

Information for GP Specialty Trainees, and additional guidance for Programme Directors, and Educational Supervisors

Introduction:

A Learning Log is a journal which evidences your own learning and skills 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.

For example within a learning log entry you might include details of what you did, how you did something, or what you learnt. To complete the log you then need to ask yourself and reflect on the following questions:

- Why did I choose to write about this entry?
- Did it go well? Why? What did I learn? How did I feel about it:
- Did it go badly? Why? What did I learn?
- How can I improve for next time
- What further learning needs do I have and how will I address these?

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.***

It may contain details of problems you have encountered and solved (or not solved). Formal learning is ‘taught’ in a formal academic setting - for example via a lecture. Informal learning is learning which takes place outside a formal academic setting, for example, though talking with friends or colleagues in a social setting.

A Learning Log is a personal document. Its content may be very loosely structured and only of relevance to you. 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 well. 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). However, you are expected to record a minimum of two entries every week to demonstrate reflection and impact on your learning. In addition, your record of attendance to educational events, sick, and maternity leave/paternity leave must be demonstrated.

What is 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.

Why is advice on learning logs needed?

1. Currently, there are many different interpretations by trainees as to how much naturally occurring 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.

Why is naturally occurring evidence relevant in the eportfolio?

1. Naturally occurring evidence is one component of Work Place Based Assessment (WBPA).
2. 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.
3. 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.
4. 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.
5. 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.
6. Assessments often drive learning. Learning through naturally occurring evidence adds another dimension to your learning over and beyond that provided by assessments.
7. Documented naturally occurring evidence assists you in demonstrating competence progression to yourselves, your supervisor and the ARCP panel.

How should a learning log entry be completed?

Learning logs are not all 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 demonstated 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.

What is reflection?

- 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 our knowledge, actions and beliefs relate to others and
- Consider whether a change in our perspective, beliefs, knowledge or our behaviour is needed

RCGP guidelines to learning logs

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 critical appraisal of evidence to justify decisions and develop |
|--|--|--|

What needs to be included within the learning log?

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

In a hospital placement, include:

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.

Descriptive entries will not count.

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. As a consequence this will be looked at through impact and challenge assessment criteria

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

One SEAs 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 ES

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 in NOSA format (eight criteria) 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)

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