**Learning Log for MRCGP Workplace Based Assessment**

**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.**

**How the Learning Log works**

**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 coverage**

**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.**

**Evidence in the 12 competence areas**

**Your clinical or educational supervisor can only validate log entries against the competences if they are of sufficient quality.**

**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.**

**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**

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| **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.** |

**Hallmarks of Good Practice in Information Recording in the ePortfolio**

*(courtesy of the RCGP WPBA Standards Group)*

**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**
* **demonstration of behaviour that allows linkage to one or more competence areas.**

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| **The following table provides a framework for assessing reflection in the ePortfolio:** **(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. **Critical Analysis** No evidence of analysis (i.e. an attempt to make sense of thoughts, perceptions and emotions). **Self-Awareness** No self-awareness. **Evidence of Learning** No evidence of learning (i.e. clarification of what needs to be learned and why).  | Limited use of other sources of information to put the event into context. Some evidence of critical thinking and analysis, describing 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.  | 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. Shows insight, seeing performance in relation to what might be expected of General Practitioners. Consideration of the thoughts and feelings of others as well as him/herself. Good evidence of learning, with critical assessment, prioritisation and planning of  |

**This information sheet was prepared using information directly obtained from the RCGP Website: http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/learning-log.aspx**