learning/teaching events and self-directed learning. Such lower-level evidence can be strengthened by reflection.

In selecting which evidence to link, the FD must remember that they have to:

- show capabilities across different healthcare settings, i.e. acute, non-acute and community;
- include examples pertaining to both physical and mental health, and an understanding of the effect of social needs on health;
- provide a range of examples, some of which must be from directly observed encounters with patients to confirm clinical capabilities and communication skills

## Clinical and educational supervisors' reports

These form the basis of your summative (ie. pass/ fail) and will be completed in your portfolio.

### Blueprint of assessments:

<b>HLO 1: An accountable, capable and compassionate doctor</b>		<b>HLO 2: A valuable member of healthcare workforce</b>	<b>HLO 3: A professional, responsible for their own practice and portfolio development</b>
Summary narrative		Summary narrative	Summary narrative
Summative assessments	CSR, ESR, PSA	CSR, ESR,	CSR, ESR, Form R/ SOAR
Formative learning	Learning log, Reflective practice, SLEs, TAB, PSG	Learning log, Reflective practice SLEs, PSG, TABs	Learning log, Reflective practice SLEs e-portfolio engagement

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