**Annex C***I&R logbook – from HE Wessex LETB*

**NHS Induction and Refresher GP Programme**

**2015**

**Logbook**

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| Name of Doctor: |  |
| Name of Supervisor:  |  |

**Aims of this Logbook**

To help doctors who have not worked in NHS GP posts for 2 or more years or who have started to work in the UK, and have no previous experience of working in NHS GP posts, but have acquired rights to practice and wish to identify areas of their work that could be improved.

Peer Rating Scale

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| Review Date: | Completed by: |
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*Developed from the 9 Point Rating Scale, it incorporates the GMC’s 14 “Duties of a Doctor”*

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| 1 | History taking and examination |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Incomplete, inaccurate, confusing history taking, cannot get patient co-operation for examination, technique poor | Clear history taking, appreciates the importance of clinical, psychological and social factors, performs adequate and appropriate examinations  | Accomplished and concise history taker; including clinical , psychological and social factors.Skilled examination technique,effective listener |

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| 2 | Investigations |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Inappropriate, random, unnecessary investigations, no thought given. Often fails to perform investigations requested | Investigates appropriately, ensures all investigations requested by the team are completed, knows what to do with abnormal results  | Arranges, completes and acts on investigations intelligently, economically and diligently |

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| 3 | Record Keeping |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Poor, confusing records. Inadequate, illegible | Clear records made in notes, medico-legally sound, others are able to understand | Records his/her information accurately and efficiently. Easy for others to follow |

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| 4 | Problem solving / making a diagnosis |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Unable to make decisions, or even make a working diagnosis. Fails to involve patients in decision making. Unaware of own limits | Can make a sound diagnosis, and produce safe, appropriate management plans. Involves patients in decision making. Good recognition of own limits  | Plus – shows intelligent interpretation of available data toform an effective hypothesis, understands the importance of probability in diagnosis |

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| 5 | Emergency care |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Does not respond to emergency calls, chaos and panic in emergency situations | Responds quickly to emergency calls, works well within team, appropriate management of situation | Shows ability in evaluating theemergency situation calmly and intelligently, establishes priorities correctly, organises assistance and treatment promptly. |

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| 6 | Attitude to and relationship with patients |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Discourteous, inconsiderate of patients views, dignity & privacy. Unable to reassure, subject of repeated complaints | Courteous & polite, communicates well with patients, shows appropriate level of emotional involvement in the patient and family. Respects privacy & dignity | Excellent bedside manner, able to anticipate patients’ emotional andphysical needs and plans to meet them. Explains clearly and checks understanding. |

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| 7 | Team working / relationship with colleagues |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Unable / refuses to communicate with colleagues. Can’t work to common goal, selfish, inflexible | Listens to colleagues – accepts the views of others. Flexible – ability to change in the face of valid argument | Able to bring together views for a common goal. Team goal is put before personal agenda |

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| 8 | Lifelong learning / Involvement in Teaching |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Does not see the need for learning, does not learn from mistakes. Fixed blinkered approach, poor attendance at teaching sessions | Positive approach to learning, participated in teaching, learns from mistakes, > 50% attendance at teaching sessions | Enthusiastic approach to learning,,reports own errors unhesitatinglyand shows ability to learn from the experience, good attendance (> 75%) |

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| 9 | Has a responsible and professional attitude and approach to their work, in the following areas:- |
| * Manners
* Dress code
* Time management
* Punctuality
* Safeguarding (Children and Vulnerable Adults)
 | * Ethics
* Honesty
* Trustworthiness
* Confidentiality
 |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Poor attitude/ approach in above areas, possible concerns. Fails to make care of patient first concern, own beliefs prejudice care, abuses position as a doctor | Reasonable attitude/ approach in above areas, a good doctor | Excellent attitude / approach in above areas, a credit to the profession. Patient care is the priority |

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| 10 | Verbal Communication - Understanding |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Poor comprehension of even simple sentences, unable to follow a conversation, no understanding of medical terminology and abbreviations | Good comprehension of English, can follow a conversation, few misunderstandings, understands most medical terminology and abbreviations | Can understand all that is said, can cope with “difficult” accents |

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| 11 | Verbal Communication – Being Understood |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Such a difficult accent that patients are unable to understand. Unable to construct sentences. Liable to be misunderstood | Has a good command of spoken English, may have some accent, can use appropriate medical terminology | Clear speech, little or no accent, no misunderstandings |

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| 12 | Written Communication - Comprehension |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Cannot understand a simple typed medical letter. Frequent misunderstandings | Can read typed letters, can mostly understand written notes of others, may have some difficulty with doctors’ handwriting! | Can easily comprehend both typed and hand written text |

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| 13 | Written Communication – Being Understood |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Cannot dictate or write a simple letter, cannot make suitable records that are understandable. Misuses medical terminology. Illegible | Can dictate or write clear letters, notes in records understandable. Legible. Uses appropriate medical terminology. | Good clear letters, able to delivercomplex messages |

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| 14 | Social Integration and/or Adjustment |
| For this section a score was felt to be inappropriate, a simple discussion on how the doctor and family are settling in to;1. their new life (e.g. making friends, accommodation, children’s schooling etc.) or
2. coping with their return to clinical work
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| 15 | Integration/Re-Integration with the National Health Service |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| No awareness of the NHS systems, unable to adapt to new ways of working | Coping well with the NHS systems, can overcome teething problems and is learning the new ways of working | Working well within the confinesof the NHS, aware and correct use of its systems. Good awareness on professional etiquette |

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| 16 | Case-based discussion (CBD) |
| Please refer to the relevant CBD form for detailed feedback as no specific tool is mandatory |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Significant concerns/learning needs identified | Some concerns/learning needs noted | Good reflection, no concerns noted |

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| 17 | Consultation Observation Tool (COT) |
| This may be done either by video or sitting in. Please refer to the relevant COT form for detailed feedback as no specific tool is mandatory |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Significant concerns/learning needs identified | Some concerns/learning needs noted | No concerns noted |

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| 18 | Multi-source feedback (MSF) |
| Please use a recommended tool for detailed feedback as no specific tool is mandatory. Expectation is one per six month placement (i.e. if part-time over 12 months then two MSFs expected) |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Significant concerns/learning needs identified | Some concerns/learning needs noted | No concerns noted |

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| 19 | Patient satisfaction questionnaire (PSQ) |
| Please use a recommended tool for detailed feedback as no specific tool is mandatory. Expectation is one per six month placement (i.e. if part-time over 12 months then two PSQs expected) |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| Significant concerns/learning needs identified | Some concerns/learning needs noted | No concerns noted |

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| 20 | Out-of-hours Experience (OOH) |
| This is an optional field only to be completed at the direction of the Deanery |

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**Comments/ learning objectives after first review**

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**Comments/ learning objectives after second review**

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**Comments/ learning objectives after third review**

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**Comments/ learning objectives after fourth review**

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| Practice Address | Educational Supervisor |
|  | Name:..............................................................GMC Number:.................................................Signed:…………………… ………………………Date:………………………………………………. |

*Further comments may be added or enclosed with report.*

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| * **Report Approved**
* **Report Not Approved**
 | Signed:…………………… …………………… Date:………………………………………………GP Director or Head of School of General Practice  |