

Placement Supervision Group Individual Feedback Form

Foundation doctor

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

Placement Supervision Group - Information and responsibilities

By completing this form members of the Placement Supervision Group (PSG) are taking responsibility for describing accurately the foundation doctor's performance in the workplace and highlighting any areas of excellence or areas of concern. This form is not an additional assessment. The information will be used to help the Clinical Supervisor support the doctor and also feed into the Clinical Supervisor's End of Placement Report.

Name (of PSG member)	
Job Title (of PSG member)	
Grade (of PSG member)	

By completing this form the clinical supervisor and Placement Supervision Group are taking responsibility for describing accurately this foundation doctor's performance in the workplace and highlighting any areas of excellence or areas of concern which may require educational support.

Record of Supervised Learning Events

Please indicate if you have observed any of the following supervised learning events during this placement.

Mini-CEX: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
DOPS: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Case-based Discussion: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Developing the Clinical Teacher: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

Observed performance in the workplace

SECTION 1: Professional behaviour and trust: *

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 1

Tooltip 1	<ul style="list-style-type: none"> 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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Please provide a comment to support and justify the assessment rating for section 1 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:
 Comments are mandatory if you have selected "Some Concern" or "Major Concern"

If you have selected "Some Concern" or "Major Concern", please specify ratings for each of the Foundation Professional Capabilities within this section of the curriculum.

1. Acts Professionally Tooltip 1.1

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 1.1	Professional behaviour Personal organisation Personal responsibility
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2. Delivers patient centred care and maintains trust Tooltip 1.2

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 1.2	Patient centred care Trust Consent
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3. Behaves in accordance with ethical and legal requirements Tooltip 1.3

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Tooltip 1.3	Ethical and legal requirements Confidentiality Statutory documentation Mental capacity Protection of vulnerable groups
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4. Keeps practice up to date through learning and teaching Tooltip 1.4

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 1.4	Self-directed learning Teaching and assessment
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5. Demonstrates engagement in career planning

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

SECTION 2: Communication, team-working and leadership: * Tooltip 2

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 2	Communicates clearly in a variety of settings Works effectively as a team member Demonstrates leadership skills
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Please provide a comment to support and justify the assessment rating for section 2 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:
 Comments are mandatory if you have selected "Some Concern" or "Major Concern"

If you have selected "Some Concern" or "Major Concern", please specify ratings for each of the Foundation Professional Capabilities within this section of the curriculum.

6. Communicates clearly in a variety of settings Tooltip 2.1

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 2.1	<ul style="list-style-type: none"> Communication with patients/relatives/carers Communication in challenging circumstances Complaints Patient records Interface with other healthcare professionals
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7. Works effectively as a team member Tooltip 2.2

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 2.2	<ul style="list-style-type: none"> Continuity of care Interaction with colleagues
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8. Demonstrates leadership skills Tooltip 2.3

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 2.3	Leadership
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SECTION 3: Clinical care: * Tooltip 3

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 3	<ul style="list-style-type: none"> 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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Please provide a comment to support and justify the assessment rating for section 3 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:
Comments are mandatory if you have selected "Some Concern" or "Major Concern"

If you have selected "Some Concern" or "Major Concern", please specify ratings for each of the Foundation Professional Capabilities within this section of the curriculum.

9. Recognises, assesses and initiates management of the acutely ill patient Tooltip 3.1

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 3.1	<ul style="list-style-type: none"> Recognition of acute illness Assessment of the acutely unwell patient Immediate management of the acutely unwell patient
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10. Recognises, assesses and manages patients with long term conditions Tooltip 3.2

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 3.2	<ul style="list-style-type: none"> Management of long term conditions in the acutely unwell patient The frail patient Support for patients with long term conditions Nutrition
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11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan Tooltip 3.3

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

12. Requests relevant investigations and acts upon results Tooltip 3.4

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

13. Prescribes safely Tooltip 3.5

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

14. Performs procedures safely Tooltip 3.6

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

15. Is trained and manages cardiac and respiratory arrest Tooltip 3.7

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

16. Demonstrates understanding of the principles of health promotion and illness prevention

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

17. Manages palliative and end of life care Tooltip 3.8

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

SECTION 4: Safety & quality: * Tooltip 4

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 3.3	History Physical and mental state examination Diagnosis Clinical management Clinical review Discharge planning Discharge summaries
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Tooltip 3.4	Investigations Interpretation of investigations
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Tooltip 3.5	Correct prescription Clinically effective prescription Discussion of medication with patients Guidance on prescription Review of prescriptions
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Tooltip 3.6	Core procedures Other procedures
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Tooltip 3.7	Do not attempt cardiopulmonary resuscitation orders
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Tooltip 3.8	End of Life Care Care after death
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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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Please provide a comment to support and justify the assessment rating for section 4 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:
 Comments are mandatory if you have selected "Some Concern" or "Major Concern"

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If you have selected "Some Concern" or "Major Concern", please specify ratings for each of the Foundation Professional Capabilities within this section of the curriculum.

18. Recognises and works within limits of personal competence Tooltip 4.1

Tooltip 4.1 Personal competence

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

19. Makes patient safety a priority in clinical practice Tooltip 4.2

Tooltip 4.2 Patient safety
 Causes of impaired performance, error or suboptimal patient care
 Patient identification
 Usage of medical devices and information technology (IT) (n.b this excludes implantable devices)
 Infection control

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

20. Contributes to quality improvement Tooltip 4.3

Tooltip 4.3 Quality Improvement
 Healthcare resource management
 Information management

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Comments

Any other comments:

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PSG member details

Name	
GMC / Other Registration Number	
Email	

Signatures

PSG member signature	
Date signed by PSG member	