

Placement Supervision Group Individual Feedback Form - no concerns (short version)

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	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:

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

Tooltip 2

Tooltip 2
 Communicates clearly in a variety of settings
 Works effectively as a team member
 Demonstrates leadership skills

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

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:

SECTION 3: Clinical care: *

Tooltip 3

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

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

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:

SECTION 4: Safety & quality: *

Tooltip 4

Tooltip 4
 Recognises and works within limits of personal competence
 Makes patient safety a priority in clinical practice
 Contributes to quality improvement

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

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

Any other comments:

PSG member details

Name	
GMC / Other Registration Number	
Email	

Signatures

PSG member signature	
Date signed by PSG member	