



# CMSA

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg No. 1955/000003/08)

Nonprofit Organisation (Reg. No. 009-874 NPO)

Vat No. 4210273191

## COLLEGE OF FAMILY PHYSICIANS

**President: Prof Mergan Naidoo**

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8 July 2024

### Tips to help you complete your learning portfolio

1. Check with your departmental portfolio (Pf) administrator that you have a Scorion account and are linked with your supervisors.
2. Make sure you are using the correct URL for the e-Pf.
3. After you sign in, you need to create a form set for the current study year.
4. Populate this form set with empty forms by inserting various assessment forms.
5. There will be two Clinical Competency Committee (CCC) forms already in your form set. These replace the previous PAT form. As part of the local CCC, your local HOD and program manager will complete these two times a year.
6. Whenever you have filled in a form, you need to invite a **supervisor to review and validate your learning activity**. You do this by adding a reviewer / typing in an email of a supervisor. Then click "Send overview" and a pre-populated email request will appear. Please do so immediately after each activity.
7. You can link up to 4 supervisors to your portfolio. However, you can send a form to any supervisor or person by typing in their email address and inviting them to assess you. This may involve **supervisors from outside** of FM i.e. O&G, Paeds, Surgery, Anaesthetics etc.  
Please let them know what to expect before you send them a link.
8. Your portfolio belongs to you and can only be accessed by the supervisors and program director you gave access to.
9. Your departmental administrator/secretary or program director responsible for the IT management of the portfolios would have set up the registrar-supervisor groups. Inquire from them if you are battling with this. They, in turn, have access to the secretary at the SA Academy of Family Physicians for higher-level access.
10. You can insert **up to 4 "allocations" for an academic year**. It is strongly advised that you carefully plan your year and decide to bundle your learning into 2-4 allocations/year.
11. For every allocation, you need to complete a **Learning Plan**, and at the end of the allocation, you also need to fill in a **Registrar Reflection** form and invite your family physician supervisor linked to your Pf to fill in a **Periodic Assessment** form.

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12. If you have been working in a clinical area away from your family physician supervisor, then that **clinical specialist should liaise with your family physician supervisor**, and could also fill in the **Periodic Assessment form**.
13. The minimum for an academic year is **two bundles each of a learning plan**, reflection, periodic assessment. As long as there are no gaps, your learning plans should be back to back.
14. When you write your learning plan, it's best to **first discuss with your supervisor** to get a clear idea of expectations for yourself, your supervisor, the MMed program, and your local clinical environment and team. Keep the national entrustable professional activities (EPAs) and national programmatic outcomes in mind. For your MMed program, scan where the structured teaching and learning segments (modules/course, etc.) are scheduled that cover aspects of your learning plan and the outcomes. Also, consider your leave and your research thesis work.
15. Once you have filled in a learning plan and **sent it to your supervisor for validation**, your supervisor should give feedback and then validate the form. You will be able to view the feedback in your learning plan under the **"Closed" tab**.
16. If you want to **update your learning plan**, after you read the feedback, and want to make changes, you can insert a new learning plan form, and click the **"copy from previous form"** function and select the previous learning plan in the drop-down menu. This will recreate your previous learning plan without the supervisor's feedback.
17. **No minimum number (norm) of assessment forms** must be completed for every academic year anymore. This is because of the shift away from ticking numbers and giving scores towards making entrustment decisions and giving feedback on as many learning points as possible that you added to your portfolio, spread over the year, and structured around the national EPAs.
18. The **various forms include Observations** (DOPS, mini-CEX, One-minute preceptor for 1-1 teaching, Group Teaching, C-sections, Anaesthetics, Communication Skills Observation Tool), Educational meetings, Entrustment-based Discussions, Assignments, Logbook skills, and Certificates of other learning/training/community events.
19. Your supervisor can use a **"Push Feedback"** function to fill in a form without your invitation. This applies to Observations, Educational meetings and

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- Entrustment-based Discussions in your portfolio. Otherwise, your supervisors depend on you sending them a form for every learning review opportunity.
20. For the **DOPS forms**, which you complete for procedures done, it is important that you are observed and receive feedback on a variety of procedures and levels of complexity over the year. The same goes for the **mini-CEX forms**, which capture learning during your consultations with different supervisors in various clinical settings.
  21. The two types of forms for capturing your teaching skills include a '**Teaching Assessment Tool**' for group teaching and a 'One minute preceptor' for one-on-one teaching.
  22. All forms, including the old "**logbook forms**" are clustered around the EPAs and contain the procedural and other skills agreed upon nationally that are expected from a competent family physician. Since you are working as a registrar in a district hospital-type environment, even if you do not formally 'rotate' through a specific clinical discipline, you should be working and learning across clinical areas, e.g. general wards, the emergency centre, PHC clinics, and the community. Therefore, you need to be observed by and receive feedback from your supervisors on sets of skills, as they pertain to a clinical workspace, typically described in an EPA. Be honest and realistic in the assessments. Even if you cannot perform a certain skill at a certain point in time, as you grow within a year or over the years, your entrustment for various skills should increase.
  23. At least **once a year**, you need to fill in the **Multisource Feedback (MSF)** form, which has already been inserted into your form set. This is best done in the seco<sup>nd</sup> half of your academic year. Invite by e-mail 10-20 colleagues, some more senior than yourself, and some 'below your level', who work with you and have seen you in practice, to fill in the form. The completion is anonymous. You should get valuable feedback from them.
  24. Some 'forms' that support learning include **case-based discussions**, chart-stimulated recall, clinical question analysis, and significant event analysis.
  25. The **CCC form** is not for you or your supervisor to complete. You invite the program director/HOD to complete this in the middle and/or at the end of the academic year.
  26. All the forms have the option to attach files to them. These can be useful as evidence of learning for yourself and your supervisors.
  27. You can check your progress over the year by going to your **Dashboard** and clicking on the headings to scroll through the various areas in your portfolio. You

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will see a complete overview, including all the feedback from the MSF assessment.

28. While completing the various forms, you will notice that you are expected to grow in all the EPAs for Family Medicine. The **entrustment scales** are from 1 (observe only) through 2,3,4 (decreasing need for observed supervision), to 5 (work without supervision).
29. Your portfolio also has a space to insert **Certificates** from other learning opportunities.
30. Several useful resources, including **videos on using Scorion**, can be accessed by going to your 'File manager' → 'My shared folders' → 'Information documentation'.
31. If you have empty or incorrect forms that you need to delete, the department Administrator for the portfolio IT can remove them, but only if they have not yet been validated.
32. Your portfolio is **downloadable as a pdf**, and can be kept, for future reference.
33. Increasingly, the portfolio will become a part of the FCFP exams as evidence of your entrustable professional activities.
34. When you apply to take **the national FCFP(SA)** exams at the end of your 3<sup>rd</sup> year as a registrar, you will need to send the local (departmental) CCC forms for year 1,2 and 3, and the link to your full portfolio for year 3, to the CMSA. If you completed a paper portfolio, you will have to upload a pdf file of your year 3 portfolio. The national CCC will finalise whether your learning and work-based assessments over 3 years were satisfactory for taking the national exit exam.

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### More tips to complete your learning portfolio

1. Your portfolio of learning reflects many **ad hoc episodes of low-stakes formative learning** moments which could include your own reflections, observations with feedback from supervisors, learning conversations (traditionally called educational meetings), multi-source-feedback, learning plans, end-of-allocation supervisors assessments, and other learning events you partook in.
2. All these '**data points**' together inform your faculty to review your portfolio twice a year and make a **collective high-stakes summative evaluation** based on your choices of portfolio entries.
3. Since there are 22 EPAs to master over 3-4 years, it makes sense to be intentional and focus on **8 EPAs every training year**. Some EPAs are "transversal" and many will stay part of your training journey.
4. However, if you have 2 learning plans a year, this would mean that you are at least intentional about **4 EPAs per learning plan**. Hence when you have learning conversations, reflections, and observations done, keep these 4 EPAs in mind. There could be others, of course, and that is fine. Enter these data points also.
5. Many registrars are asking about '**standardisation**' of assessments. While this is part of an assessment mindset of the past, it is now recognised that it is simply not possible to 'standardise' assessment at postgraduate level, and even less so in workplace-based assessment.
6. What is important is to minimise bias (systematic, confirmation, attribution, anchor, conformity, contrast, etc.) and to agree on the standard level of proficiency expected.
7. This is achieved through a number of mechanisms:
  - a. **Having multiple people engaged with learning conversations** and observations
  - b. Choosing **multiple scenarios of patients and contexts**
  - c. Having **at least 5 learning events captured per EPA** (of which one must be an end-of-allocation supervisor assessment- please see EPA specific requirements)
  - d. **Focus on reflections and feedback**. Scores are not very useful.
  - e. Using an internationally agreed upon **entrustability scale with levels 1-5**, with clear indications in the EPAs which levels are expected at what stage in the training program.
  - f. **Faculty development** is done through workshops and clinical trainer accreditation.
8. Another important point that supervisors and registrars have raised is that the nature of the **supervisor-registrar relationship** could potentially influence the ad-hoc evaluations for better or for worse.
9. This is addressed through a number of mechanisms, which include the ones on bias:

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- a. There must be a level of **bi-directional trust** between the supervisor and the registrar. This is achieved through building some form of professional relationship over time (longitudinal) within the program.
  - b. If you are working in a training complex where your dedicated family physician supervisors are few or not constant over an extended time period, faculty need to identify **other people with experience** who can support your learning, e.g. senior registrars, senior nursing sisters, other clinical consultants, etc.
  - c. One or more **MSF forms completed with up to 20 colleagues** to give you feedback.
  - d. There must also be a form built into an updated e-portfolio which gives the registrars an **opportunity to give feedback about their supervisors and the program**.
10. Your faculty will also share the **standardised template used by the local and national clinical competency committee (CCC)** to help you understand what is important for a satisfactory portfolio of learning.
11. **Workplace-based assessment (WPBA) via EPAs** are slowly contributing more and more to **high stakes exams**. Their meaning and role are becoming clearer as universities and the College of Medicine are establishing WPBA as contributing to final 'marks'.

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Compiled and updated by Prof Louis Jenkins, 22 December 2023/ June 2024

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