- **A Guide to Log Entries for GP Trainees**

- 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 paeds 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 paeds 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.

A Simple Guide to Reflection

Tip: Useful way of judging – since most of the reflective content is at the bottom of the form, highly reflective entries usually look like Christmas trees,  *whereas journalistic ones look more like Apple trees.* 

(not 100% reliable of course)

If you would like to access an elearning module about reflective writing, do have a look at this one on the London Deanery website

http://www.lpmde.ac.uk/professional-development/elearning-support-and-self-review-modules

Confidentiality

Health Education England - East of England is clear that all doctors have to provide written reflections for their ARCP and appraisal, and so doctors in training must continue to write reflections, especially when there are things that do not go well. This is an essential part of training and is needed to progress through a postgraduate training programme.
However, it is important that doctors in training should be mindful that their reflections are carefully written and focus on the learning gained from such events. And, in order to comply with Information Governance, there must be no patient identifiable information contained within written reflections.