

Learning Encounter and Reflection Note (LEARN)

Foundation doctor

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	

Introduction

Not to be used in place of mandatory forms such as initial/induction meetings and end of placement/year reports.

Date of event (if applicable)	
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Title of LEARN	
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Which capability am I trying to show?*	<input type="radio"/>	FPC 1: Clinical Assessment
Pick the primary capability demonstrated through this experience. Focus on this capability in your thinking and writing while completing this form. Note that this form will not automatically be mapped to the selected the FPC in your curriculum. You will be able to map it to any FPC(s) once you have completed the form.	<input type="radio"/>	FPC 2: Clinical Prioritisation
	<input type="radio"/>	FPC 3: Holistic Planning
	<input type="radio"/>	FPC 4: Communication and Care
	<input type="radio"/>	FPC 5: Continuity of Care
	<input type="radio"/>	FPC 6: Sharing the Vision
	<input type="radio"/>	FPC 7: Fitness to Practice
	<input type="radio"/>	FPC 8: Upholding Values
	<input type="radio"/>	FPC 9: Quality Improvement
	<input type="radio"/>	FPC 10: Teaching the Teacher

- FPC 11: Ethics and Law
- FPC 12: Continuing Professional Development
- FPC 13: Understanding Medicine

What kind of experience was this? *	<input type="checkbox"/> Case-based discussion (CBD)
<i>This information will be used for research purposes only, to help the UK Foundation Programme Office (UKFPO) understand how these forms are being used. Thank you for providing accurate information, especially if you select the 'Other' option.</i>	<input type="checkbox"/> Developing the clinical teacher (DCT)
	<input type="checkbox"/> Direct observation of procedural skills (DOPS)
	<input type="checkbox"/> Mini clinical evaluation exercise (MiniCEX)
	<input type="checkbox"/> Other
	If Other (please specify)*: <input style="width: 150px; height: 20px;" type="text"/>

What did I do well? What were my challenges? What was interesting or notable about this experience?*

Describe your role in the experience.

How does this reflect my current abilities?

Direct feedback from trainer *

To be completed by the trainer signing this form.

Reflection *

What did you learn about yourself?

What next?

Where should I go next?

Planning eg more practice/experience at this level, move onto something different/more advanced.

What do I need to do to get there?

Discuss ideas and options with your supervisor/trainer.

Trainer details

Trainer's Name: *	
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Trainer's Position: *	<input type="radio"/>	Consultant/Senior GP/Senior SAS doctor
	<input type="radio"/>	ST3 or above/SpR
	<input type="radio"/>	ST/CT 1/2
	<input type="radio"/>	SAS doctor
	<input type="radio"/>	Pharmacist
	<input type="radio"/>	Other

If Other (please specify)*:

GMC/Other Registration Number: *	
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Trainer's Email: *	
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Have you been trained in providing feedback? *	<input type="radio"/>	Yes
	<input type="radio"/>	No

If No selected, following message to appear:

Should you wish to complete training in providing effective feedback (and details about supervised learning event tools); you can access a free, online portal: the 'Educator Training Resources' programme on e-Learning for Health (e-LfH): <https://www.e-lfh.org.uk/programmes/educator-training-resources/>. You need to register to be able to access the content; registration is free for NHS staff. Specifically, look for the following module and section: "Educator Training Resources (ETR) NEW > Training for the foundation supervisor"

Signature

Trainer signature:	
Date signed by Trainer:	