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Human Resources and Training for Rural Health

The South African portfolio of learning for Family medicine: a new animal

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Introdução: In 2007 Family Medicine was recognized as a specialty in South Africa. Competencybased education and workplace-based assessment of trainees in rural district complexes are increasingly recognized. The national college examination for postgraduate training require a satisfactory portfolio of learning from each trainee, which did not exist at the time.

Objetivos: We needed to develop a national portfolio of learning for Family Medicine in the country, establish content and construct validity, implement the portfolio, get acceptance, and find a way to reliably assess the portfolio.

Metodologia ou Descrição da Experiência: The eight medical schools in South Africa all have postgraduate training programmes in Family Medicine. Recently we moved to one national exit examination by the College of Family Physicians. Registrars train in health complexes in the 52 mostly rural health districts, involving district hospitals and clinics. We established content and construct validity of a national portfolio. After implementation nationally, we ran workshops and in-depth interviews with registrars and supervisors and evaluated the acceptability and usefulness for learning and assessment of the portfolio. Then we developed a portfolio assessment tool and tested its reliability.

Resultados: A validated national portfolio of learning is in use in all 8 medical schools. The paperbased version is acceptable for now, with a move towards having tools available in the workplace and more electronic support. The central role of the supervisor in direct observations, giving feedback, and educational meetings cannot be underestimated. The portfolio has exposed the challenging learning climate in the stressful clinical service environment. This is true particularly for developing countries, with disproportionally large doctor and nurse shortages and big patient loads. The portfolio assessment tool is reliable to be used nationally for an overall assessment grade.

Conclusão ou Hipóteses: We developed a national postgraduate portfolio of learning for Family Medicine training in South Africa. We established its content and construct validity, received buy-in from users, implemented it across all medical schools, and developed a reliable tool to assess the portfolio. This is now being used by the College of Family Physicians. Four articles are published from this work.

Palavras-chave: Portfolio. Family Medicine. Training.