

The Yorkshire Deanery



LOG BOOK

LEARNING & DEVELOPMENT

GENERAL PRACTICE VOCATIONAL TRAINING

Department for NHS Postgraduate Medical and Dental Education
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VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

PERSONAL RECORD

Name _____

Address _____

Town _____

Postal Code _____

Telephone Number _____

GMC Number _____

Summative Assessment Number _____

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SCHEME OF TRAINING

1) Specialty Posts

A _____

B _____

C _____

D _____

E _____

F _____



2) General Practice Posts

A	Name of Trainer	Date
B	Name of Trainer	Date
C	Name of Trainer	Date

3) Vocational Training Scheme (VTS)

VTS

Course Organisers

.....

Address

Town

Postal Code

Telephone Number

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(1) INTRODUCTION

Welcome to vocational training in Yorkshire. We hope that you will find your training with us both stimulating and enjoyable.

In Yorkshire we have two main aims for general practice training. First, that you pass summative assessment with a minimum of fuss. Second, that you become a reflective learner. This log book will help you to achieve both these aims.

The log book provides you with a means of recording learning experiences throughout your training. It is also useful to keep the results of your various assessments within the diary, including both summative and formative assessments. Formative assessment acts as a stimulus to further learning and as such should be recorded in your learning record.

The only certainty about your career in general practice is that you will face a lot of changes. Change necessitates the learning of new facts and skills and sometimes a change in attitude. In any GP's working week a number of learning needs will be identified. Even if it were possible to memorise the Oxford Textbook of Medicine in its entirety, this would still leave gaps in knowledge, skills and attitudes. This learning record gives you the opportunity to record your "personal gaps" and then, either by yourself, with your trainer or in a group of your peers, to set about "plugging the gaps".

There are some suggested structures for recording within this Log Book, but these are just suggestions. It is important that you personalise the log so that it becomes useful to you. The page that should most readily help you to do this is the first page of the Learning Record (Page 7). It will be most useful to you if you use it honestly, openly and commit to the page feelings as well as facts. Sharing it with others, be it your trainer, your mentor, or your peer group will enhance its value.

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LEARNING / TEACHING OPPORTUNITIES

It is important to recognise that the everyday work of general practice provides an enormous number of teaching and learning opportunities. Thus every patient contact, every interaction with another member of the primary health care team, every referral, every hospital admission may provide a teaching or learning experience.

During the hospital component of your training you will be expected to take an active part in the teaching programme that is on offer. This will include educational opportunities for working in outpatient departments, ward rounds, and specific tutorials. You may be asked to keep a specialty log book. Key elements of this should be photocopied and kept in this log.

Throughout your training there will be weekly half-day release sessions at your VTS that you will be required to attend. These sessions will be learner centred, dealing with an appropriate range of educational activities, for example; random case analysis, peer group support, personal issues and problems. The sessions will normally be facilitated by a GP Trainer. There will also be study days organised for a larger geographical patch, aimed at providing curriculum-based training. Once more, attendance is mandatory.

During the general practice component of your training, trainers are expected to spend a minimum of 3 hours on one-to-one teaching with you each week and there should be adequate time for random and problem case analysis. At the end of each surgery, there will be protected time to discuss problems that you may have encountered during your consultation sessions. Within the practice you will experience:

- Random case analysis
- Problem case analysis
- Formal tutorials
- Video consultation analysis
- Analysis of your referrals

The above can all be used to help you to identify your learning needs, as also can; Curriculum checklists, Multiple-Choice Questionnaires (MCQ's) (for example, the RCGP CD ROM's) and rating scales of performance. These are part of your formative assessment. The Yorkshire Deanery provides additional components for formative assessment:

- OSCE
- MCQ's
- Simulated Patient Surgery

Formative assessment aims to identify your educational needs, so that you can take appropriate action to fulfil them.

Throughout your training you should feel free to voice any anxieties and to seek help and guidance from those involved in your training.

The following pages are devoted to your own log book or portfolio.

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(2) LEARNING RECORD

TABLE 1 LEARNING NEEDS

DATE	LEARNING NEEDS IDENTIFIED	ACTION

TABLE 2 EXAMPLE 1. VIDEO ANALYSIS

DATE	LEARNING NEEDS IDENTIFIED	ACTION



TABLE 3 EXAMPLE 2. RANDOM CASE ANALYSIS / PROBLEM CASE ANALYSIS

DATES	SUBJECT	LEARNING NEEDS IDENTIFIED	ACTION PROPOSED	REVIEW DATE	ACHIEVED	NOT ACHIEVED

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(3) YORKSHIRE DEANERY FORMATIVE ASSESSMENT

FORMATIVE ASSESSMENT RESULTS

Please use this section of your log to record feedback from your Multiple Choice Questionnaires (MCQ's) (in both Hospital and General Practice posts), Simulated Patient Surgeries and feedback from Objective Structured Clinical Examinations (OSCEs).

FORMATIVE ASSESSMENT TIMETABLE

TIMETABLE – GP YEAR (HOSPITAL POSTS)	ASSESSMENT	PERSON(S) RESPONSIBLE
Throughout	Log Book Video Random Case Analysis	GPR Trainer / GPR Trainer / (consultant / GPR
Month 1	Checklist	GPR / Trainer
Month 2	MCQ – General Medicine (GP) Rating Scale (also specialist)	Deputy / CO / GPR Trainer / (Consultant)
Month 3	MCQ – Primary Care Clinical (MCQ Specialist)	Deputy / CO/ GPR (Consultant)
Month 4	MCQ – Primary Care Non-clinical OSCE Rating Scale (also specialist)	Deputy / CO / GPR CO / Trainer Trainer / (Consultant)
Month 6	Rating Scale Checklist	Trainer / GPR
Month 7	Simulated Patient Surgery	Deanery / CO
Month 8	MCQ	
Month 9	Rating Scale	Trainer / GPR
Month 12	Rating Scale	Trainer / GPR



YOUR ASSESSMENT BY THE CONSULTANT/SUPERVISOR

	Surname	Forename(s)
Name of GP Registrar	_____	_____
Post	_____	
Hospital	_____	
Assessment	2 months	5 months
Supervisor	_____	

1 PROBLEM SOLVING

The GP Registrar:

- a In history taking, appreciates the importance of
 - i. clinical factors
 - ii. psychological factors
 - iii. social factors.
- b Performs adequate and appropriate examination.
- c Arranges investigations intelligently and economically.
- d Records his/her information accurately and efficiently.
- e Shows intelligent interpretation of available data to form an effective hypothesis.
- f Understands the importance of probability in diagnosis and uses this to assist his/her decision making process.
- g Differentiates between relevant and irrelevant data.

<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>
1	2	3	4	5



2 CLINICAL JUDGEMENT

The GP Registrar:

- a Relates treatment to the patient as a whole.
- b Takes the patient into his/her confidence and discusses the therapy with him/her.
- c Show flexibility in modifying treatment when indicated.
- d Respects patients' individual needs.

<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

3 RELATIONSHIP WITH PATIENT

The GP Registrar:

- a Communicates well with the patient.
- b Shows ability to allaying anxiety.
- c Shows appropriate level of emotional involvement in the patient and his/her family.
- d Demonstrates and hones and caring attitude to the patient's family.

<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

4 CONTINUING RESPONSIBILITY

The GP Registrar:

- a Monitors the patient's progress and alters management as required.
- b Maintains a positive and helpful attitude to the patient regardless of the outcome.

<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

5 EMERGENCY CARE

The GP Registrar:

- Shows ability in evaluating the emergency situation calmly and intelligently.
- Establishes priorities correctly.
- Organises assistance and treatment promptly.
- Shows willingness in making and sustaining such decisions alone, if necessary.

<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>



TABLE 4 MCQS IN GENERAL PRACTICE / HOSPITAL SPECIALITIES

SUBJECT AND DATE	PERSONAL MARK	REGIONAL MEAN \pm SD	AREAS TO BE ADDRESSED	PRESCRIBED ACTION	DATES UNDERTAKEN

TABLE 5 PERSONAL PROFILES IN OSCE

SUBJECT AND DATE	COMPETENCIES REQUIRING TO BE ADDRESSED	PRESCRIBED ACTION	DATES UNDERTAKEN

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(4) EDUCATIONAL ACTIVITIES

The following section is designed for you to maintain a record of your educational activities, for example: formal teaching in general practice / hospital posts and on the day release programme. You can also keep notes from any other educational meetings you attend.



TABLE 6 TEACHING AND LEARNING WITHIN GENERAL PRACTICE

Method: Tutorial/One-to-One Teaching

DATES	SUBJECT	LEARNING NEEDS IDENTIFIED	ACTION PROPOSED	REVIEW DATE	ACHIEVED	NOT ACHIEVED

(Please use additional pages if necessary)

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HALF DAY RELEASE PROGRAMME

Please use this section to collate the programmes for the Half Day Release, which will be provided by your Course Organiser.

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(5) CLINICAL EXPERIENCE

TABLE 7 NIGHTS AND WEEKENDS ON CALL

DAY & NIGHT	NIGHTS OR WEEKENDS	NUMBER OF PATIENTS COVERED	OWN/EXT ROTA / CO-OP	NUMBER OF CALLS	NUMBER OF VISITS	NUMBER OF CONTACTS WITH COVERING DR

TABLE 8 EMERGENCIES DEALT WITH

DATE	DESCRIPTION

TABLE 9 REFERRALS FOR CONSULTANT OPINION

NAME OF PATIENT	REASON FOR REFERRAL	OUTCOME

TABLE 10 ACUTE ADMISSIONS TO HOSPITAL

NAME OF PATIENT	REASON FOR ADMISSION	OUTCOME

TABLE 11 CHILD HEALTH SURVEILLANCE

Theoretical Sessions – (minimum 4)

TOPICS COVERED	DATE	TIME

TABLE 12 CHILD HEALTH SURVEILLANCE

Practical Sessions – (minimum 10)

CHECKS SEEN (S) OR PERFORMED (P)	DATE	TUTOR	
		NAME	SIGNATURE

TABLE 13 MINOR SURGICAL PROCEDURES - INJECTIONS

PROCEDURE	DATE	SUPERVISED BY
Intra-articular: <ul style="list-style-type: none"> Knees Shoulder 		
Peri-articular: <ul style="list-style-type: none"> Tennis Elbow Golfer's Elbow Carpal Tunnel Plantar Fasciitis 		
Varicose veins:		
Haemorrhoids:		

TABLE 14 MINOR SURGICAL PROCEDURES - ASPIRATIONS

PROCEDURE	DATE	SUPERVISED BY
<p>Joints: Knees Shoulder</p> <p>Cysts:</p> <p>Bursae: Olecranon</p> <p>Hydrocoele:</p>		

TABLE 16 MINOR SURGICAL PROCEDURES - EXCISIONS

PROCEDURE	DATE	SUPERVISED BY
Sebacous Cysts:		
Lipomata:		
Skin Lesions:		
Ganglions:		
Toe Nails:		

TABLE 17 MINOR SURGICAL PROCEDURES - CURETTE, CAUTERY AND CRYOCAUTERY

PROCEDURE	DATE	SUPERVISED BY
Warts, Verrucae:		
Other skin lesions:		
Ligation of Varicose Veins:		
Removal of Foreign Bodies:		
Nasal Cautery:		
Other Procedures: <i>(e.g. vasectomy entropion)</i>		

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(6) THE STRUCTURED TRAINER'S REPORT

The following pages contain a copy of the Structured Trainer's Report for Summative Assessment. This copy is for information only. A bound, blank Trainer's Report will be sent to your first GP Trainer. If you have more than one GP Trainer during your training scheme, please ensure that the bound Trainer's Report is passed on to your subsequent trainers. Each element of the report needs to be assessed and signed by a trainer or consultant before you complete your training.

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SPECIFIC CLINICAL SKILLS

Name of Registrar

	ASSESOR / STATUS	DATE	SIGNATURE OF ASSESSOR
<p>MENTAL STATE</p> <p>The registrar is able to take a mental health history/examination, which allows for identification of risks of harm to the patient or others (in particular depression with suicidal ideation/intent, psychoses, confusional state).</p>			
<p>USING THE AURISCOPE</p> <p>The doctor is proficient in the examination of the ear and able to recognise common ear complaints.</p>			
<p>USING THE OPHTHALMOSCOPE</p> <p>The doctor maintains his ophthalmoscope in good working order and recognises the value of using the ophthalmoscope to examine the eye and is able to visualise the fundus and interpret the findings.</p>			
<p>USING THE SPHYGMOMANOMETER</p> <p>The registrar is able to use the sphygmomanometer correctly and can apply the findings to clinical practice in an appropriate fashion.</p>			
<p>USING THE STETHOSCOPE</p> <p>The registrar is able to use the stethoscope correctly.</p>			
<p>USING THE PEAK FLOW METER</p> <p>The registrar is able to instruct the patient in the use of the peak flow meter and is able to use appropriate charts to interpret the results and apply them to clinical practice.</p>			
<p>VAGINAL EXAMINATION</p> <p>The registrar is able to undertake bi – manual examination and describe his/her findings systematically. His/her interpretation of findings is accurate and useful.</p>			

SPECIFIC CLINICAL SKILLS CONTINUED....

Name of Registrar

	ASSESOR / STATUS	DATE	SIGNATURE OF ASSESSOR
<p>USING THE VAGINAL SPECULUM</p> <p>The registrar is able to use a vaginal speculum proficiently and visualise the cervix consistently. His/her interpretation of the findings is appropriate.</p>			
<p>CERVICAL SMEAR</p> <p>The registrar understands the technique required to obtain adequate samples for cervical cytology and uses the appropriate equipment in the correct manner. He/she puts the specimen on to the slide correctly and fixes correctly.</p>			
<p>THE RECTAL EXAMINATION</p> <p>The registrar is able to undertake rectal examinations and interpret the findings accurately and appropriately.</p>			
<p>INTRAVENOUS INJECTIONS</p> <p>The registrar is able to give intravenous injections using appropriate aseptic technique.</p> <p>Is fastidious in checking the drug to be administered.</p> <p>Has adequate knowledge of the diagnosis and management of anaphylaxis.</p>			
<p>INTRAMUSULAR OR SUBCUTANEOUS INJECTIONS</p> <p>The registrar checks on the drug to be administered and uses the appropriate technique for injection and needle disposal.</p>			

IT IS ESSENTIAL THAT YOU HAVE YOUR ASSESSMENT FILLED IN BY YOUR CONSULTANT SUPERVISOR BEFORE YOU REQUEST YOUR VTR2 FORM FROM THE TRUST

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VTR 1 FORMS

Copies of VTR 1 forms to be inserted here (blank forms can be downloaded from the JCPTGP website <http://www.jcptgp.org.uk/> or the National Office for Summative Assessment website <http://www.nosa.org.uk/>)

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VTR 2 FORMS

Copies of VTR 2 forms to be inserted here (blank forms can be downloaded from the JCPTGP website <http://www.jcptgp.org.uk/> or the National Office for Summative Assessment website <http://www.nosa.org.uk/>)

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(7) YOUR RATING OF POSTS

YOUR ASSESSMENT OF HOSPITAL POSTS

At the end of each of your hospital posts, complete the following assessment form *(Please check the Yorkshire Deanery Website to ensure that you have a current version of the form <http://www.yorkshiredanery.com>).*

It is essential that a copy of your assessment is passed on to your Course Organiser.

Name of Hospital

.....

Name of Specialty

.....

Dates

.....

**Name of the Supervising Consultant
with whom you have been working**

.....

1. In your opinion, how effective was the consultant in helping you to understand the Specialty in terms of knowledge and skill relevant to General Practice?

1	2	3	4	5	6	7	8	9	10
<i>Very ineffective</i>					<i>Very effective</i>				

2. How do you rate the amount of formal teaching you received during this post?

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

3. How do you rate the amount of teaching that took place in clinical situations?

a. Ward round

1	2	3	4	5	6	7	8	9	10
<i>Poor</i>					<i>Excellent</i>				

b. Out-patients

1	2	3	4	5	6	7	8	9	10
<i>Poor</i>					<i>Excellent</i>				

10. Any other comments:

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YOUR ASSESSMENT OF GENERAL PRACTICE POST

Date: _____

Name of Trainer: _____

1. In your opinion, how effective was your Trainer in teaching?

1	2	3	4	5	6	7	8	9	10
<i>Very ineffective</i>					<i>Very effective</i>				

2. In your opinion, was sufficient time allocated to the following:

a. Formal teaching

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

b. Teaching in clinical situation

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

c. Teaching of practice management

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

d. Teaching in the use of Primary Care Team

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				



e. Teaching in the management of chronic disease

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

f. Teaching in preventive disease

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

g. Teaching in audit/performance review

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

h. Teaching in Minor Surgery

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

i. Teaching in Child Health surveillance

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

j. Teaching of emergency care

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

3. How did you find the workload during the day?

1	2	3	4	5	6	7	8	9	10
<i>Very inadequate</i>					<i>Very adequate</i>				

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