

Clinical Supervisor's End of Placement Report

Foundation doctor

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

Placement Supervision Group

The following individuals from the foundation doctor's placement supervision group contributed to this end of placement report:

Name	Job Title	Grade

Are there any other individuals from the foundation doctor's placement supervision group who contributed to this end of placement report?

Name	Job Title	Grade

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.

Evidence considered

Direct observation in the workplace: *

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

Comments:

Attendance record: *

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

Comments:

ePortfolio meeting curriculum requirements: *

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

Comments:

Comments from Placement Supervision Group: *

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

Comments:

Other (please specify): *

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

Comments:

Assessment of observed performance in the workplace

Please describe the foundation doctor's observed performance in the workplace compared to the outcomes specified in section 1 of the syllabus within the Foundation Programme Curriculum 2016. The assessment ratings should be based on a range of situations and on differing complexities.

Please be as specific as possible within this section as an assessment of the overall placement will be required at the end of this report. A mandatory comment for each syllabus section is required to support/justify the ratings.

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: *

1. Acts Professionally

<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

<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

<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

<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

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: *

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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
 Communication with patients/relatives/carers
 Communication in challenging circumstances
 Complaints
 Patient records
 Interface with other healthcare professionals

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
 Continuity of care
 Interaction with colleagues

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

SECTION 3: Clinical care: *

Tooltip 3

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

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

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: *

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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	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	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

Tooltip 3.3	History Physical and mental state examination Diagnosis Clinical management Clinical review Discharge planning Discharge summaries
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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

Tooltip 3.4	Investigations Interpretation of investigations
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13. Prescribes safely Tooltip 3.5

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

Tooltip 3.5	Correct prescription Clinically effective prescription Discussion of medication with patients Guidance on prescription Review of prescriptions
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14. Performs procedures safely Tooltip 3.6

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

Tooltip 3.6	Core procedures Other procedures
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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

Tooltip 3.7	Do not attempt cardiopulmonary resuscitation orders
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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

Tooltip 3.8 End of Life Care
Care after death

SECTION 4: Safety & quality: * Tooltip 4

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

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

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: *

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

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

Tooltip 4.1 Personal competence

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

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

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

20. Contributes to quality improvement Tooltip 4.3

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

Tooltip 4.3 Quality Improvement
Healthcare resource management
Information management

Foundation doctor's health

Do you have any concerns about the foundation doctor's health?: * Yes No

If you have concerns about this foundation doctor's health, please describe your concerns:

Details of concerns / investigations

Are you aware if this foundation doctor has been involved in any conduct, capability or Serious Untoward Incidents / Significant Event Investigations or named in any complaint?: *

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

If so are you aware if it has / these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?:

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

<-- Only appears if "Yes" selected in question above

Comments, if any:

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Foundation doctor's absence

Number of days of absence when foundation doctor would normally be at work, as reported by the foundation doctor.

Note: This is an indicative number, which will be used to help triangulate absence information from other sources in advance of ARCP.

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Overall assessment

How has the foundation doctor performed in this placement?: *

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

Please comment on this foundation doctor's overall performance in this placement: *

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Does this foundation doctor satisfy the expected outcomes of this placement, at this stage of training?: *

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

Please add comments:

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Supervisor details

Name	
GMC Number	
Email	

Signatures

Clinical Supervisor signature:	
Date signed by Clinical Supervisor:	