

ACGME Alpha Resident Learning Portfolio Experience

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Alpha Resident Learning Portfolio

- First Glance
 - ALP offers resident evaluations, program evaluations, faculty evaluations, and documentation of Practice Based Learning and Improvement.
 - Seems very promising with great potential.
 - Once completed and out of the alpha phase the portfolio organizes much of the information that Program Directors need to provide to RRC-site visitors.

ALP

- ALP is a work in progress.
- Demonstrations today may be significantly different before the final phase
- The Resident Portfolio must be considered an educational device and not primarily a resident/program evaluation device

Advantages to ALP

- Immediate feedback to residents
- Vast storage capacity for documents
- Ability to share documents with other users
- Ability to form many different evaluation forms for different activities
- Ability to view program activity reports

Advantages Continued

- Request for evaluations may come from the Program or from the Resident.
- Activities section may be broad or narrow depending on the Programs assessed needs.
- RRC could develop common evaluation forms for common program activities so that programs could be similarly evaluated

Advantages Continued (2)

- RRC could develop common Faculty and Program Evaluation forms that all programs could use.
- RRC could develop Goals and Objectives that each program could attach to their programs activity, insuring that all residents are expected to meet the same Goals and Objectives regardless of training program

Advantages Continued (3)

- ALP clearly links the ACGME six core competencies to all activities.

Current Disadvantages to ALP

- Work in Progress
- Getting “buy in” from Faculty and Resident when program has duplicity in documentation i.e. Paper Portfolios, Blackboard presentations , New Innovations Resident Management System, Matrix—Added Value?
- HIPPA Concerns and Discoverability

Disadvantages Continued (2)

- Time
 - Med EX conferences X3 @ 45mins 2:15hrs
 - On-line tutorials 1.5 hours 1:30hrs
 - Evaluation Forms 5 hours 5:00hrs
 - Program Activity 3 hours 3:00hrs
 - Entering User information 3 hours 3:00hrs
 - Distributing User information 6 hours 6:00hrs
 - Distributing evaluation request 2.5hrs 2:30hrs
 - Total September hours 23:15hrs

ALP System Quirks

- Passwords—program super user unable to retrieve if someone changes their password and then forgets the new password.
- When you enter a new user if you do not store the Server-generated numerical password prior to activating the user you cannot retrieve the password.

ALP Quirks (2)

- Program is not intuitive to the users. System is built from bottom up hierarchy, forms linked to components, components linked to activities, activities link to program objectives.
- Evaluations forms quickly become bulky
- Resident' s want less focus on the competencies in their evaluations and more “meat and potatoes” comments

ALP Quirks (3)

- Unable to back date a request for an evaluation
- Field selection is single page view, if list of evaluators or evaluatees is more than one page, separate request must be made for separate pages.

ALP Quirks (4)

- Program Activity Reports show number of evaluations requested and number of evaluations submitted. Program cannot see evaluation unless the resident sets up a share activity with their Preceptor or the Program Director.
- System does not query for resident evaluation reports (this would be a very nice feature to develop)

ALP Quirks (5)

- System is slow when setting up forms, evaluations, activities etc. Particularly when editing.

Emory's Goals

- To help develop a user friendly product
- To have some say in what will be required by our RRC from the Portfolio
- To Educate our Anesthesiology Residents that Portfolio's of some form or nature will be a definite part of their future practice

The possible Future for our Residents

- Electronic applications to Medical School
- Linked with Medical School Learning Portfolio
- Linked to ERAS Application to residency
- Linked to Resident Portfolio
- Linked to Board Qualifications (MOCA)
- Linked to State Licensure (Practice Portfolio)
- Linked to UPIN/ Managed Care Contracts