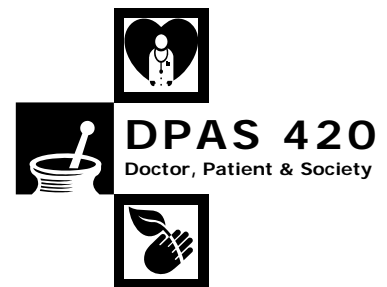


COMMUNITY SERVICE LEARNING



Student Package

University of British Columbia
Faculty of Medicine
2009/2010



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I. INTRODUCTION AND LEARNING OBJECTIVES

a) What is Community Service Learning?

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide **community service** in response to **community-identified concerns** and learn about the **context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens**.

- ◆ Service-learning strives to achieve a **balance** between **service** and **learning** objectives. - In service-learning, partners must negotiate the differences in their needs and expectations.
- ◆ Service-learning places an emphasis on addressing community concerns and broad determinants of health.
- ◆ In service-learning, there is the integral involvement of community partners - service-learning involves a principle-centered partnership between communities and health professions schools.
- ◆ Service-learning emphasizes reciprocal learning. - In service-learning, traditional definitions of "faculty," "teacher" and "learner" are intentionally blurred. We all learn from each other.
- ◆ Service-learning emphasizes reflective practice. - In service-learning, reflection facilitates the connection between practice and theory and fosters critical thinking.
- ◆ Service-learning places an emphasis on developing citizenship skills and achieving social change - many factors influence health and quality of life. The provision of health services is not often the most important factor. In service-learning, students place their roles as health professionals and citizens in a larger societal context.

Seifer SD. (1998). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine*, 73(3):273-277.

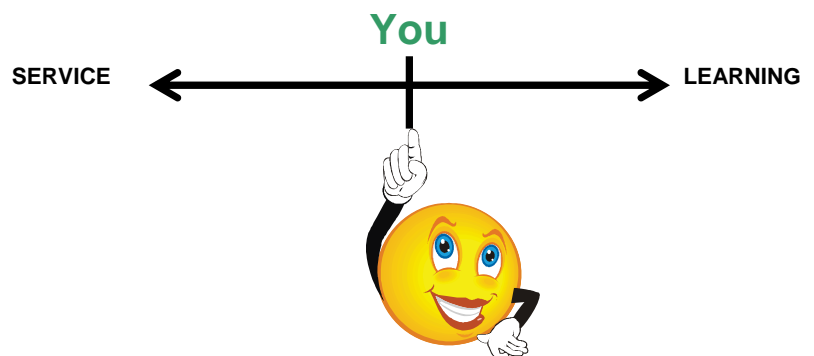
Or, as described by one of your colleagues:

Community service learning (CSL) is an experiential educational process whereby learning occurs through cycles of planning, action and reflection. Students are given the opportunity to serve the community through volunteering and providing aid to those in need. At the same time, students are presented with a unique educational experience through CSL which helps broaden community perspectives of health and illness, increase cultural sensitivity, promote social responsibility and altruism, and nurture self-awareness and self-development. The CSL structure is based on the university and faculty, the student, and the community agency each relying on, providing benefits for, and being accountable to one another.

Elaine Lam, Class of 2008
(Currently General Surgical Resident, UBC)

b) Why is there a Community Service Learning Option (CSLO) in DPAS 420?

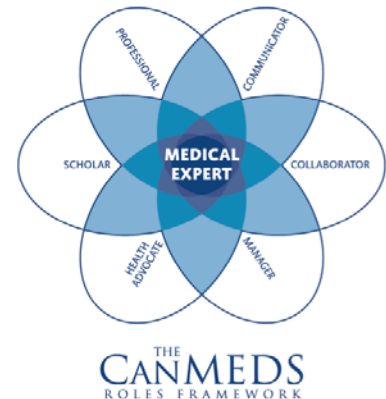
- ♦ Community Service Learning is recognized as a valuable pedagogy for the education of health professionals, including doctors in training. For this reason the accreditation standards for the Medical Schools in North America require that opportunities for experience in a Community Service Learning setting are provided in the medical curriculum.
- ♦ The DPAS 420 Community Service Learning Programme is focused specifically to promote your learning and development before the start of clinical clerkships in 3rd year. This is a stage in the development of physicians-to-be when this kind of programme pays the greatest learning dividend. Indeed, learning in a clinical clerkship setting is an experiential learning environment which community service learning in DPAS can prepare you for.
- ♦ The programme is designed to help you integrate your experiential reflective learning within the context of your community agency, with the knowledge and skills explored in the DPAS readings and lectures, and elsewhere in the medical curriculum.
- ♦ The course runs over 2 terms in order to allow time for you to maximize the variety and depth of gains in knowledge and reflection. You will better understand how social factors and health care interact, both for the individual and within the context of public health. You also have the opportunity to understand more about yourself, your values, your role as a citizen, and your future role as a doctor.
- ♦ Service Learning works best when there is a balance between Volunteer Service in your agency and Learning (reflection, integration of readings and plenary lecture material).
- ♦ We hope to encourage you to develop habits of learning and reflection which will be lifelong and will support you throughout your career; cognitively, professionally and emotionally.
- ♦ In addition, we seek to build sustainable dynamic partnerships with community agencies recognising them as important partners in educating the doctors of the future. The community can provide a unique, relevant, but different and complementary type of learning than the University can provide on its own.
- ♦ Starting this year, we are introducing you to a **Learning Portfolio** as the vehicle for packaging your learning and submitting your deliverables. Some familiarity with this adult learning tool will be important to you in the future, as most Residency Training Programmes and Continuing Medical Education/Maintenance of Competence Programmes run by the National and Provincial accrediting bodies require you to use this kind of tool to stay current..... and retain your license! (Further information regarding the CSLO Learning Portfolio is given below and some more general material on Learning Portfolios can be found in **APPENDIX 5**.)



c) What can you learn in a Community Service Learning setting?

Learning Objectives

The Undergraduate Medical Programme requires students to build knowledge, skills and attitudes in a broad range of competency areas. The medical school is moving towards the Royal College of Physicians and Surgeons of Canada CanMEDS competencies including DPAS 420 CSLO (a hard copy of the **CanMEDS competencies can be found at the front of your DPAS 420 Fall Term Course Book**). Community Service Learning provides students with opportunities to develop in many of these areas in addition to personal development, self awareness, and self care.



By the end of the DPAS 420 CSL Programme students are expected to have:

1. Demonstrated the ability to learn through experience and reflection
2. Demonstrated integration of learning in the classroom and agency context
3. Demonstrated an understanding of the relevance of current learning within the CanMEDS competency framework
4. Presented evidence of progressive acquisition of learning and connecting it to relevant professional competencies using a Learning Portfolio format.

Specifically, your CSLO experience will provide you with opportunities to understand more deeply:

- The social determinants of health
- The relationships between social and health policy, and health of communities
- An understanding for the special social and health needs of under-served and marginalized populations.

And to demonstrate:

- Ability to work collaboratively within an agency/multidisciplinary setting
- Effective, appropriate, sensitive communication skills respecting social and cultural differences
- Appropriate professional behaviour
- Effective personal management and personal development and an understanding of self care.

Other Outcomes

In addition to your learning, the Community Service Learning Programme seeks to develop respectful partnerships with participating community agencies. We seek to develop sustained community-university partnerships of mutual benefit, with constructive involvement and dialogue with community partners about how best to train doctors who are aware of and responsive to the needs of the community we all serve.

d) What your colleagues said

In an evaluation of student learning at the end of the first year of the DPAS Community Service Learning Option (2005-6) many of the above issues were echoed in the learning themes identified by our students/your colleagues:

1. **Interdependence between health and social issues** - for real people in a real world
2. **Reality check** - desire to change the world vs. what is possible at this time in this setting; helping a problem is a lot more difficult than it seems
3. **Personal interaction and communication** - empathy, active listening, communication
4. **Personal growth and life skills** - problem solving, networking, time management, working collaboratively in small groups, what is important in life, it allowed me to “keep a part of myself alive and safe”
5. **Self as a health professional** - exploration of values, beliefs, perceptions, self examination and acceptance
6. **“Epiphanies”** - society, career, doctor, self

In addition, feedback from community agencies indicated that the agencies really valued the involvement of our students and what they contributed to the functioning and development of their agency.

e) You, Your Agency, and the University

Some guidelines

As you begin your DPAS 420 Community Service Learning placement, please remember that, in addition to being yourself, and a doctor in training, you are, *de facto*, **a representative of the Faculty of Medicine, University of British Columbia.**

The following guidelines are intended to assist you in successfully navigating the first few weeks in your agency and having the most productive community service-learning experience possible.

- ♦ **Ask for help when in doubt.** Your Agency Supervisor understands the issues at your site and you are encouraged to approach her/him with questions or problems as they arise. He/she can assist you in determining the best way to respond in difficult or uncomfortable situations. If in doubt we encourage you also to consult your CSL Tutor, or the CSLO supervisor/DPAS course director.
- ♦ **Be punctual and responsible.** Although you are volunteering your time, you are participating in the organization as a reliable, trustworthy and contributing member of the team. Both the administrators and the clients of your agency rely on your punctuality and commitment to completing your volunteer hours/agency deliverable throughout your partnership. This is an aspect of professionalism.
- ♦ **Call if you anticipate lateness or absence.** Call your Agency Supervisor if you are unable to come in or if you anticipate being late. The site depends on your contributed services and will be at a loss if you fail to come in as scheduled. Be mindful of your commitment; people are counting on you.
- ♦ **Respect the privacy of all clients.** It is important to respect the privacy and confidentiality of clients in the same way you would in a clinical medical context (see notes from the Ethics block, DPAS 410).

- ♦ **Go out of your way to show respect for the staff and agencies with whom you work.** Placement within community programs is an educational opportunity and a privilege. You are a guest in your agency. Remember, not only are you serving the community, but the community is serving you by investing valuable resources in your learning.
- ♦ **Be appropriate in attitude, manners, and appearance.** You are in a work situation and are expected to treat your supervisor and others with understanding, courtesy and kindness. Dress neatly, comfortably, and appropriately. Use formal names unless instructed otherwise.
- ♦ **Try to be flexible.** The level or intensity of activity in your agency is not always predictable. Your flexibility to changing situations can assist the partnership in working smoothly and in producing positive outcomes for everyone involved. It is important to effectively manage your time, being mindful of your other academic commitments in second year of the medical curriculum.
- ♦ **Boundary issues.** You will likely find yourself in situations where boundary issues emerge. Recognising and responding appropriately to boundary issues is one of the things we have to learn as professionals; e.g. You should not loan money or other personal belongings to a client; make promises or commitments to a client that neither you nor the organization can keep; give a client a ride in your personal vehicle - your insurance likely does not cover you. Your Agency Supervisor is a good source of advice about this sort of issue.
- ♦ **Safety Issues:** You might consider the following safety considerations, depending on the nature and location of your agency.
 - i) Make your automobile a non-attraction. Do not leave items visible in the car. Do not leave valuable articles in your car.
 - ii) If you take the bus, be sure to know the route and the bus fare.
 - iii) In case of a breakdown or transportation problem, carry enough money to get home.
 - iv) Develop a community safety net of resources in your placement area.
 - v) Get to know your agency supervisor. Ask her/him questions about the area and get suggestions on what you should do if you find yourself in trouble.
 - vi) Familiarize yourself with people, places and things in the area that can be of assistance in times of emergency (e.g. the location of phones, 24-hour stores, police station, etc.).
 - vii) You may want to give the phone number of the agency where you will be volunteering to a roommate, friend, or relative before leaving for your placement site.



Adapted from: Faculty Toolkit for Service-Learning in Higher Education
 Edited by Sarena D. Seifer and Kara Connors, Community-Campus Partnerships for Health
 National Service-Learning Clearinghouse

II. COURSE FRAMEWORK AND DELIVERABLES

The DPAS Community Service Learning Option involves learning through community service and reflection. In effect, your volunteer time with your community agency replaces the tutorial time in the regular DPAS curriculum.

Working with your agency supervisor, you will together identify an area of need in your agency, and design a deliverable to be presented to the agency ("Agency Deliverable") toward the end of the second term to address this need.

Reflecting through journaling and orally (either individually with your CSL Tutor or in groups) throughout the two terms will provide you with a valuable opportunity to critically examine your experiences, activities, thoughts, feelings, assumptions and practices in the moment and over time.

You are required to **review the weekly Required Readings** and **attend the weekly DPAS 420 lectures**, and your contribution in the discussions at the lectures is important, because of the unique perspective you will develop from your community involvement. You are required to bring together and integrate information from the readings and lectures with your past experience and learning in your agency in your reflective journals (see below), and Post-Plenary Lecture/Block Reflections.



Deliverables at a Glance

Fall Term

SEPT	OCT	NOV	DEC
<ul style="list-style-type: none"> • CSLO Student Orientation • Start Learning Portfolio • First Reflective Journal due • Drop off Supervisor Package 	<ul style="list-style-type: none"> • Mid-Term Self Assessment due 	<ul style="list-style-type: none"> • Review your Learning Portfolio to date with your CSL Tutor 	<ul style="list-style-type: none"> • Student Log of Hours due • Fall Term Learning Portfolio due (includes Agency Proposal) • Fall Term Attendance Confirmation due (to be completed by Agency Supervisor)
Volunteering in your Agency in lieu of tutorial time (min. 24 hours for Fall Term)			
Meetings/Communications with your CSL Tutor (throughout term)			
Plenary Lecture/Block Reflection Forms (complete TWO this term)			
Reflective Journals (complete one after EACH Agency visit)			

Winter Term

JAN	FEB	MAR	APR	MAY
<ul style="list-style-type: none"> • Check in with your CSL Tutor • Reconnect with your Agency Supervisor after the December school break 	<ul style="list-style-type: none"> • Distribution of Student Assessment Forms to Agency Supervisor 	<ul style="list-style-type: none"> • Mid-Term Self-Assessment due • Student Assessment by Agency Supervisor due • Abstract due • 3 Options available in DPAS 420 presented to Year 1 Class • CSLO/SDPO Information Fair 	<ul style="list-style-type: none"> • Review your Learning Portfolio to date with your CSL Tutor 	<ul style="list-style-type: none"> • Submission of Agency Deliverable and Final Write Up to your Agency • Student Log of Hours due • Winter Term Learning Portfolio due (includes Agency Deliverable – see note) • Winter Term Attendance Confirmation due (to be completed by Agency Supervisor)
Volunteering in your Agency in lieu of tutorial time (min. 34 hours for Fall Term)				
Meetings/Communications with your CSL Tutor (throughout term)				
Plenary Lecture/Block Reflection Forms (complete TWO this term)				
Reflective Journals (complete one after EACH Agency visit)				

a) Agency Proposal and Deliverable

One of the objectives of CSL is for you to identify an area of need within your community agency and to develop a deliverable to address this need (“Agency Deliverable”) **in consultation with your agency supervisor**. This provides you with an opportunity to “give back” to your agency, and move the agency’s agenda forward, so there is something you have created, which remains after you have left. The major first term deliverable is the “**Agency Proposal**”, and for the second term it is the “**Agency Deliverable**”.

Agency Proposal

During the first term, as you gain experience in your agency, you need to be moving towards identifying the area of need and negotiating with your Agency Supervisor to determine what the deliverable might be. You need to have identified the **need** and decided on the **nature** of the deliverable, and submit a **framework** (“Agency Proposal”) for your deliverable in your Learning Portfolio at the **end of the first term**. The framework should include what steps you anticipate to reach completion of the agency deliverable by the end of second term.

(The requirement for us to see the Agency Proposal by the end of the first term is to ensure that you are on track with your agency deliverable, so that you do not get overwhelmed in second term.)

Agency Deliverable

During second term, you will be developing your completed Agency Deliverable ready to present to your agency by the **end of the second term**.

Your CSL Tutor needs to have an opportunity to see your completed Agency Deliverable at the end of the second term, as part of your Learning Portfolio. Depending on the nature of your deliverable, it may not be possible to “hand it in” (e.g. organizational work for your agency) in which case you should let your CSL Tutor know that your Agency Deliverable is complete, and provide him/her with current contact information for your Agency Supervisor to ensure that you get the credit for the work you have done.

Examples of Agency Deliverables include: identification of specific needs of different groups of clients, a proposed new initiative, an evaluation, educational material for clients, a portfolio, etc.

Your CSL Tutor is there to help you throughout this process to arrive at a reasonable Agency Deliverable which meets the criteria above, but which is not excessively demanding of your time.

b) Reflective Journal and Plenary Lecture / Block Reflections

Reflection is an important and integral part of Community Service Learning. Reflection can be “open” such as in a reflective essay or reflective journal, or “focused” where there is a requirement to address specific issues or to connect issues together in a particular way. Different learners prefer different degrees of structure for reflection. We are providing the “open” format in the form of reflective journals, and the Plenary Lecture / Block Reflections (modified from last year) are a type of focused reflection. We have reviewed a great deal of literature that discusses many other formats and frameworks for reflection; our intention here is to keep things simple.

Reflective Journal

- Your Reflective Journal is an important sequential deliverable usually representing the major communication between yourself and your CSL Tutor.
- As an important evolving document, it helps both you and your CSL Tutor to understand the evolution of your learning in CSLO, and your ability to integrate relevant information from other sources.
- You are required to provide some reflective material every 2 weeks (e.g. each time you visit your community agency) and email it to your CSL Tutor.
- You are expected to integrate material from the DPAS readings and lectures into your reflections.
- Your Reflective Journal is a personal confidential document, which your tutor will respect in providing feedback to you.
- Tutors will try to provide written feedback to you within 2 weeks of receipt of journal entries.

Suggested filename for Reflective Journal documents:

In order to facilitate the exchange of your current reflections and prompt feedback with your CSL Tutor, it is suggested that you use Microsoft Word and the following filename structure:

“Yourname Journal date” e.g. ShelaghJournal23Aug09.doc

Your tutor can insert feedback for you in “Track Changes”, and send it back to you with the tutor’s initials added to the file name,

“Yourname Journal date Tutor’s initials” e.g. ShelaghJournal23Aug09MFW.doc.

A more detailed discussion of reflective journaling is provided in **APPENDIX 1**.

First Reflective Journal

For your first Reflective Journal entry, before you have “officially” started to volunteer at your agency, we ask you to address the following three points which connect with the information you provided in your application for CSLO last term:

- ◆ Describe what you anticipate your experience with your agency will be like
- ◆ Describe what you think you will learn by spending two terms with the people there
- ◆ Describe in what ways you think this experience might help you as a doctor in the future.

Plenary Lecture / Block Reflections

- These are focused reflections which use a specific format
- The format is intended to assist you to connect reading and plenary lecture material with your experiences in your agency and the CanMEDS competency areas.
- Blank electronic copies of this form will be provided for these focused reflections (see **APPENDIX 6** for an example of this form)
- **You are required to submit 2 (two) Plenary Lecture / Block Reflections to your tutor each term.** Which Plenary Lecture or Block these are based on is your choice.
- **These are NOT meant to be confidential as they are Required Elements in your Learning Portfolio.**

c) Final Write-Up

Your final write-up for the CSL Programme is due at the end of the second term and **should contain 3 parts** and **should not be more than 9 pages double spaced.**

- ♦ PART 1 - should be a brief description of your agency, its clients (if any), how it functions and what your role has been.
- ♦ PART 2 - should be a brief description of your Agency Deliverable (see II above); why you chose this and how it will be of help to your agency. (This part might just be a copy of your agency deliverable if it fulfills these criteria).
- ♦ PART 3 - should be a thoughtful discussion of what are the **most important things you have learned from your experience in the DPAS Community Service Learning Programme**, and how they might influence your **understanding of yourself, people in general, agencies, community health issues, and your role as a doctor in the future.** This represents the “wrap-up” of your DPAS CSL reflective journal... (but of course you might choose to continue to write your own journal for yourself in the future!)

Since the “Final Write Up” will be available to a **broader audience** than your regular Reflective Journal, you might not want to put anything private or confidential there, even though it might feel OK to talk about these things in the more private environment of your journal.

Your final write up should be included in your Learning Portfolio for submission at the end of the second term to your CSL Tutor. Please also submit your Final Write Up to your Agency Supervisor. The document is graded by your CSL Tutor, **but** Agency Supervisors have expressed a desire to see, first hand, what students have learned in their agency setting.

The content of the **Final Write Up can also be presented in Poster Format** (either as a formatted electronic file in PowerPoint, or as a physical poster) if you and your local DPAS Course Director negotiate this format prior to the end of term.

We are offering this as an option because it:

- Provides experience in presenting material in poster format, if you have not done that previously.
- The poster can be a very effective method for providing community partners and others with first hand information about the work you, our students and doctors to be, carry out in your community.
- As a poster, it can provide an engaging complete picture of what you have done and learned which can be used at events which you may not be able to attend
- It may be possible to publish a collection of these posters in the UBC Medical Journal (see below)

d) Abstract

In order to disseminate the work being done by DPAS students in the community we request that students at each placement/project together develop an **Abstract** providing a brief description of what you did in your agency, and what you learned in CSLO this year, suitable for placement on the DPAS web site for your classmates and future students.

This Abstract should be no more than 250 words and include a placement/project title, agency name, agency supervisor, student names, what you did, what you learned. This is due at the middle of the second term. Much of the material for this abstract can be gleaned from your Final Write Up documents.

We need this document half way through the second term because we have found these summaries very useful for assisting students in the first year class who are applying for CSLO for the following year. (Remember when all those Year 2 Students came out to the Information Fair in early March to tell you about their exciting CSLO and SDPO projects?)

An Additional Location for Showcasing Your Work

An excellent venue to share your work such as a collection of Poster-format Final Write-ups or a commentary article on your CSLO experience is the new **UBC Medical Journal**. This is a student run peer-reviewed publication. To access examples of accepted student articles and the journal's guide for authors see **www.ubcmj.com**

e) Learning Portfolio

(Additional explanation and a brief reading is provided (**APPENDIX 5**) to explain in more depth the relevance of Learning Portfolios and why you are being asked to use this format for documenting your learning in CSLO. Material provided here is presented at a logistical level to assist you in meeting course requirements.)

Background

- Connects your learning to your evolving competencies
- Provides you with a place to collect documentation of your learning and acquisition of competencies, and the personal development and evolution of you, the professional.
- Specifically relates to DPAS and your service learning placement, but can overlap with learning in other courses where you recognise those connections
- Provides a structure that fosters self-assessment, personal development and mentoring by your CSL Tutor.
- Provides a unified deliverable by which your learning can be assessed.

Learning Portfolio - Physical Structure

- Although you may choose to keep your learning portfolio in a paper format, we suggest that you do it digitally, and hand it in at the end of each term on a DVD or a data key. (We are in the process of developing a web based application to facilitate this which may be available in the second term).

The following is a suggested format for the structure of your Learning Portfolio

Learning Portfolio - Student Name version (date)

A) Required Elements

- ♦ Course requirements for successful course completion

B) Elective Elements

- ♦ Other material you would like to share which illustrates your learning or personal development, e.g. excerpts from your journals, materials you have generated for your agency, feedback from your agency clients or staff or from your colleagues. Don't forget to include documentation of your successes! (But don't just dump everything in here! – see **APPENDIX 5**)

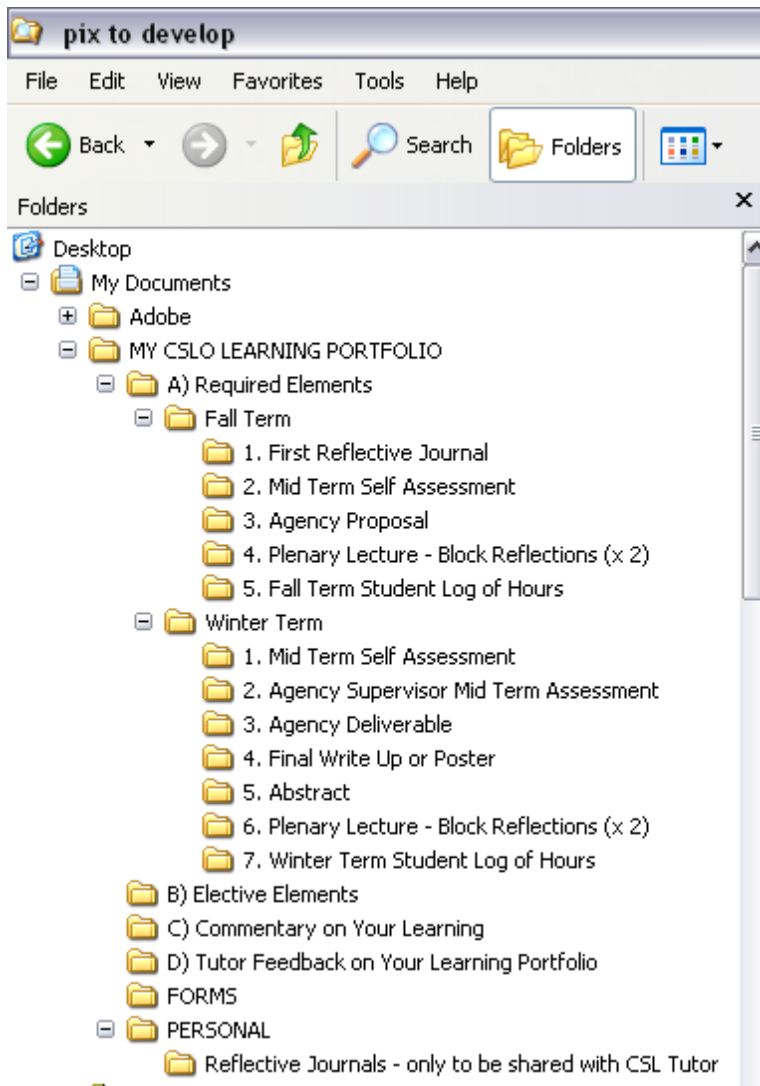
C) Commentary on Your Learning

- ♦ Keep a brief sequential log of the progress of your learning, your personal development, the relevance of your experiences and your learning to the CanMEDS competencies and the doctor you will become; what your next steps will be. The purpose of this section is to help you keep on track; where you have come from and where you are going next with your learning. This will help you when you come to do your **Final Write-Up**.

D) Feedback from Your Tutor about your learning and your portfolio

- ♦ Keep a note of the feedback you get from your tutor. This is the “formative” part which helps you move to the level of the next learning issue.





Here is a sample of what your computer directory could look like. Come up with a file system that works well for you and allows you to stay organized.

You will be sending your CSL Tutor documents throughout each term (e.g. reflective journals, plenary lecture/ block reflections) and, **at the end of each term, you will be submitting sections A, B, C and D to your CSL Tutor.**

Please note that your Learning Portfolio may be seen by a broader audience than just your CSL Tutor so you should think carefully which documents you will include in your Learning Portfolio before you hand it in each term. Remember that your portfolio should contain materials that show your personal progress and growth. However, there may be some materials that are private and you may wish to not include these in your Learning Portfolio (your tutor will have already seen this material already and can advise.).

How should I get started?

- You should start your Learning Portfolio at the beginning of first term. Your first reflection is a good place to start (see **Reflective Journal** section).
- Create a folder/directory structure that supports the framework provided above.
- Create an additional **FORMS** folder for any blanks of the documents you need for the required elements of your learning portfolio so they are to hand when you need them.
- Keep your Reflective Journals separate – in your PERSONAL folder because they are private **UNLESS** there are materials there that you wish to include in your Learning Portfolio to provide evidence of your learning (which will be seen by a broader audience).
- If in doubt, ask your tutor what additional things you might want to include.

Time lines:

- You should arrange to meet with your tutor to review your learning portfolio half way through each term. – Plan to meet around mid-October in first term and mid-March in second term.
- You need to hand in your portfolio at the end of each term containing the required components.- hand in dates:
 - **Fall (First) Term - December 7, 2009**
 - **Winter (Second) Term - May 3, 2010**
- You may wish to meet with your CSL Tutor more frequently if you are learning a lot and need to process it and document it adequately.

Student Assessment:

Your CSL Tutor will be the person who is responsible for assessing your learning portfolio and its contents, particularly in regard to the following questions:

- Are all the required contents present and complete?
- Is there evidence that reflection on past learning is being used to facilitate new learning?
- Is there evidence presented of progressive evolution of learning and competence related to becoming a doctor?
- Is there evidence presented of self awareness and personal development related to becoming a doctor?

(For further information of **Learning Portfolios** see **APPENDIX 5**)

III. WHAT YOU DO NOT NEED TO DO

As a Member of the Community Service Learning Option for DPAS 420, you will not be expected to participate in the weekly tutorial groups, or the group and individual projects of the curriculum being followed by the tutorial group option in DPAS 420.

(We do, however, expect you to do the weekly readings, attend **ALL** the lectures, participate in discussion during the lecture and include aspects of what you have learned in your Reflective Journals.)

IV. ASSESSMENT IN THE CSLO

Assessment of performance of CSL students will be based on **quality and depth** of:

- Reflective Journals
- Learning Portfolio and its contents
 - Is there evidence that reflection on past learning is being used to facilitate new learning?
 - Is there evidence presented of progressive evolution of learning and competence related to becoming a doctor?
 - Is there evidence presented of self awareness and personal development related to becoming a doctor?

In this assessment Reflective Journals and the Learning Portfolio are of **equal** importance. Honours will be awarded for work of exceptional quality.

V. PROCESS AND TIMELINES

DATE	ACTIVITY/REQUIREMENT
End of DPAS 410 Winter Term	<ul style="list-style-type: none"> • Submission/choice of topic, organization and identification of Agency Supervisor to Course Directorship for project approval
September 14, 2009	<ul style="list-style-type: none"> ◆ Community Service Learning Orientation all three sites (starts approx. 2:30pm in your local lecture theatre immediately after DPAS 420 plenary lecture) ◆ Meet in small groups with CSL Tutor
SEPTEMBER	<ul style="list-style-type: none"> ◆ Delivery of Supervisor Package (see sample in APPENDIX 2) to Organization/Agency Supervisor ◆ Start your Learning Portfolio <p>Write your first Reflective Journal before you start volunteering at the agency</p>
SEPTEMBER TO END OF NOVEMBER	<ul style="list-style-type: none"> ◆ Volunteering with your community agency with documentation of hours. We have provided some tools to facilitate this process (see APPENDIX 3 for sample of form) ◆ Submission of one page (or more) Reflective Journal to CSL Tutor for review and feedback (completed either weekly or after each “encounter” with the Organization) ◆ Periodic small group meetings (1 – 2 / term) with CSL Tutor; individual meetings as required (usually after DPAS lecture); a tutorial room has been booked so it is available for these meetings. ◆ Remember to write 2 Plenary Lecture/Block Reflections this term. ◆ Review of Learning Portfolio with CSL Tutor (1- 2 times/term). ◆ Periodic communication between Tutor/Course Director and Agency Supervisor/organization.
October 5, 2009	<ul style="list-style-type: none"> • Students start thinking about what they will add to their Mid-Term Self Assessment Forms (forms will be distributed to students ahead of time)

DATE	ACTIVITY/REQUIREMENT
October 19, 2009	<ul style="list-style-type: none"> • Completed Mid-Term Self Assessment Forms emailed to to your CSL Tutor by this date • CSL Tutor will arrange small group meeting of his/her students to discuss Self Assessments
December 7, 2009	<ul style="list-style-type: none"> • Submission of the following to your CSL Tutor electronically: <ul style="list-style-type: none"> a. Learning Portfolio for review containing Required and Elective Elements (see Learning Portfolio section) • Submission of the following to your local DPAS Office: <ul style="list-style-type: none"> b. Email completed Student Log of hours for Fall Term c. Fax or drop off Fall Attendance Confirmation Form completed by Agency Supervisor confirming that student has spent requisite hours working with the agency during this term
JANUARY TO APRIL	<ul style="list-style-type: none"> ♦ Volunteering with your community agency with documentation of hours. We have provided some tools to facilitate this process (see APPENDIX 3 for sample of form) ♦ Submission of one page (or more) Reflective Journal to CSL Tutor for review and feedback (completed either weekly or after each “encounter” with the Organization ♦ Periodic small group meetings (1 – 2 / term) with CSL Tutor; individual meetings as required (usually after DPAS lecture); a tutorial room has been booked so it is available for these meetings. ♦ Remember to write 2 Plenary Lecture/Block Reflections this term. ♦ Review of Learning Portfolio with CSL Tutor (1-2 times/term). ♦ Periodic communication between Tutor/Course Director and Agency Supervisor/organization.

DATE	ACTIVITY/REQUIREMENT
February 15, 2010	<ul style="list-style-type: none"> • Student assessment forms distributed to Agency Supervisors. <p>Students complete their own similar Mid-Term Self Assessments (forms to be provided)</p>
March 22, 2010	<ul style="list-style-type: none"> ♦ Submission of your placement/project group's Abstract to your CSL Tutor. ♦ Completed Mid-Term Self Assessment forms due to CSL Tutor. ♦ Agencies will be sending back their Student Assessments to each site's local DPAS Office. Copies will be circulated to both students and their tutors. ♦ CSL Tutor will arrange small group meeting of his/her students to discuss Self Assessments and Student Assessments by Agency Aupervisors
By May 3, 2010	<ul style="list-style-type: none"> • Submission to your Agency of your Agency Deliverable to address the identified need. • Submission to your Agency of your Final Write Up (excluding any sections that you do not wish to share with the Agency) • Submission of the following to your CSL Tutor electronically: <ul style="list-style-type: none"> Learning Portfolio for review containing required and elective contents (see Learning Portfolio section)



A **CSLO Submissions Deadlines document** will be emailed to you after the CSLO Student Orientation. This document will have more detailed instructions about deadlines and which forms need to be submitted. You will also receive templates of all the forms mentioned in this Student Package. You will be able to fill these forms out on your computer and email them to the appropriate individuals.

WRITING A REFLECTIVE JOURNAL FOR DPAS COMMUNITY SERVICE LEARNING

What is critical reflection?

Reflection is a process by which individuals analyse their experiences as a means for identifying and absorbing what they have learned. It is where service learners think critically about their experiences by looking back on the implications of actions taken – good or bad – determining what has been gained, lost, or achieved, and connecting these conclusions to future actions and larger social contexts. Through reflection, you analyse concepts, evaluate experiences, and form opinions. Critical reflection provides you with an opportunity to examine and question your beliefs, opinions and values. It involves observation, asking questions, and putting facts, ideas and experiences together to derive new meaning.

Why reflect?

Reflection is an essential process for transforming experiences gained in the community service setting and course materials into genuine learning. It is crucial for integrating the volunteer experience and the classroom topics. It fosters learning about larger social issues such as the political, economic, and sociological characteristics of communities and how they might relate to health and health care, and your role within that context.

Nature of Reflective Journal Writing

Reflective journal writing is a very personal activity and so the resulting journal varies enormously from one person to another. However, effective journalling does have recognisable common characteristics which set a reflective journal apart from more factual documents such as log-books or conventional diaries.

The essence of what journal writing is all about is encapsulated in the following quote:

“Journalling is a means of telling the story of professional practice over time ... any professional journal will reveal not only the actions, feelings and rationales of the writer but will include valuable information about the context, the politics and other people who in any way impact on the professional life of the journal keeper” (Street, 1994, p. 17).

On-going Journal Writing

When writing journal entries it is helpful to think of it as an activity which can take place at three different but overlapping levels:

- ◆ Describing (What?)
- ◆ Reflecting (So What?)
- ◆ Theorising (Now What?).....and on to the next experience.

Writing at each of these levels can be facilitated, by asking a series of questions about aspects of what you do.

Describing is about questions such as:

- ◆ What happened?
- ◆ What did I do?
- ◆ Where was I?
- ◆ Who was I interacting with?
- ◆ Who else was in the range of interaction?



Reflecting is about looking beyond the surface and asking questions such as:

- ◆ Why did I do that?
- ◆ What does that tell me about myself?
- ◆ What was I thinking and feeling at the time?
- ◆ Where did these thoughts and feelings come from?
- ◆ What assumptions was I making at the time?
- ◆ What values and beliefs underline my decisions to act in this particular way?
- ◆ How did relationships with other people influence what happened?

As time goes on reflection can increasingly include such questions as:

- ◆ Is this way of acting or speaking part of a pattern?
- ◆ Whose interests are served by my acting or speaking in this way?
- ◆ What competing views or value systems are apparent?
- ◆ Are there personal or contextual factors which constrain/limit my view of what is possible in my professional practice?
- ◆ Can or should these factors be changed?
- ◆ Who would benefit or suffer if they were?

Theorising goes beyond reflection in that it takes the writer beyond the context of his/her personal experience and links the author with the broader theoretical underpinnings of the profession.

Theorising builds on reflection as described above but is also itself the subject of reflection. It is about questions such as:

- ◆ How well does my experience fit in with contemporary approaches to health practices?
- ◆ Are there ways in which my experiences suggest ways of revising or developing these approaches and the theoretical perspectives which underpin them?
- ◆ What does my experience suggest about ways in which the health care industry needs to develop to best meet the needs of the population and its workers?

Most peoples' reflective journals start off as mostly 'describing' and then evolve rapidly so that there is much more 'reflecting' and 'theorising' taking place. To facilitate this development you need to give yourself the freedom to 'just write' and let the process evolve using the above guidelines as prompts. What you write is yours, and is treated confidentially.

Revisiting your Journal

If reflective journal writing is to realise its full potential as a means of learning professional development, it is important to bring together and synthesise in some way what your journal has revealed to you. By re-examining, rethinking and re-interpreting the diary entries, further powerful insights can be gained about the evolution of your learning and yourself.

To facilitate reflection on your journal you might record the experiences of re-reading it by considering some of the following questions:

- ◆ As I read, what thoughts, feelings, reactions do I have?
- ◆ Are there any main themes running through the journal?
- ◆ Have the things I wrote about changed over time?
- ◆ Has the way I write changed, for example is it more philosophical? more pragmatic?
- ◆ What does what I have written and the way I have written tell me about what I value? What I believe in?
- ◆ Has my perception of myself changed in any way? How?
- ◆ Has my perception of my role as a health professional changed?
- ◆ Has my perception of the role of the health profession in general changed?

Adapted from Assessment Task 1: Reflective Journal, School of Science & Engineering – VIOSH Australia
<http://www.ballarat.edu.au/ard/sci-eng/viosh/siaTASK1.shtml>

At a practical level, therefore, what follows is a template for the cycle for reflective journaling in your community service learning course:

- ◆ **Describe** your experiences in your agency/DPAS lecture (What?)
- ◆ **Reflect** on (So What?)
- ◆ **Theorise** (Now What?)
- ◆ **Context** (How do I understand this, make sense of this and connect it with my past experience, other things I have learned in DPAS 420 lectures, readings, other parts of the curriculum, elsewhere – and to me as the doctor I will become?)

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**WHAT YOUR AGENCY SUPERVISOR WILL RECEIVE
(SEE NEXT THREE PAGES)**

NOTE:

These are SAMPLES only – your local DPAS Office will supply you with an envelope containing copies of these documents and you will drop this envelope off to your Agency Supervisor

September 14, 2009

Dear Sir or Madam,

Re: Community Service Learning, Doctor, Patient and Society, UBC Undergraduate Medical Programme.

A goal of the Doctor, Patient and Society (DPAS) courses in the Faculties of Medicine is to help nurture a strong sense of community engagement and social conscience in our students. We wish to promote greater contact between our students and the 'community' in which they live and to emphasize a fuller understanding of health issues outside of a classroom setting.

One initiative which we introduced several years ago is that of 'Community Service Learning', an option that allows selected students to devote their tutorial time in this course to actively working within specific community initiatives. We thank you for providing our students with such an important opportunity by allowing them to learn about your organization, the services it provides, your staff and some of the issues you face in providing services.

The intent is that this will not be a burden for you, but rather that this initiative should represent a 'bonus' for you and your organization.

Your student will submit an ongoing reflective journal of their experience in your organization to their Course Directors/Project Tutors [who will evaluate it]; they will negotiate with you the nature of their "agency deliverable" the end of Term 1 [December]. This could take the form of a needs assessment, a list of resources, a proposed new initiative, or even a portfolio. This will be evaluated by the Course Directorship, but this deliverable is intended to be of direct benefit to you and your agency and to help advance the objectives of the agency.

In the middle of each term we will be seeking your help in assessing how your student is doing; what they do well, and how they could improve. Your student will be keeping track of his/her hours. We ask that you provide verification of your student's attendance and participation (see attached forms – there is one for each term)

Thank you for your invaluable help in taking one of our students and participating in this programme which is intended to help students to better understand the needs of society, and be sensitive to the needs of disadvantaged populations.

Kindest regards,

XXXXXXXXXXXX

DPAS 420 Associate Course Director
Supervisor, Community Service Learning Option.

THE UNIVERSITY OF BRITISH COLUMBIA



Faculty of Medicine
Dean's Office
Undergraduate Education
Diamond Health Care Centre
11th Floor, 2775 Laurel Street
Vancouver, BC Canada V5Z 1M9

Tel: 604-875-4500
Fax: 604-875-5611

COMMUNITY SERVICE LEARNING – ATTENDANCE CONFIRMATION
FALL TERM (September 2009 – December 2010)

I _____
Your Name and Title
of _____,
Your Organization's Name

Your Organization's Address/City
certify that _____
Name of Student
Your Signature: _____

has contributed 24 hours of Community Service to our institution (this also includes what the student has been working on for the Agency Proposal and Deliverable) as part of the DPAS 420 requirement for Term 1 – September to December 2009.

IMPORTANT!

This Attendance Confirmation sheet will be required to generate a term mark for the student.

This form should be completed by no later than December 1/2009 and either faxed back to 604-875-5611 or mailed back to:

XXXXXXXXXXXX
DPAS 420 Program Assistant
#11271 – 2775 Laurel Street
Vancouver, BC V5Z 1M9
Phone: 604-875-4111 Local 62407
Fax: 604-875-5611

THE UNIVERSITY OF BRITISH COLUMBIA



Faculty of Medicine
Dean's Office
Undergraduate Education
Diamond Health Care Centre
11th Floor, 2775 Laurel Street
Vancouver, BC Canada V5Z 1M9

Tel: 604-875-4500
Fax: 604-875-5611

COMMUNITY SERVICE LEARNING – ATTENDANCE CONFIRMATION

WINTER TERM (January 2010 – May 2010)

I _____
Your Name and Title

of _____,
Your Organization's Name

_____ ,
Your Organization's Address/City

certify that _____
Name of Student

Your Signature: _____

has contributed 34 hours of Community Service to our institution (this also includes what the student has been working on for the Agency Proposal and Deliverable) as part of the DPAS 420 requirement for Term 2 – January to May 2010.

IMPORTANT!

This Attendance Confirmation sheet will be required to generate a term mark for the student.

This form should be completed by no later than May 4/2010 and either faxed back to 604-875-5611 or mailed back to:

XXXXXXXXXXXX
DPAS 420 Program Assistant
#11271 – 2775 Laurel Street
Vancouver, BC V5Z 1M9
Phone: 604-875-4111 Local 62407
Fax: 604-875-5611

APPENDIX 3

STUDENT ATTENDANCE LOGS (SEE NEXT TWO PAGES)

NOTE:

These are SAMPLES only – your local DPAS Office will supply you with electronic copies of these documents so that you can fill them out on your computer

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FORM FOR AGENCY SUPERVISOR ASSESSMENT OF STUDENT

NOTE:

This is a SAMPLE only. This form will be emailed directly to your Agency Supervisor by the Course Directorship. Once the form has been completed and received by the Course Directorship, both you and your Project Tutor will receive a copy.

THE UNIVERSITY OF BRITISH COLUMBIA



Faculty of Medicine
Dean's Office
Undergraduate Education
Diamond Health Care Centre
11th Floor, 2775 Laurel Street
Vancouver, BC Canada V5Z 1M9

Tel: 604-875-4500
Fax: 604-875-5611

Dear _____:

Re: Community Service Learning Medical Students attached to your agency in 2009 – 2010-

Student(s): _____

Thank you so much for your on-going support of the above student(s) who you have kindly agreed to involve in your agency's activities this academic year. We appreciate the time you spent orienting and mentoring our students; and the opportunity they have to access your counsel which enhances their learning experience.

Our Community Service Learning Option is a part of the Doctor, Patient and Society course and provides second year medical students in the UBC Undergraduate Medical Programme with opportunities for coupling volunteering in a community agency setting with learning in the classroom. Community Service Learning we see as a partnership between the Medical School and the community it serves, to better train doctors who are aware and passionate about understanding the needs of marginalised or under-served members of society, while bringing benefits to the agencies involved. This programme is only possible because of the help and support of community partners such as yourself and your agency.

We would like to seek your input in the assessment of the progress your student. We value your opinion about this student; you have unique opportunities to see this student at work in a non-medical environment, and unique insights into the qualities this person has which lead to success or difficulty in your setting.

We have developed a form which seeks your input about how your student is developing in 7 Competency areas important in the development of Doctors; in addition there is some space to provide any written input you have for your student. Your student will also rate him or herself in relation to the same competencies. Your student will see your assessment, but this is only one of several assessment components seeking to understand student learning in the Community Service Learning Programme.

We would be grateful if you could return the completed form to us by fax to the number at the bottom of the form by 16th March 2010.

Thank you, again for participating in educating our doctors of the future. If you have any questions about your student, this process, or the Community Service Learning Option, please do not hesitate to contact me.

Yours sincerely,

Dr. XXXXXXXXXXXX
Associate Course Director, Doctor, Patient and Society (DPAS) 420
Supervisor, Community Service Learning
UBC Undergraduate Medical Programme



DPAS 420 COMMUNITY SERVICE LEARNING OPTION AGENCY SUPERVISOR MID-TERM ASSESSMENT

Today's Date: _____

Name of Student you are supervising: _____

Your Name: _____

Your Signature: _____

Your Agency: _____

CRITERIA	DOES NOT MEET EXPECTATIONS	REQUIRES IMPROVEMENT	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	NOT APPLICABLE
A. Initiative, motivation, working well as a member of a team	<input type="checkbox"/> Lacks motivation; makes infrequent contributions to team effort	<input type="checkbox"/> Sometimes lacks motivation; intermittent contribution to team effort	<input type="checkbox"/> Motivated and regularly contributing effectively to team effort	<input type="checkbox"/> Strongly motivated; invaluable contributor to team effort	<input type="checkbox"/>
B. Communication and collaboration with peers, professionals, clients	<input type="checkbox"/> Use of unclear language, inappropriate body language, incorrect terminology or offensive manner	<input type="checkbox"/> Usually communicates clearly; occasional use of unclear or confusing terminology	<input type="checkbox"/> Always communicates effectively verbally and non-verbally with clients and staff	<input type="checkbox"/> Exceptionally capable in communicating complex material in a respectful way making it understandable to all.	<input type="checkbox"/>
C. Cultural competence	<input type="checkbox"/> Insensitive to social and cultural differences; sometimes offends clients by inappropriate words or actions	<input type="checkbox"/> Sometimes unaware of social and cultural differences, with occasional misunderstandings	<input type="checkbox"/> Sensitive to social and cultural differences; and adapts responses appropriately	<input type="checkbox"/> Works seamlessly across social and cultural boundaries with compassion and respect	<input type="checkbox"/>

CRITERIA	DOES NOT MEET EXPECTATIONS	REQUIRES IMPROVEMENT	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	NOT APPLICABLE
D. Recognising needs of members of vulnerable and underserved populations	<input type="checkbox"/> Unable to adapt expectations and behaviour in his/her interactions with vulnerable clients	<input type="checkbox"/> Sometimes has difficulty understanding needs of vulnerable and underserved populations	<input type="checkbox"/> Demonstrates understanding of needs of members of vulnerable and underserved populations in interactions with clients	<input type="checkbox"/> Adapts intuitively to needs of members of vulnerable and underserved populations	<input type="checkbox"/>
E. Impact of health policy on health of communities	<input type="checkbox"/> Does not demonstrate any understanding of the connection between health policy and health of community.	<input type="checkbox"/> Sometimes has difficulty understanding the connection between health policy and health of population served	<input type="checkbox"/> Demonstrates understanding of impact of health policy decisions and implementation on health of population served	<input type="checkbox"/> Seeks to explore ways to modify health policy decisions and implementation for the benefit of vulnerable individuals or populations	<input type="checkbox"/>
F. Professional behaviours	<input type="checkbox"/> Has difficulty displaying professional attitudes towards clients and staff; unaware of boundaries and sensitivities	<input type="checkbox"/> Occasionally inappropriate in language, dress, behaviour and attitudes in interactions with clients and staff in the agency setting	<input type="checkbox"/> Demonstrates appropriate language, dress, behaviour and attitudes in interactions with clients and staff in the agency setting	<input type="checkbox"/> Demonstrates appropriate adaptive professional behaviour in a wide range of situations with clients and staff in the agency setting.	<input type="checkbox"/>
G. Personal management and self development	<input type="checkbox"/> Unpredictable and unprepared; appears disorganized; manages time poorly; unreliable in completion of allocated tasks; little insight.	<input type="checkbox"/> Sometimes disorganized or unprepared. Irregular follow through with tasks; some understanding of own strengths and weaknesses	<input type="checkbox"/> Organised, on time, prepared, appropriately seeks clarification when uncertain, follows through with tasks; aware of own strengths and weaknesses	<input type="checkbox"/> Exceptionally organised; always on time and prepared; able to assist in decision making; reliably follows through on tasks; understands own strengths and weaknesses	<input type="checkbox"/>

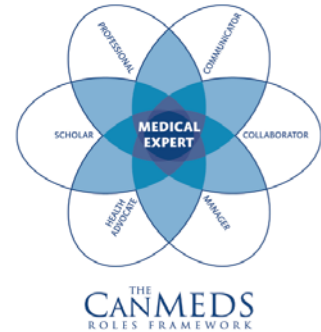
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APPENDIX 5

DEMONSTRATION AND ASSESSMENT OF ACQUISITION OF COMPETENCIES: YOU AND YOUR DPAS CSLO LEARNING PORTFOLIO

COMPETENCY AS THE YARDSTICK AGAINST WHICH WE ARE ALL MEASURED

In the last 10 – 15 years, the focus of medical curricula - undergraduate, postgraduate and those in continuing professional development/continuing medical education - has shifted away from pure accumulation of knowledge, towards acquisition and demonstration of **competencies**. A “competency” is a domain relevant to medical practice in which one can demonstrate “competence”.



“Competence has been defined as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served”.

(Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002;287 (2):226–35.)

Thus a physician integrates a broad range of contributory elements to optimally interact with a patient, or community, beset by a clinical problem; including but not limited to book learning.

In particular, The Royal College of Physicians and Surgeons of Canada (1996; 2005) describes the education and maintenance of competence of qualified physicians and surgeons in terms of seven defined roles in which a physician must develop, demonstrate and maintain competence. These **CanMEDS** roles are “**Medical Expert**”, the central role, supported by: “**Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional**”.

The CanMEDS competencies have been integrated into the Royal College's accreditation standards, objectives of training, final in-training evaluations, exam blueprints, and the Maintenance of Certification program. MD Undergraduate Program Learning Goals and Objectives (2005) are currently being revised but include the CanMEDS competencies.

Understanding both the framework and the details of the CanMEDS competency structure is important to you, as demonstration of acquisition and maintenance of competency in these areas is how you will be judged at graduation and onward through your career in maintaining your **medical competence, and your medical license to practice**.

The conundrum of demonstrating competence: - How, then, can you demonstrate competence?

I remember as a medical student being very aware of the examination deadlines and other hurdles put before us on the way to becoming a doctor; our medical teachers, however, seemed to be more focused on helping us students learn to be the best doctors. I don't think that is any different in your generation. Success in examinations provides “summative” evidence of learning – what you know about that topic at that time. A summative assessment reassures course directors - and programme accreditors - that the students have been exposed to the appropriate knowledge and can recall it on cue. Summative assessments do not tell us much at all about how any of us, will apply that knowledge in the future to a real world clinical situation. Since competency is the product of an integrative series of cognitive interactions as described above, summative assessments have distinct limitations in assessing competency. “Formative” assessment, on the other hand, “is a self-reflective process that intends to promote student attainment....; a bidirectional process between teacher/mentor and student to enhance, recognize and respond to the learning” (Wikipedia).

A tool which is becoming widely used in adult education for demonstration of acquisition and maintenance of competence which has elements of summative, but particular strengths in formative assessment is the **Learning Portfolio**.

“A learning portfolio is an instrument that formatively supports the development of competence in an integrated, coherent and longitudinal fashion and summatively assesses whether competence is being achieved.”

Royal College of General Practitioners. Portfolio-based Learning in General Practice: Report of a Working Group on Higher Professional Education: December 1993. Occasional paper 63.

You are being provided with a hands-on encounter with the learning portfolio in DPAS 420 CSLO because you will be required during your professional life to interact with a tool of this kind in various contexts to demonstrate and document your learning and professional competency throughout your career – in medical school, in your postgraduate medical specialty education, and in maintenance of competence and life-long learning.

What is a learning portfolio?

A learning portfolio is a place where you can accumulate and document evidence of learning and acquisition of competence. But it is more than that, however, because reflection and interaction with a mentor about your learning act as catalysts for self assessment and a plan for acquisition of further knowledge. Thus a learning portfolio basically connects learning, feedback received, progress made, and plans for improving competence.

A learning portfolio usually contains:

- Prescribed required elements – including some summative assessments
- Individualised elements chosen by the student tailored to demonstrate his/her learning.
- A brief on-going reflective commentary written by the student on lessons learned and plans for further learning.

A learning portfolio needs to be smart and lean, not a mountain of disorganised useless paper where the gems are difficult to find.

A learning portfolio can be well matched to the community service learning environment where learning is individual for each individual student in his/her individual agency, where reflection is an integral part of the experiential learning cycle, and where much of the learning is in the CanMEDS competency areas outside the “Medical Expert” core. Furthermore in CSLO, your connection to a CSL Tutor, the person who reads and responds to your reflections, provides a unique opportunity to explore how to use a learning portfolio to provide evidence of your learning and demonstration of competence in the complex service learning environment.

And of course there are similarities in learning in a community based setting, and in a clinical setting. Both are experiential learning; both require you to identify what you can learn from each encounter so you can refine and develop and advance to the next stage.

Putting the “delivery of the deliverables” for DPAS 420 CSLO in a Learning Portfolio format is an experiment this year, and is intended to both meet the course assessment requirements in an adult learning framework, but also provide you with some experience of using this modality as you will encounter it again many times later in your medical careers.

Your Learning Portfolio in DPAS 420 CSLO

Concept - Your learning portfolio:

- Connects your learning to your evolving competencies
- Provides you with a place to collect documentation of your learning and acquisition of competencies, and the personal development and evolution of you, the professional.
- Specifically relates to DPAS and your service learning placement but can overlap with learning in other courses where you recognise those connections
- Provides a structure that fosters self-assessment, personal development and mentoring by your CSL Tutor.
- Provides a unified deliverable on which your learning can be assessed.

What goes in your learning portfolio?

- The required contents (which are the deliverables for the CSLO course)
- Whatever else you identify that you feel provides evidence of your learning, illustrates your acquisition of competence and your personal development.
- Your commentary /log of what you have learned, how your attitudes and abilities have changed as a result of your learning, what your next steps in learning might be and how this relates to the doctor you will become.
- Feedback from your tutor about the contents of your learning portfolio

What does not go in your learning portfolio?

- Identifying information relating to specific clients/staff in your agency.
- Issues that you would like to keep private. You may find that you are able to write about very personal issues of experience, emotion, self-assessment, and learning in your journals, and engage in a dialogue with your tutor about them. You may or may not choose to enter those reflections and interactions in your learning portfolio – you can discuss that with your tutor. On the one hand, that material may contribute wonderful evidence learning, however, it might be very private and something you prefer to keep confidential. If this is the case, you should explore in what format evidence of that learning might be included in your learning portfolio while maintaining your privacy.
- Do not put **everything** in your learning portfolio! In your CSLO year you will have a lot of useful discussions/ exchanges with the clients in your agency, your agency supervisor, your CSL Tutor, and your colleagues. These are the substrate for your learning and reflective writings but should not all be decanted willy-nilly into your learning portfolio – less is more! If you decide to include an item, note for yourself and your tutor in your learning commentary why you decided to include that item. It is important for you to be able to find the good stuff in your learning portfolio!

Who will see my learning portfolio?

Your learning portfolio is primarily a document in which you document your learning. Your tutor and the DPAS course directorate will see your Learning Portfolio.

For Physical structure and content requirements, see LEARNING PORTFOLIO section in the main body of this document.

How will my Learning Portfolio be Assessed?

Your tutor will be the person who is responsible for assessing your learning portfolio and its contents, particularly in regard to the following questions:

- Are all the required contents present and complete?
- Is there evidence that reflection on past learning is being used to facilitate new learning?
- Is there evidence presented of progressive evolution of learning and competence related to becoming a doctor?
- Is there evidence presented of self awareness and personal development related to becoming a doctor?

Are learning portfolios worth the effort?

Erik Driessen assistant professor, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, Netherlands e.driessen@educ.unimaas.nl

YES A major challenge facing us today is the move to assess doctors' performance in the workplace instead of the examination hall. The portfolio remains our best solution. It allows the collation and integration of evidence on competence and performance from different sources to gain a comprehensive picture of everyday practice. Simultaneously, portfolios can guide and coach professional development. Studies in multiple contexts confirm that this is feasible if, and only if, users take on board the conditions required for effective use of portfolios.^{1 2}

Portfolios work

To provide credible evidence of fitness to practise doctors have to show in realistic, often stressful, situations that they are competent in all aspects of patient management, diagnostics, communication, teamwork, administration, and professionalism. Since the 1990s various instruments have been developed to assess workplace based learning: the mini-clinical evaluation exercise, multisource feedback, case based discussions, clinical work sampling, and direct observation of procedural skills.³

These tools provide piecemeal information on performance. None is perfect. A portfolio amalgamates evidence from the different sources, allowing assessors to make an overall judgment of competency. The strengths of one assessment method can compensate for the limitations of another. Recent reviews confirm that portfolios effectively assess day to day performance.^{1 2} A comprehensive range of information, collated in this way, can produce a well founded summative judgment.¹ There is an important additional advantage. Doctors or students can simultaneously analyse their own performance. They can reflect on and improve their practice and set realistic objectives for further learning.^{4 5}

However, when weighing the merits of portfolios, it is essential to realise that there is no one standard portfolio. Portfolios are as diverse as their potential content and can be adapted for various purposes.⁶ Their flexibility

is a clear advantage. They can be tailored to the specific objectives or outcomes being assessed. Introducing portfolios is like buying new shoes: one size does not fit all. Careful fitting is essential. Their flexibility becomes a disadvantage when they are not tailored to the objectives they are supposed to help attain. If this is the case, misunderstandings arise.

When are portfolios worth the effort?

Despite many vociferous advocates, portfolios can be unpopular with medical teachers and students. Frequently heard complaints are: "It takes up far too much time," "Why do we have to lug around these useless piles of paper?" and "What on earth am I to put in this self-reflection report?"

What are the facts? Research into their effectiveness is as heterogeneous as the portfolios themselves. Many reports have methodological limitations.¹ However, the studies have several common findings. The literature shows that inappropriate use of portfolios can seriously undermine any potential benefit.^{1 2} Although the portfolio concept may seem deceptively simple, it is only too easy for the desired integrated, comprehensive picture to drown in a disorganised mess of useless information. Fortunately, the literature shows that three simple conditions can prevent this.^{1 2 7}

Mentoring is the single most decisive success factor.^{7 8} Without an audience, every portfolio is arguably a waste of time.⁹ If students or doctors are to remain motivated to collate a portfolio, they need regular meetings with their mentor to reflect on the information, diagnose the state of their competence, and set further learning goals. Evidence shows that portfolios improve the planning and monitoring of continuing medical education by combining external assessment and self assessment with mentoring. They enable the doctor to develop more challenging learning goals than is customary in traditional continuing medical education.^{10 11}

Secondly, the portfolio must be smart and lean.¹ Doctors and students alike have a healthy dislike for messy and massive portfolios.¹² A user friendly portfolio contains well organised materials confined to the portfolio's purpose. It

must be located quickly and with ease. Finally, users must have clear instructions and guidelines.¹³ For many, portfolios are foreign to the educational tradition they are accustomed to. The concept of combining formative professional development alongside summative assessment is new. Clear guidelines on the purpose, contents, and organisation of the portfolio are essential.¹⁴

Careful implementation is crucial. A strong resistance to the portfolio can be unleashed when learners are forced to stick to a rigidly prescribed format.^{4 15} Conversely, when learners are allowed to create a portfolio that reflects their personal interests and concerns, they will have a sense of ownership and be motivated to develop its content.^{7 16}

We need to overcome existing tensions in portfolio design and seek a strong evidence base to optimise their use. With proper mentoring, restricted but relevant content, and well balanced guidelines reflective of its purpose, a portfolio undoubtedly makes an important contribution to the effective assessment, both formative and summative, of performance in the workplace.

Competing interests: None declared.

Cite this as *BMJ* 2008;337:a513

"Their flexibility is a clear advantage"



SCOTTRAFOTOLIA

Portfolios were introduced with the aim of improving the learning and assessment of doctors. **Erik Driessen** believes that they work well when used correctly, but **Geoff Norman** remains unconvinced

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NO Learning portfolios, defined by one group as “a collection of a learner’s work that gives evidence of learning and may be used for the purposes of assessment”¹ have received increased attention of educators over the past few years. According to a systematic review by Driessen and colleagues, they have the potential to improve formative and summative assessment at all levels from undergraduate to post-professional education.² The learning portfolio is not just another learning or assessment method. It is really a Jack of all trades, appearing in multiple guises to do almost anything we demand of it for learners at any level from novice to expert. It is an opportunity for students to report on “work done, feedback received, progress made and plans for improving competence.”²

How can it adopt so many roles? Simply because the title really is an accurate description—it is a portfolio with individually specified content. Although, this makes for maximum versatility, it also creates difficulties for anyone attempting to decide whether

portfolios are good or bad. Unless you can specify what lies inside the folder, it’s difficult to make generalisations about the value of the method. Asking whether learning portfolios are good for learning or assessment is a bit like asking whether drugs are good for treating disease. The answer must be, “It depends.” However, fools rush in, so I will attempt some general observations.

Lack of evidence

Although the review found that, consistent with the rhetoric, most people regarded learning portfolios as useful for reflective learning, professional development, etc, this conclusion was based almost entirely on self perception. One study was conducted with practising physicians and examined self reported intention to change their practices.³ The other used interviews of students’ perceptions of their personal and professional development.⁴ It is doubtful whether these self assessments can be treated as legitimate performance measures, particularly in view of the considerable literature indicating that people, including health professionals, have enormous difficulty assessing themselves.⁵ Furthermore, it takes a lot of work to write portfolios and to mark them. Use of portfolios in the final examination at Dundee required at least 3-4 examiner hours for each student,⁶ a total of 400-500 hours of examiner time.

And it’s not clear that the effort is rewarded. In one study, only 35% of trainees thought it provided an opportunity to analyse critical clinical incidents and only 15% thought it analysed critical incidents of professional behaviour⁷; another study found that only about half of trainee doctors and supervisors thought portfolios were “a good idea,” and trainees described a “sense of burden” associated with their use.⁸

Although portfolios have been used in summative assessment, occasionally in very high stakes situations,⁶ the evidence of reliability and validity is quite sparse. Several studies of inter-rater reliability showed an average reliability of 0.63, which is only marginally acceptable. Even this seems optimistic to me; portfolios are usually

unstructured essays, and reliability of essay rating is notoriously poor.⁹ Further, although many studies show poor reliability, not much is known about why.

What does it show?

Evidence of validity is based on one study,¹⁰ which claimed that that the portfolio was a valid test of reflective ability, since “quality of reflection” assessed by review of the portfolio predicted the final grade. However, the final grade was based in the same portfolio, using different raters and criteria. This might be seen more as evidence of inter-rater, inter-form reliability than of validity. But none of this addresses content validity. The portfolio is likely to be a highly unrepresentative sample of performance because the student generally decides what is included. It remains to be seen how much selective content sampling is affecting validity since no studies have looked at this.¹¹

Does this then imply that there is no role for learning portfolios? Well, it may be that their real value is a side effect of the drug. It may not have

much use in summative assessment; there is really no evidence, despite the rhetoric, that it assesses unique aspects of competence validly, and it certainly is more labour intensive than alternatives like multiple choice questions that have proved reliability and validity. It may not be possible to show that the learning portfolio stimulates learning. And if it is applied mechanically, participants clearly view it as nothing more than a labour intensive add-on.² But when it is integrated into the curriculum, it will force students to write something and teachers to spend some time individually with students to review their work. To the extent that it brings teachers and students together, it may have value as a counterpoint to the anonymity of the culture of lecture learning and sit down final examinations that is regrettably far too typical. And that’s not an entirely bad thing.

Competing interests: None declared.
Cite this as *BMJ* 2008;337:a514

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APPENDIX 6

SAMPLES OF LEARNING PORTFOLIO FORMS
(you will be provided with electronic copies of these forms)

PLENARY LECTURE / BLOCK REFLECTION FORM



YOUR NAME: _____

YOUR TUTOR'S NAME: _____

YOUR E-MAIL ADDRESS: _____

Plenary Lecture – Title or Date: _____ or Block: _____

Date: _____

Thinking about the DPAS 420 Plenary Lecture or Block that just finished, please answer the following:

1. Reviewing the CanMeds competency framework, identify 3 competencies you consider relevant to this learning module. For each, provide a one-sentence description of where this competency was addressed. Then, briefly describe how this competency might be relevant to your own practice in this context.

WRITE ANSWERS IN BOXES PROVIDED:

COMPETENCY	WHERE IT WAS ADDRESSED	RELEVANCE TO YOUR PRACTICE

2. Beyond the competencies you listed, what is one lesson you learned in this block? Does this relate in any way to your experiences in your CSLO placement?

WRITE ANSWER IN BOX PROVIDED:

3. What else do you recognize that you need to learn as a result of this module?

WRITE ANSWER IN THIS BOX PROVIDED:

*****2 of these required in your Learning Portfolio each term*****

Save each reflection with a new file name including your initials and the date.

Keep completed reflection in your private Journal file, or in your Learning Portfolio.

DPAS 420
Student Self Assessment Template
(Focused reflection)

Community Service Learning Option
Mid Term Self Assessment

Your Name: _____

Agency: _____

Agency Supervisor and contact info:

For each of the headings below please describe an experience, or a reflection which you think illustrates your current stage of learning

Initiative, motivation, working well as a member of a team

Communication and collaboration with peers, professionals, clients

Cultural competence

Recognising needs of members of vulnerable and underserved populations

Impact of health policy on health of communities

Professional behaviours

Personal management and self development

Email your completed document to your CSL Tutor, and bring a copy for yourself for discussion at the self assessment small group meeting arranged by your CSL Tutor towards mid term