

October 2008

# **E-Portfolio Tips & Wrinkles**



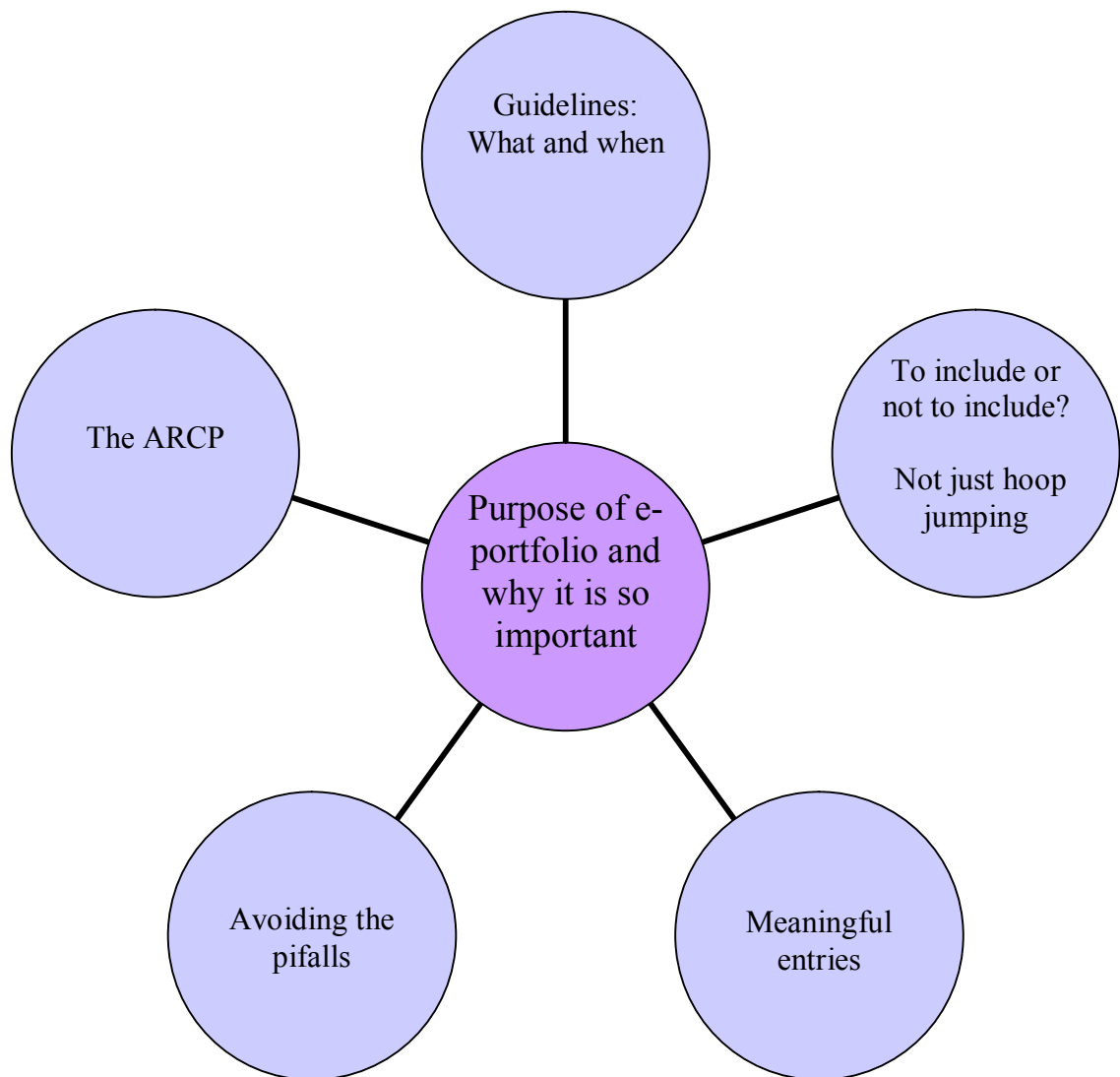
## **How to succeed with RCGP e-Portfolio**

**South East Scotland Deanery**

**Heather Peacock**

October 2008

A guide to how to succeed, make the e-portfolio your learning tool and get through the ARCP panel – including...



## Why should I?

I don't like technology.  
I am not a reflective learner.  
I can't be bothered  
I keep it all on paper  
I keep it in my head and don't need to write it down.

All of the above are valid comments, however, The RCGP needs evidence of your fitness to practice and so an electronic system has been created to help you store that evidence, the RCGP states:

"By making use of the full capability of electronic systems, the ePortfolio can deliver all that is required to record, monitor and manage a GPStR's learning in one place. A record of personal development and experience is becoming mandatory for all doctors. It provides evidence that training has taken place and allows the doctor to reflect on a range of learning opportunities. By providing a structure for documenting the evidence harvested through WPBA tools, the ePortfolio helps to ensure that judgements about the GPStR's progress and achievement are based on a clear, systematically recorded picture of competence."

"Above all else the ePortfolio is where the GPStR records their learning in all its forms and settings. Its prime function is to be an educational tool that will record and facilitate the management of the journey of clinical and personal development through learning. It is the system used to record the evidence collected through the application of the WPBA tools. It might be described as the glue which holds the curriculum learning and assessment together. "

It is about structuring your evidence; you will hear those words all the time! Remember the 3 stars.



- It helps you and your educational supervisor to reflect on your learning experiences to see what you've got out of them.
- It also helps you in terms of creating a reflective diary for you to note down and think about any experiences and particular patient encounters.
- Finally, it signposts things you should know so that at the end of training you're ready and safe to practice as an independent GP. Yup it gets you through ARCGP panel and the ultimate goal of CCT.



- It ensures you have acquired the minimum competencies to practise safely



- it assures them that you have gone through some rigorous structured training thus helping them to have faith in our profession and reassurance that their tax money used for training you is justified.



## Tip 1: Flexibility and Creativity

Don't worry what to call entries, just get something in.

Clinical Encounters	PUNs and DENs from consultations, Random Case Analyses, Problem Case Analyses, case reviews, feedback from direct observation of surgeries by trainer, any external clinical sessions you have attended (e.g. local sexual health clinic, hospital migraine clinic)
Professional conversations	Educational supervision discussions (upload local reports here), any appraisals and feedback on your day to day behaviour (e.g. complaints). Discussions on health related issues, when things are going wrong and ethical issues. In general, any conversations related to attitudes, skills, or organisational management (e.g. time keeping, stress and burnout etc)
Tutorials	Educational Release Programme, trainer led topic based tutorials (medical certificates, telephone consultations, headaches, contraception etc), consultation skills tutorials, tutorials on non-clinical stuff e.g. looking for the evidence, working in teams , IT training etc.
Significant Event Analysis	A significant event analysis helps you reflect on an event to try and tease the core components to enable you to help something work better in the future. A significant event can be something that went wrong (and hence you want to reduce the chances of it happening again eg complaints) or something that went surprisingly well (and thus you want to tease out the components that enabled it to work so well so you can replicate it in the future).
Audits/Projects	As the name implies include audits and research/academic activity as a result of a discussion or encounter. Any QoF related work you do can go here.
E-learning modules	There are so many e-learning modules available these days and you may want to keep a record of what you've done and the key learning points from them. Three good examples are BMJ learning modules, RCGP's EGP updates and GP Notebook's GEMS
Readings	Books – medical and non-medical (remember, some fiction books can help inform your approach with patients). Interesting papers, protocols you've come across, articles on the web, etc. We would even encourage you to include films and plays you have seen that have helped develop the way you practise medicine. Remember, films and plays can powerfully develop your knowledge, skills (e.g. communication) and attitudes (e.g. how you see certain groups of patients).
Courses/certificates	Advanced or Basic Life Certificates, Deanery led courses (Exit Course, Unscheduled Care Course, Diversity), Consultation Skills Courses, Family Planning, Minor Surgery, Child Health Surveillance, mock CSA sessions and other external courses open to a wider audience not just GP trainees(e.g. Palliative Care Course, Time Management).
Lectures and Seminars	Protected Learning Time Events (in house GP education), the traditional hospital style lectures, Specialist delivered seminars.
OOH sessions	Self explanatory (note: not the same as extended hours); it has to be UNSCHEDULED care.



## Tip 2: Quality not Quantity

It is not a numbers game, make it meaningful to you. It is no good just recording what happened, no-one wants to read that and your supervisor certainly won't want to validate a scrappy entry against any competency. Neither will you be able to map it to the curriculum in any meaningful way. Remember they are REFLECTIVE log entries, so add your feelings too.

Things that made you anxious  
 Things that made you frustrated  
 Feel good factors  
 Feel bad factors

Above all think about what you write, don't just download try and STRUCTURE it, use the boxes provided in the documents as a starting point.

What went well?  
 What did not go well?  
 How did you feel about it?  
 What are you going to do now?

Remember who is looking at these: your supervisor, the Deanery but above all you.

Insert Example of good/bad entry



## Tip 3: Structured Evidence – The general and the specific

The e-portfolio as having two main purposes

1. To help the ARCP panel decide whether you should continue to progress through training
2. To help you as an educational tool with your continuing professional development.

Therefore, you need to record entries in a way that serves both of these purposes. One way to do this is to record information at two levels: the general and the specific. Too many trainees are recording things at the general level.

For example:

What Was The Subject?	<i>Tutorial on Headaches</i>
What Did You Learn?	<i>Covered important history and examination bits, red flag symptoms, migraine management, abdominal migraine in children</i>
What Will You Do Differently In the Future	<i>Follow the guidelines</i>

It is general because there isn't anything specific in it. It gives the breadth of what was covered but doesn't detail the depth. The breadth tells others (e.g. ARCP panels) what was covered and thus can give them peace of mind that the training programme has delivered on various bits of the curriculum. But does it say what was most helpful for you?

This entry might serve others like the ARCP panel but will serve very little function for you on a continuing professional development level. We want to show you how you can tackle both without much extra work. Now take a look at the same tutorial re-written:

What Was The Subject?	<i>Tutorial on Headaches</i>
What Did You Learn?	<i>Covered important history and examination bits, red flag symptoms, migraine management, abdominal migraine in</i>
What Will You Do Differently In the Future	<ul style="list-style-type: none"> <li>▪ <i>Must always screen for red flags (and must not forget these). These are: early am headache, worse with bending, occipital, N/V, visual changes</i></li> <li>▪ <i>Also learned that for abdominal migraine in children, low dose pizotifen is useful (worth remembering for the future)</i></li> </ul>

We hope you can see how this would satisfy the ARCP panel and help you in the future. You now have a record (for example) of what to do with children who come in the future with abdominal migraine that you can refer back to. You might one day be able to remember the three features to look out for with serious headaches but cannot recall the others but you remember something being logged in the e-portfolio. Thus, the e-portfolio provides a means for logging really useful key messages you may wish to refer to in the future.

So try and record information in this way – at the general level AND at the specific level.

The bottom line is that all those looking in, remember the 3 stars (page 3) you, PMETB & Deanery and the Public want to know that:-

- You are a safe doctor?
- Are they competent?
- Are they good at dealing with people?
- Are they open and honest?
- Do they continuously reflect and learn?
- And are they a doctor I'd be comfortable seeing?



#### Tip 4: Find your own style

Be comfortable using the portfolio. E-portfolio is a reflective diary of events and activities in which you have engaged. Make it fun too.



### Tip 5: Regular Usage

Practice makes perfect, but familiarity breeds contempt.

In practice at least use it weekly, after all you have tutorial and personal study time to complete your documentation and discuss things with your supervisor. You could open it along with all the other techno gizmos you use every day. You could reflect at the end of the day in the comfort of your own home. It is good to house-keep.

In hospital it is more difficult but not impossible. At least put a quality reflective log entry in each time you have an assessment document completed (that means a minimum of 6 log entries). There are lots of computers around in a variety of places and usually free in the middle of the night or early morning. Again you can do it in the comfort of your own home or internet café or airport if you are travelling. Record it on your ipod, make notes on your palm pilot or blackberry.....be creative, don't give up.

Logging on regularly means you can build your portfolio in a timely manner. Use the mapping that goes on in the background of e-portfolio, check out your curriculum and competency coverage regularly. This helps you target areas which you may be missing.



### Tip 6: Personal Development Plan (PDP)

You need one, we all do.

Shared log entries often necessitate follow up. This is where the portfolio really helps. You don't need to wade through masses of log entries to re-type it into your PDP. The portfolio will do it for you - **BUT** only if you complete all the boxes (see Tip 2 quality not quantity).

One further element, your supervisor needs to read and validate the entry for the send to PDP button to appear for you.

There are two ways to add to your PDP

1. snapshot over time – what do I want to learn over the next 3-6 months
2. specific PD points – linked to log entries, things that are maybe achievable in a day or week or some specific learning I can do now.

Both are fine as long as you remember to go in and click off when you have achieved the learning point. It is no good having a massive PDP if you never do anything with it to address the identified needs.



### Tip 7: Minimum Assessments

That's just what is says, a minimum – as they are formative tools you should do more of them. This is perfectly possible if you are organised and engage with helping your supervisors.

ST1 6 Month Review	10 month Review
3 x COT) or Mini-CEX	3 x COT) or Mini-CEX
3 x CBD	3 x CBD
1 x MSF	1 x MSF
DOPS if in Secondary Care	DOPS if in Secondary Care
CSR if in Secondary Care	PSQ if in Primary Care
	CSR if in Secondary Care
ST218 Month Review	22 month Review
3 x COT) or Mini-CEX	3 x COT) or Mini-CEX
3 x CBD	3 x CBD
DOPS if in Secondary Care	DOPS if in Secondary Care
PSQ if first time in Primary Care	PSQ if first time in Primary Care
CSR if in Secondary Care	CSR if in Secondary Care
ST330 Month Review	34 month Review
6 x COT	6 x COT
6 x CBD	6 x CBD
1 x MSF (clinical and non-clinical)	1 x MSF (clinical and non-clinical)
	PSQ
In ST3 GPStR should have also made plans to or completed the AKT and CSA	



### Tip 8: Make your Reviews Happen

It is your responsibility to get your assessments, CSR and portfolio up to date and complete your reviews. When in hospital get organised and make sure one of your GP Attachment days is at a suitable time for the 6 monthly review to occur. **Without the reviews you cannot progress.**

Review your progress through curriculum coverage, skills log and competency self ratings.

**PLAN WELL IN ADVANCE, you don't want your supervisor to be in Nepal when you need your review prior to the ARCP panel meeting.**





## EIGHT STEPS TO HEAVEN

1. Flexibility and creativity
2. Quality not Quantity
3. Structured Evidence
4. Find your own style
5. Regular Usage
6. PDP
7. Minimum assessments
8. Reviews

## COMMON DIFFICULTIES – Where the struggles occur



### WRINKLE 1: Last minute entries

All entries into the e-portfolio are time dated. Don't wait till the last minute to add all your log entries, the ARCP panel can spot this a mile away.

Spread your assessments over time, again we can spot those of you who wait till the last minute to get all their assessments done by the same person on the same day.



### WRINKLE 2: Knowledge is master

Ignorance is no defence in the eyes of the ARCP panel

Learn what is expected of you with regard to providing evidence, especially self rating

If you know what you are doing then you can guide your supervisors through the assessments and reviews, PREPARE, PLAN, IMPLEMENT, SUCCEED



### WRINKLE 3: PSQ and MSF

These take time and preparation to make sure that the correct number of forms are completed and entered by the right people.

5 clinicians in hospital (including nurses)

5 clinicians and 5 non clinicians in practice (always include the practice manager)

40 consecutive PSQs

Remember the ticket code has to be printed out and given to the assessors, these are time limited (from 12<sup>th</sup> August 6 weeks). Problems arise if forms are dropped in after the ticket code runs out.

If you don't get the right number in no summary can be automatically generated and you cannot compare yourself with a trainee in Cornwall or Shetland (peer referencing), so you miss out on seeing how you compare.



#### WRINKLE 4: Reviews

You must meet with your educational supervisor every 6 months (even if you are in 4 month posts) for review. **NO REVIEW NO PROGRESS.**

**Ignorance is no excuse.**

**Inability to arrange a mutually suitable date at the last minute is no excuse**

Make sure your educational supervisor knows what they are looking for and how to do it. If they are unsure then help them out. Show them the help guides in e-portfolio, point them in the direction of training if need be. It is your responsibility to make sure everything that needs to be done is done.



#### WRINKLE 5: Trainee self rating

**DON'T FORGET TO SELF RATE** against the competencies, you should do this at least prior to every review. Go to review preparation, it tells you to explore curriculum coverage, skills log and to self rate against the competencies. Scroll down the page to find the self rating and click on the hand with pen and add a comment. Over time you should see progress. This is a discussion point for the review as your ES will also rate you against the competencies.



#### WRINKLE 6: How to end up at an ARCP panel

All portfolios the length and breadth of the country are assessed by ARCP panels with RCP assessors on them for consistency. It is a PMETB requirement, we didn't invent them!

1. Little or no curriculum coverage – of all your headings have a zero by them, welcome to the panel
2. Insufficient evidence – you must at least have the minimum assessments, a CSR for each post, some log entries which have been validated against the competencies. If not ....
3. No PDP ...
4. Poor quality entries, we can spot them a mile off...
5. No OOH...
6. No CPR certificate...
7. All entries added in a flurry at the last minute... where is the evidence of progression over time?
8. Don't show any progression in any of your ratings or log entries. Ok we will probably have other evidence of lack of progress by now...
9. Nothing in your e-portfolio, showing a total lack of engagement...



## Achieving MRCGP

It is perfectly possible and what these tips and wrinkles are designed for.  
In Summary then

1. Relax, you have 3 years to complete everything and become competent
2. Learn what is expected of you for nMRCGP, become an AiT
3. Engage with e-portfolio, use it as a tool, that's all it is
4. Plan in advance
5. Prepare for assessments
6. Help your supervisors to help you
7. Engage with your reviews
8. Check your progress
9. Get help if you need it
10. Have fun

## The Practicalities: the ones that seem to cause difficulties



### 1: PDP entries

#### How to get a log entry to automatically create a PDP for the trainee

- Trainee and educational supervisors need to undertake a number of steps in order for log entry - reflective practice needs and actions to appear in the PDP area of e-portfolio.
- The Educational supervisor should be asked to read a log entry if it is relevant, and has some reflection in it.
- Trainee makes sure they think about quality not quantity of log entries in order to engage those viewing the entries

#### Step 1

##### Trainee

- Create an entry in the log (tutorial, clinical encounter, professional conversation).
- reflects on what the learning needs and action plan for this entry is
- maps it against the curriculum headings
- makes sure that the following sections in the form are completed
  - what further learning needs did you identify?
  - how and when will you address these?
- saves it
- shares the log entry

#### Step 2

##### Educational Supervisor

- reads the entry
- Marks it as read
- Validates against the competency headings – this is not an assessment and does not mean that the educational supervisor has deemed them competent, just that the trainee has covered that topic

### Step 3

#### Trainee

- re-visits the log entry
- Decides that the needs and action should be part of an ongoing pdp
- Selects the “send to PDP” button

### Step 4

#### Trainee

- now opens the relevant PDP and completes the rest of the form with how the need will be achieved and a time scale for achievement.

### Step 5

#### Trainee

- mark that particular PDP as achieved once it is so. This PDP now moves to archive rather than being current.



## 2: Trainee Self Rating

- Go to review preparation (left hand navigation bar)
- Scroll down to trainee self rating
- Click on hand with pen and comment and rate against the competencies remembering that you are rating against what is expected of you at the end of training



**Remember** that prior to a review you need to cover all the section in review preparation

- Curriculum coverage
- Skills log
- Trainee self rating
- Supervisor rating



## 3: Setting reviews

- Click on relevant trainee
- Scroll to find proceed to review
- Scroll to find record new review
- Complete top box with details and dates as follows
  - 03/02/09
  - 04/08/09
  - 02/02/2010
  - 03/08/2010
  - 01/02/2011
  - 02/08/2011

This sets the dates of each 6 monthly review in advance so you know which one to go to each time.



**Remember** to click and submit each review when completed and feedback given to trainee. You may need to go in and click and submit old reviews.



#### 4: Signing off review or ARCP panel documentation

- Either click on the red link stating you have an unsigned Educational Supervisor Review **OR** go to progress to certification (left hand navigation bar)
- Click on your review
- Scroll down and see what has been written and ratings etc until you see the clickable link marked [workplace based assessment](#).
- Read the comments and scroll down to the bottom where you will need to sign off.



**Remember** to use the e-portfolio help pages and FAQs available on the left hand navigation bar of the RCGP e-portfolio.

Also use [www.nes.scot.nhs.uk/vts](http://www.nes.scot.nhs.uk/vts) for helpful information about GPST training in SE Scotland.