Orientation to Teaching Portfolio 2023-2024

Nirit Bernhard, MSc, MD, FRCPC

Faculty Lead, Portfolio, MD Program

Lindsay Herzog, MD, CCFP

Associate Faculty Lead, Portfolio, MD Program

Susanna Talarico, BED, MD, FRCPC, MSCCH

Faculty Lead, Faculty Development, MD Program

September 6, 2023

MD Program
UNIVERSITY OF TORONTO

Disclosure

- Relevant relationships with commercial entities
  - None

- Potential for conflicts of interest within this presentation
  - None

- Steps taken to review and mitigate potential bias
  - N/A

Any participants who are concerned that an actual, perceived, or potential conflict of interest has not been properly disclosed or managed should contact the Associate Dean of the MD Program

MD Program
UNIVERSITY OF TORONTO

Session Objectives

By the end of this session, you will be able to:

1. Review your role as an Academy or Junior Scholar in Portfolio

2. Understand the curriculum and assessment updates for Portfolio 2023/2024

3. Describe how to support students through fostering psychological safety and optimizing the learning environment

4. Create a community of practice within which to share challenges and successes that arise during Portfolio

MD Program
UNIVERSITY OF TORONTO

New for this year!

Portfolio Faculty Development e-Module

Cornerstones of Portfolio

START COURSE

[Click here to access eModule](#)
Password sent via email

Introductions

Introduce yourself:
Are you a:

(A) Junior Scholar, first time

(B) Junior Scholar, returning

(C) Academy Scholar, first time

(D) Academy Scholar, returning

Reflection

Becoming a Reflective Practitioner

- **Reflective thinking (Dewey):**
  - A state of perplexity, hesitation, doubt; and
  - An act of search or investigation directed toward bringing to light further facts which serve to corroborate or to nullify the suggested belief

- **Reflective practice (Schön):**
  - Reflection-in-action, reflection-on-action, reflective practice

- **Critical reflection:**
  - Examining and challenging commonly-held assumptions and power dynamics
  - Considering how these assumptions and relations impact practice

- **Robust rationale for reflection in medical education**

MD Program
UNIVERSITY OF TORONTO

(Aronson, 2011; Kuper et al., 2016; Mann et al., 2009; Ng et al., 2015; Schön, 1987; West et al., 2014)

The Mechanics of Portfolio

Objectives of Portfolio Component

Reflect on the personal meaning of experiences, in terms of how they illustrate the student's developing professional identity in the context of the CanMEDs roles

Develop new perspectives by developing a deeper understanding of oneself and one's relationship to others and the societal structures in which they operate

Reflect upon and analyze their individual learning needs, through support and coaching by their Academy Scholar

How it works

Who:

- 6-8 students, a faculty member (Academy Scholar) and a resident (Junior Scholar)

When:

- 2-hour small group sessions
  - Mondays from 3:30-5:30 for Foundations (Y1/Y2)
  - Thursdays from 4:00-6:00 for Clerkship (Y3/Y4)
- Two 30-minute one-on-one progress review meetings (*held by Academy Scholars only)

Where:

- All sessions take place **in-person** at your local academy site

MD Program
UNIVERSITY OF TORONTO

Portfolio over the years

PFL 1
- Patient as Physician
- Cultural Safety
- Physician as Person
- Dying and Death
- Self-assessment & Coaching

PFL 2
- Reflecting on Health Disparities in Systemically Marginalized Populations
- Student as Physician
- Mental and Physical Health
- Peer Mentorship and Careers
- Thinking Back and Looking Forward

PFL 3
- Patient safety
- Physician health and wellness
- Power dynamics and the Hidden Curriculum
- Humility and Uncertainty
- Dying and Death

PFL 4
- Preparing for CaRMS
- The Physician I Aspire to Be

PROGRESS REVIEW MEETINGS – Checking in, Self Assessment, Coaching using R2C2

Your Role

In the **small group sessions,** you will be a **facilitator**

- Listen openly to the students share their experiences and reflect in a non-judgmental, open environment

During the **1:1 progress reviews**, you will advise and **coach** the students

- Build a relationship with the student
- Explore their reactions and goals for learning
- Coach for performance change

Preparing for Reflection

1

Come prepared with an experience you wish to share

2

Provide a personal understanding of the experience, the **impact on you**, and other perspectives you may have developed

3

Make clear links between the experience, its **influence on your development** as a doctor, and how it relates to the CanMEDS roles

"What did I learn about myself and what will I do differently because of this experience?"

Assessment in Portfolio

Small Group Meetings

Written Thematic Reflections

Progress Review Meetings

MD Program
UNIVERSITY OF TORONTO

Assessment Rubric for Small Group Meetings

Small Group Meetings

Score	Needs Improvement	Meets Expectations	
Preparation	Student did not show evidence of having prepared for the discussion; eg. no sense of the theme, no organization of a reflection	Student was prepared to describe an organized reflection with a basic understanding of the theme	Student had prepared a highly developed reflection that showed evidence of in-depth understanding of the theme
Presentation	Student could not present their reflection in any depth; superficial reporting of events with no evidence of reflection	Student reflected clearly, giving listeners insight into the significance of the events presented	Student presented their reflection with high impact; listeners are left with a strong sense of student's perspective of the theme with connections made to the CanMEDS framework
Attentiveness	Student did not appear interested or attentive to the presentations of the others; this would include non-engagement or disruptive behaviour	Student showed interest in other students' presentations and made an effort to understand their reflections	Student was highly engaged throughout meeting and made an effort to understand their reflections and display empathy
Feedback	Student offered no feedback or only cursory comments; or student made inappropriate comments (ie cynicism, mockery, dismissiveness)	Student gave feedback that recognized the strengths of some other students' presentations; provided some probing questions to assist others in developing their reflections	Student gave highly insightful and relevant feedback, asking probing questions that assisted the presenter in developing their reflection

Small Group Meetings 2023-2024

- Previously, assessment done after *each* small group session

- Assessment of small group meetings occurs at **3** time-points:
    - At time of each progress review (2)
    - End of year

- Completed by Academy Scholars, with input from Junior Scholars

- ***Global*** assessment, looking back over sessions to date

Small Group Meetings 2023-2024

- If you have concerns about students between assessments:
  - Can email/set up time to meet with student
  - Can email/set up time to meet with Portfolio Faculty Leads
  - Can launch professionalism eval on MedSIS

- **<u>Attendance</u>**
  - Organized by each Academy
  - Clarify with the academy-specific education coordinator what method of attendance is being used (paper, online form)

Written Thematic Reflections

- Anonymously assigned to a Scholar from another group

Assessment

○ Meets assignment requirements

○ Does not meet assignment requirements

○ Unable to assess

Feedback to Student

- Reflections that do not meet assignment requirements/are unable to be assessed will be reviewed by a trained Portfolio Adjudicator
  - Students will have the opportunity to revise and resubmit
  - Resubmissions marked by their own Academy Scholar or by Portfolio Faculty Leads

MD Program
UNIVERSITY OF TORONTO

Written Thematic Reflections

Assessment Criteria for Portfolio Reflections

	Unsatisfactory progress	Satisfactory progress		
Category 1	Unclear, illogical or incoherent structure	Clarity is limited, some evidence of a logical and coherent structure	Very clear and mainly logical and coherent structure	Outstandingly clear, logical and coherent structure
Logical and coherent structure	Reflection has no narrative of an experience or is difficult to read.	Reflection has a narrative of an experience but it may flow poorly in places; i.e. with the student jumping from one topic to an unrelated topic.	The narrative flows clearly within each section.	The narrative flows very fluently, both within and between each section.
Category 2	No evidence of reflection	Minimal evidence of personal reflection	Clear evidence of personal reflection	Excellent evidence of personal reflection with critical elements
Level of reflection	Student does not reflect on their perspective of the experience - the student simply describes his/her experience, or provides a generalized conclusion that is not personal or unique to the student.	Student describes experience but only touches on his/her personal perspective on it – minimal description of a unique personal understanding of the experience as it relates to the theme and its impact on the student.	Student provides a clear, unique personal understanding of the experience as it relates to the theme and its impact on the student.	Student provides a clear, unique personal understanding of the experience as it relates to the theme, its impact on the student, and other possible perspectives.
Category 3	No evidence of reflection on development as a doctor	Limited evidence of reflection on development as a doctor	Good evidence of reflection on development as a doctor	Excellent evidence of reflection on development as a doctor
Reflection on development as a doctor as it relates to the CanMEDS roles	Student makes no link between their experience and how it influenced his/her development as a doctor. There is no link made to the CanMEDs roles.	Student makes basic links between the experience and how it influenced his/her development as a doctor as it relates to the CanMEDS roles.	Student makes clear links between the experience and how it influenced his/her development as a doctor as it relates to the CanMEDS roles.	Student makes very clear links between the experience and discusses its influence on his/her development as a doctor as it relates to the CanMEDS roles fluently and extensively.

(Adapted from Rees and Sheard, 2004)

Written Thematic Reflections

Practical TIP for OASES:

OASES may time out while you are reviewing a student's written reflection, or while writing your comments for the student. We therefore **strongly** recommend that you draft your feedback on a separate document, and copy and paste it into the "Feedback to Student" box when ready, in order to avoid the system timing out and losing your data!

A note on generative AI and written reflections

There are many opportunities in education for the use of generative AI (ex. ChatGPT); however, it poses a significant challenge and concern regarding the value of personal reflection. Students may use artificial intelligence tools for creating an outline for a written reflection, but the final submitted reflection must be original work produced by the individual student alone.

This is a new issue faced by educators across the globe, and the University is developing guidance and updates. Click here for further reading and helpful FAQs from U of T.

MD Program
UNIVERSITY OF TORONTO

Progress Review Meetings (Academy Scholar)

- Takes place twice yearly

- 30-minute sessions

- An opportunity to connect with each individual student
  - Review their Portfolio progress MedSIS form
  - Review their progress via the Learner Chart and Progress Review Reports
  - Check-in on their wellness and provide tailored feedback and support

- See Elentra for helpful resources and videos

Making the Portfolio Experience Great for You and the Learners

Part 1: Recognize the developmental process

In Portfolio, we adopt a "**growth mindset**" approach: we recognize all students are starting from a different place with respect to their understanding of and appreciation for the importance of being a reflective practitioner and the role of reflection in medicine

Part 1: Let's discuss!

During your first Portfolio session, you are spending time getting to know the group and reviewing the purpose of Portfolio, as per the Portfolio Handbook session outline. One student in your group indicates they have never done anything like this, and aren't sure what value this course provides. They feel overwhelmed by how much they need to learn in their lectures on anatomy and physiology, and don't see how this fits.

- **In a small group, discuss the following:**
  - How would you respond?
  - Have you had previous experiences with reflection-based courses in your own training or teaching? Were there times it felt more relevant or important than other times?

Part 2: Prioritize Psychological Safety

A psychologically safe environment is one where learners feel comfortable asking questions, taking risks, making mistakes, and asking for help. They feel respected, and that their efforts and skills are valued
(Edmonson, 1999)

- A supportive and safe environment MUST be created in Portfolio to allow students to be vulnerable and to engage in **critical reflection**, which involves challenging their assumptions and exploring feelings of discomfort
- This can't occur if they are feeling unsafe, humiliated, invalidated or judged

Part 2: Prioritize Psychological Safety

Guidelines for dialogue to support psychological safety in Portfolio
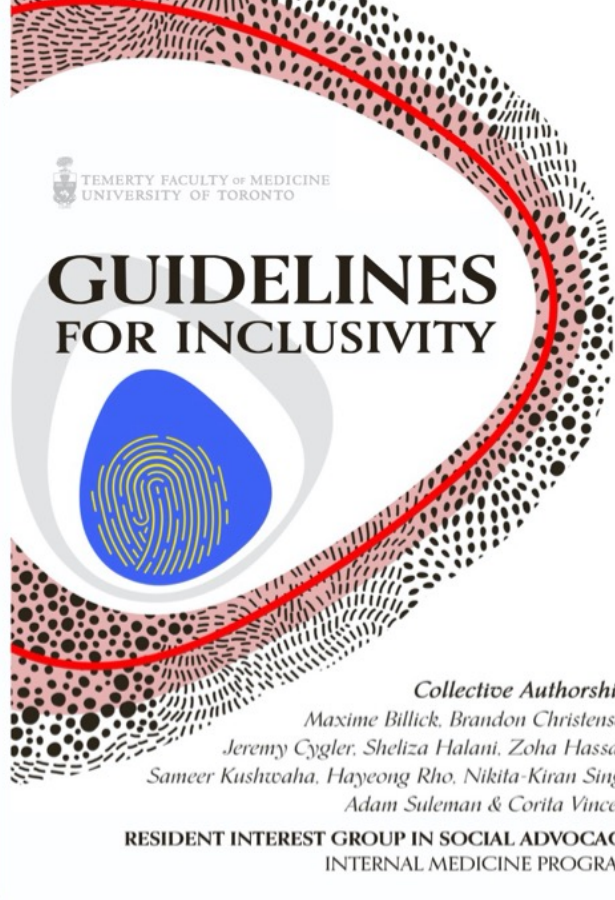
Establish and reinforce confidentiality

Validate and support a learner's experience

Allow student to define the limits of their sharing

Discomfort is ok; feeling unsafe is not

Language is constantly **evolving**
and **matters** as
it has the **power**
to be **oppressive, exclude, dismiss** or
to **empower, include,** and **uplift**.

TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

GUIDELINES
FOR INCLUSIVITY

Collective Authorship:
Maxime Billick, Brandon Christensen
Jeremy Cygler, Sheliza Halani, Zoha Hassan,
Sameer Kushwaha, Hayeong Rho, Nikita-Kiran Singh
Adam Suleman & Corita Vincent

RESIDENT INTEREST GROUP IN SOCIAL ADVOCACY
INTERNAL MEDICINE PROGRAM

CREATING AN INCLUSIVE LEARNING ENVIRONMENT

DO'S	DON'TS
Recognize not all identities of patients or students are visible or known (Iceberg of Identities).	Don't assume an identity group being discussed is not represented in the room.
Recognize that most people are not experts on any experiences beyond their own and are not capable of speaking for their entire group (or others) for which they identify.	Don't assume a member of group can or is willing to speak on the group's behalf.
Work to create a safe space for all identities.	Don't lock eyes with a student who you think represents a group you are discussing. This action assumes their identities and opinions, potentially "outs" them, and puts them on the spot.

2/1/20XX

Part 2: Let's discuss!

In your Portfolio small-group session on Dying and Death, you notice one student, who is usually quite an active participant, is very quiet. They are actively listening throughout the session, and occasionally offer comments on their peers' stories. Time is almost up, and they haven't yet shared an experience, despite always being prepared for the previous sessions.

- **In a small group, discuss the following:**
  - Would you call on them to share their experience? If so, how would you do this?
  - Is there anything you would do during the session to encourage participation?
  - Is there anything you would do after the session?
  - Should this affect their global Portfolio Small Group evaluation?

Part 3: Create space for dialogue

Discussion	Dialogue
Cognitive process	Affective/experiential process
Authority valued	Authority shared
Goal is to reach a solution	Goal is to generate new questions, perspectives, possibilities

(Kumagai & Naidu, 2015)

Part 3: Let's discuss!

In one of your Portfolio small-group session, a student shares an experience regarding receiving negative feedback on a clerkship rotation evaluation. The conversation becomes lively in the room, and begins to center around the weight of the evaluations and whether this will impact their CaRMS match. They begin asking you, the Junior and Academy Scholars, for advice on how to do well in clerkship. You're worried that the conversation is going off-topic and that the other students won't have a chance to share.

- **In a small group, discuss the following:**
    - How would you navigate this scenario?
    - How might you encourage the students to respond to each other after a student has shared?
    - How do you (or how do you intend to) co-facilitate with your co-Scholar?

Part 4: Support Students' Wellness in Portfolio

Principles for Dealing with Students in Distress:

- Remember you are not in a clinical role with the student
  - Do not take a history (for small group sessions)
  - Do not offer therapy
  - Do not promise absolute confidentiality

- Determine if the situation is, urgent, emergent, non-urgent and direct to the appropriate resource/support

- If a concern arises during a small group meeting, consider following up with the student following the session

- Reach out to Portfolio Leadership (Nirit, Lindsay or Olga) if you have questions

Part 4: Let's discuss!

In your Portfolio progress review with a Y2 student, which you are conducting on Zoom, a student discloses that they have been dealing with significant anxiety for the past several months. They feel this explains some of their recent difficulties in the MD Program, including not submitting their Progress Review Draft Report by the deadline.

- **In a small group, discuss the following:**
  - How would you respond to this student?
  - Are there resources you would suggest, or any immediate actions you would take?
  - Is there anything you would do after the Progress Review meeting ended?

Summary: Keys to a Successful Year in Portfolio

- Recognize the developmental process of Portfolio

- Prioritize psychological safety
  - Review the Psychological Safety Guidelines on a regular basis, and consider establishing your own "ground rules" as a group

- Create space for dialogue
  - Be flexible
  - Regularly meet with your co-scholar to prepare and debrief how a session went

- Support students' wellness in Portfolio
  - Many resources available

Portfolio Faculty Development Resources

Cornerstones of Portfolio

START COURSE

- Please review the online module for everything you need to know to be an excellent Portfolio Scholar

- Additional Faculty Development materials can be found on Elentra and at this website:

https://meded.temertymedicine.utoronto.ca/portfolio-scholar

- We will be developing future modules for additional topics, such as Preparing for your Progress Reviews. Stay tuned!

Thank you!

Please reach out to us at any time with questions, comments, feedback, or simply to chat

We love getting to know our Portfolio community and are grateful for all that you do!

Portfolio Team

Nirit Bernhard
Faculty Lead, Portfolio
portfolio.director@utoronto.ca

Lindsay Herzog
Associate Faculty Lead, Portfolio
lindsay.herzog@utoronto.ca

Olga Serebrennik
Coordinator, Portfolio
portfolio.ume@utoronto.ca

References

- Aronson L. (2011) Twelve tips for teaching reflection at all levels of medical education. Med Teach; 33: 200-205.
- Dewey J. How We Think. Mineola, NY: Dover Publications 1910.
- Driessen, E., Van Tartwijk, J., Van Der Vleuten, D., & Wass, V. (2007) Portfolios in medical education: why do they meet with mixed success? A systematic review. Medical Education, 41:1224-1233.
- Eva K., Regehr G. (2005) Self-assessment in the health-professions: a reformulation and research agenda. Acad Med; 80:S46-54.
- Henderson E., Berlin A. Freeman G., Fuller J. (2002) Twelve tips for promoting significant event analysis to enhance reflection in undergraduate medical students. Med Teach; 24(2) 121-4.
- Kinsella, E. A. (2010). Professional knowledge and the epistemology of reflective practice. *Nursing Philosophy*, *11*(1), 3–14.
- Kumagai, A. K. (2013). On the Way to Reflection: A Conversation on a Country Path. *Perspectives in Biology and Medicine*, *56*(3), 362–370.
- Kumagai, A. K., & Naidu, T. (2015). Reflection, Dialogue, and the Possibilities of Space. *Academic Medicine*, *90*(3), 283–288.
- Kuper, A., Veinot, P., Leavitt, J., Levitt, S., Li, A., Goguen, J., Schreiber, M., Richardson, L., & Whitehead, C. R. (2016). Epistemology, culture, justice and power: non-bioscientific knowledge for medical training. *Medical Education*, *51*(2), 158–173.
- Mann K., Gordon J., MacLeod A. (2009) Reflection and reflective practice in health professions education: a systematic review. Adv in Health Sci Educ; 14:595-621
- Ng, S. L., Kinsella, E. A., Friesen, F., & Hodges, B. (2015). Reclaiming a theoretical orientation to reflection in medical education research: a critical narrative review. *Medical Education*, *49*(5), 461–475.
- Ng, S. L., Wright, S. R., & Kuper, A. (2019). The Divergence and Convergence of Critical Reflection and Critical Reflexivity. *Academic Medicine*, *94*(8), 1122–1128.
- Peterkin, A. Portfolio to Go (2016). University of Toronto Press.
- Schön D. (1983) The Reflective Practitioner. Basic Books, New York.
- Schön D. (1987) Educating the Reflective Practitioner. Jossey-Bass, New York
- West, C. P., Dyrbye, L. N., Rabatin, J. T., Call, T. G., Davidson, J. H., Multari, A., Romanski, S. A., Hellyer, J. M. H., Sloan, J. A., & Shanafelt, T. D. (2014). Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism. *JAMA Internal Medicine*, *174*(4), 527.

MD Program
UNIVERSITY OF TORONTO