

The Art of Portfolios

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ABSTRACT

Portfolios are kept during undergraduate medical studies, in Foundation and Core training and now throughout one's medical career. However, they have a bad press and many people cannot understand the rationale and purpose of spending time keeping a portfolio up to date. In this short article I hope to explain why portfolios are useful and how to make the best use of them.

Introduction

We often see art, graphics and architecture students wandering around campus carrying a large folder that contains their work. That is their portfolio. They retain their work in one place so that it is accessible and can be looked at and shown to anyone at any time.

The concept of keeping a similar receptacle of work has been adopted by other professionals, pioneered by teachers, adopted by nurses, other health professionals and more recently, doctors. Hall defines a portfolio as "a collection of material made by a professional that records and reflects on key events and processes in that professional's career"¹. This definition moves the idea forward from having a portfolio to hold all of one's work, to having a place to put things and then reflect upon them. It is like having a wheelbarrow to put all the material in so that you can easily get it out and put it up to an internal mirror in order to consider it.

The perceived benefits of keeping a portfolio are that they:

- provide a structure for maintaining professional records/data/information
- enable varying evidence to be collated
- enable and encourage professional learning and promotes self-development
- encourage reflective practice and self-evaluation
- help to connect theory to practice through reflection

Portfolios are not without their challenges. They are time consuming and must be kept up to date. This can be testing when the pressures of clinical and academic work squeeze out the time left for the portfolio. It can be difficult to decide what and how much to include and the people with whom it is shared must have an understanding of the principles and the criteria.



What to include

Let's start with the contents of the "wheelbarrow". What can you put into a portfolio?

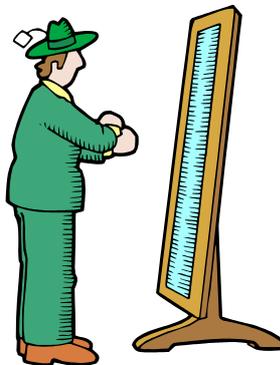
You can put in pretty much what you want to – it is yours. However, that approach makes for a very full wheelbarrow and makes getting hold of what you need when you need it, a challenge. One of the skills of keeping a portfolio is to think purposefully about the contents. It may be defined by the learning outcomes and assessment criteria of your curriculum, but when it is not and you are free to include what you want, limits have to be set.

Commonly, medical portfolios include:

- CV, certificates, details of training events
- Selected pieces of work
- Logbooks
- Completed workplace based assessments
- Copies of feedback
- Learning plans
- Critical reviews of articles etc
- Reflective diary/log
- Reflective commentaries on critical incidents

Why reflect?

The second element of keeping an effective portfolio is how to think about, reflect on, what you have put into your portfolio. Reflection, like portfolios can feel like an unnecessary part of medical training and practice. Surely we all think about what we have done in any case and share those thoughts and feelings with peers, friends and family, so why go further?



We need to purposefully think about what we do, how we do it, what went well, what went less well and finally how we can translate what we know into new personal goals. That is what the process of reflection enables and encourages us to do. We need to reflect on the content of our portfolios for several reasons:

- It is a professional requirement of the General Medical Council
- It makes you self-aware and can be therapeutic when you face difficult situations
- It helps to order and make sense of new ideas and experiences
- It fosters personal accountability for learning. This is more than just learning to the curriculum. It is about making you the best doctor you can be by learning through your experiences and setting personal learning goals
- It helps you to (honestly) highlight your strengths and weaknesses

Kolb's Reflective Cycle

Kolb conceptualised the idea of the reflective cycle (see figure 1)². It is part of adult learning theory and captures the steps that are part of reflection³. We know we can reflect while we are doing something. Take cannulation for an example. If you cannot get the cannula in the vein you start to think about what you are doing wrong and what you need to do to remedy the problem immediately. Schon called that "reflection –in –action"⁴. However, there are times when medical practice is not as simple as that and experiences take more time and thought to unravel. The post hoc thinking and planning is called "reflection – on –action" and it is what we do after the event to try to understand what happened and how we will deal with something similar in the future.

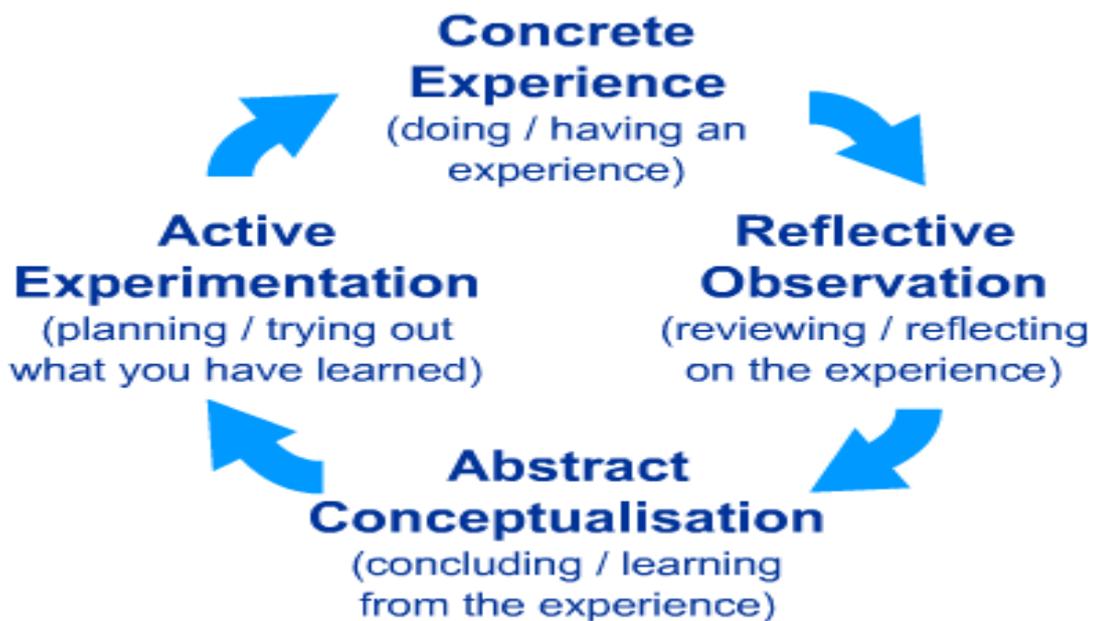


Figure 1: The Kolb Reflective Cycle²

What is the evidence base behind the portfolio?

If we are to spend all this time collecting the material to go into the portfolio and then thinking about it constructively then what is the evidence that it makes any difference?

Medical educationalists are broadly in favour of portfolios. Driessen and his colleagues from the University of Maastricht have done a great deal of work on the subject and have published widely⁵⁻⁶. In a paper in the *BMJ* in 2008 they summarise their findings by arguing that portfolios work when they are flexible and tailored to a specific purpose, they amalgamate various sources of evidence to enable assessors to make an overall judgement and when doctors/students analyse their own performance through reflection⁶. They say that there are 3 key features to maximising the effectiveness of a portfolio: mentoring, keeping it lean and specific and careful implementation⁵⁻⁶.

In the same volume of the *BMJ*, Norman put forward a counter-argument and said that portfolios do not work because he questions whether the time spent is worth it and whether self-assessments with self-selected content can be legitimate performance measures⁷. In other words, are they a sufficiently reliable form of assessment method for high stakes examinations? He does concede, however, that they are valuable to keep learners and teachers engaged with each other when the portfolios are shared and discussed⁷.

The general principles outlined above are relevant to most portfolios. In the Foundation Programme in the UK, portfolios form an important element of the learning and assessment processes. The UK Foundation Programme Curriculum clearly states the aims, *“The Curriculum assumes that the foundation doctor will be proactive in managing their continuing education and career development and that they will take responsibility for detailing all achievements and progress within their e-portfolio.”*⁸

The e-portfolio is intended as *“Evidence of achievement of outcomes and increasingly sophisticated performance”* and includes:

- Feedback from Supervised Learning Events (SLEs)
- Team assessments of behaviour (TAB)
- Reflective practice, self- appraisal & career management
- Demonstration of the core (GMC) procedural skills

Importantly, the *e-portfolio “contributes to the end of year report ... may also be used in specialty interviews to demonstrate competence and highlight achievements”*⁸

Conclusions

Portfolios are now used throughout medical careers to collate and reflect upon evidence of performance. They require a different approach to many other learning methods because they are largely driven by the portfolio keeper. Portfolios are compulsory during Foundation training and form a key part of the assessment and are used to inform discussion with trainers. Moving on in your career, portfolios will be used for revalidation and relicensure so learning how to make the most of them as soon as you can, will pay dividends in the future.

There is some evidence that students and trainees are not always honest in the way they use their portfolios, making up data and reflections. Of course it is easy to fictionalise some of the contents but to do so is to act unprofessionally and to miss the opportunity for personal growth and professional development.

Medical students, trainees and doctors want to be the best they can to ensure they deliver optimal care to their patients. Honest and effective use of the portfolio will help in that professional aspiration.

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