Linking and De-linking

The ePortfolio platform allows users to link many forms or assessments (events), uploaded documents, comments, etc. to multiple elements throughout training. This guidance is designed to help determine where assessments and other items of evidence should be linked for credentialing – and how to ensure there is no overlinking.

In general:

- For each Key Capability (KC), there is an option for a mandatory curriculum item. This should be where a mandatory consultant assessment is attached or, if a mandated assessment is not stipulated for the KC, then the single most important element of evidence that is available and demonstrates that competence. For example, for SLO2 KC 2: understand how to use diagnostic tests in ruling out key pathology, and be able to describe a safe management plan, including discharge where appropriate knowing when help is required, a CBD on a patient with pleuritic chest pain and breathlessness, that is assessed as low risk started on an ambulatory PE pathway to come back to SDEC for a CTPA would be the most important and useful item – and fulfils a mandatory Majors-type workplace-based assessment (WPBA). However, an ACP might also choose to link a teaching session they had delivered (with feedback and reflection) on the utility of D-dimer, troponin and CTPA in chest pain to this mandatory item as well. It is a decision on what is best evidence that will meet this key capability.

- a *maximum* of 7 items of evidence should be linked to each KC, in addition to the curriculum comments made by the tACP and their supervisor. eLearning modules may also be linked in addition to the above but should not exceed a total of 5 modules per KC.

- each item (event or document) should be linked to only one KC and, normally, to only one clinical syllabus area (cardiology, dermatology, etc.) although it is feasible that one item may cover more than one element within the clinical syllabus, depending on the presentation (please see example below). The exception to this is the ESLE and ACAT.

Workplace-based assessments (WPBAs)

The ePortfolio requires the trainee ACP (tACP) to 'create' each WPBA and so the tACP will need to determine which curriculum Specialty Learning Outcome (SLO) / Key Capability (KC) and/or clinical syllabus area they wish to link to.

Each assessment should be linked to no more than one KC within one SLO and so it is important to think about this before starting the form. Linking to more than one KC undermines the significance of the workplace-based assessment. Usually, a single WPBA would link to one area of the clinical syllabus but, occasionally, it may be appropriate to link to more than one area, for example chest pain in a patient with diabetes if the discussion was about the comorbidities. Clearly the ESLE and ACAT will cover more than one syllabus area and may link to more than one KC. Trying to cover multiple SLOs with one ESLE however will not be productive.

WPBAs that were achieved in the first year of practice as an ACP are unlikely to be at the level of entrustment required for credentialing. These are useful to have in the portfolio and

should never be deleted. However, once a tACP is preparing their portfolio for credentialing, it is important to de-link them from the KCs/SLOs where possible so that excess evidence is not presented to the ACP Credentialing Panel, making the evaluation more difficult.

Documents in the library

When linking documents from the library, tACPs will need to decide which SLO they best cover, and which KC is met by this particular piece of evidence. Does it show competence or only that it has been considered? Does a reflective note need to be added to help the Panel understand what the document shows? For example, minutes of a meeting might be appropriate evidence for SLO12, KC4: Be able to effectively represent the ED at inter specialty meetings, but some additional reflection on your contribution to the meeting, such as how you fed back after, or prepared before, would be helpful.

Reflection

Th ePortfolio platform allows tACPs to attach documents which have been saved in the library to reflection forms (educational activity attended, self-directed learning, ultrasound case and reflective practice log).

De-linking

At the point of submission, it is likely that the portfolio will contain many items that are not, in themselves, that helpful for the Panel to consider. These may be old assessments, previous patient reflections, eLearning that is out of date, etc. The presence of multiple links on a single KC is distracting and presents a "can't see the wood from the trees" situation for the Panel. ACPs are advised to de-link to minimise the excessive evidence and enable the Panel to see only what really contributes. The evidence is not lost, it is merely not immediately positioned for the Panel.