

Induction meeting with Clinical Supervisor

Date of meeting	
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Foundation doctor

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

Placement

Specialty	Local education provider	Training period from	Training period to

Supervisor's role

<input type="checkbox"/>	Clinical supervisor only
<input type="checkbox"/>	Joint educational and clinical supervisor - please complete the "Combined Initial and Induction Meeting" form instead

Give a brief description of the placement; for example general practice in a rural setting; haematology in university teaching hospital: *

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During this placement, the foundation doctor will be able to achieve a number of the FPCs.

<- This text is for information only - it is not a question Only appears when the tooltip is hovered over/clicked on:

Section 1: Professional behaviour and trust
 Section 2: Communication, teamworking and leadership
 Section 3: Clinical care
 Section 4: Safety & quality

Tooltip 1
Tooltip 2
Tooltip 3
Tooltip 4

Tooltip 1	Acts professionally Delivers patient centred care and maintains trust Behaves in accordance with ethical and legal requirements Keeps practice up to date through learning and teaching Demonstrates engagement in career planning
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FPC tooltip	FPCs are the 20 foundation professional capabilities listed in the FP Curriculum (2016).
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Tooltip 3	Recognises, assesses and initiates management of the acutely ill patient Recognises, assesses and manages patients with long term conditions Obtains history, performs clinical examination, formulates differential diagnosis and management plan Requests relevant investigations and acts upon results Prescribes safely Performs procedures safely Is trained and manages cardiac and respiratory arrest Demonstrates understanding of the principles of health promotion and illness prevention Manages palliative and end of life care
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Particular opportunities / areas of focus during this placement are:

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Tooltip 2	Communicates clearly in a variety of settings Works effectively as a team member Demonstrates leadership skills
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Tooltip 4	Recognises and works within limits of personal competence Makes patient safety a priority in clinical practice Contributes to quality improvement
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1. Have you been advised who your educational supervisor is and given contact details? *

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

2. Are you aware of the requirements for satisfactory completion of your foundation year (including the benefits and required number of assessments and supervised learning events (SLEs) etc)? *

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

3. Have you been given clear advice as to what is expected of you in your position? *

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

4. Do you know how to use the e-portfolio? *

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

5. Have you been given training and access to the necessary IT systems for you to fulfil your workload? *

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

6. Do you know what your work schedule and work intensity are and how to contact the trust's guardian of safe working?

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

7. Have you been told how to book leave (including study leave if appropriate)? *

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

8. Are you familiar with your new place of work? *

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

9. Do you feel competent to use any essential equipment which you will be required to operate? *

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

10. Have you been told who to contact for clinical advice in hours? *

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

11. Have you been told who to contact for clinical advice out of hours? *

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

12. Do you know how to order investigations and access their results in and out of hours, if appropriate to your role? *

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

13. Do you know how to access guidelines which may be helpful to you? *

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

14. Do you know who to contact if you have personal concerns? *

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

Note to supervisor: By signing this form you are agreeing to follow the GMC standards for trainers (<http://www.gmc-uk.org/education/standards.asp>).

Supervisor details

Name	
GMC Number	
Email	

Signatures

Clinical Supervisor signature:	
Date signed by Clinical Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	