

Utility of Portfolios in GCPS



**GHANA COLLEGE OF
PHYSICIANS AND
SURGEONS**

. PRO VITA SCIENTIA .

Dr Henry Lawson
Vice Rector

Outline

Organisational Profile of GCPS

Portfolio in Geriatric Medicine

Portfolio as a Formative Assessment tool

Portfolio use in Examination Eligibility

Portfolio use in Summative Assessment

Objectives



To illustrate
how a portfolio
is generated



To describe
portfolio use in
Formative
Assessment



To demonstrate
portfolio use in
Summative
Assessment



Organisational Background and Profile

Established by Act 635 of 2003 and revised by Act 833 of 2011.

Promote specialist education in Medicine, Surgery and related disciplines

Promote continuous professional development in medicine, surgery and related disciplines

Promote postgraduate medical education and research in medicine, surgery and related disciplines

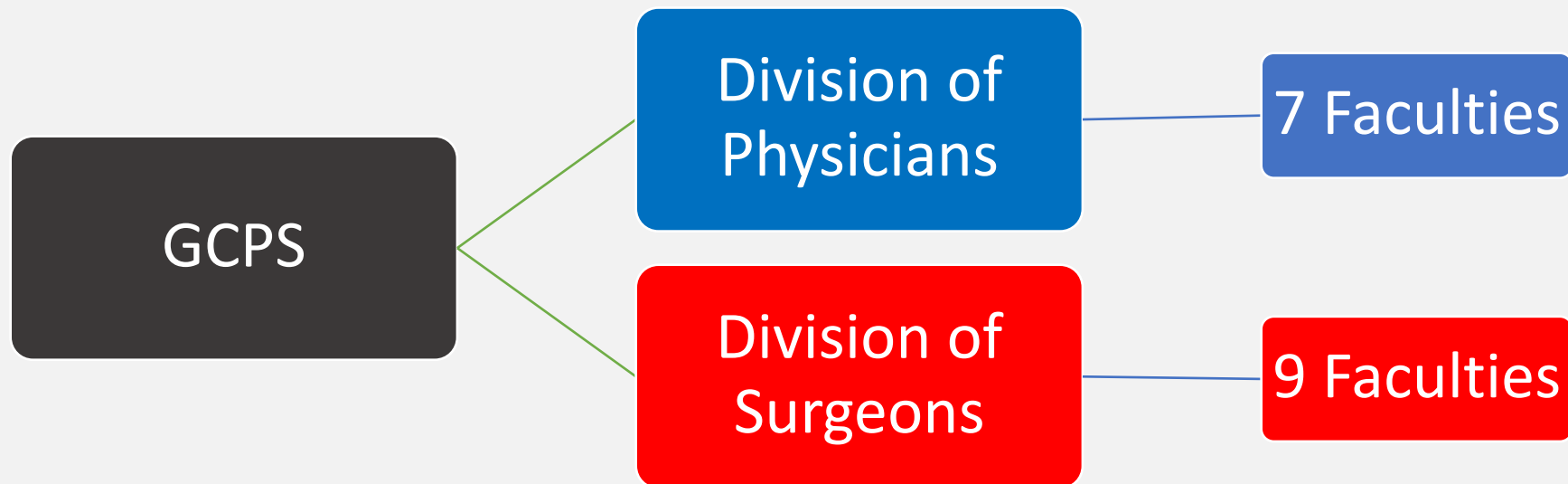
Contribute to the formulation of policies on sound health and public health generally.

Vision



Our Goal is to be
the Premier
Postgraduate
Medical College
in Africa and
beyond

Divisions



Division of Physicians

- Family Medicine
- Internal Medicine
- Laboratory Medicine
- Paediatrics/Child Health
- Psychiatry
- Public Health
- Radiology, Oncology & Radiotherapy

Division of Surgeons

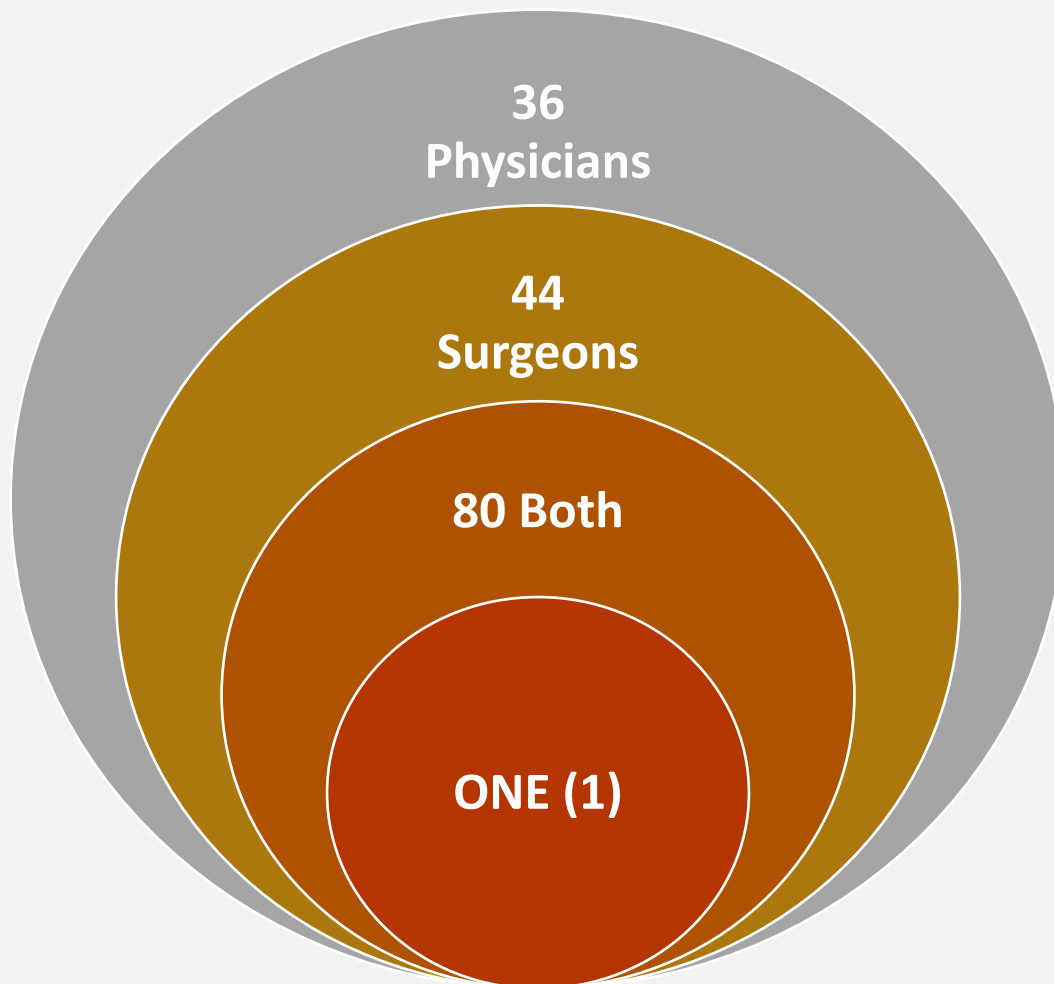
- Anaesthesia
- Dental Surgery and Subs
- Emergency Medicine
- Neurosurgery
- Obstetrics & Gynaecology
- Ophthalmology
- ORL
- Ortho & Trauma
- Surgery and Subs

Number of Subspecialty Programmes in GCPS

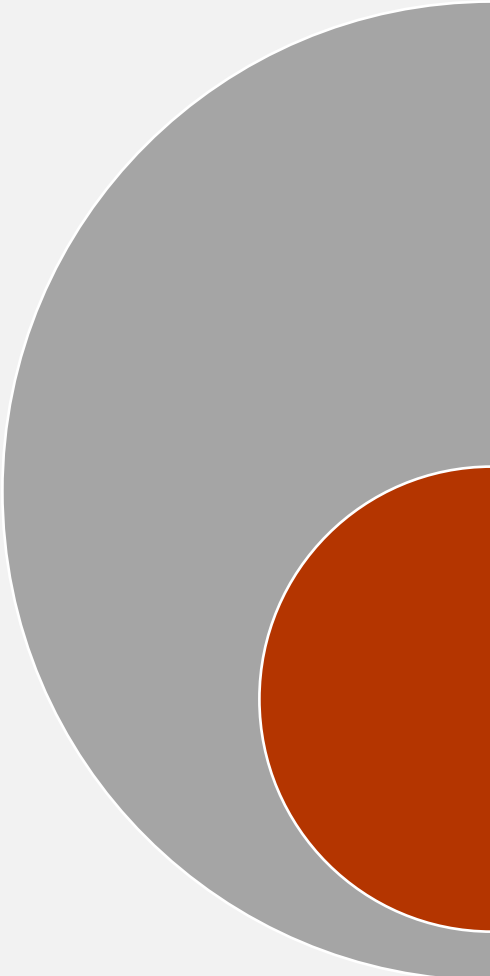
#	Faculty	Sub-SP
1	Family Medicine	5
2	Internal Medicine	11
3	Laboratory Medicine	4
4	Paediatrics/Child Health	6
5	Psychiatry	1
6	Public Health	5
7	Radiology, Oncology & Radiotherapy	4
	Sub-Total	36

#	Faculty	Sub-SP
1	Anaesthesia	7
2	Dental Surgery & Subspecialties	8
3	Emergency Medicine	1
4	Neurosurgery	1
5	Obstetrics & Gynaecology	8
6	Ophthalmology	8
7	ORL	1
8	Orthopaedic & Trauma Surgery	1
9	Surgery & Subspecialties	9
	Sub-Total	44

How many Programmes use Portfolios?



Portfolio for Geriatric Medicine - 1



Catalogue of
instructive cases,
procedures,
academic
activities

- Entries primarily from longitudinal rotations.
- To be reviewed by the programme director or designated faculty half yearly.

Workplace-based
assessment
forms duly filled
and signed

- Case-Based Discussion
- Mini-CEX
- DOPS,
- Multi-Source Feedback,
- Teaching/Presentation Observation Tool.

Portfolio for Geriatric Medicine - 2

Copies of presentations, teaching & learning resources, quality improvement project, publications.

Copies of progress reports from evaluation of Senior Resident by geriatric faculty – 2x a year.

Copy of annual programme evaluation by Trainer.

CATALOGUE OF PATIENTS MANAGED – selected conditions must be instructive and should relate to different aspects of management of the older adult.

Date: **Age:** **Sex:** **Patient's Record #**

Reasons for Encounter:

Important Examination Findings:

Management of Patient:

Outcomes / Lessons

CATALOGUE OF OFFICE PROCEDURES

Date: **Age:** **Sex:** **Patient's Record #**

Type of Procedure:

Indications:

Outcome of Procedure:

Comments:

CATALOGUE OF ACADEMIC AND PUBLIC EDUCATIONAL ACTIVITIES – this refers to activities like teaching, conference presentation, public education, medical outreach etc.

Date / Time	Activity	Location	Topic

Formative Assessment Feedback Form – 1

1. Assessment: Interview, Physical Examination				
SKILLS	Well done	Partly done	Not done	N/A
A. Asked relevant historical questions in regard to: 1) Cognitive impairment 2) Gait and / or falls 3) Mood 4) Urinary incontinence				
B. Performed all physical examination relevant to assess the chief complaint				
Comments: 				

Formative Assessment Feedback Form – 2

2. Care plan formulation with interdisciplinary team				
A. Listened attentively to social worker's impression and recommendations.				
B. Recommended relevant diagnostic testing (e.g. blood tests, neuropsychological testing etc.) for patient's chief complaint.				
C. Developed management plan that includes medical treatment and utilization of community agencies and resources relevant to patient's chief complaint.				
Comments:				

Formative Assessment Feedback Form – 3

3. Oral and Written Communication to Patient and Family				
SKILLS	Well done	Partly done	Not done	N/A
A. Described assessment and plan to patient and family in simple language; medical terminology when used, defined meaning in simple language.				
B. Answered all questions posed by patient and family in simple language.				
C. Constructed organized and clearly written reports that include major medical, affective, cognitive, functional, social and environmental issues that impact the patient.				
Comments:				

Formative Assessment Feedback Form – 4

Comments on remarkable professional conduct:

Date: _____

Faculty: _____

Fellow: _____

COMPETENCY	SCORE						COMMENT
	NYA	0	1	2	3	4	
A. MEDICAL KNOWLEDGE (MK)							
1. Possesses relevant clinical knowledge							
2. Knowledge of diagnostic testing and procedures							
3. Scholarship							
<i>Total score for MK (Add and divide by items assessed)</i>							

COMPETENCY	SCORE						COMMENT
	NYA	0	1	2	3	4	
B. SKILLS							
Patient Care(PC)							
4. Gathers and synthesizes essential and accurate information to define each patient's clinical problem							
5. Develops and implements comprehensive management plan for each patient							
6. Manages patients with progressive responsibility and independence							
7. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing							
8. Requests and provides consultative care							
<i>Sub-total score for PC (Add and divide by items assessed)</i>							
Systems-based Practice							
9. Works effectively within an interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and other support personnel)							
10. Recognizes system error and advocates for system improvement							
11. Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care							
12. Transitions patients effectively within and across health delivery systems							
<i>Sub-total score for SBP (Add and divide by items assessed)</i>							
Practice-based Learning and Improvement	NYA	0	1	2	3	4	
13. Monitors practice with a goal for improvement							
14. Learns and improves via performance audit							
15. Learns and improves via feedback							
16. Learns and improves at the point of care							
<i>Sub-total score for PBLI (Add and divide by items assessed)</i>							

COMPETENCY	SCORE						COMMENT
	NYA	0	1	2	3	4	
C. ATTITUDES / BEHAVIOURS							
Professionalism							
21. Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel).							
22. Accepts responsibility and follows through on tasks.							
23. Responds to each patient's unique characteristics and needs.							
24. Exhibits integrity and ethical behavior in professional conduct							
<i>Sub-total score for PROF (Add and divide by items assessed)</i>							
Overall score (Add all average scores and divide by 6)							

Name:

Year of Evaluation: 1 / 2

Please score on a scale of 1 – 5 i.e. poor – to – excellent; and provide comments when necessary.

No.	Rotation / Activity	N/A	1	2	3	4	5
1.	Community-Base Care						
2.	Elective attachment abroad						
3.	Endocrinology						
4.	Faculty development workshop						
5.	Geriatric Inpatient Care						
6.	Geriatric Outpatient Care						
7.	Geropsychiatry						
8.	Nephrology						
9.	Neurology I – cognitive and movement disorders						
10.	Neurology II – cognitive and movement disorders						
11.	Office procedures						
12.	Palliative care						
13.	Physical Medicine & Rehabilitation						

Eligibility for Examination

- Successful completion of training as evidenced by the Senior Resident's portfolio
- Signed certificate of training
- A dissertation submitted to the faculty at least six (6) months prior to the date of final examination.
- Fulfilment of all other College and faculty eligibility requirements – Update, Revision. Research Methods, etc

Assessment

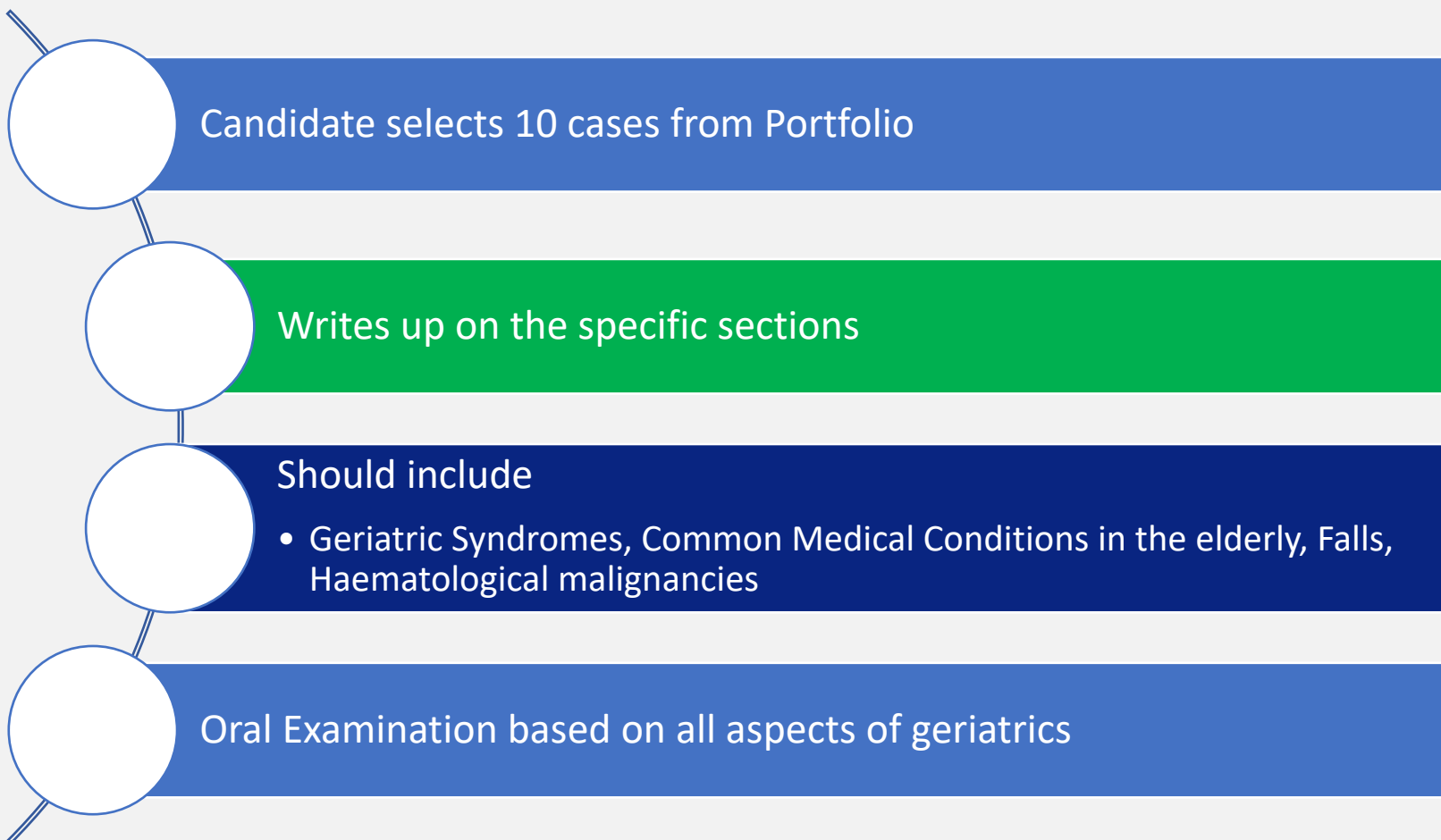
Continuous Assessment (30%) –

- Candidate's training **Portfolio**

Final Assessment (70%)

- Multiple Choice Questions (Best of 4)
 - Paper 1 – General Family Medicine (100 Q for 2 hours)
 - Paper 2 – General Geriatric Medicine (150 Q for 3 hours)
- Defense of Dissertation on original research. (90 minutes)
- Oral examination – **Portfolio**, general health-related topics (1 hour)

Summative Assessment of Portfolio



Objectives



To illustrate
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To describe
portfolio use in
Formative
Assessment



To demonstrate
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THANK YOU



Joe Bonney
PHOTOGRAPHY



Joe Bonney
PHOTOGRAPHY