Anesthesiology Resident Response to Introduction of Learning Portfolio

Margaret F. Brock, M.D.; William M. Reese, M.D.
Wake Forest University School of Medicine

Learner Audience: This education intervention is intended for Anesthesiology residents and clinical teaching faculty at academic medical centers.

Background: Learning portfolios are used in many professions to substantiate learning and encourage further self reflection. The ACGME recommends the portfolio as a tool to assist residents' documentation and objective evaluation of meeting the core competencies.

Needs Assessment: A learning portfolio was implemented at the beginning of the 2007-2008 academic year. The design of the learning portfolio was derived from various sources with the goal of inspiring learning through personal reflection regarding one's performance of anesthesia. In addition, the portfolio encourages continued self-education through documentation of article readings, review of the American Society of Anesthesiology (ASA) recommendations/standards/guidelines, and showcasing projects such as presentations, posters, and meeting attendance.

Hypothesis: In order to be effective, the portfolio must be accepted as a meaningful tool by the residents as well as faculty members, specifically faculty advisors. During individual and group resident meetings with the program director it became clear that many residents were not using the portfolio. Barriers to use of the portfolio as an effective learning method must be identified, so that constructive changes can be made to the requirement.

Curriculum Design: To follow-up on the acceptance and use of the portfolio, a survey was administered via interdepartmental e-mail to the residents participating in the project. The survey contained specific statements pertaining to the portfolio, assessing the degree to which residents agreed or disagreed with the statements. The responses were compiled into a spreadsheet and studied to reveal any group consensus or correlations between questions. A hierarchical cluster analysis was performed to evaluate response patterns followed by Pearson correlation analysis between revealed clusters.

Outcome: 26 of 40 surveys were returned for a response rate of 65%. Overall it was noted that residents believed they understood the project well, the instructions were clear, and the notebook was well organized, but they had difficulty making regular portfolio entries. The reason for this non-compliance is unclear but may be due to the learning portfolio duplicating other residency training elements. Residents who found the portfolio to be a useful tool for self-reflection appreciated its potential. In the future, departmental workshops on the purpose and utility of the portfolio throughout the practitioner's medical career may be beneficial. The discussion must include residents' objections to the current process, so that productive changes can be made to the process.