

Taster

Foundation doctor

Forename of Foundation Doctor:	
Surname of Foundation Doctor:	
GMC Number:	

Upload additional evidence

Attachment(s)

Taster specialty	Please select one...
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Taster venue	
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Name of taster supervisor	
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Email of taster supervisor	
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Grade of taster supervisor	
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Duration of taster (no. of days)	Study Leave	
	Annual Leave	
	Other Leave	
	<i>Total Duration</i>	

Dates of taster	From	
	To	

Reflection on the taster

Please outline the reasons for completing this taster.

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Prior to the taster, in what specific ways did you think you might be suited to the specialty?

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<input type="radio"/>	Academic Medicine
<input type="radio"/>	Anaesthetics and Critical Care
<input type="radio"/>	Emergency Medicine
<input type="radio"/>	General Practice
<input type="radio"/>	Medical specialties
<input type="radio"/>	Obstetrics & Gynaecology

<input type="radio"/>	Ophthalmology
<input type="radio"/>	Paediatrics
<input type="radio"/>	Pathology and laboratory-based specialties
<input type="radio"/>	Psychiatry
<input type="radio"/>	Public Health Medicine
<input type="radio"/>	Radiology
<input type="radio"/>	Surgical specialties

Prior to the taster, did you have any specific concerns about ways in which you might not be suited to the specialty?

What did you find the most valuable learning experiences and how did they match your needs? What areas did you find the most challenging?

To what extent do you think that you were able to get a representative picture of clinical practice in this particular specialty during the taster?

Do you have any remaining questions about the specialty that you were not able to answer on the taster? If so, how could you have these questions answered?

Did the taster differ from your expectations? Has it changed your ideas or thoughts on a career direction? If so, how?

What are the next steps you are going to take, on the basis of having completed the taster? (For example, have remaining questions answered; talk to more people in the specialty; find out how to apply for posts in that specialty; research other specialties.)

Was the taster useful?

<input type="radio"/>	Yes
<input type="radio"/>	No

Signatures

Foundation Doctor signature:	
Date signed by Foundation Doctor:	