

**ACGME Learning Portfolio**  
**Frequently Asked Questions and Answers**

**1. *What is the ACGME Learning Portfolio (ALP)?***

The portfolio is an *interactive web-based professional development tool* that residents can use throughout their residencies to record and organize their learning and to reflect and receive feedback on their skills as physicians, building evidence that allows them to chart their own progress over time. The portfolio is also an effective tool for Program Directors in capturing a *variety of formative assessment data points* and information necessary to gauge ongoing resident performance.

**2. *What are the benefits of ALP to the various GME stakeholders?***

**Residents**

The portfolio is a learning tool for residents that enables them to track their experiences, self-reflect on those experiences, share their insights for further discussion with faculty or mentors, and receive real-time, formal feedback on designated learning experiences. The portfolio also serves as a repository for resident work products and professional documents. Use of the portfolio will prepare residents for managing their continued learning and professional development as they transition into practicing physicians.

**Program Directors**

Use of portfolios throughout resident education invites more honest and integrative conversations between residents and faculty about residents' progress and areas of identified learning needs – largely because portfolios make resident learning and thinking more “visible” through the use of reflection and multiple sources of input into resident learning and assessment. The portfolio also enhances a program director's ability to connect the depth and breadth of the curriculum and the learning experiences of his/her residents with the competency-based outcomes generated from such offerings. This data can be used to support local, and eventually specialty-wide, efforts to improve the quality of resident education.

**Review Committees (RCs)**

Ultimately, the portfolio will facilitate the periodic collection (most likely semi-annually) of competency-based milestone data that will be used by RCs in the aggregate for program review. Increased communication, consistency, and an outcome-driven approach will enable RCs to streamline their review of programs, offer more timely guidance and assistance, and extend the time between scheduled site visits.

### **Designated Institutional Officials (DIOs)**

Portfolios afford DIOs the data needed to assess how well programs are doing within their institutions in preparing competent physicians for practice. Data can be compared across programs to identify best practices, as well as to identify those programs in need of additional support for improvement.

#### **3. *How will the Milestones initiative impact the portfolio?***

The milestones will define the behavioral attributes that are essential to be demonstrated in each competency domain before a resident graduates and at other key points during the resident's education. Specialty milestone groups are being convened to develop milestones and identify assessment tools. The milestones, assessment tools, and common curriculum components will be pre-loaded into specialty-specific versions of the portfolio. ALP will serve as the required repository for semi-annual documentation of resident performance against the milestones. ALP will also aggregate the data and produce local and national reports. Such data will support program review and improvement.

For more information on Dr. Thomas Nasca's overall vision for milestones of competency development, please refer to his articles in the *ACGME Bulletin* for [May 2008](#) and [September 2008](#).

#### **4. *Will the use of ALP be mandatory?***

Use of ALP to enter periodic summative assessment data on performance-level milestones will be required.

Use of ALP for documentation and assessment of resident learning experiences is NOT required. However, the ACGME remains committed to providing programs that choose to use ALP with a viable tool for the myriad formative assessment data points and evaluative information necessary to gauge resident performance along the milestone continuum.

#### **5. *Our program has already invested in a commercially-available residency management system. Once ALP becomes more broadly available, will we be required to abandon our current system?***

No. The ACGME is not suggesting or advocating that programs abandon other systems already in use. In fact, many commercially-available systems offer other features such as tracking of duty hours and scheduling, which ALP does not. ALP is not intended to be a residency management system.

However, the portfolio does offer the flexibility and focus on resident learning experiences that other systems may not. It also assists program directors in assessing resident performance, based on outcomes, using multiple sources of input (e.g. multisource assessments, mini-CEXs, written examination results, presentations, research reports, etc.) contained within the portfolio.

**6. *Will proprietary systems be compatible with ALP? Can data be shared between the systems?***

For programs using the portfolio solely to enter periodic milestone assessment data, such reporting must be done directly and uniformly through the portfolio. For all other uses of the portfolio, it is beyond the scope of the ACGME to determine exact interoperability specifications between ALP and all other systems at this time. However, once the portfolio's full-production system architecture and design are finalized, the ACGME will examine the possibility of data sharing at further length.

**7. *Will there be connectivity between ALP and the ACGME's Case Logs and Accreditation Data System (ADS)?***

Connectivity between the portfolio and other ACGME-developed systems, such as Case Logs and ADS, is envisioned as an integral part of the production, or roll-out, version of the portfolio. Work has begun to ensure that these systems will communicate.

**8. *How will the ACGME keep the data in the portfolio secure and confidential?***

Resident information stored on ACGME servers is protected using 128-bit Secure Socket Layer (SSL) protection from Verisign Corp, the leading Internet site security certificate issuing company. Resident ID's and passwords are fully encrypted and only accessible through the ACGME logon application. Passwords can be reset, but not looked up as they are encrypted within the database.

The contents of the portfolio are owned by the resident and are private and confidential. However, as a stipulation of their participation in an accredited residency program, the resident agrees to grant access to certain elements of the portfolio that enable the program director to document competence as part of initial certification. Program Directors will not have access to resident ID's, passwords, or any information in the private, personal area of the portfolio system.

The ACGME Review Committees will not have access to individual results; however, they will receive reports based on aggregate performance-level milestone data as submitted by the program director on a periodic basis for both interim and formal program review.

Lastly, for additional information regarding the protection of residency data and information, please read the position paper [Protecting Residency Programs' Compliance Documents from Disclosure under State Public Records Acts.](#)

**9. *How will this data be used to improve GME, as well as the accreditation process?***

The portfolio will allow significant progress towards building a national database that can be used by programs, or together as specialty groups, to examine outcomes, review differences between programs, and to seek information to support tests of change to improve the field of residency education.

In contrast to the efforts made to create an electronic medical record for every patient, which were largely uncoordinated, the advocated use of a standard tool (such as the learning portfolio) and/or collected data points will offer consistency across the field, which will allow for studies into the efficacy and effectiveness of current medical education practices and ways in which to make improvement.

As the development of specialty-specific Milestones comes to fruition, accreditation review will transform from a largely process-based one to a system in which programs will be periodically tracked and evaluated based on aggregate performance outcomes as compared to national milestones and expectations. Such a system will allow RCs to build longitudinal 'profiles' of a program's educational performance, which will facilitate continuous monitoring of outcomes, increased accountability to the public, and prompt intercession when difficulties arise. A natural benefit of this new system will be a lengthening of the duration between scheduled site visits.

**10. *What happens to a resident's portfolio when they graduate?***

An archived copy of the portfolio contents will be provided to the resident upon graduation.