Using the student voice to transform the medical student portfolio: A roundtable discussion

UCL Medical School Assessment & Feedback Unit

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Outline

- Your context
- Our context
- Why change?
- What we did and why
- Outcome – what went well and challenges

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What do you think STUDENTS think is the PURPOSE of a portfolio?

Mentimeter

What do you think EDUCATORS think is the PURPOSE of the portfolio?

Mentimeter

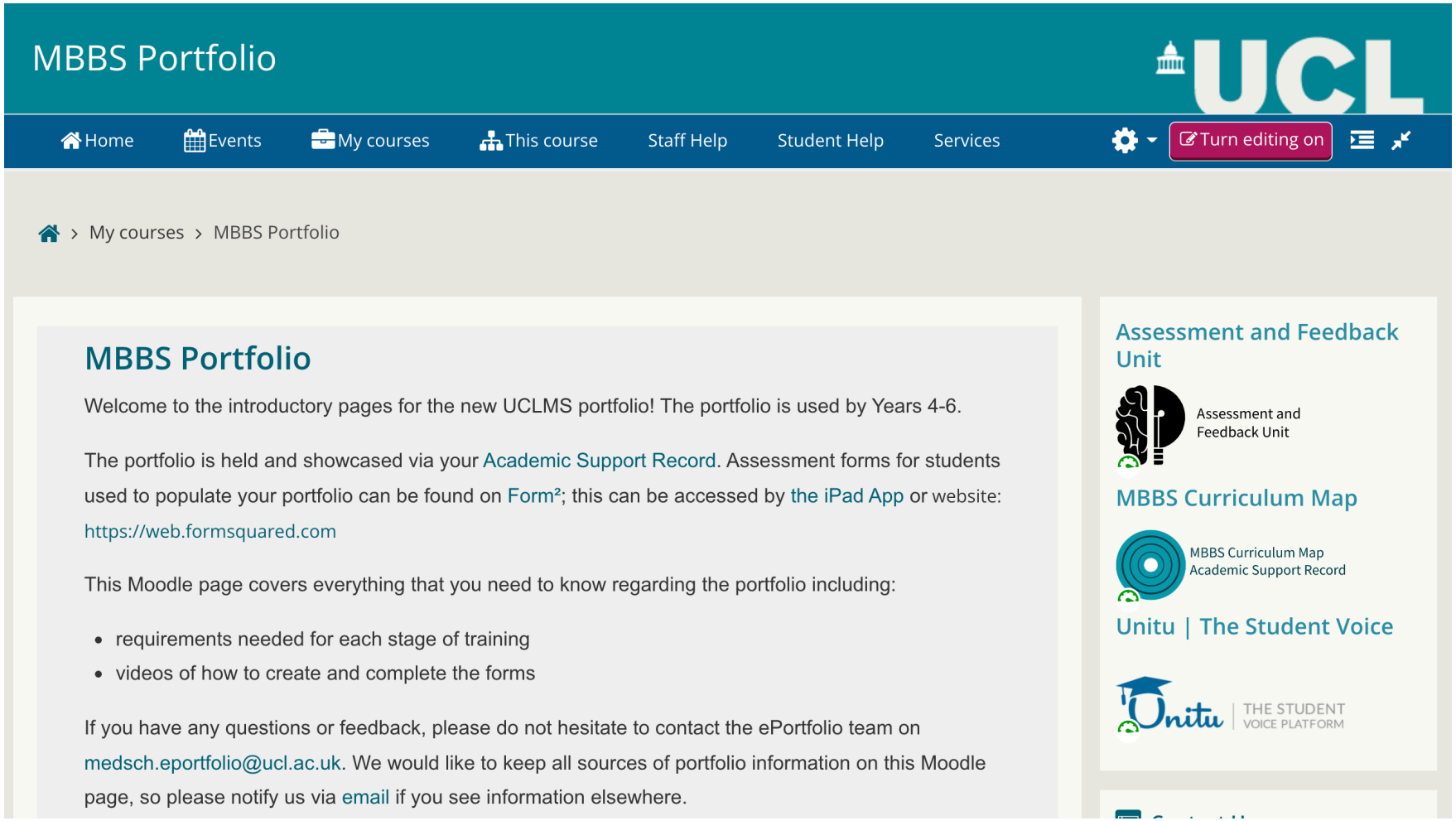
What would you like to get out of this session?

Mentimeter

- Design a 'formative' portfolio
- Better understanding of portfolio updates.How it was implemented using student voice
- example of a successful deployment of eportfolio for the students
- Is the software userfriendly.
- Understanding the full potential of E-portfolios
- lessons learned
- See student view of a portfolio and how this interacts with what staff would see
- To understand how you ca get students to engage beyond considering this is a tick box
- To see how it's been working for your dept/programme

Definition of portfolio…

A collection of evidence that learning has taken place (Challis 1999)



What is the UCL Medical School Clinical Portfolio?

Requirements

Form² forms		Year 4	Year 5	Year 6
SLE: Supervised Learning Event **- CBD** **- mini-CEX** **(DOPs/Procedures separate requirements)**	How many? (mix of each)	Minimum 5 per module * 2 directed SLEs (yr5)		Minimum 6 during DGH placement + minimum 3 during GP (even mix of CBD and mini-CEX)
	Who can sign?	Range of appropriately trained HCPs, recommended at least 2 by consultant/GP grade doctor		Range of doctors and consultants
SR: Supervisor report **(formerly MSR)**	How many?	Minimum 4 per module		Minimum 7 in total for the year
	Who can sign?	Minimum 2 by GP/consultant from any Specialty + 2 from any medical doctor: FY1 level or above		1 per 4 week DGH placement by designated clinical supervisor (ST4 level or above) and minimum 3 by any junior doctor to capture out of hours work
EMR: End of Module Report	How many?	1 per module		1 for end of DGH placement 1 for end of GP placement 1 for Pre Finals SSC 1 for Prep for Practice SSC
	Who?	Consultant only (5A can be GP, 5B can be midwife tutor)		Consultant/GP only
EAF: Educational Activity Form	How many?	Minimum 1 Prescribing task per module and any other educational activities Year 5 only: -Core GP multimorbidity & chronic care essay -Polypharmacy project -SBA		DGH Initial ed supervisor meeting -Mid point ed supervisor meeting - Directed reflection if requested GP: -QIP -Significant Event Analysis -Prescription charts -Discharge Summaries -Prescription Summaries -Referral Letters
	Who?	Any HCP inc pharmacists for prescribing task		For non-supervisor meetings, EAFs can be completed by any relevant HCP
Supervised History		n/a		1 per year by IMT3 level or above
Elective report form		n/a		1 per year by clinical supervisor
Supporting Evidence tab on ASR		Upload any achievements, reflections, activity logs or work you are proud of		
Procedure Passport Sign off		All procedures outlined on Moodle and in year 6 repeat sign off for all “Key Year 6” procedures		

Stakeholders?

Students – 973 (Year 4 – 6)

Technology Team

SLT

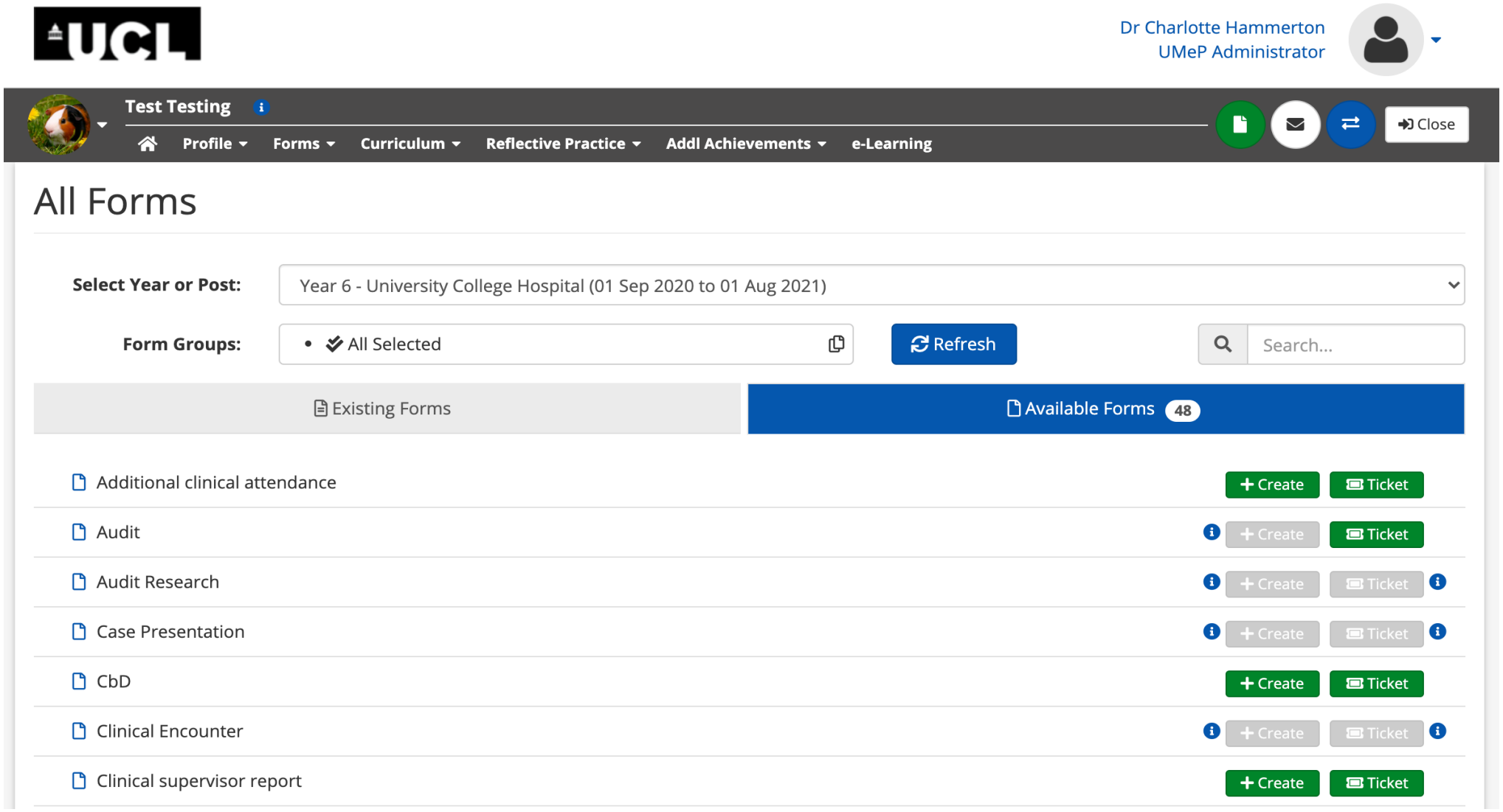
Educators

- A&FU
- Wider UCLMS faculty – year leads and module leads
- All clinical staff involved (1000s) in medical student training

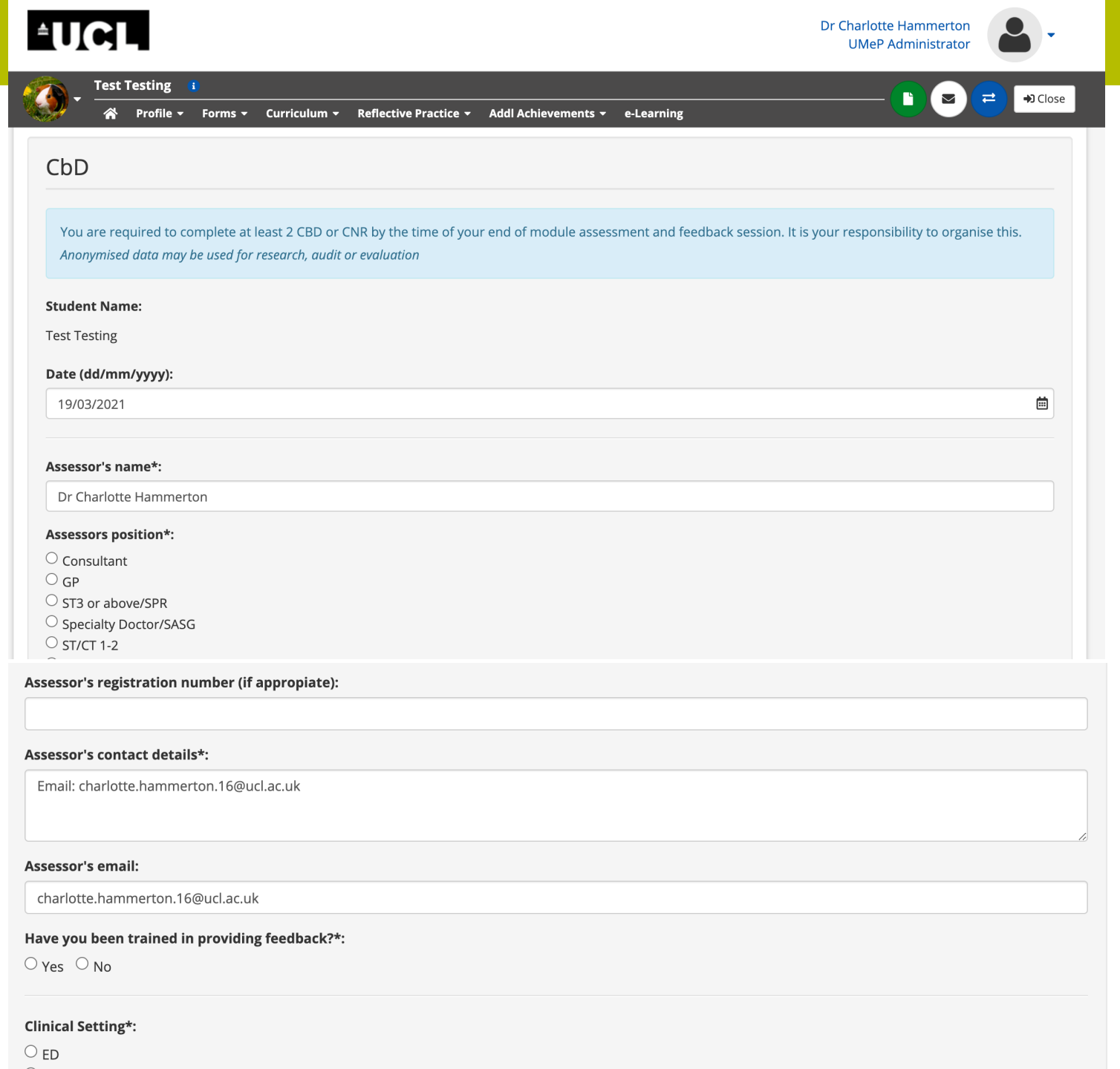
Professional Service Staff/Managers

Why change?

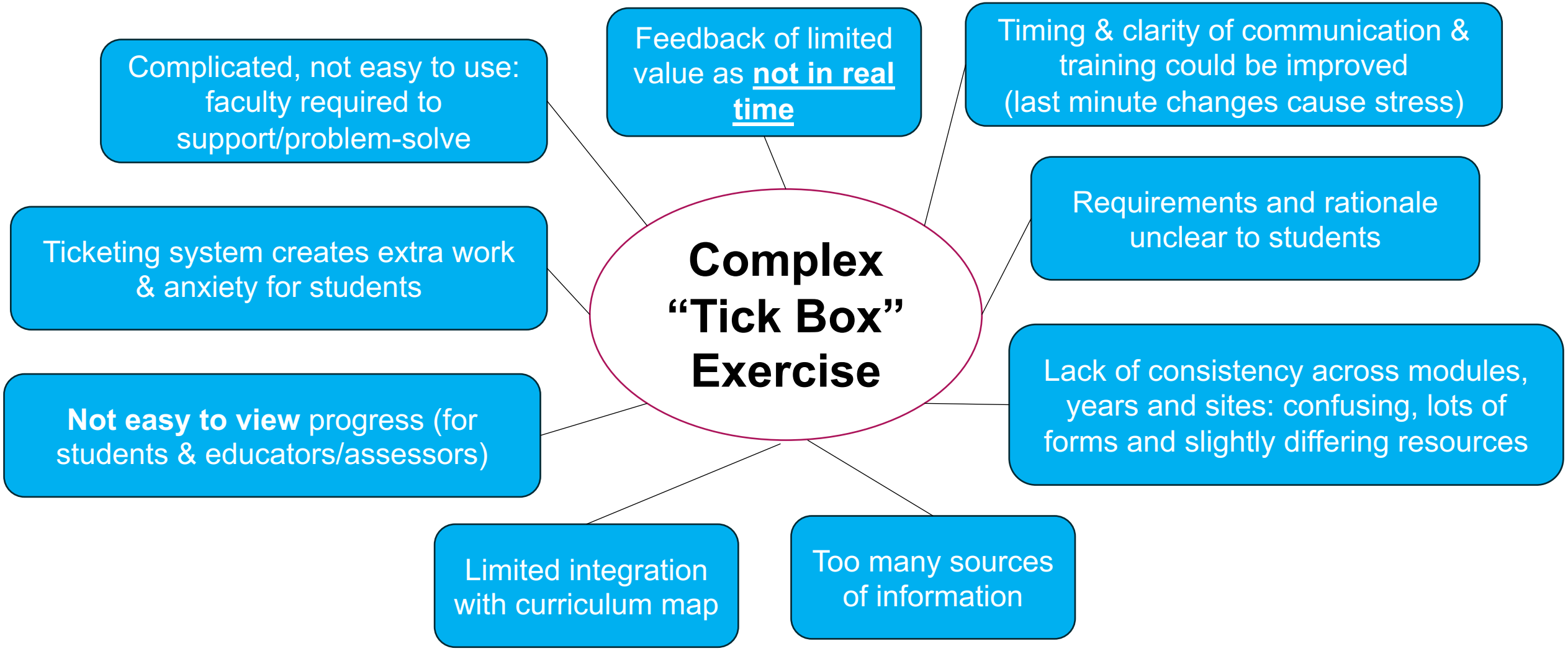
Previous portfolio



Example form



Key findings



The plan: Student Centered Vision

- One centralised, streamlined portfolio
- Aligned and integrated
- Clear, simple and easy to use
- Gradual shift towards towards programmatic assessment
- Embedded, valued feedback and reflection
- Clear communication & support

How did we do it?

Integration & The Technology:

Mr Taylor Bennie

UCL Medical School

Curriculum Map / Academic Support Record

charlotte.hammerton.16@ucl.ac.uk

Total Forms Submitted

32413

Total Forms In-Person

17809

55%

Total Forms Tickets

14604

45%

Total Forms Tickets Complete

11815

81%

Total Forms Tickets Outstanding

2789

19%

LIVE DEMONSTRATION

Attendees were able to see the portfolio and forms in real time, including examples of how the platforms FORM2 and ASR interact for an example students, which created discussion.

This discussion centred around the functionality of the forms and how students experience using this, with comparisons drawn to the previous portfolio.

There was discussion around decision making in regards to particular features and wording. In all cases, we used our vision to guide all decisions with the student voice being prioritised.

Process

Collaborative Design - involving recent graduate

Student pilot & feedback

Educator feedback

Iterative feedback & improvements

Student Centered Vision

What was the outcome?

What went well?

- Student involvement at every stage–focus groups, piloting new form
- Iterative approach – constantly responding to feedback
- Students responded positively
- Resources: Moodle, student made videos and ‘how to’
- Dedicated email
- Weekly drop-ins
- Monthly newsletter
- Champions

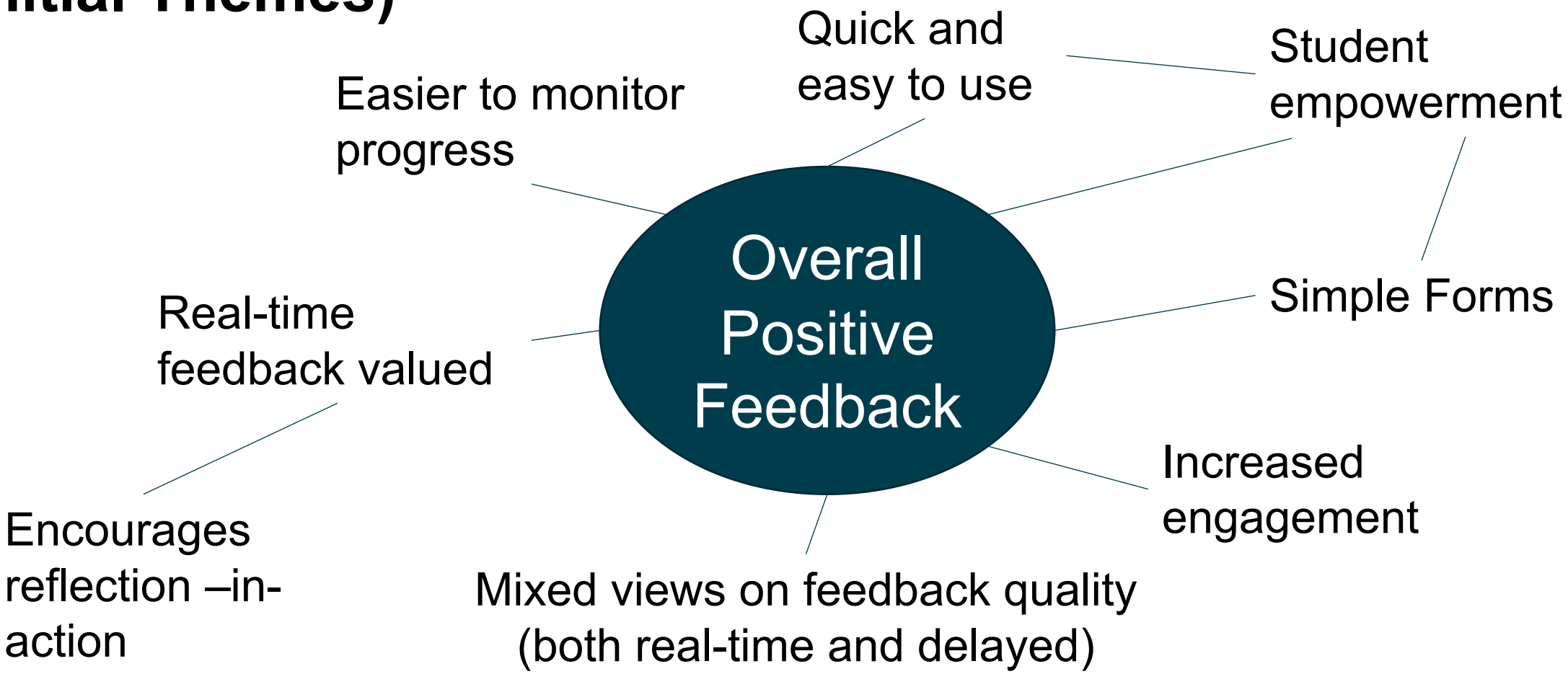
Challenges

- Balancing student and educator perspectives within external requirements
- Integration with curriculum, existing technology
- Communication, training and engagement
- Scale: large number of stakeholders and assessments
- Time: Balancing a collaborative iterative approach with feasibility

What would we do differently next time?

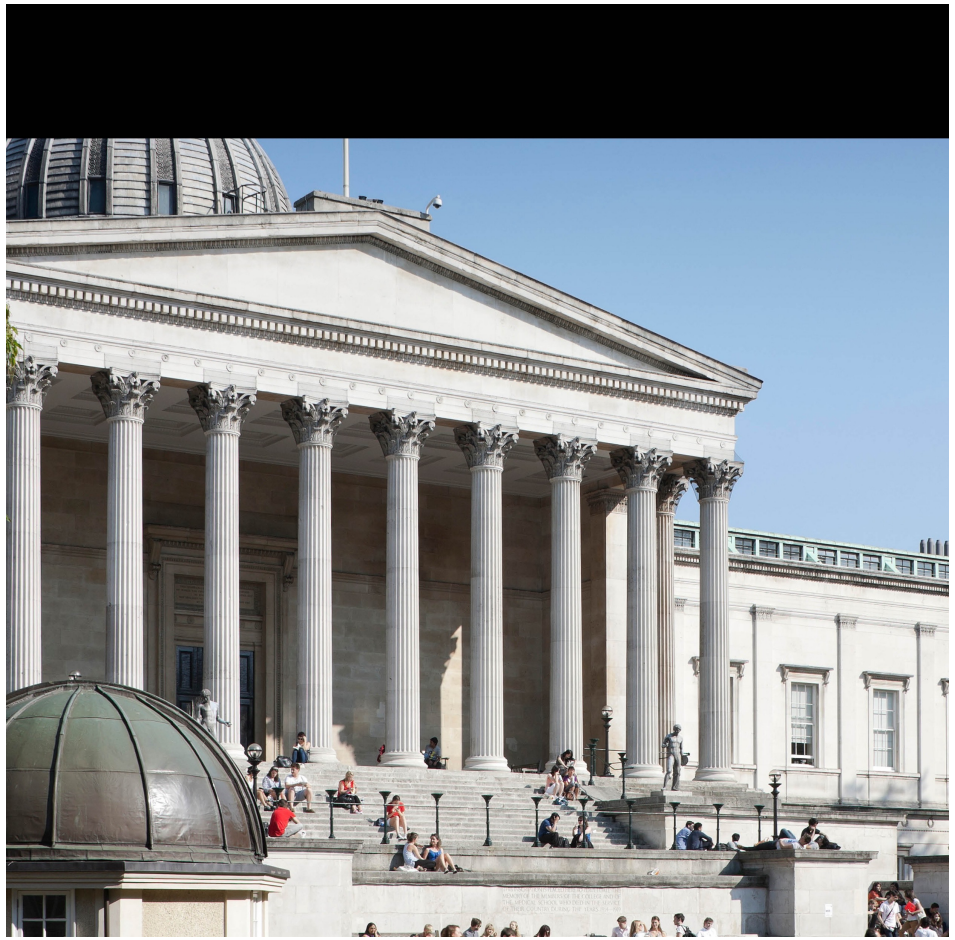
- Communication and training as early as possible
- More PR to educators for earlier ‘buy-in’
- Iterative process – how much could we have predicted in advance? Defined periods of feedback?

Student Feedback: Focus Groups
(Initial Themes)



Moving forward

- Ongoing iterations
- Gradual shift towards start of programmatic assessment
- Introduction across whole of medical school (Year 1+2)

Questions?

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