

## Reflective Portfolio to Bridge the Gap in Clinical Training

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**Abstract :** Background: Due to the busy schedule of the practicing clinicians at the hospitals, students may not always be attended to, which is to their detriment. The clinicians at the hospitals are also not always acquainted with teaching and/or supervising students on their placements. Additionally, there is a high student-patient ratio. Since they are the prospective clinical doctors under training, they need to reach the competence levels in clinical decision-making skills to be able to serve the healthcare system of the country and to be safe doctors. Aims and Objectives: A reflective portfolio was used to provide a means for students to learn by reflecting on their experiences and obtaining continuous feedback. This practice is an attempt to compensate for the scarcity of lack of resources, that is, clinical placement supervisors and patients. It is also anticipated that it will provide learners with a continuous monitoring and learning gap analysis tool for their clinical skills. Methodology: A hardcopy reflective portfolio was designed and validated. The portfolio incorporated a mini clinical evaluation exercise (mini-CEX), direct observation of procedural skills and reflection sections. Workshops were organized for the stakeholders, that is the management, faculty and students, separately. The rationale of reflection was emphasized. Students were given samples of reflective writing. The portfolio was then implemented amongst the undergraduate medical students of years four, five and six during clinical clerkship. After 16 weeks of implementation of the portfolio, a survey questionnaire was introduced to explore how undergraduate students perceive the educational value of the reflective portfolio and its impact on their deep information processing. Results: The majority of the respondents are in MD Year 5. Out of 52 respondents, 57.7% were doing the internal medicine clinical placement rotation, and 42.3% were in Otorhinolaryngology clinical placement rotation. The respondents believe that the implementation of a reflective portfolio helped them identify their weaknesses, gain professional development in terms of helping them to identify areas where the knowledge is good, increase the learning value if it is used as a formative assessment, try to relate to different courses and in improving their professional skills. However, it is not necessary that the portfolio will improve the self-esteem of respondents or help in developing their critical thinking, The portfolio takes time to complete, and the supervisors are not useful. They had to chase supervisors for feedback. 53.8% of the respondents followed the Gibbs reflective model to write the reflection, whilst the others did not follow any guidelines to write the reflection 48.1% said that the feedback was helpful, 17.3% preferred the use of written feedback, whilst 11.5% preferred oral feedback. Most of them suggested more frequent feedback. 59.6% of respondents found the current portfolio user-friendly, and 28.8% thought it was too bulky. 27.5% have mentioned that for a mobile application. Conclusion: The reflective portfolio, through the reflection of their work and regular feedback from supervisors, has an overall positive impact on the learning process of undergraduate medical students during their clinical clerkship.

**Keywords :** Portfolio, Reflection, Feedback, Clinical Placement, Undergraduate Medical Education

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