



## **EDUCATIONAL PORTFOLIO – INDIVIDUAL LEARNING PLANS - MILESTONES**

The ACGME has determined that every Urology resident must maintain a "learning portfolio" that begins to integrate the Urology Milestones.

The Program Coordinator will provide a digital portfolio binder that will house the required documents. As you progress through your residency you will fill this binder with evidence of your evolving competence as a Urologist and physician. It is your responsibility to maintain it and to make sure that all the necessary documents/components are present for your semi-annual review with the Program Director.

Some components of your portfolio/training folder are required, including in-service exam scores, research project, QI project, training certificates and rotational evaluations by faculty. These and other required components appear in bold type.

Your portfolio will be primarily a digital file though some parts may continue as a paper-based document. You should include other media (Conference Power-Point and other presentations, for example, or electronic data files of invasive procedure logs and case logs). ***Please remove patient identifiers from all documents.***

# Resident Portfolio Evaluation Checklist

Resident \_\_\_\_\_

Date \_\_\_\_\_

Please have your portfolio organized with all documentation in place. **All items in bold print are required!**

## **How will your portfolio be evaluated?**

You will review your portfolio with the program director as part of your semi-annual review.

It will be scored according to the following criteria:

Beginning: partial demonstration of required exhibits

Advancing: substantial demonstration of required exhibits

Competent: satisfactory demonstration of required exhibits

Above Competence: outstanding demonstration of required exhibits

Though not a surrogate for the Milestones, you can see that these evaluations dovetail into the Milestones process and may be considered in the overall Milestones evaluation.

## **Patient Care**

\_\_\_ **Invasive procedure/case log, up-to-date/ACGME Minimum Numbers**

\_\_\_ **Rotational faculty evaluations**

\_\_\_ Direct observation by faculty of invasive procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation (see form in handbook)

\_\_\_ Blood-borne Pathogens Safety Training Course (UTHSCSA, VA)

\_\_\_ Radiation & Laser Safety Training Course (UTHSCSA, VA)

## **Medical Knowledge**

\_\_\_ **In-service examination scores**

\_\_\_ Extracurricular Urology conferences, Urology courses, Progression through the AUA Curriculum and Urology self-assessment (SASP) modules.

\_\_\_ Participation in the formal Curriculum including: Presentations (include a copy of all presentations), case discussions (include a brief discussion summary with references and outcomes) and analysis of scientific journal articles with written critique (include copy of articles)

\_\_\_ **Research project, including manuscript, exhibit and presentation.**

## **Practice-based Learning & Improvement**

\_\_\_ Urology self-assessment modules (e.g. SASP)

\_\_\_ **Quality Improvement project, including manuscript, exhibit and presentation.**

\_\_\_ **Documentation of participation in hospital RCA's, QI/QA and regulatory activities**

\_\_\_ **Case presentations at conferences: preparation and presentation (include .ppt or other files)**

\_\_\_ Participation in interdepartmental Internal Review, with short personal analysis of

process. See Program Coordinator for upcoming Internal Reviews.

**Interpersonal Communication Skills**

- \_\_\_ Institutional Core Competencies Sessions (Informed Consent, Conflict Resolution, Crafting Apologies, Delivering Difficult News, etc) with documentation of attendance.
- \_\_\_ Multidisciplinary oncology conference; preparation and moderation (show dates and patient lists)
- \_\_\_ Direct observation by faculty of invasive procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation.
- \_\_\_ Residents as Teachers Course and related activities (UTHSCSA)

**Professionalism**

- \_\_\_ **Conference attendance record**
- \_\_\_ Online modules: "Patient Confidentiality", "Ethics"  
Include documentation of completion.
- \_\_\_ **Institutional Core Competencies (Impaired Physicians, HIPPA instruction).  
Include documentation of attendance.**
- \_\_\_ U.T. Risk Management Course
- \_\_\_ **Medicare Compliance Ethics Instruction (CDT certificate)**
- \_\_\_ Membership & Activity in professional societies
- \_\_\_ AUA Ethics Course

**System-based Practice**

- \_\_\_ Multidisciplinary conference; preparation and moderation (show dates and patient lists)
- \_\_\_ **Quality Improvement Project - Resident analysis of systems-based problem; with data, solution and implementation, if applicable.**
- \_\_\_ Billing and Documentation Instruction (CDT certificate)
- \_\_\_ Departmental Planning Retreat (Usually Chief Residents)
- \_\_\_ Hospital / school / department committee service
- \_\_\_ Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Coordinator for upcoming Internal Reviews.

<b>For reviewer use only:</b>		
Overall assessment of progress:	Beginning	___
	Advancing	___
	Competent	___
	Above Competence	___
Deficiencies (if applicable) _____		
Plan of action _____		
_____		
_____		

Reviewer signature \_\_\_\_\_ Date \_\_\_\_\_

**After signing, copy this entire form and give to resident for inclusion in portfolio.**

**Keep one copy in departmental file.**

\*You also have a training file that includes the following components; Demographic Summary, Application Documents, Contracts and Professional Liability Insurance, Credentialing Documents, Record of Training and General Correspondence

\*\*Confidential Evaluations and In-Service Scores are kept separate from either of these files.

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## **Individual Learning Plan (ILP)**

The ILP takes into consideration the differing needs of the individual learners and attempts to delineate the steps necessary to build on the resident's strengths and improve the weaknesses. While the in-service examination is designed to test basic knowledge and the ability to follow proscribed guidelines and best practices, the ILP includes development of surgical and other skills necessary to become a superior urologist. The ILP should be reviewed periodically during the year by the resident and used as a discussion tool for study planning. It will also be reviewed at the PD's semiannual review session.

### **ILP Form**

**This form will be placed in your portfolio as your self directed Individual Learning Plan (ILP). You will complete this annually and make adjustments as you attain each goal.**

**Name:                      PGY Level:                      Date:**

#### **Goals for current PGY year:**

- 1.
- 2.
- 3.

#### **Objectives to reach PGY year goals:**

- 1.
- 2.
- 3.

#### **Goals for Urology Residency:**

- 1.
- 2.
- 3.

#### **Objectives to reach Urology Residency goals:**

- 1.
- 2.
- 3.

#### **In-Service Exam Problem Areas:**

#### **Plan of Action to resolve ISE problem areas:**

**What do you consider to be your strengths?**

**How can you build on them?**

**What do you consider to be your weakness?**

**How can you improve them?**

**What opportunities lie ahead that will benefit your education?**

**How can you realize them?**

**What threats do you perceive to your successful educational objectives?**

**How can you obviate or prevent them?**

## **MILESTONES**

The Urology Milestones are listed on the ACGME website. They cover general areas of clinical functionality mostly focused on the 6 core competencies.

Each resident must be evaluated with respect to the competencies which is then translated to progress in the milestones on a semiannual basis.

The basic descriptions of the milestones is available at the following link.

<https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/UrologyMilestones.pdf>