

A Guide to Completing the e-Portfolio Learning Log

Guidance for Programme Directors, Educational Supervisors and GP Specialty Trainees

Introduction

Your GP training programme is a continuous 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 Workplace Based Assessments. The Learning Log is your personal learning record. It's used to collect evidence about your progress and share it with your supervisors and ARCP panel, as part of the Workplace Based Assessment component of the MRCGP exam.

Once you have commenced your Learning Log you will find it a valuable and useful 'tool' to demonstrate your learning. The process might be slow to start with, but it will improve over time. Maintaining your log is just as important as completing your formal assessments.

Entries you choose to 'share' can be read and commented on by your Educational Supervisor (ES). These log entries will contribute to the evidence available to your supervisors and ARCP panels when they come to take a view on your capability progression.

Why is advice on learning logs needed?

- To ensure trainees are aware how much evidence needs to be included in the learning log.
- To ensure trainees know how an individual learning log should be completed.
- To clarify what constitutes a 'satisfactory' learning log

A log entry should ideally show:

- some evidence of critical thinking and analysis, describing the trainee's own thought processes
- some self-awareness demonstrating openness and honesty about performance and some consideration of feelings generated
- some evidence of learning, appropriately describing what needs to be learned, why and how
- appropriate linkage to the curriculum / clinical experience groups
- demonstration of behaviour that allows linkage to one or more capability areas.

Linking log entries with curriculum / capabilities

The RCGP curriculum has recently been updated. In the past learning logs needed to be linked to individual curriculum headings and to make it easier these have now been grouped into nine clinical experience groups. You can link your learning log entries to a maximum of two clinical experience groups if these are relevant.

The clinical experience groups are:

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1. Infants, children and young people (under the age of 19 years)
2. Gender, reproductive and sexual health (including women's, men's, LGBTQ, gynae and breast)
3. People with long-term conditions including cancer, multi-morbidity and disability
4. Older adults including frailty and/or people at end of life
5. Mental health (including addiction, alcohol and substance misuse)
6. Urgent and unscheduled care
7. People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability)
8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems)
9. Clinical problems not linked to a specific clinical experience group

The Learning Log entries can also be validated by your ES against the 13 capabilities derived from the core RCGP curriculum statement 'Being a GP'. Your Educational Supervisor can only validate entries against these capabilities if they are of enough quality, however. The capabilities are listed below:

1. Fitness to practise
2. Maintaining an ethical approach
3. Communication and consultation skills
4. Data gathering and interpretation
5. Clinical examination and procedural skills
6. Making a diagnosis / decision
7. Clinical management
8. Managing medical complexity
9. Working with colleagues and in teams
10. Maintaining performance, learning and teaching
11. Organisation, management and leadership
12. Practising holistically, promoting health and safeguarding
13. Community orientation

For more detailed information on the WPBA capabilities, see the RCGP website:

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/wpba-capability-framework.aspx>

You won't be expected to produce perfect log entries from day one. But your Educational Supervisor will expect to see improvement in the quality of your Learning Log entries and insight as you progress.

The RCGP have produced guidelines as to the acceptability of learning log entries, to help you consider what they could / should contain:

REFLECTION (WPBA Standards Group)		
Not acceptable	Acceptable	Excellent (in addition to acceptable)
Information provided		
Entirely descriptive e.g. lists of learning events/ certificates of attendance with no evidence of reflection.	Limited use of other sources of information to put the event into context.	Uses a range of sources to clarify thoughts and feelings. Demonstrates well-developed analysis and critical thinking e.g. using the evidence base to justify or change behaviour.
Critical analysis		
No evidence of analysis (i.e. an attempt to make sense of thoughts, perceptions and emotions).	Some evidence of critical thinking and analysis, describing own thought processes.	Shows insight, seeing performance in relation to what might be expected of general practitioners.
Self-awareness		
No self-awareness.	Some self-awareness, demonstrating openness and honesty about performance and some consideration of feelings generated.	Consideration of the thoughts and feelings of others as well as him/herself.
Evidence of learning		
No evidence of learning (i.e. clarification of what needs to be learned and why).	Some evidence of learning, appropriately describing what needs to be learned, why and how.	Good evidence of learning, with critical assessment, prioritisation and planning of learning.

What should be included in a learning log entry?

Throughout any General Practitioner's career, learning needs are identified. The hope is that you will recognise these opportunities for learning, document them within your e-Portfolio, reflect on what you still need to learn and plan how this learning will be addressed.

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.

Once your learning log entry has been read by your Educational Supervisor, if you have identified learning needs then you can choose to move this into your PDP within the e-Portfolio.

Evidence to provide when in a GP Placement:

- Tutorials
- Formal teaching sessions / courses (including half day release sessions)
- Urgent and Unscheduled Care session
- Clinical Encounters
- Professional conversations
- Complaints
- Significant event analysis
- Audit
- E-Learning module

Evidence to provide when in a hospital placement:

- In-house teaching which is relevant to GP
- Clinical encounters
- Professional Conversations
- Complaints
- Significant event analysis
- Audit
- E-Learning modules

You should be aiming for two reflective entries per month. This is a minimum requirement and without this it is unlikely you will be able to provide sufficient evidence for your ESR covering all 13 capability areas. The more reflective an entry is (see below), the more capability areas your ES may be able to validate against it.

How should a learning log be completed?

Learning Logs are not about quantity but relate much more to the quality of the entries. However, 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.

What is reflection?

There are many definitions of reflection:

1. *“a systematic, rigorous, disciplined way of thinking with roots in scientific inquiry”*
2. *“The “purposeful deliberate act of inquiry into one’s thoughts and actions....”through which “a thoughtful, reasoned response might be tested out”*
3. *“... 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”*

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 Schon (resource 3) 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?

The Academy of Medical Royal Colleges / COPMeD publication Reflective practice toolkit describes in further depth the principles for effective reflective practice and includes several templates and examples.

So how do I fill in a Learning Log entry?

A Learning Log entry should include your record of your experiences, thoughts, feelings and reflections. However, it does need to capture the full details of what exactly happened. One of the most important things it should contain 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:

- 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?

Disclosure of reflective notes

Reflective notes can currently be required by a court if they are considered relevant. The GMC does not ask a Doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.

Hence, it is sensible to bear this in mind when completing a learning log entry and keep the clinical details ('what happened' section) as anonymised and brief as possible. The true value of the entry is your reflections, not the factual details.

Feedback on your reflective entries

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It is important to check the comments box when you note that 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.

You are able to add further comments yourself, if you wish, having read the ES's comments and they will then be notified that you have added further information.

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*