

THE E PORTFOLIO

AMMAN BASVITA
BEN CURTIS

THE LEARNING LOGS

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 MRCP EXAM.

HOW THEY WORK

- 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 CLINICAL OR EDUCATIONAL SUPERVISOR.
- THESE LOG ENTRIES WILL CONTRIBUTE TO THE EVIDENCE AVAILABLE TO YOUR SUPERVISORS AND ARCP PANELS WHEN THEY COME TO TAKE A VIEW ON YOUR COMPETENCE PROGRESSION.

CURRICULUM

- YOU CAN LINK ENTRIES IN YOUR LEARNING LOG TO CURRICULUM HEADINGS, INDICATING WHICH PARTS OF THE CURRICULUM YOU THINK YOU WERE ADDRESSING. WHEN LINKING A LOG ENTRY TO CURRICULUM HEADINGS, TAKE CARE TO LOOK AT THE LEARNING OBJECTIVES IN THE RELEVANT CURRICULUM STATEMENT. CHECK THAT THE ENTRY PROVIDES EVIDENCE RELATING TO THE SPECIFIC STATEMENTS YOU HAVE SELECTED.
- A LOG ENTRY WILL OFTEN BE RELEVANT TO MORE THAN ONE CURRICULUM HEADING, BUT TRY NOT TO CHOOSE INAPPROPRIATE HEADINGS. YOUR TRAINER OR SUPERVISOR MAY REMOVE CURRICULUM LINKS THEY FEEL ARE INAPPROPRIATE.
- YOUR CLINICAL OR EDUCATIONAL SUPERVISOR CAN ONLY VALIDATE LOG ENTRIES AGAINST THE COMPETENCES IF THEY ARE OF SUFFICIENT QUALITY.

WHAT IS EXPECTED

FROM A LEARNING LOG

- LOG ENTRIES SHOULD BE REFLECTIVE, DEMONSTRATING PERSONAL INSIGHT INTO HOW YOU ARE PERFORMING AND LEARNING FROM YOUR EVERYDAY EXPERIENCES. A GOOD, REFLECTIVE LOG ENTRY WILL SHOW:
 - SOME EVIDENCE OF CRITICAL THINKING AND ANALYSIS, DESCRIBING YOUR OWN THOUGHT PROCESSES
 - SOME SELF-AWARENESS, DEMONSTRATING OPENNESS AND HONESTY ABOUT PERFORMANCE ALONG WITH SOME CONSIDERATION OF YOUR OWN FEELINGS
 - SOME EVIDENCE OF LEARNING, APPROPRIATELY DESCRIBING WHAT NEEDS TO BE LEARNED, WHY AND HOW
- 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.

REFLECTION
(WPBA Standards Group)

Not Acceptable	Acceptable	Excellent (in addition to acceptable)
<p>Information Provided Entirely descriptive e.g. lists of learning events/ certificates of attendance with no evidence of reflection.</p> <p>Critical Analysis No evidence of analysis (i.e. an attempt to make sense of thoughts, perceptions and emotions).</p> <p>Self-Awareness No self-awareness.</p> <p>Evidence of Learning No evidence of learning (i.e. clarification of what needs to be learned and why).</p>	<p>Limited use of other sources of information to put the event into context.</p> <p>Some evidence of critical thinking and analysis, describing own thought processes.</p> <p>Some self-awareness, demonstrating openness and honesty about performance and some consideration of feelings generated.</p> <p>Some evidence of learning, appropriately describing what needs to be learned, why and how.</p>	<p>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.</p> <p>Shows insight, seeing performance in relation to what might be expected of General Practitioners.</p> <p>Consideration of the thoughts and feelings of others as well as him/herself.</p> <p>Good evidence of learning, with critical assessment, prioritisation and planning of learning.</p>

EXAMPLE OF A GOOD REFLECTIVE LOG ENTRY ACCORDING TO RCGP

Example of a good reflective log entry

Current selections:

- ▶ professional competences 4 - making a diagnosis
- ▶ professional competences 5 - clinical management
- ▶ curriculum statement headings 8 - care of children and young people
- ▶ curriculum statement headings 15 - cardiovascular problems

Date	25/11/13
What happened?	A two week old baby was brought to the surgery with a history of a few days of coryzal symptoms and poor feeding. The parents thought that the baby had a viral infection. I examined the baby and thought that she had some crepitations on the left lung. She was also tachypnoeic and tachycardic. I was concerned about this baby as she was not feeding well and the parents mentioned that she had been more sleepy than usual. I discussed the case with the paediatric registrar on call, who said it sounded like bronchiolitis and suggested conservative management. However I stressed that I felt this baby needed to be assessed as she was not well and eventually the paediatric registrar agreed to see the child.
What if anything happened subsequently?	While in the children's emergency department, the baby had a cardiorespiratory arrest, was resuscitated and transferred to a hospital in London. She had coarctation of the aorta and left basal consolidation of the left lung. She was subsequently operated on and is now progressing well in intensive care.
What did you learn?	To be aware that accurate assessment of a baby is vital as they can be seriously unwell and only display non-specific symptoms. I am very glad that I insisted on sending the baby to hospital despite the objections of the paediatric registrar. It felt very awkward at the time, but it has taught me to trust my judgement and I will find it easier to be more assertive next time.
What will you do differently in the future?	On reflection, the baby arrested while she was in the CED. The parents took her there by car. I could have arranged a blue light ambulance to take her to hospital. However, although I thought she was unwell, I did not expect such a serious underlying problem and she was certainly not looking like a baby that was about to arrest.
What further learning needs did you identify?	Need to refresh my memory re: congenital heart disease and its presentation in neonates.
How and when will you address these?	GP notebook and paediatric textbook, in the next couple of weeks.
Record created	15/12/13 21:24:32
Comments	[16/12/13 18:50:36] (Educational Supervisor) You did extremely well here, recognising the baby was not well and sticking by your own clinical judgement when a more specialist doctor was suggesting an alternative. This can be a difficult thing to do and in this case saved this baby's life. Well done.







BUT.....

EXAMPLE FROM AMMAN'S PORTFOLIO FROM A HOSPICE DAY CENTRE

Personal Details	
Messages (0)	
Enquiries	
Home	
Summary	
Learning Log	
PDP	
Review Preparation	
Evidence	
Posts	
Declarations	
Skills Log	
Educators' Notes	
Personal Library	
Progress to Certification	
Downloads	

Name	Competence	Delete
2.03 The GP in the Wider Professional Environment		
3.09 End-of-Life Care		
3.18 Care of People with Neurological Problems		
Date:	20/05/2014	
Subject title:	Day Centre	
What happened?	I spent the day at the day centre at Thorpe Hall, where I saw how the day centre is set up, the patients they see (at this particular centre it was neurological and patients with dementia) and I was able to discuss the day centre with the patients there and how they found the experience.	
What, if anything, happened subsequently?	I spent some time with the manager of the day centre before the patients arrived talking about how the day centre is run and how referrals are made. We also discussed the dementia cafe and their plans to extend that service. I then spent some time with the different groups of patients as they arrived and whilst doing their activities. Later on in the day, I was put in charge of an activity, helped with serving the lunch and had a great opportunity to talk with the patients about their experiences of neurological disease and the day centre and issues they had had in the past with services available to them. I also, got some interesting feedback on GPs which I am sure will be useful for the future!	
What did you learn?	The neurological day service provided a great opportunity for patients to participate in activities that might otherwise be difficult for them or their carers to organise. I was pleasantly surprised by the extensive activities that were on offer and that they were tailored to the individual as much as possible. Talking to the patients some of them also mentioned how they were grateful for the respite this gives their carers, if only for part of the day twice a week, and they told me how this was reassuring for them as well as their carers. Some of the patients highlighted to me the risk of isolation for patients with chronic diseases and how useful social interactions and activities can be for their interpretation of their disease, how they cope with that and their mental health. One patient in particular, told me how prior to coming here, she felt lonely and isolated and was initially reluctant to come as she had been isolated for such a time that she felt unable to break the cycle. Since joining the centre, she has felt much more positive in her mood and has even started attending social events that the patients themselves organise outside the day centre times, such as holiday respites or evening meet-ups to play card games. Another aspect that really struck me was the potential benefits gained from being productive. There was a lady who came to do art work and another patient who frequently did gardening with the volunteers and they both described, in different ways, how making something and being creative helped with their sense of self esteem and made them feel more of value. I can see how this is true and that this is not only relevant for patients with neurological conditions, but also something I might discuss with patients in the community with mild or subthreshold depression or anxiety as a therapeutic tool.	
What will you do differently in future?	As I have already suggested, I feel that I appreciate much more the power of social interaction, respite and creativity for patients with chronic health problems, but also to an extent in preventing some health issues and I think this will help me when discussing care for patients in the future. I will also be more aware of the community services available to patients and how to point them in the right direction to these.	
What further learning needs did you identify?	None at this stage-I will shortly be spending some time with the community Macmillan nurses and I hope this will give me further insight into the community services and facilities available.	
How and when will you address these?	July.	
Shared?	Yes	
Date shared:	20/06/2014 10:29	
Record Created:	20/06/2014 10:16	
Date locked:	24/07/2014 16:39	

ANOTHER EXAMPLE FROM AMMAN

Personal Details 	Name	Competence	Delete
Messages (0) 	2.01 The GP Consultation in Practice		
Enquiries 	2.02 Patient Safety and Quality of Care		
Home	3.16 Care of People with Eye Problems		
Summary			
Learning Log			
PDP			
Review Preparation			
Evidence			
Posts			
Declarations			
Skills Log			
Educators' Notes			
Personal Library			
Progress to Certification			
Downloads			
	Date:	18/08/2014	
	Subject title:	A case of red eye	
	What happened?	Whilst in my morning surgery, a 62 year old lady came to see me with a one day history of red eye.	
	What, if anything, happened subsequently?	I took a history and examined the eye and found she had a subconjunctival haemorrhage. I particularly asked about visual acuity, trauma, previous episodes, coughing/straining and reviewed her medications. I examined her eyes and then reassured her about the cause and directed her to a patient leaflet about it.	
	What did you learn?	Afterwards I realised that I had not checked her blood pressure. She was known to have hypertension and her latest home BP readings from that month had been ok, but I should have carried this out. Also, I did not ask her whether or not she used contact lenses, which would not have changed my management, but in general for red eyes, I think this is a useful question and I should ask about it. I may perhaps have used fluorescein drops to assess her eyes if she had been a wearer as this could have led to superficial trauma to the eye.	
	What will you do differently in future?	In the future, I will remember to check the blood pressure in patients presenting with a subconjunctival haemorrhage and in patients with eye problems I will try to remember to ask about contact lens use.	
	What further learning needs did you identify?	I would like to revise the causes and management of painless and painful red eyes.	
	How and when will you address these?	I will read up on these in my ophthalmology textbook when I next have some spare time at work.	
	Shared?	Yes	
	Date shared:	18/08/2014 17:54	
	Record Created:	18/08/2014 11:57	

AN EXAMPLE FROM BEN'S PORTFOLIO

Messages (0)
Enquiries
Home
Summary
Learning Log
PDP
Review Preparation
Evidence
Posts
Declarations
Skills Log
Educators' Notes
Personal Library
Progress to Certification
Downloads

2.01 The GP Consultation in Practice

3.20 Care of People with Musculoskeletal Problems

Communication and consultation skills ✓

Practising holistically ✓

Data gathering and interpretation ✓

Date: 21/08/2014

Subject title: The Kinks: Zola, Z-z-z-z-zola!

What happened? "I met her in a room down the corridor Where she complained of back pain for 18 months or more Long time to have pain for, long time to have pain for, She talked up to me and I FAILED to ask why... She had come today, yep I think I need to read Zola 1973 Zola z-z-z-z Zola"

What, if anything, happened subsequently? Dr Brown and I were discussing the case of a 54 yr old with a long history of back pain - "why did she come TODAY of all days??" she asked me --- "very good question!!"

What did you learn? I failed to address this and in doing so perhaps failed to fully elucidate the patient's agenda, health beliefs and impact on her life. Too often I carefully note the presenting problem but fail to identify the trigger to presentation. Doing so would put the problem in a better social context.

Illness behaviour is based on the perception and significance of symptoms which we try to elucidate with questions about ideas and concerns. I think this can be developed though to look at "why now?" This will tell me an awful lot about three other areas that will help me understand the patient's thought processes:

- a) socially accepted norms
- b) family norms
- c) previous illness experience

What will you do differently in future? I would like employ this question in more consultations and report back on a specific case

What further learning needs did you identify? Zola in 1973 described 5 social triggers:

- a) Perceived interference with vocational or physical activity.
 - "I play golf competitively and 18 rounds is killing me!"
- b) Perceived interference with social or personal relationships.
 - "I want to be able to pick my newborn child up and help my wife look after him but I just can't! (sob sob), I'm a failure as a father!"
- c) Occurrence of an interpersonal crisis.
 - "Everything is going wrong - lost my job, lost my wife and now this!"
- d) Temporising
 - "if not better by Monday", or "just two more nosebleeds".
- e) Sanctioning pressure from family and friends.
 - "I wasn't gonna come but my wife says it's cancer!"

How and when will you address these? as above

Shared? Yes

Date shared: 21/08/2014 15:07

COMPLETING CYCLES

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Date: 08/08/2014

Subject title: Safeguarding

What were the circumstances of the conversation? (who, when, where)
I was sitting in with Dr Laura Savage who is safeguarding lead for Ramsey Health Centre. She was showing the break down of the clinical tree in SytemOne. She spent some time running through the Safeguarding tab.

Why were you having this conversation? As above

What did you learn?
Laura stressed the need to briefly check for any safeguarding issues for any patient I see. This is of course to ensure the patient is kept safe and will allow me to contextualize events that happen - that might or might not raise my suspicion of safeguarding concerns if I had not checked.

What will you do differently in future?
The C&P Safeguarding Screening View is quite thorough in what it shows - not just highlighting concerns but also notifying me of things that may raise my suspicions even if not necessarily a safeguarding issue on its own. These include Protection Plan notification, details of mental health, details of family issues, A+E attendances, DNA's, accidents.

This is useful as putting all the pieces of the puzzle together can often highlight issues when specific events on their own might not alert me of the need to consider safeguarding concerns.

What further learning needs did you identify?
I would like to do some specific online training in safeguarding. I believe my safeguarding may be out of date anyway and completion of this would be a useful demonstration to the CQC that the practice is compliant with safeguarding training.

How and when will you address these? As above

Shared? Yes

Date shared: 08/08/2014 12:06

Record Created: 08/08/2014 11:51





Date locked: 19/08/2014 16:26

Comments

There are no learning log comments to display.

[New Comment](#)

Attachments

Name	File	Web Link
Confidentiality Learning Certificate	Download	 
Safeguarding children Certificate	Download	 

[New Attachment](#)

WORKPLACE BASED ASSESSMENTS

LOOK AT THE RCGP
WEBSITE >> TRAINING >> MRCGP
EXAM >> WPBA

IF IN DOUBT...

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