

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 Mentimeter of a portfolio?

waste of time to track their progress record progress own goals unnecessary admin official sign off regulatory purposes demonstrating competency tick box exercise document own study goals document progress

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🞽 Mentimeter

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

non-assessed goals to teach students how to show engagement tracking achievements admin burden evidence of student work progress complaince regulation professional requirement to try them cv evidence ensure students up-to-dat real world study impact

What would you like to get out of this session?

🞽 Mentimeter

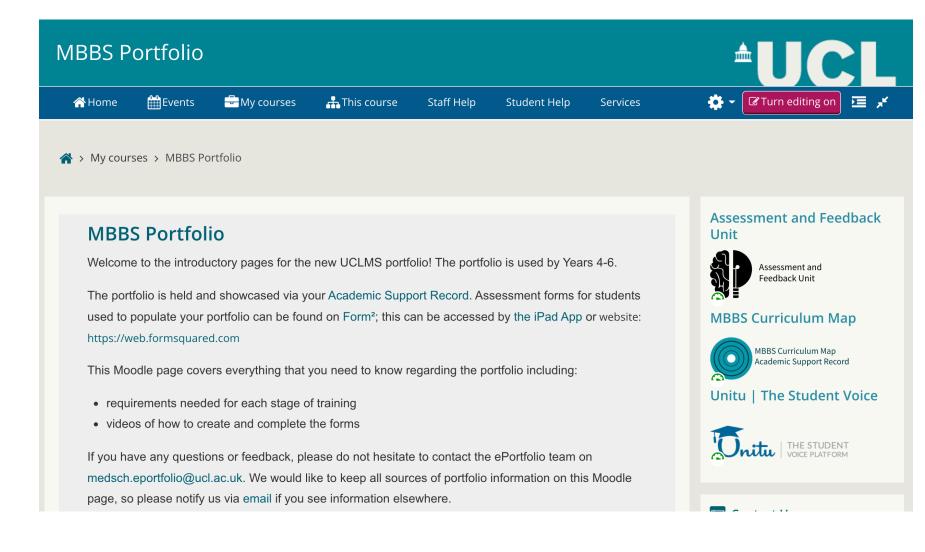
dept/programme

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

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Definition of portfolio...

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



What is the UCL Medical School Clinical Portfolio?

Requirements

Form ² forms		Year 4	Year 5		Year 6
SLE: Supervised Learning Event - CBD - mini-CEX	How many? (mix of each)	Minimum 5 per * 2 directed SL		Minimum 6 c	during DGH placement + minimum 3 during GP (even mix of CBD and mini-CEX)
(DOPs/Procedures separate requirements)	Who can sign?	Range of appropriately trained HCPs, recon grade doc			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 mod	ule		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 a Year 5 only: -Core GP multimorbidity & chronic care essay -Polypharmacy project -SBA		GP: -QIP -Significant Event Analysis -Prescription charts -Discharge Summaries -Prescription Summaries -Referral Letters	DGH Initial ed supervisor meeting -Mid point ed supervisor meeting - Directed reflection if requested
	Who?	Any HCP inc pharmacists	for prescribing task	For non-supervisor n	neetings, 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, reflection		•
Procedure Passport Sign off		All pro	ocedures outlined on Moodle and in ye	ar 6 repeat sign off for all "Ke	ey 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

≜UCL			Dr Charlotte Hammerton UMeP Administrator
← Test Testing S For the test test test test test test test	Forms 👻 Curriculum 👻 Reflective Practice 👻 Addl Achie	vements - e-Learning	Close
All Forms			
Select Year or Post:	Year 6 - University College Hospital (01 Sep 2020 to 01		~
Form Groups:	• 🛠 All Selected	D C Refresh	Q Search
	Existing Forms	🗋 Availabl	le Forms 48
🗋 Additional clinical atte	endance		+ Create Ticket
🗋 Audit			i + Create Ticket
🗋 Audit Research			i + Create II Ticket i
Case Presentation			i 🕂 Create 🛛 🖅 Ticket i
CbD			+ Create 🔳 Ticket
Clinical Encounter			Create Ticket
🗋 Clinical supervisor rep	port		+ Create 🖬 Ticket



UCL	Dr Charlotte Hammerton UMeP Administrator
Test Testing 👔	
🖉 🎽 ጽ Profile 👻 Forms 👻 Curriculum 👻 Reflective Practice 👻 Addl Achievements 👻 e-Learning	
CbD	
You are required to complete at least 2 CBD or CNR by the time of your end of module assessment and f Anonymised data may be used for research, audit or evaluation	feedback session. It is your responsibility to organise this.
Student Name:	
Fest Testing	
Date (dd/mm/yyyy):	
19/03/2021	
Assessor's name*:	
Dr Charlotte Hammerton	
Assessors position*:	
○ GP ○ ST3 or above/SPR	
□ Specialty Doctor/SASG	
^O ST/CT 1-2	
essor's registration number (if appropiate):	
essor's contact details*:	
nail: charlotte.hammerton.16@ucl.ac.uk	
nan, chanotte, nammer ton, ro@uci.ac.uk	

Assessor's email:

charlotte.hammerton.16@ucl.ac.uk

Have you been trained in providing feedback?*:

 \bigcirc Yes \bigcirc No

Clinical Setting*:

 $\odot_{\rm ED}$

Key findings

Complicated, not easy to use: faculty required to support/problem-solve

Ticketing system creates extra work & anxiety for students

Not easy to view progress (for students & educators/assessors)

Complex "Tick Box" Exercise

Feedback of limited

value as not in real

time

Timing & clarity of communication & training could be improved (last minute changes cause stress)

Requirements and rationale unclear to students

Lack of consistency across modules, years and sites: confusing, lots of forms and slightly differing resources

Limited integration with curriculum map

Too many sources of information



The plan: Student Centered Vision

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

Clear communication & support



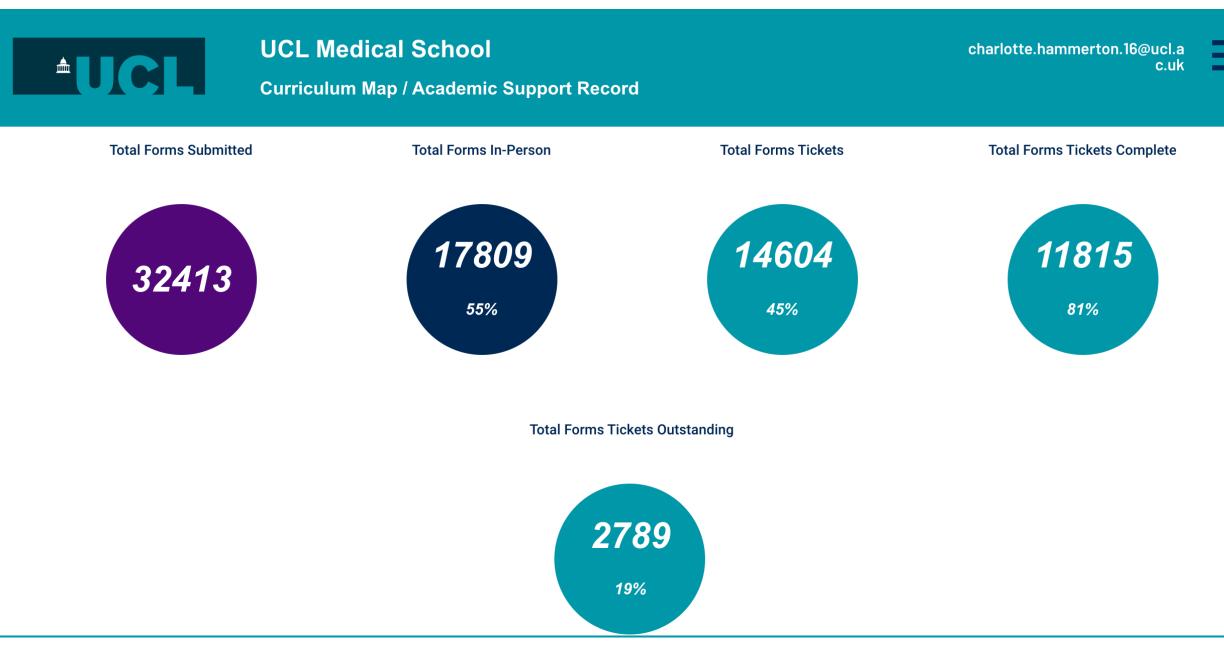
How did we do it?



Integration & The Technology:

Mr Taylor Bennie







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

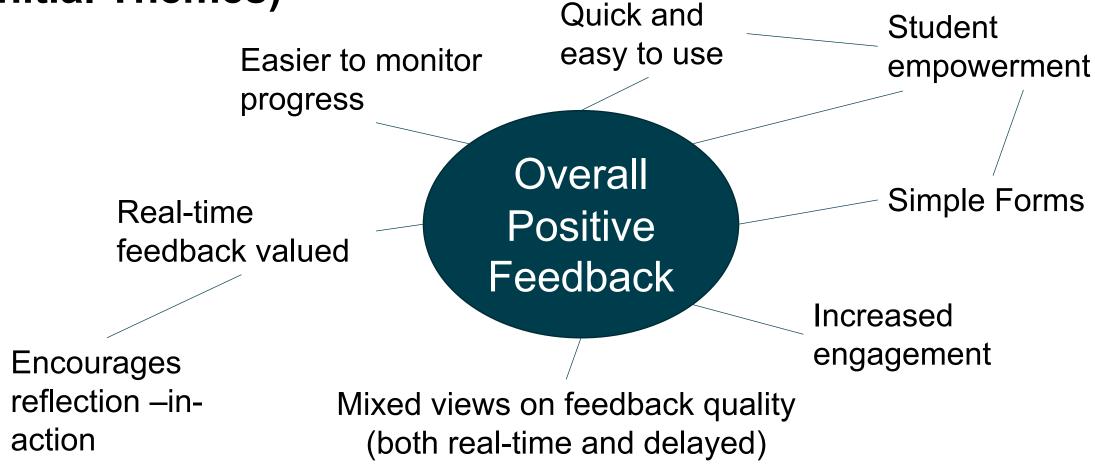


Time: Balancing a collaborative iterative approach with feasibility

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?

medsch.portfolio@ucl.ac.uk.

