



Application for Recognition of Prior Learning

APPENDIX D: Learning Portfolio

SAMPLE

This document is a sample Learning Portfolio (Appendix D) for the RPL application. It is a de-identified excerpt from an application for which RPL was fully granted and provides a good example of addressing the requirements for Appendix D. The content of the Learning Portfolio is dependent on your personal learning goals and experiences, and this sample portfolio is to be used as a guide only.



APPENDIX D: LEARNING GOALS and LEARNING STATEMENTS

To be completed by ALL applicants.

See the Frequently Asked Questions Document for further information on how to complete.

1 Learning Goals

Demonstrate what you know and can do, and how this learning connects with College curricula, by listing achieved learning goals and reflecting on how your learning fits with your complete training program.

Goals achieved:

1. Synthesising findings from history and diagnosis to develop a differential list and management plan
2. Management of the care of an unwell patient
3. Physician patient communication
4. How to undertake research
5. Facilitation of ongoing care and discharge planning

Reflection on training program:

This formative year equipped me with the necessary technical, professional and personal qualities needed to begin my career as a physician trainee. During my year I gained the basic skills of accurate, focused clinical history taking and targeted physical examination. This was gathered in both the acute, new presentation setting, where I admitted patients directly and independently during my general surgical and paediatrics rotations, and on the sub-acute ward environment. These skills were further refined by numerous mini-cexs and case based discussions that I undertook with senior registrars and consultants. The process of being observed and having real time feedback from experienced colleagues was a vital tool in cementing good clinical behaviours and skills, which I will take into my role as a basic physician trainee. I gained an ability to reflect on, and learn from my mistakes, whilst becoming prepared to adopt new processes to help diagnose and manage patients. With this grounding in the underlying principles of a physician's practice I feel well prepared for the time sensitive, highly pressured, logical decisions that medical registrars have to make whilst undergoing their basic physician training. Synthesising findings from history and diagnosis is a key part of the RACP internal medicine curricula and I feel my training in was commensurate with developing similar skills that basic physician trainees acquire in Australia.

Developing my knowledge base and skillset in acutely unwell patients was a key part of my year in . I was able to manage multiple, complex medical presentations such as diabetic ketoacidosis, respiratory failure requiring non-invasive ventilation and upper gastrointestinal bleeds. My knowledge of oxygen administration, blood products, glycaemic control, fluid administration and pain control was greatly improved over this time through clinical experience. I cemented this learning at home, with the use of the foundation e-learning programme courses in "recognition and management of the acutely ill patient" which I have attached. Furthermore a number of directly observed mini-cexs documented my ability to manage acutely ill patients, also attached. Finally, I participated and completed the advanced life support course during this time, focusing my efforts on the immediate care of a deteriorating patient. All these acute care skills will be vital when I am responsible for leading arrest teams, responding to PACE calls and clerking new unwell medical patients in the ED. Managing the care of the unwell patient is clearly a focus of the RACP internal medicine curricula and my skills developed in link clearly to this.

Physician patient communication lies at the heart of medical practice. Without mutual respect, the building of trust and honest discourse there can be no lasting improved health outcomes for patients. During my year I utilised the building blocks of communication skills that I had learned at medical school: empowering patients, open questioning, active listening. These skills were key when breaking bad news, taking histories and counselling on healthier lifestyles to promote preventative medicine. Case based discussions formed the majority of the objective assessment of this training goal.

I undertook a specialised "academic" year where I was given 4 months free from clinical practice to devote my time to research in academic leadership and healthcare management. I utilised this time to evaluate a new consultant ward round on the oncology ward with my tutor Dr. . This quality improvement project was published in and presented at and the conference in . Furthermore during this time I worked on a case report, retrospective cohort analysis of and a review article in . These were all worked on during my year and are now pub med indexed. Furthermore my work from this time has been presented at 2 further international conferences, the and . All the documentary evidence is attached. Contributing to new knowledge via research is a key part of the RACP professional qualities curriculum and I was fortunate enough to be educated in the required skills necessary to produce publishable, innovative work, during my time as a in .

During my year, a key part of my role involved the safe and organised discharge of patients back into the community. My electronic discharge summaries, telephone calls to local medical officers, organisation of inter-hospital transfers and co-ordination of the discharge process were all highly regarded by my supervisors. These skills and my understanding of their importance shows my appreciation of accurate medical handover, which is crucial to my role as a physician trainee.

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2 Learning Statements

Refer to the relevant College curricula (the Professional Qualities Curriculum, and the relevant speciality curriculum) and identify key competencies achieved during the prior learning.

Learning statement 1

Curriculum: Adult Internal Medicine Curriculum

Theme: Clinical Skills

Statement:

- I am able to accurately take a focused history followed by a directed examination, targeted at eliciting the important clinical and social problems faced by a patient
- I can use these skills to order relevant blood, imaging and functional tests in a thorough and logical manner, keeping in mind the relative costs and risks of performing each investigation
- I learnt this knowledge via clerking new presentations from GP referrals and emergency department referrals, together with caring for inpatients. Feedback from consultant ward rounds and formative mini-cexs and case based discussions was crucial in perfecting these clinical skills
- This knowledge will allow me to practice independently, with confidence, in a resource aware and careful manner, for the benefit of my patients

Documentary Evidence Attached:

2 mini-cexs and 2 case based discussions
Certificate of completion of training
Supporting letter x 2
Foundation e learning for health module in good clinical care
General Medical Council certificate of registered medical practitioner

Learning statement 2

Curriculum: Adult Internal Medicine Curriculum

Theme: Patient Care and Therapeutics

Statement:

- I am able to manage a variety of emergency presentations in acutely unwell medical patients, e.g. decreased GCS, tachy/bradyarrhythmias, septic shock etc. This is complemented by my appreciation and understanding of emergency surgical presentations and my ability to instigate initial treatment and refer appropriately
- I utilise my understanding of pharmacokinetics, prescribing principles and adverse drug reactions to safely prescribe medicines in order to achieve clinical resolution.
- This knowledge was achieved by my undertaking of the Advanced Life Support course, ward/ED based mini-cexs and case based discussions and foundation e-learning for health modules. My high standard of prescribing was noted via an achievement certificate of perfect prescribing on my paediatrics rotation
- These skills will allow me to confidently lead arrest teams and PACE teams. Furthermore the knowledge base that I have learnt will enable me to work effectively as an admitting medical registrar

Documentary Evidence Attached:

3 Mini-cexs, 1 x case based discussion and 1 x directly observed procedure
Certificate of practically perfect prescription practice
Certificate
Foundation e learning for health module in recognition and management of the acutely unwell patient

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Learning statement 3

Curriculum: Professional Qualities Curriculum

Theme: Teaching and Learning

Statement:

- I have learnt the ability to clearly articulate my novel research into publishable work. This can be seen from the 4 publications (3 pub med indexed) and 4 international conferences that my work has been presented at in poster form. Furthermore I presented orally at an international research conference, with work done in my [REDACTED] year.
- This is complemented by the teaching skills and educational techniques learnt during my [REDACTED] year that I utilised whilst delivering lectures to final year medical students and intern doctors
- I was able to learn my research methodologies through both self-directed learning and attendance at [REDACTED] [REDACTED] organised teaching sessions. This was objectively assessed by my tutor Dr. [REDACTED] with the developing the clinical teacher assessment that I have attached.
- I will utilise my proven track record in research to continue to publish whilst a basic physician trainee and

Documentary Evidence Attached:

Abstracts of 4 publications, 4 poster presentations, and a certificate of an oral presentation
1 x Developing the clinical teacher exercise

Please note that work on all my publications/posters was done during my [REDACTED] year, though some of the actual publication dates were slightly after the year ended

Learning statement 4

Curriculum: Professional Qualities Curriculum

Theme: Communication

Statement:

- I can structure a consultation to ensure that patients feel comfortable in divulging pertinent details regarding themselves and their ailments. I am able to do this in an empathetic and non-judgemental manner and I understand the cultural and personal reasons that may cause information to be withheld by certain patients.
- I learnt this through my exposure to patient discussions as both their treating physician and also an advocate of health promotion who's aim was to promote making healthy choices. These skills were particularly stretched when as a [REDACTED] I had to carefully and empathically break bad news to patients, for example in the setting of a new diagnosis of acute lymphoblastic leukaemia to a young child and her family in the paediatric emergency department. Mini-cexs and case based discussions were again vital in consolidating my understanding of my strengths and weaknesses in communication. This was complemented by my use of self-reflection tools in order to assess my strengths and weaknesses
- These communication skills will allow me to remain a caring, open doctor that's able to maintain honest discourse with [REDACTED] patients in order to gain all the necessary information to help them get better.

Documentary Evidence Attached:

1 x Mini Cexs, 2 x case based discussions
Self reflection tool