



KSS GP School

A Guide to Completing the e-portfolio learning log

**Guidance for Programme Directors
and Educational Supervisors
and GP Specialty Trainees**

Introduction

Your GP training programme is a continuing period of learning and development. Over the duration of the programme you are expected to achieve full coverage of the GP curriculum and undertake the nMRCGP assessments. The e-portfolio is intended to support you in this process and the learning log component of the e-portfolio is a journal which evidences your learning and professional development. It is not just a diary or record of "What you have done" but a record of what you have learnt tried and critically reflected upon

Once you have commenced a Learning Log you will find it a valuable and useful 'tool' to help your learning and to help you to think about and structure your own learning. We would like you to share your learning log with your Educational Supervisor to ensure you are progressing. A similar model of reflective learning will be part of the future GPs' CPD Credit model. The experience might be slow to start with but it will improve over time (keep going).

Why is advice on learning logs needed?

1. Currently, there are many different interpretations by trainees as to how much evidence needs to be included in the learning log.
2. Inequalities between trainees actual data input into the learning log.
3. Widely varying interpretations as to how an individual learning log needs to be completed.
4. Difficulties expressed by trainees as to what constitutes a satisfactory learning log
5. Understandable concerns expressed by Educational Supervisors, Programme Directors and Faculties when it comes to your 6 monthly reviews as to what constitutes a satisfactory learning log.

The RCGP have produced guidelines as to the acceptability of learning log entries:

NOT ACCEPTABLE	ACCEPTABLE	EXCELLENT
<ul style="list-style-type: none"> • Descriptive lists of learning events • Scanned documents and certificates only • No reflection of learning and professional development • Limited range of evidence presented • Poorly populated learning log. Entries scant and descriptive 	<ul style="list-style-type: none"> • Uses a limited range of evidence gathering tools. Some reflection on learning and personal development • Some contextual application of knowledge and evidence but not well developed • Some reflection on feedback 	<ul style="list-style-type: none"> • Extensive range of log entries using a wide variety of discriminating tools as evidence of competence • Uses feedback to critically assess developmental needs • Critical reflection of significant and negative events, eg develops PDP in response to reflection on complaints • Contextual application and criticacla appraisal of evidence to justify decisions and develop

What should be included in a learning log?

a) Naturally occurring evidence

1. Throughout any General Practitioners career areas of learning are identified. The hope is that you will recognise these areas of learning, document them within their eportfolio, subsequently reflect on what you need to learn and demonstrate how this learning will be addressed.
2. This learning can be identified from many sources and can include clinical encounters, professional conversations with colleagues, tutorials, personal reading, courses, significant events and complaints.
3. Naturally occurring evidence is one component of Work Place Based Assessment (WBPA).
4. It is this evidence, in addition to the assessments included within WBPA, which will determine the outcome given to you by your Educational Supervisor in their 6monthly reviews.
5. The Annual Review of Competence Progression need to be satisfied their is sufficient evidence within your eportfolio, in order for you to move to your next year of training or to obtain your certificate of completion at the end of your training programme.
6. This learning entry needs be linked to the curriculum headings, which once shared with your Educational Supervisor and marked as read by allows you to demonstrate coverage of the GP curriculum headings.
7. Once your learning log has been read by your Educational Supervisor, if you have identified learning needs then you can move this into your PDP – also within the eportfolio.
8. Assessments often drive learning. Learning through naturally occurring evidence adds another dimension to your learning over and beyond that provided by assessments.
9. Documented naturally occurring evidence assists you in demonstrating competence progression to yourselves, your supervisor and the ARCP panel.

b) In a GP Placement all of the below should be included:

1. Tutorials
2. VTS teaching sessions (Day Release Courses) (file in courses / certificates) (supplied by the VTS administrator) demonstrating 80% of expected attendance over the year
3. OOH sessions
4. Clinical encounters and Professional conversations
5. Complaints (if any) (file in Professional Conversations)
6. Significant event analysis

You should be aiming for 2 reflective entries per week. This is a minimum requirement. Any less may mean that you have to attend the ARCP panel and this may delay your training.

c) In a hospital placement all of the below should be included:

1. In-house teaching which is relevant to GP
2. Clinical encounters and Professional Conversations
3. Complaints **(if any)** (*file in Professional Conversations*)
4. Significant event analysis

You should be aiming for 2 reflective entries per week. This is a minimum requirement. Any less may mean that you have to attend the ARCP panel and this may delay your training.

From August 2009, to overcome the inequality of entries made by the GP Specialty trainees into their learning logs the following mandatory requirements will also be required. These reflect some of the mandatory elements within the GP NHS appraisal process, which all GPs have to undergo annually.

1. Significant event analysis (*file in Significant Event Analysis*)

One SEA in every 4 month post

It is *suggested* that there is balance between significant event analysis which focus on individual learning, team issues and positive events.

This needs to be demonstrated at a minimum to have minor impact, i.e.

- Confirming current practice but with the new knowledge acquired aiding understanding or implementation of the trainees knowledge base
- Some change in practice required and what this change should be
- To be discussed with others, either the people concerned or the trainees
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2. Reflection on key learning points from each placement (*file in Reading*)

- Concise summary of learning points, including reflections on learning achieved (in terms of knowledge, skills and attitudes), and how this relates to a career in GP. This reflection will result in new learning objectives for next posts. (*Expected length up one page A4*)
- The level of challenge needs to be at a minimum of minor, with the hope this could demonstrate moderate challenge i.e.

(MINOR challenge) –

- Some planning needs to be involved, either as a result of the PDP, or from the aims of the post identified at the start of the rotation
- Learning needs to be demonstrated from the post which involves the individual, i.e. to have read articles relevant to the rotation, NICE guidelines etc
- Self testing through online modules if applicable

(MODERATE challenge)

As above but if possible to include

- A method of self testing to which standards apply, on line MCQ, data collection of performance or reflection on change
- The learning although part of a planned needs driven activity involves a degree of difficulty in the organisational sense, i.e. teaching other trainees, being involved in presentations, learning sets etc

3. Audit (during GP attachment) (*file in Audit/Project*)

(*This requirement is for only **one** of these during the GP Specialty training programme*)

One audit using the eight point audit format is required to be available for the ARCP panel

This should demonstrate significant challenge whereby

- The audit has involved a literature search with multiple sources identified
- It is a recognised need for the practice, so will benefit the primary care team not just the individual trainee

- The subject of the audit is linked to the PDP in that learning should be involved then audit of the topic

(And moderate impact)

- The audit needs to be a complete cycle
- The audit needs to demonstrate current practice against accepted best practice.
- The audit should be presented to the primary care health team and current practice changed accordingly, i.e. altering the practice protocol in order to implement change
- Significant impact would also be demonstrated if the presentation to the primary health care team was in the form of a teaching session which could demonstrate a change in the learners through evaluation or if a new service was introduced to patients, i.e. disease monitoring for the housebound

4. Statement of total leave taken *(file in courses / certificates)*

Sick Leave/ Maternity Leave / Paternity Leave / Carer Leave / Adoptive Leave / Study Leave/ Other

5. Attendance record at VTS teaching *(file in courses / certificates)*

(supplied by the VTS administrator)

Demonstrating 80% of expected attendance over the year.

6. Complaints and adverse incident reports (if any) *(file in Professional Conversations)*

How should a learning log be completed?

Learning logs are not about quantity, but relate much more to the quality of the entries. BUT, if there is insufficient quantity within the learning log then it is unlikely that an adequate quality will have been demonstrated and the areas of the curriculum are unlikely to have been covered.

All learning logs should be documented in such way to demonstrate to anyone reading the entry that a GP Specialty trainee is reflecting, researching and discussing their learning. This is much more authentic and useful in terms of competence progression than entries which just list all the patients you saw that morning.

A list of descriptive entries are not acceptable. You have to reflect.

What is Reflection?

There are many definitions of reflection:

“a systematic, rigorous, disciplined way of thinking with roots in scientific inquiry”

“The “purposeful deliberate act of inquiry into one’s thoughts and actions....” through which “a thoughtful, reasoned response might be tested out”¹

“... a form of mental processing with a purpose and/or anticipated outcome that is applied to relatively complex or unstructured ideas for which there is not an obvious solution”²

Reflection is a process inherently linked to the development of professionals:

- It is how we make sense of the experiences we have had and it encompasses how and what we have learnt from them
- Through reflection we can examine our own thoughts and actions and make sense of what we already know, explore how our knowledge, actions and beliefs relate to others and
- Consider whether a change in our perspective, beliefs, knowledge or our behaviour is needed
- The process of writing these thoughts down in a structured way cements the above process more fully than just thinking through the process.

Levels of Reflection

A seminal work on reflective practice in the professions was proposed by Schon³ who was particularly interested in how professionals think and how they work in areas of uncertainty when the protocols that guide practice cannot easily be applied (particularly relevant to general practice). He identified differing levels of reflection which occurred at different times.

“Knowing that” – or textbook knowledge for example the symptoms and signs of appendicitis

“Knowing -in- action” - or the integration of skills and knowledge to do the job - examining an abdomen in a patient complaining of abdominal pain and reaching a diagnosis

“Reflection - in -action” – or when in the midst of tasks we examine what is happening – the history suggested appendicitis but the physical findings don’t fit what is going on? Do I need to re-think?

“Reflection – on – action” – after the event so what about the decision to admit the patient was I right?

BUT HOW TO FILL IN THE e – PORTFOLIO TEMPLATE?

*A Learning Log contains your record of your experiences, thoughts, feelings and reflections. **One of the most important things it contains is your conclusions about how and what you have learnt is relevant to you and how you will use the new information/knowledge/skills/techniques in the future.***

To help you complete the log you need to ask yourself a series of questions:

First Stop and Think!

- *Why did I choose to write about this entry?*
- *How does this entry relate to:*
 - *The GP curriculum?*
 - *The wider roles and responsibilities of a doctor?*
 - *My development as a GP?*

Example - Clinical Encounter Template (from the e-portfolio)

<p>What happened?</p>	<p><i>Provide a brief description of the clinical case Think about the following questions – not all may be relevant but give you a guide to reflective through processes:</i></p> <ul style="list-style-type: none"> • <i>Were there any significant background details?</i> • <i>How did I feel?</i> • <i>How did this experience relate to others I have had?</i> • <i>Why did I act as I did?</i> • <i>What other factors may have impacted on my actions/ behaviour?</i> • <i>What other choices did I have?</i> • <i>How did my actions relate to evidence or the views of others?</i> • <i>Did it go well or badly?</i> • <i>What did the patient / other professionals think / feel?</i> • <i>Am I being honest with myself about this learning event?</i>
<p>What if anything happened subsequently?</p>	<p><i>Provide a brief update if needed to the clinical case. Then think about:</i></p> <ul style="list-style-type: none"> • <i>Has this experience affected the way I manage this type of case?</i> • <i>Has the experience affected my confidence/ feelings?</i> • <i>What feedback did I get?</i> • <i>Did I undertake any other actions because of the case?</i>
<p>What did you learn?</p>	<p><i>Think about the following questions – not all may be relevant but give you a guide to reflective through processes:</i></p> <ul style="list-style-type: none"> • <i>What new knowledge / skills have I gained?</i> • <i>What have I learnt about my own abilities?</i> • <i>What are my strengths/ what concerns do I have about myself?</i> • <i>Have I had to examine my values / beliefs?</i> • <i>How can I apply this new learning to other cases?</i> • <i>What are the wider implications of the learning for me / the patient / the NHS?</i>
<p>What will you do differently in future?</p>	<p><i>Consider the following:</i></p> <ul style="list-style-type: none"> • <i>What choices may I make when faced with a similar case?</i> • <i>How will I use this experience to benefit patient care?</i> • <i>How can I put any new learning into practice?</i>

What further learning needs did you identify?	<p><i>Consider the following:</i></p> <ul style="list-style-type: none"> • <i>What exactly is it I need to learn?</i> • <i>Now?</i> • <i>To help me as a GP in the future?</i> • <i>How do I break it down into manageable tasks?</i> •
How and when will you address them?	<p><i>Consider the following:</i></p> <ul style="list-style-type: none"> • <i>What is the best way to learn this?</i> • <i>What resources do I need?</i> • <i>What time span do I need to do this learning over?</i>

Example - Tutorial Template (from the e-portfolio)

What was the subject and aims of the tutorial?	<p><i>Provide a brief description of the topic area(s) covered?</i></p> <p><i>Think about the following questions</i></p> <ul style="list-style-type: none"> • <i>What broad areas did I want to cover?</i> • <i>What specific questions did I have?</i> • <i>What did I hope to get out of the tutorial?</i> • <i>How would covering this topic assist me in my general development as a GP?</i>
What led to this particular subject being chosen?	<p><i>Provide a rationale for the choice of topic</i></p> <p><i>It may have been for example:</i></p> <ul style="list-style-type: none"> • <i>A specific case that highlighted a lack of knowledge / skills</i> • <i>A specific case that highlighted difficulties in management</i> • <i>A specific case that aroused negative emotions</i> • <i>A concern over curriculum coverage</i> • <i>A discussion over the wider role of the GP</i> • <i>Feedback received</i>
What did you learn?	<p><i>Think about the following questions</i></p> <ul style="list-style-type: none"> • <i>What new knowledge / skills have I gained?</i> • <i>What have I learnt about my own abilities?</i> • <i>How have I developed my own skills to find out for myself the information I need?</i> • <i>Have I had to examine my values / beliefs?</i> • <i>How can I apply this new learning?</i> • <i>What are the wider implications of the learning for me / patients / the NHS?</i>

What will you do differently in future?	<p>Consider the following:</p> <ul style="list-style-type: none"> • How can I use this tutorial to help me plan for the future? • How will I use this experience to benefit patient care? • How can I put any new learning into practice?
What further learning needs did you identify?	<p>Consider the following:</p> <ul style="list-style-type: none"> • What exactly is it I need to learn? • Now? • To help me as a GP in the future? • How do I break it down into manageable tasks?
How and when will you address them?	<p>Consider the following:</p> <ul style="list-style-type: none"> • What is the best way to learn this? • What resources do I need? • What time span do I need to do this learning over?

Example – Professional Conversation (from the e-portfolio)

When did it take place?	
What were the circumstances of the conversation? (who /when / where)	<p>Think about the following:</p> <ul style="list-style-type: none"> • What preceded the conversation? • What are the significant background factors?
Why were you having this conversation?	<p>Think about the following questions – not all may be relevant but give you a guide to reflective through processes:</p> <ul style="list-style-type: none"> • What questions or issues were raised for me? • What feelings did I have? • What thoughts / emotions did my colleague have? • How can I understand a colleague's decision making process? • What experience / evidence / knowledge do I hope to gain insights into?
What will you do differently in future?	<p>Consider the following:</p> <ul style="list-style-type: none"> • How can I use this conversation to help me plan for the future? • How will I use this experience to benefit patient care? • How can I put any new learning into practice?
What further learning needs did you identify?	<p>Consider the following:</p> <ul style="list-style-type: none"> • What exactly is it I need to learn?

	<ul style="list-style-type: none"> • <i>Now?</i> • <i>To help me as a GP in the future?</i> • <i>How do I break it down into manageable tasks?</i>
How and when will you address them?	<p><i>Consider the following:</i></p> <ul style="list-style-type: none"> • <i>What is the best way to learn this?</i> • <i>What resources do I need?</i> • <i>What time span do I need to do this learning over?</i>

Once you begin to critically examine your own thoughts and actions through this internal process of asking questions the process of reflection does get easier and can be used to complete all the reflective templates in thee –portfolio.

Feedback on your reflective entries

It is important to check the comments box when you note your educational supervisor has read your entries. The comments are designed to help you deepen the level of reflection, encourage you to think more widely about the issue, make the linkage in the case of hospital based experience to how this relates to working as a GP and how to develop your action plan more fully

References

- 1 Laughran J (1996) *Developing Reflective Practice*. Routledge Falmer
- 2 Moon J (1999) *Reflection in Learning and Professional Development*. London Kogan-Page
- 3 Schon D (1983) *The Reflective Practitioner* London Maurice Temple Smith Ltd

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