# Learning Capture

## Please note that this is an interim electronic form to only be used in the case that Tracc is not available. This form may not be compatible with phone or tablet versions of Microsoft Word. Please speak to your relevant supervisor or the Curriculum team at [curriculum@racp.edu.au](mailto:curriculum@racp.edu.au) if assistance is required.

## Foundation phase

The purpose of a Learning Capture is to prompt you to enter evidence of work-based learning that are linked to the learning goals.

To complete your Learning Capture:

* Fill out your personal details.
* Add your learning capture details.
* Enter assessment into Tracc when available. Your Learning Capture is only considered complete once it is entered into Tracc.
* Please note that **\*** denotes compulsory section.
* Enter assessment into Tracc when available. When entering this assessment your assessor will need to recomplete their components in Tracc also. Please contact [curriculum@racp.edu.au](mailto:curriculum@racp.edu.au) if it is not possible for your assessor to do this. Your Learning Capture is only considered complete once it is entered into Tracc.

Optional:

* attach any documents/attachment to your Learning Capture once completed. *Note: attachments must not have personal information and will need to be de-identified.*
* You may request feedback on your Learning Capture. They do not need to be an RACP Supervisor or Fellow and can be a colleague, patient, nurse, or anyone else who can adequately comment on your Learning Capture.
  + **Request feedback** – if you would like to request feedback, you can send the form via email to your Assessor and attach any attachments (optional) you may wish to. You will need to follow up regarding receiving feedback.
  + **No feedback required** - if you do not want to request feedback, you can send the form via email to your Rotation Supervisor and attach any attachments (optional) for noting. Alternatively, they will be notified when the assessment is entered into Tracc.

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| **Trainee name and MIN** | *Title, preferred name, surname, MIN* | |
| **Training information** Include in this section, rotation name, dates of rotation, specialty, and training setting location | **Rotation name** *date to date, specialty, setting location* | |
| **Rotation supervisor(s)** | *Title, preferred name, surname* | |
| **Title\*** |  | |
| **Type of learning\*** |  | |
| **Date of learning experience\*** | Click or tap to enter a date. | |
| **Description of activity\*** Title of the activity and what occurred in the activity? |  | |
| **What did you learn? \*** Describe what you learned in this activity. |  | |
| **How will you apply this learning in the future? \*** |  | |
| **Select the Learning Goal(s) which apply to this experience\*** | Clinical assessment  Communication with patients  Documentation  Prescribing  Transfer of care | Investigations  Acutely unwell patients  Procedures  Knowledge  Professional behaviours |
| **Please note- you can include deidentified files (attached to your email sending the learning capture or uploaded to the assessment in Tracc) in the following format to support your learning capture.**   |  |  | | --- | --- | | * Image/JPEG * Application/PDF * Image/PNG | * Audio/MPEG * Video/MPEG * VIDEO/MP4 | | | |