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)

Title

Which capability (FPC) am I trying to show?*

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

What kind of experience was this? *

- Case-based discussion (CBD)
- Developing the clinical teacher (DCT)
- Direct observation of procedural skills (DOPS)
- Mini clinical evaluation exercise (MiniCEX)
- Other

If Other (please specify)*:

How does this reflect my current abilities?

Direct feedback from trainer*

To be completed by the trainer signing this form.

Reflection*

What did you learn about yourself?

What next?

Where should I go next?
Planning eg more practice/experience at this level, move onto something different/more advanced.

What do I need to do to get there?
Discuss ideas and options with your supervisor/trainer.

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.

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

Describe your role in the experience.
Trainer details

Trainer's Name: *

Trainer's Position: *
- Consultant/Senior GP/Senior SAS doctor
- ST3 or above/SpR
- ST/CT 1/2
- SAS doctor
- Pharmacist
- Other

If Other (please specify)*:

GMC/Other Registration Number: *

Trainer's Email: *

Have you been trained in providing feedback? *
- Yes
- No

Signature

Trainer signature: ________________

Date signed by Trainer: ________________