

Proceedings of an Invitational Conference on eFolios: Executive Summary

Recent interest in learning portfolios has led to planning and implementation of several working systems. However, these systems tend to support local needs rather than seamless application across the education: training continuum for all physicians. Several national organizations are considering the feasibility of overlaying an open electronic portfolio framework (eFolio) that could connect the isolated systems. In October 2007, the Association of American Medical Colleges (AAMC), Accreditation Council for Graduate Medical Education (ACGME), National Board of Medical Examiners (NBME) and Federation of State Medical Boards (FSMB) convened a broad sampling of educators, regulators, potential users, and technical experts at a two day Invitational Conference in Baltimore. The intent was to delineate a comprehensive vision for an eFolio framework, and to then consider steps towards implementation and impediments.

Delineation of the vision involved re-examining the tenets of adult education; and enumerating the services that would ideally be incorporated into an eFolio, both in terms of the data requirements and constituent needs. To address concerns about data confidentiality, the notion of segregating private from public data was explored. This led to conceptualization of a Private Learning Environment, in which individual physicians accumulate and review a variety of data on “what” and “how” they are doing, undertake self-directed assessment, obtain mentoring if appropriate and engage in appropriate educational activities to achieve self-improvement. In parallel, the Public View of Proficiency would, with appropriate authorization, accumulate more accessible, credible and comprehensible data for such purposes as licensure, certification, credentialing and privileging. Central to this segregation is an immutable rule that nothing will ever enter the “public view” without the authorization of the individual physician.

In relation to implementation of such an eFolio, basic principles of design and operation were established for both private and public layers. A variety of potential challenges were discussed, including the need for: creation of standards; new assessment models; user and faculty development and training; an appropriate business model and resources; technology appropriate to national scope; and last but not least, cultural change. Despite these potential difficulties, it was noted that collaborative pilots testing the feasibility of aspects of a national eFolio system are already underway.

This conference resulted in active engagement of a highly diverse group in a complex but important topic. The hope was expressed that involvement of other key organizations in the House of Medicine might cohere an emerging community of interest that could oversee the introduction of a truly learner-centered national eFolio framework, and provide a collective guiding hand to continued professional growth and achievement across the continuum. This could also be perceived as a renewed commitment on the part of the medical professions to build and engage in effective professional self-regulation

