E-Portfolio Pearls

making the e-portfolio work for you

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Introduction – from Jane Kirby

The inspiration behind this guide came purely from frustration. I am currently an ST2 in Yorkshire and felt thrown into a period of "out with the old and in with the new". I felt the need to write this guide by someone who was using the e-portfolio for others who are using it and in the same position as me. I don't work for the makers of the e-portfolio or the Deanery; it started as a purely selfish act that I hope has been made useful with some inspiration from people in the know. I hope it helps you as much as it has helped me writing it and hopefully any frustration will turn into inspiration.

Contents

We've heard all the moans and groans about the e-portfolio, and to be honest, some of them are justified. And we've carefully listened to what some of your colleagues have had to say. There has been little national guidance on how to use it (other than mechanical RCGP guides on what buttons to click to do whatever) and this has probably helped fuel some of the anger and frustration.

However, there is a way where you use the e-portfolio to help all the stakeholders (the trainees, the trainers, the supervisors, the programme directors and the dreaded ARCP panels). That "way" is what is covered in this guide. After putting this guide into practice you'll see how the e-portfolio can start helping YOU and this in turn should help get rid of any negative emotions that may be eating away at you. You may even end up liking the e-portfolio!

But before we give you some of these golden secrets, we ask of you only one thing first: **to keep an open mind**. You do that, and we'll show you all of the following in this document:

some things we will cover:

Defining the purpose of the e-portfolio . What's the point? Making it easier to understand.	Signposting what you are meant to do and when.	Types of things to include and what not to include . Helping you use it as a learning tool rather than a hoop to jump through.	Illustrating how to record information that is meaningful to you and others. Thus making it easier to use and enjoy using it.	Helping you to avoid the common mistakes that result in big headaches.	Pointing you to some web resource that will help you further.	How to do it badly and end up at the ARCP panel

What's the Point, Doc?

We started thinking this question would be simple to answer and serve as a good introduction. We were wrong! If you search you can find a 600+ word document produced by the Royal College to explain why we need an e-portfolio. We challenge you to read past paragraph 2 without using matchsticks to prop up your eyelids. We carefully selected two segments to quote:

> *"Above all else the e-portfolio 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 might be described as the **glue** which holds the curriculum learning and assessment together. "*

Let's attempt to make sense of this 'glue' they descriptively speak of. For the trainee, this glue helps give structure and evidence to support your training. For the Deanery/ARCP panel/RCGP, it helps structure WPBA and therefore **whether you go onto the next stage or not.** If you are a little more creative and look closer we guarantee it will stop being a chore and start becoming a useful tool.

It Can...

1. **Give you structured approach for each new job you do**, for instance by highlighting learning needs. There is truly something satisfying about setting objectives and getting to tick them off - we all know we love lists!
2. **Help you notice any areas of weakness**; identifying them is the hardest part of correcting them. (Yeah, we know we sound like we're chairing an AA meeting!)
3. **Be used as a storage tool** – like an invisible memory stick.
4. **Be used as a portable jotter.** That question you asked your consultant about PMB and the response you got: no matter how much you think you will remember you won't. But the e-portfolio travels with you wherever you go, so jot it down. You'll never be too far from a computer (even on the ward).
5. **Get you into reflective mode** – some of us do it naturally, some not. However good you think you are at it, you really do benefit from writing it down. Writing it down can encourage deeper reflection and thought than just thinking about it. Believe us, try it and see: you'll create new links and associations that you might not have made before. And besides, this (written reflection) is what you're going to be doing indefinitely anyway (revalidation, appraisals etc.).

   Lastly and questionably the most important….
6. **It is one of the keys that can help you fly through the nMRCGP** and is the only part that in reality cannot be re-sat without lengthening the duration of your training. Do you want to take that risk?

Jane says: *"I am the first to dislike change, the first to complain when I'm out of my comfort zone and the most practical based GPSTR I know. Therefore I should hate the e-portfolio; and I did. But then I tried to understand and like most things, if you give it a chance it will actually work."*

It can make reviews with your trainer and clinical supervisor more meaningful rather than an awkward unstructured conversation over a desk which both of you is desperate to finish. You can reference your e-portfolio to remind you of rare clinical cases, difficult consultations and important reading. This will make you a better doctor if you let it. So give it a chance, ignore what others have said so far, make your own opinion and you just might end up really liking it. So please continue to read this document – it's only around 15 pages long. It should be easy to read and has been written alongside VTS Programme Directors, and some Deanery buffs, all of whom wanted to make it easier for you as trainees.

The Ten E-Portfolio Pearls

1st Pearl

Don't get hung up on where to put what.

The e-portfolio is aimed at every single trainee in the UK (that's a mere several thousand) so give them credit. It's pretty hard to predict what kind of titles people would like to add things under. The following are available in the e-portfolio (and an illustration of some of the things you can put in):

1.	**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)
2.	**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)
3.	**Tutorials**	Half Day Release, 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.
4.	**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.
5.	**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).
6.	**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 GPNotebook's GEMS.
7.	**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).
8.	**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).
9.	**Lectures and Seminars**	Protected Learning Time Events (in house GP education), the traditional hospital style lectures, Specialist delivered seminars.
10.	**OOH sessions**	Self explanatory (note: not the same as extended hours); it has to be UNSCHEDULED care.

This table is not an exhaustive list. Some are clearly self explanatory, others leave space for interpretation. Some people, for instance, put the (half) day release (HDR) stuff in different places depending if it was more formal or small group learning; that's fine providing you specify in the title section of the new entry a reference to HDR eg HDR on Ethics. Having a consistent approach like this will help when it comes to searching on, for instance, all the HDR stuff you've done to date when it comes to review.

2nd Pearl

Write what would be helpful for you; something worthwhile and you don't want to forget.

Do you ever jot things down in a notebook of items you don't want to forget? Useful tips that you've acquired during the post? Local regimes, protocols, aide memoires?   Then why risk jotting them in a scrappy little notebook that you might lose – you'd be stuffed then!   That's where the e-portfolio can be invaluable; a permanent record on the net that can be accessed anywhere where there is a PC and internet connection.   But don't forget, sometimes the things we want to jot down are not just facts relating to the clinical. They may be 'pearls of wisdom' from those around you. Things you have learned from your experiences during the post. Things you just simply can't find in books.

Other than the obvious (as outline in the table above) , here are some other things trainees find useful to record: (not an exhaustive list)

- a clinical conundrum
- patient encounters that give you some difficulty e.g. the entitled demander, the dependant clinger, the manipulative help rejecter, the self destructive denier or simply just someone that really got on your nerves
- difficult encounters with other staff
- things that for you went surprisingly well (help tease out good skills so you can reproduce and strengthen them)

THE E-PORTFOLIO IS NOT AN EXAM; IT IS A TOOL TO HELP YOUR LEARN AND REFLECT. THE ARCP PANEL JUST WANT TO SEE THAT IS HAPPENING AT AN ACCEPTABLE LEVEL.

3rd Pearl

Record information at two levels – the general and the specific.

We mentioned 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. Take the following as an example:

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

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?
Tutorial on Headaches
What Did You Learn?
Covered important history and examination bits, red flag symptoms, migraine management, abdominal migraine in children
What Will You Do Differently In the Future
- *Must always screen for red flags (and must not forget these). These are: early am headache, worse with bending, occipital, N/V, visual changes*
- *Also learned that for abdominal migraine in children, low dose pizotifen is useful (worth remembering for the future)*

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.

👍	**4th Pearl** Recording your feelings is good.

As we've just mentioned, it's not just about the factual lessons you learn from patients, that rare disease that your consultant says he's only seen twice and your career paeds colleague is desperate to write up.

It's about how they make you feel, whether it's anger, frustration or satisfaction. It's about the lessons they teach you and the lessons you don't want to forget; the lessons books can't teach you. The rare clinical case can always be found somewhere (e.g. the internet), but how Mrs M made you feel when she told you she was disappointed with how you dealt with her husband and the resulting discussion will stay with you for life. If you don't write it down, don't discuss it, don't reflect on it, you won't learn and an opportunity for self development will have been missed; more importantly, you'll keep making the same mistakes again and again.

So what do we mean when we say feelings?

1. Things that made you anxious
2. Things that got on your nerves (anger)
3. Things that frustrated you
4. Things that made you feel good (note a natural medic trait leaving this until last).

Reflecting on things you did badly helps you improve, but so does reflecting on things you did well. Even if you thought something went well because it was a fluke of nature, reflecting often helps to tease out those salient bits and conditions which enabled it to happen. Referencing it in the e-portfolio will help you remember where your inspiration came from.

If the practice nurse has driven you to within an inch of your sanity, write that. Bad language is likely to be frowned upon, as it would be in a meeting with your clinical supervisor, so write what you want but try and change particularly offensive words to more acceptable ones. **AND REMEMBER… it's a learning tool, a learning log, part of your nMRCGP.**

Example of a good and bad entry:

Bad entry:

"Practice nurse really pissed me off today. Told me in front of a patient that I had made the wrong decision and that for years Mrs X had been on this medication and is was a really bad idea to change it because of a stupid drug interaction that I'm sure doesn't exist (even though I didn't ask). Who does she think she is? All the respect has gone out of medicine; clearly she doesn't know how to respect people. Will talk to my trainer re: having a word with her. Anyway, going to stick to my guns and keep the treatment plan anyway; she'll soon learn that I am the doctor."

Now, this is may be how you feel (by the way, if you do, you have issues).   But any sensible person wouldn't write it like that. For starters, you've broken about five of the GMC duties of a doctor in one paragraph and you're asking for trouble.

You have every right to be angry, upset, offended or simply unhappy with the unprofessional dressing down in front of a patient, but you have to write it sensibly. Things like:

- Why it upset you?
- Were you at fault? If so, what did you learn? How will you prevent that happening in the future?
- Was anyone else at fault? If so, what? How can this be tackled in an amicable way?
- Was there a system failure that needs changing?

Better entry:

"Practice nurse really cheesed me off today. Told me in front of a patient that I had made the wrong decision and that for years Mrs X had been on this medication and is was a really bad idea to change it because of a drug interaction.

Discussed with trainer.   Actually, the drug interaction can be quite common.   Must therefore try and remember to pay attention to the drug interaction alert messages on the system. And am more likely to think about this in the future.

Also discussed the 'dressing down' in front of a patient.   Clearly not a nice feeling. Have done this with reception staff once or twice myself and will think twice in future.   Trainer suggested having a chat with the nurse in private to try and relay to her how I felt at the time. Will try my hardest to do this in a comfortable way for all (e.g. quiet private place, no interruptions, detailing events and phrases that led to the feelings, acknowledging both sides of the story and not using judgemental phrases likely to instil defensiveness e.g. unprofessional, bad attitude etc). Will keep trainer informed how it goes".

The key point here is that recording emotion is good; it's a powerful learning tool. And if you're the fool who wrote the first bit, then well done; thanks to the e-portfolio you'll be out on your ear!

Okay, so you're apprehensive about recording emotional stuff because you're worried about:
1. Who's going to see it?
2. Who's going to judge?

In answer to question one, you're the one who's going to see it the most; every day if you're very good (and very sensible), at least once a week if you're dubious and if you're a 'last minute chancer' you'll still see it once a month and that is STILL more than anyone else.

SO WHAT'S MY POINT?

It's for you, write it for you and add what helps you. And that isn't the same as what helps your friend currently working in the same practice who wants to have a look at what you're up to. They may be great at communication but ask them to inject a shoulder and you'll find them quivering behind a couch. So this isn't telling you what to write, it's attempting to encourage you to write something worth the time; something you'll reference.

In reference to the second question, your clinical and educational supervisor will (or should) review your progress regularly. They'll reflect on what you have written for you and decide if it needs further discussion. Or you can highlight it yourself.

Members of the deanery can also review your progress and what you have written. But this shouldn't put you off writing about things with an emotional content. The whole process is actually there to make you better. They're only trying to get a flavour of you in order to be able to answer the questions

- Is this a safe doctor?
- Are they competent?
- Are they good at dealing with people?
- Is (s)he open and honest?
- Does (s)he continuously reflect and learn?
- And is (s)he a doctor I'd be comfortable seeing?

Okay, it's also there as a tool to prove that someone really isn't working sufficiently hard enough to deserve their place and become a GP, but its main purpose is to help highlight your weaknesses so you can improve. So it is there to help: use it, add things that matter, which evoke some emotion and reflect on it. But tailor that emotion to the potential audience. You are under semi surveillance!

5th Pearl
Try and write in your natural style.

Okay, so what's this all about then? Well, firstly, we want you to feel comfortable when using the portfolio. One way to do this is to write in your own natural style. If you had a personal diary, would you write in fancy words and turgid prose? Remember, the e-portfolio is in essence a reflective diary.

Writing in your own natural style does something else: it gives others who read your e-portfolio a flavour of you and what you're like as a person.

6th Pearl
Visit the e-portfolio regularly: making entries in a timely way AND reviewing the "whole picture" REGULARLY

If you're in a GP post, you should be logging in daily.   Why not open the e-portfolio religiously along with the clinical system prior to surgeries?   In this way, you can log things as they arise in a seamless and effortless way.   They then serve as prompts for further discussions/actions as necessary which you can then update in due course.   Believe me when I say logging in daily soon becomes habitual (just like any regular activity).

Okay, in hospitals it is more difficult.   It's difficult carrying a big chunky PC around with you.   But you will find a PC with an internet connection on nearly all wards.   You could jot items down from ward rounds or clinical encounters to add to the e-portfolio in more detail at lunchtimes, during quiet periods ("WHAT QUIET PERIODS?" I hear you say) or at the end of the day.   There are always several ways of doing anything.   Find a method that works for you and then stick to it.

Logging on regularly not only means you are gradually building on your e-portfolio in a timely way but it also means you'll become more familiar with it.   Familiarity helps with navigating through it and there are bits of the e-portfolio that can really help you with some of the other nMRCGP assessments.   For instance, a few months before you plan to sit the AKT (applied knowledge test), you can click on "curriculum coverage" to see which areas you've covered in depth and which areas need more work to make you more "rounded" for it.

Oh, by the way, if you are a last minute type person, it will show you've added all the entries right at the last minute and because of the volume of stuff you've had to enter, it's likely your entries will look very superficial.   Now, how would that look to you if it was someone else's record and you were a ARCP panel member?   Need we say more?

And don't forget to review your 'curriculum coverage' (click "review preparation" on the main page); this will give you an overview of your coverage of the curriculum so far.   If the panel see that there are only two entries on say 'clinical governance' or 'patient safety' in your last 50 entries for the last year but not much even before that, it suggests a lack rather than presence of knowledge about them.   Surely things like 'clinical governance' and 'patient safety' are meant to be themes that trickle through continuously during your 3 year training period.

7th Pearl
It's all about quality not quantity

A trainee can have 300 entries in the shared log and may well boast about them.   We often find that someone who has a large volume of entries has done so to cover up something else; usually a lack of depth in reflection and learning.   The entries tend to be superficial and that does not come across well.

So beware, bigger numbers DO NOT mean bigger prizes!

8th Pearl
Don't forget to make effective use of your PDP

Shared log entries in which you have described some tasks that need some form of action/follow up can be sent to your PDP section. What's the advantage? Instead of trawling through all the log entries to see what needs to be done, the PDP section collates it all. You can then tick them off when done making organisational management and thus your life easier. It's also a good way of maximising learning by ensuring you complete the tasks you've set out to do.

One little snag: for it to work the trainer/supervisor has to have read the "shared log" entries too. A "submit to PDP" box only appears once both ticks show in the learning log i.e. you have shared and trainer has read.

There are some people who prefer to log in entries as soon as they arise and update/add to them as the issue or theme develops. There are others who prefer to log in entries AFTER they have accumulated the evidence to show that they have learnt from the event. For the former group, the PDP is a very effective way of summarising the tasks that need to be done for learning to happen. For the latter group, their portfolio (shared log entries) will have the evidence that they now know more about this area but it does not go through their PDP. This group will therefore have much less going through their PDP but will have learnt equally effectively as the former group. So what am I trying to say? I'm saying that both methods are fine; do what works for you. Try and use your PDP if you can (give it a go - you might even come to realise that actually it is the best method for you after all) but if you don't, don't worry: just explain the nature of your learning style to the panel (if you end up with one).

9th Pearl
The minimum numbers of assessments are THE MINIMUM, you should be doing lots more.

Remember, the numbers quoted in the "evidence" section for things like CBDs and COTS are the MINIMUM. This means you should aim to do much more than that during your post. In fact, we suggest you try to get CBDs and COTs done on a weekly or fortnightly basis; this is possible if you get the organisational structure right.

It is no good saying at the 5 month ARCP panel meeting *"we've done 4 and planning to do the next two in the next 2 months"*. The Yorkshire* ARCP panel want to see at least the minimum by the 4 month stage (varies in other Deaneries). You may need to talk to your trainer/practice manager/hospital consultant to devise an organisational process to make this happen. And like we've said before, this is easily achievable – a GP practice in one area does one hour of COTs every Monday and one hour of CBDs every Friday with their trainee (all protected of course).

10th Pearl
Don't miss any of your Educational Supervision sessions – In Yorkshire it is 2 during the first 4 months of a post.

And it's your responsibility to make sure your educational supervision sessions happen in a timely way. Leave it till the last few weeks and you might find your educational supervisor has booked a holiday and is away. Then you're really stuffed. Educational Supervision and the reports generated ARE ESSENTIAL components that inform the ARCP panel process. Without them, you will not progress to the next stage!

In Yorkshire*, TWO educational supervision meetings need to happen within the first four months of every 6m post (varies in other Deaneries).

Review the Range of Competencies on a Regular Basis

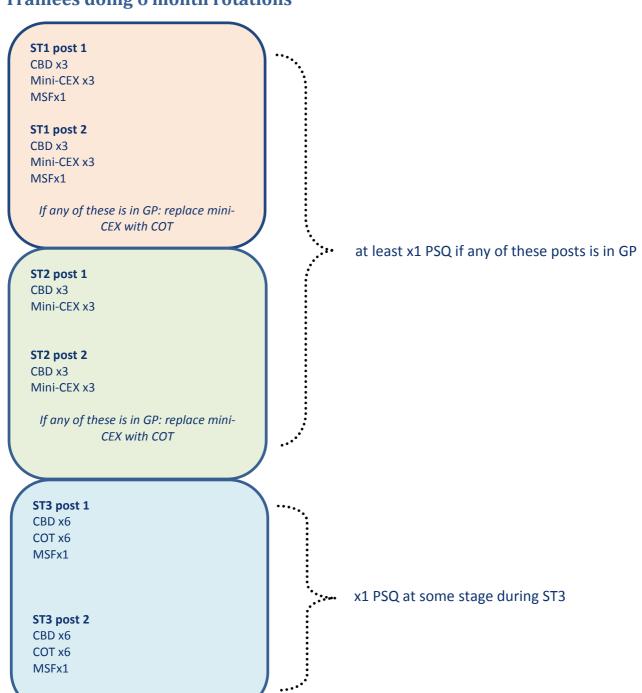The final thing we wanted to mention, (but did not add as a pearl as we like the fact there are ten pearls) is reviewing the range of your competencies on a regular basis.   Doing this with your trainer can be helpful in trying to figure out what sort of cases/consultations you need to discuss in the future to ensure coverage of those areas which remain outstanding.

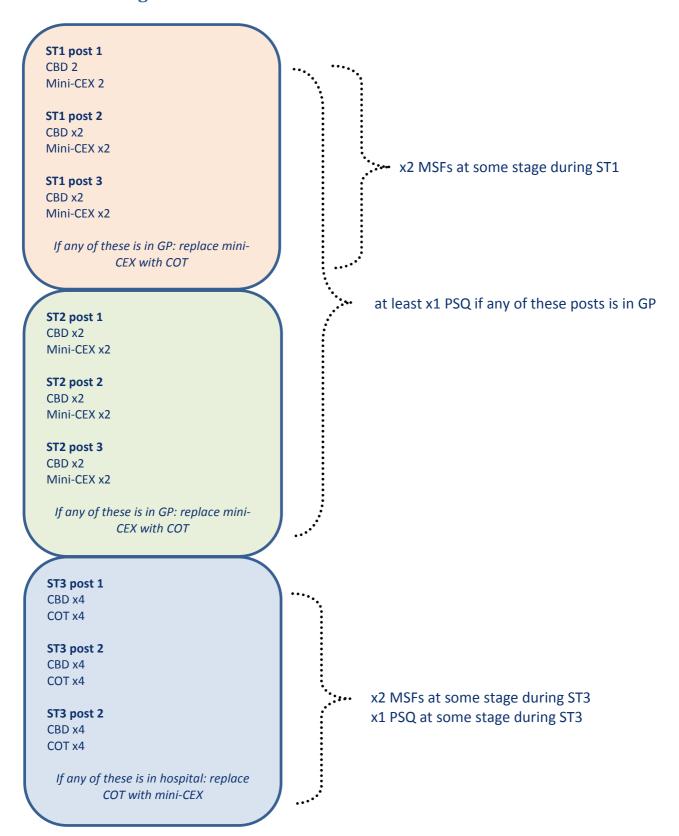Relax! None of the above is stressful if organised well.

HOW MANY ASSESSMENTS? – a summary

- The following numbers are MINIMUMs: you should aim to do more! And they all need to be done in a timely way (i.e. spread out and not all last minute) before the ARCP panels in June.
- The minimum requirement applies whether or not the GP trainee is in full time training.
- **COTs vs. mini-CEX**: If the GP trainee spends some of their final year in hospital posts, then the point at which COTs take over from mini-CEX may vary. You do COTs in general practice posts but mini-CEXs instead if in hospital posts.
- **The PSQ**: should be used once during months 31 to 34 (ST3, if in primary care). Another PSQ needs to take place in ST1 or ST2, if the GP trainee is in primary care. In other words the PSQ will be used only once if the GP trainee is in general practice for 12 months but twice if they have more than 12 months in general practice.
- **DOPS**: DOPS should be carried out for each of the eight mandatory procedures. These need to be carried out until the GP trainee is considered competent.

Trainees doing 6 month rotations

ST1 post 1
CBD x3
Mini-CEX x3
MSFx1

ST1 post 2
CBD x3
Mini-CEX x3
MSFx1

If any of these is in GP: replace mini-CEX with COT

ST2 post 1
CBD x3
Mini-CEX x3

ST2 post 2
CBD x3
Mini-CEX x3

If any of these is in GP: replace mini-CEX with COT

at least x1 PSQ if any of these posts is in GP

ST3 post 1
CBD x6
COT x6
MSFx1

ST3 post 2
CBD x6
COT x6
MSFx1

x1 PSQ at some stage during ST3

Trainees doing 4 month rotations

ST1 post 1
CBD 2
Mini-CEX 2

ST1 post 2
CBD x2
Mini-CEX x2

ST1 post 3
CBD x2
Mini-CEX x2

If any of these is in GP: replace mini-CEX with COT

x2 MSFs at some stage during ST1

at least x1 PSQ if any of these posts is in GP

ST2 post 1
CBD x2
Mini-CEX x2

ST2 post 2
CBD x2
Mini-CEX x2

ST2 post 3
CBD x2
Mini-CEX x2

If any of these is in GP: replace mini-CEX with COT

ST3 post 1
CBD x4
COT x4

ST3 post 2
CBD x4
COT x4

ST3 post 2
CBD x4
COT x4

If any of these is in hospital: replace COT with mini-CEX

x2 MSFs at some stage during ST3
x1 PSQ at some stage during ST3

Summary: The TEN E-Portfolio Pearls

1   Don't get hung up on where to put what.

2   Write what would be helpful for you; something worthwhile and you don't want to forget.

3   Record information at two levels – the general and the specific.

4   Recording your feelings is good.

5   Try and write in your natural style

6   Visit the e-portfolio regularly: making entries in a timely way AND reviewing the "whole picture" REGULARLY

7   It's all about quality not quantity

8   Don't forget to make effective use of your PDP

9   The minimum numbers of assessment are THE MINIMUM, you should be doing lots more.

10   Don't miss any of your Educational Supervision sessions – In Yorkshire* it is 2 during the first 4 months of a post.

       + Review the range of your competencies on a regular basis

Common Areas Where Trainees Struggle

Last minute entries

Remember, your e-portfolio is electronic; this means that everything you do is documented in time order. So, if you suddenly remember you are being assessed in the last month before review and rapidly and vigilantly fill in your e-portfolio to look fab… IT WILL BE SPOTTED.

Also, remember they (ARCP panels) are looking at hundreds of e-portfolios. That means certain things will make you stand out (for good or bad) – adding entries in batches is one of them. The panel is set up to call trainees to a panel meeting if ANY area of concern is highlighted. This means having the minimum number of DOPS, mini-CEXs, COTs and CBDs doesn't get you off the hook. The whole point, as we keep going on and on about, is that of ongoing progression. Logically, that progression cannot occur within 5 days.   Having the minimum number of assessments doesn't mean there won't be concerns; having thirty of everything which you did in 2 weeks will cause equal concern.

But everyone is aware that we don't all have time to add things as they occur. So retrospectively adding things is completely fine – but we're talking within days rather than months! 'Timely' is the key word here.

Getting people to complete assessments

As with everything there is a period of transition. This means some of your trainers/consultants know the old system and therefore prefer it. BUT things move on: we've all heard the stories of how on-call when your consultant was a house officer was 'real' on-call, where they did operations on the ward with people awake because anaesthesia had yet to be discovered and worked for 5 days straight without sleep. But change takes time for some people and so you will need to encourage them a bit.

Some assessors will love the idea, others will hate it. We all take a history, examine a patient, write it down, make a plan and then ask one of our seniors if they agree. We all go and discuss difficult cases with our colleagues, read about things of which we are uncertain. All you need to do is tweak this slightly.   And that tweaking is necessary to get the best out of it for you. A cup of tea, a guide to doing a CBD (and what to look for if the assessor is unsure), a quiet room and 20 minutes. It's very achievable; it just takes a little planning with a sprinkling of thought.

Record your OOH

Use the COGPED OOH work booklet to add structure to the teaching that happens on a OOH session. Give this booklet to the clinical supervisor to help them become familiar with it.

Print of a copy of "OOH Sessions - How to Maximise Learning (for trainees and supervisors)" and hand it over to them (available for download from www.bradfordvts.co.uk → click nMRCGP → click OOH). Make sure after each OOH session you have a debriefing session in a way this guide sets out.

And don't forget to make sure you've done the right number (ask your programme director).

PSQ and MSF

This bit requires a lot of organisation and not much brain work. Here we are going tell you how you can save yourself a substantial amount of time.

A trainee from the Bradford scheme (Tim Rider) has already done all the work for you. When he had to do his for the first time (under the watchful eye of a certain trainer – RM) he produced short explanatory letters for those involved to make the process operationally easier. To access these, go to www.bradfordvts.co.uk → click nMRCGP → click PSQ or MSF. Now you can get it done in no time, with little effort but big reward. These forms are generic; simply alter the details to make them specific to your post and you and hand them out accordingly. Try to do PSQs and MSFs mid post. The hard work has been removed.

How To Do It Badly and End Up at the ARCP Panel:

So if you're coming to year end (surely this doesn't need clarifying) your e-portfolio will be ARCP assessed. **All e-porfolios** are reviewed by ARCP panels. It's a requirement of PMETB, not just something each deanery chooses to do. There are standards that are set and have to be followed.

WHAT DOES THIS MEAN FOR YOU?

It means doing the minimum and getting your educational supervisor to sign you off doesn't mean it's all okay. Obviously if you've meticulously followed this guide your chances are tonnes higher (but the authors do not except liability). If you want to attend a panel meeting and be given the 3rd degree over your e-portfolio, and have to fight your case why you should stay on the training scheme then just do the following:

1. **Don't cover the curriculum**

   There are specific curriculum headings; if you go to review preparation you will see them with corresponding numbers by the side. If you've got zero by most entries, well done! Get ready for panel.

2. **Have insufficient evidence**

   You must aim to at least complete the minimum advised number of each assessment tool (COTs, CBDs, mini-CEXs, PSQs, MSFs etc). Not doing so is a given invitation to attend panel.

3. **Have an inactive PDP**

   The PDP shows you are constantly reflecting and developing. So using it just at the start and the end may also be a good way to make you stand out amongst the crowd and get first in line for a panel.

4. **Have poor quality information**

   If you have:
   - lots of entries that you have added, but the information is of poor quality,
   - added it in a rushed or sleepy state,
   - made them up (by the way there really is some kind of rule about this as this is a professional record of your abilities)
   …then "come into my parlour" said the spider to the fly! These are easy to spot!

5. **Have poor records of OOH or don't bother engaging**

   If you really are that desperate to meet the panel in person, don't do the minimum number of OOH sessions or just do them but don't bother adding any learning points or reflections from the experience.

6. **Don't show any evidence of progression: don't do the assessments in a timely way**

   Your 6 months of your e-portfolio is meant to reflect your improvement clinically in your post over that time. Cases get more difficult and more complex things are added in the PDP.
   But to get to panel, you simply need to do all your assessments and entries in the last few weeks prior to panel review. Timings of entries can easily be identified and so adding them all in a last minute panic is a great way to draw attention to you.

Useful Resources and Links

www.bradfordvts.co.uk

The bit you need to look at is the nMRCGP section on the home page. If you click on each of the subheadings (e.g. MSF, DOPs etc) you'll find lots of useful downloads that will save you organisational time and impart some invaluable advice that cannot be found elsewhere (e.g. not on the RCGP site).

The other bit that we would strongly urge you to look at is the "online resources" section. There are lots of useful educational downloads in this section; the best bit is that all of them are organised under the curriculum heading titles. This is good for two reasons. If you don't know what a curriculum heading actually means or involves, click on the link and look at some of the documents listed to give you a flavour. Secondly, parts of it are simply interesting; particularly so if you're in a hospital post which makes attending half day release a struggle and you just want added info about training to be a GP in general.

(And by the way, Ramesh Mehay, the person behind the website, did not write this bit).

www.gp-training.net

Another good website like Bradford's that gives specific advice.

www.nottm-vts.org.uk

There is a super "walk through guide to the e-portfolio" on this website for both trainers and trainees. You go to the site, → work place based assessment → e-portfolio. It is easy to navigate and we think it is a nice easy guide that the college could do to acquire.

http://learning.bmj.com

A personal favourite. Easy learning. You sign up, they e-mail you a different selection of cases and all you have to do is read them when you want. Not to do with the e-portfolio or work place based assessments, but it is useful.

http://www.gpnotebook.co.uk/trackerintro.cfm

Something called GEMs (GPnotebook Educational Modules) will help inform your clinical method and approach. Need to register, but it's free. Really good preparation for the AKT and CSA.

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