

Guidance on using Educator Comments on Learning Log Entries (LLE)

There is the option for the ES or the CS (if they have appropriate access to the trainees ePortfolio) to write a comment in response to each of the trainee's entries. In general, trainees report that receiving feedback in this way is helpful and it is good (especially if in a hospital post) to have comments which show that their reflection has been read and considered. It also can provide the trainee direction or advice, help develop their reflective log entries, relate their current work experiences back to their future in primary care, and/or provide thought provoking considerations to stretch the trainee. As a supervisor writing educator comments on learning log entries, it is appropriate to be positive and supportive when possible, adding something or passing on some knowledge and explaining why a link has been updated/delinked. (Giving adverse feedback is normally better face to face, though having spoken to the trainee adding it to e portfolio will support the message and allow others to know the feedback which was shared).

It is not a mandatory requirement to use this box, although it should be unusual for a trainee not to get a comment in response to a SEA entry and responding to some of the entries would be considered good practice.

There are many different ways in which this comment box can be used. Below is a list of examples (not exhaustive):

- Praise is always appreciated
- Gentle reminders. "I was delighted to see that you got a card thanking you for your excellent care here. .. however you have left patient identifiers on the card which should be removed (Caldecott guidance). Can you do this before I review this entry in a couple of weeks (on dd mm yyyy) "
- It is very helpful to comment why a link suggested by the trainee has been removed. This will help the trainee to understand the curriculum better, or the competences / capabilities better if the trainee had suggested a particular link might be appropriate.
- When making links to competences or adding other links it can be helpful to explain why these have been added.
- Sometimes the trainee's entry might benefit from changes and suggesting this can be helpful. "I note that this entry (like several others you have written in the last weeks) has a lot of detail of the clinical case, but little reflection on what you have learnt or on the competences you used. We would be able to make more links to the competences if you reflected more on your learning / the competences. In this entry why don't you I will review and "read" this entry again as well as making links to competences in 2w so you have some time to take this on".

- Suggested ways to take the episode of learning further. “You have written here very insightfully about how this consultation made you feel. It’s really useful to get this insight into the interaction between your work and how you feel. I’ve got some excellent books on Transactional analysis which look at the roles and games that happen in our interactions in my room. Why don’t you ask to borrow one of these?”
- Gentle reminders that the trainee is in a GP training programme and so entries which are too hospital focussed might not be worth the time they take to write. “I was interested to read that you have now learnt how to insert a chest drain. I’m sure that this might be useful on a Respiratory firm... but I’m going to encourage you to reflect on entries which will help you to become a GP... what about the data gathering and then decision making you did which took you to the point of identifying that he had a tension pneumothorax?”

It’s important to remember that there is little to remind a trainee that a comment has been written (or to tell you that they have read them) so conversations are important to make sure the time you spend commenting is productive.

Appendix 1 shares some further examples of educators’ comments written in response to learning log entries.

Appendix 1: Examples of Educator comments:

(Educational Supervisor)

A very insightful log entry. You have reflected very well on the difficulty of being a medic mum - where specialists can assume you want to be treated as a health care professional rather than a parent - and assumptions can sometimes be made. This has been a powerful experience for you; you will now provide even more holistic care. We undertake learning disability reviews in the practice. This includes a discussion with the carers to ensure they are getting adequate support. We now try to code all carers on our computer system. do you know how to do this?

(Educational Supervisor)

Well done for approaching this case in a logical and systematic manner and organising appropriate investigations. Make sure you follow up this lady if you can and see what the outcome of her clinic appointment is.

(Educational Supervisor)

The psycho-social aspect of the consultation is very important. It is important to never assume anything!

(Educational Supervisor)

You have consolidated the BLS teaching session, familiarising yourself with our equipment in the surgery. Given the shortage of epiPens, we don’t currently have one, we have

adrenaline that needs to be drawn up. There are helpful reminders of all emergency algorithms at the back of the BNF, with the doses of medications required, including the Ben Pen doses. Should you be in an emergency situation, it is important to enlist the help of other staff members in the practice.

(GP Clinical Supervisor)

I have removed the link you have made to Consultation and communication. When I read the entry I was unable to see any detail or reflection on how you have used consultation approaches or skills to enable this consultation. It may be good to discuss this at our tutorial this week?

(GP Clinical Supervisor)

I have added a link to holistic care here. You have provided a lot of details of how you adapted your care to fit to this patient's particular needs. I'd still encourage you to think about which competencies you are going to use each case to illustrate before you start writing it down.

(Educational Supervisor)

Sad case. Well done for reviewing the patient's notes thoroughly. It is surprising how often patients are lost to follow up. It does take time to review patient notes. Often this is easier done without the patient present so you have the time to thoroughly look at them.

(Educational Supervisor)

The key to this is usually in the history. Being very clear about what a patient means when they say "dizzy" I find helps me down a sensible path.

(Educational Supervisor)

This OOH session sounds really interesting. I particularly like the phrases that you have picked up to help explain to patients recovery and detox within the alcohol dependency setting. Seeking clarification of how much patients are actually drinking is really important. Sometimes patients can feel the community detox programmes are not suited to them, so this experience is invaluable to be able to share what happens, and how the patients can access the different resources.

(Educational Supervisor)

An interesting case, you have clearly taken a lot away from the session. Patients often don't want to admit that they need help. Being open can help put the patient at ease. As you highlight, there is often an underlying reason as to why a patient starts self medicating with alcohol. Our local unit is the YY centre in X. The inpatient unit at X I believe has now closed down.

(Educational Supervisor)

What a lot of local resources you have learnt about during your OOH shift. I'm particularly interested in the men's sheds resource that is available locally. Maybe we could add this to the other information we gathered when we went to the library and local hub in our tutorial last week? This is all great Community Orientation stuff!

(Educational Supervisor)

You highlight some of the difficulties of the online prescribing services - that it enables patients to not follow how to take medication. You can buy sildenafil over the counter now in pharmacies. Was there a psychosexual component to the ED? There is a separate clinic that you can refer to at X if this is the root cause. I think it is 4 tablets/ month ie 1 per week. I wasn't aware you could prescribe a daily dose starting it in GP. It will be interesting to see what the ED clinic suggest in due course.

(Educational Supervisor)

You went above and beyond to try to provide proactive care for this patient. You highlight the importance of holistic care. Several hospital teams were involved in this patients care however the care was not joined up in secondary care. The gastro team follow up was some distance off. We discussed the difficulty that the patient wasn't acutely ill enough to need admission the day we visited him however I think he was starting to struggle to manage at home alone. I agree with your reflections. It will be interesting to read his discharge summary in due course.

(Educational Supervisor)

Did you consider asking for a first void urine for chlamydia? What is the time interval for routine screening for this patient? Will the lab accept a smear that is sent outside the standard time frames? There is benefit to a PV that is beyond obtaining swabs and smears, visualising the cervix to see if there is an ectropion can often provide helpful evidence to the cause of bleeding.

(Educational Supervisor)

I think we are all documenting more thoroughly both clinical findings (positive and negative) and a plan. It is hard to achieve continuity with one GP so recording your plan with some explanation definitely helps the next person to see the patient should they need to be reviewed.