

# **How to Produce Good Learning Log Entries**

**RCGP Workplace Based Assessment  
(WPBA) Standards Group**

**June 2010**

# How to Produce Good Learning Log Entries

## Role of the Learning Log

Your learning log is your personal learning record. Log entries that you choose to 'share' can be read and commented on by your clinical or educational supervisor. These entries will contribute to the evidence that your educational supervisor will consider at your 6 monthly educational supervision meetings.

*Maintaining your log is therefore just as important as completing your formal assessments.*

Log entries can contribute to your evidence in two ways. They determine your curriculum coverage and contribute to the evidence in the 12 competency areas if they are 'validated'.

## Curriculum coverage

When you make a new entry to your log you have the opportunity to select the most appropriate curriculum headings from the pick list and thereby indicate which parts of the curriculum you think you are addressing.

When linking to curriculum headings take care to look at the learning objectives in the relevant curriculum statement and ask yourself:

*- does my log entry provide evidence that relates to the specific learning objectives in this statement?*

Although in many cases an individual entry may merit more than one curriculum heading, try to ensure that you don't choose inappropriate ones.

## Evidence in the 12 competency areas

Your clinical or educational supervisor can only validate your entries if they are of sufficient quality.

A good quality log entry is one that shows good reflection, which means that it demonstrates your insight into how you are performing and how you are 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.

Look at the example below: can you see where these attributes are demonstrated?

No one is going to expect you to produce perfect log entries from Day One of your training programme. Your Supervisor will expect to see improvement in the quality of your log entries and more importantly, your insight, as you proceed through your training.

## An 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

<b>Date</b>	25/11/2009
<b>What happened?</b>	<p>A 2 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.</p>
<b>What if anything happened subsequently?</b>	<p>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</p>

	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 & its presentation in neonates.
How & when will you address these?	GP notebook & paediatric textbook, in the next couple of weeks.
Record created	15/12/2009 21:24:32
Comments	[16/12/2009 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.