

LEARN (Learning Encounter and Reflection Note)

Foundation doctor

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

Introduction

Date of event (if applicable)	
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Title	
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Which capability (FPC) am I trying to show?*	<input type="radio"/> 1. Acts Professionally <input type="radio"/> 2. Delivers patient centred care and maintains trust <input type="radio"/> 3. Behaves in accordance with ethical and legal requirements <input type="radio"/> 4. Keeps practice up to date through learning and teaching <input type="radio"/> 5. Demonstrates engagement in career planning <input type="radio"/> 6. Communicates clearly in a variety of settings <input type="radio"/> 7. Works effectively as a team member <input type="radio"/> 8. Demonstrates leadership skills <input type="radio"/> 9. Recognises, assesses and initiates management of the acutely ill patient <input type="radio"/> 10. Recognises, assesses and manages patients with long term conditions <input type="radio"/> 11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan <input type="radio"/> 12. Requests relevant investigations and acts upon results <input type="radio"/> 13. Prescribes safely <input type="radio"/> 14. Performs procedures safely <input type="radio"/> 15. Is trained and manages cardiac and respiratory arrest <input type="radio"/> 16. Demonstrates understanding of the principles of health promotion and illness prevention <input type="radio"/> 17. Manages palliative and end of life care <input type="radio"/> 18. Recognises and works within limits of personal competence <input type="radio"/> 19. Makes patient safety a priority in clinical practice <input type="radio"/> 20. Contributes to quality improvement
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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.

What kind of experience was this? *	<input type="radio"/> Case-based discussion (CBD) <input type="radio"/> Developing the clinical teacher (DCT) <input type="radio"/> Direct observation of procedural skills (DOPS) <input type="radio"/> Mini clinical evaluation exercise (MiniCEX) <input type="radio"/> Other
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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.

If Other (please specify)*:

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

Describe your role in the experience.

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How does this reflect my current abilities?

Direct feedback from trainer*

To be completed by the trainer signing this form.

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Reflection*

What did you learn about yourself?

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What next?

Where should I go next?

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

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What do I need to do to get there?

Discuss ideas and options with your supervisor/trainer.

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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

Signature

Trainer signature:	
Date signed by Trainer:	