

Additional Reading: Management Practice Folio

The folio approach (Management Practice Folio)?

Folios have been used in adult training settings for a long time. There is a comprehensive literature about their use in a range of disciplines and professional practice fields (See Additional Reading section below).

Pitts (2007:1-2) presents a range of definitions of the concept of the folio. One of his paragraphs is included here:

“The first challenge is to define what a portfolio is, or is not. At its widest, the term has been used to include course logs, dossiers, logbooks, training records and folders ... Such documents may exclude any evidence of reflection and self analysis, and this has led to confusion in the understanding and evaluation of the portfolio approach (Flanagan, 1954). Established definitions more clearly include those elements. For example, ‘a purposeful collection of student work that exhibits the student’s efforts, progress and achievements in one or more areas. The collection must include student participation in selecting contents, the criteria for selection, the criteria for judging merit and evidence of self-reflection’ (Paulson, et al., 1991). Further definitions are: ‘a collection of evidence which demonstrates the continuing acquisition of knowledge. Skills, attitudes, understanding and achievements ... reflecting the current stages of development and activity of the individual’ (Brown, 1992); and ‘a professional development portfolio is a collection of material, made by a professional, that records and reflects on key events and processes in that professional’s career’ (Hall, 1992). The latter definition is particularly noteworthy because of the inclusion of the term ‘professional’.”

The College’s proposed implementation of the MPF with reflective process included is also not new in medical education. Folio-based learning is experiential learning and when coupled with reflection, moves the learner from pure description and task to analysis and construction of new knowledge, through learning about role requirements, awareness of ‘self’ and professionalism.

3. Why reflective practice?

Practical experience is a central component of the RACMA Medical Management Fellowship Training Program and therefore such experiences offer rich opportunities for constructing new knowledge, skills, attitudes and values. Reflective practice has been defined as: “the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of ‘self’, and which results in a changed conceptual perspective’ (Boyd & Fales, 1983).

Self-reflection is also embodied in the notion of *authentic leadership* (see special issue on this topic in Leadership Quarterly, June 2005). This is about ‘understanding,

being responsible, and being true to ourselves in relation to the pressures and influences around us. In leadership studies, authenticity is seen as improving profits and sustainable growth through self-awareness, self-development, leading through values, being passionate about your purpose, leading with heart and head, and being yourself (Cunliffe, 2008 unpublished just at present).

Sparks-Langer and Colton (1991) suggest there are three elements within reflection: cognition, critical thinking and narrative enquiry. Professional learning stems from continuous action and reflection on every day problems. It is natural for reflections upon reflections to occur. The professional may be challenged to 'peel back the onion' with deeper and more critical thinking and enquiry: what happened? what did I do? Why did I do that? How did I feel about doing that? What could I have done? Why didn't I do that? Was there something in a particular that caused me to decide to do that? What emotion did I experience when this happened, or when I did that? How did I feel about the reaction to what I did? Why did I feel that? Why? Why?

Revisiting these questions over a period of time can result in new learning each time. The same process of reflection applied to different experiences can cause new reflection on an earlier experience and over time develop a stronger self awareness.

Reflective thinking can create a sense of vulnerability when undertaken in isolation but when it is 'made safe', it can be important to share reflections with colleagues, mentors and small groups. This process contributes to learning as a social process wherein the sharing of perspectives can contribute to new layers of self reflection.

Additional Reading

Candidates, Preceptors, Censors and trainers are referred to a comprehensive Annotated Portfolio Bibliography prepared by the **ACGME** and available from http://www.acgme.org/acWebsite/portfolio/cbpac_appendixa_bibliography.pdf . This can also be accessed or via Candidates Corner at www.racma.edu.au/index.php?option=com_content&task=category§ionid=4&id=40&Itemid=344

There is an excellent overview from the **Association for the Study of Medical Education (ASME) in the Understanding Medical Education** series. It is:

Pitts, J. (2007), "Portfolios, personal development and reflective practice."

This article also has a good reference list including articles referred from the journals, **Medical Education, Medical Teacher**. (If you need assistance to access any of these contact the Secretariat).

Literature about reflective interpretation is also numerous.

The **Reflective Practice** journal is a good one. For example:

Arcand, I., Bush, N. & Miall, J. (2007), 'You have to let go to hold on': a rock climber's reflective process through resonance'. **Reflective Practice**. Vol. 8, No. 1, pp. 17 – 29.

Cave, M.T. & Clandinin, D. J. (2007), Learning to live with being a physician. **Reflective Practice**. Vol. 8, No. 1, pp. 75 – 91.

Morley, C. (2007), Engaging practitioners with critical reflection: issues and dilemmas. **Reflective Practice**. Vol. 8, No. 1, pp. 61 -74

There are articles to be found in journals such as **Scandinavian Journal of Primary Health Care**. For example:

Svenberg, K. Wahlqvist, M. & Mattsson, B. (2007). "A memorable consultation": Writing reflective accounts articulates students' learning in general practice. **Scandinavian Journal of Primary Health Care**. 25; 75 - 79

See also the work of Professor Ann Cunliffe. For example:

Cunliffe, A. L. & Jun, J. (2005), The need for reflexivity in public administration. **Administration and Society**. 37, 225-242.

Cunliffe A. L. (2004), On becoming a critically reflexive practitioner. **Journal of Management Education**. 28, 407-427

Cunliffe, A. L., Luhman, J. T. & Boje, D. M. (2004), Narrative temporality: Implications for organizational research. **Organization Studies**, 25, 261-286.

Cunliffe, A. L. (2003) Reflexive inquiry in organization research: Questions and possibilities. **Human Relations**, 56, 981-1001

Boje, D. M., Luhman, J. T., & Cunliffe, A. L. (2003), A dialectic perspective on the organization theatre metaphor. **American Communication Journal**, 6, 1-10

Cunliffe, A. L. (2002), Social poetics: A dialogical approach to management inquiry. **Journal of Management Inquiry**, 11, 128-146.

Cunliffe, A. L. (2002), Reflexive dialogical practice in management learning. **Management Learning**, 33, 35-61.

Cunliffe, A. L. (2001), Managers as practical authors: Reconstructing our understanding of management practice. **Journal of Management Studies**, 38, 351-371.

Another special journal issue is: **Leadership Quarterly**, June 2005