

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 are taking responsibility for describing accurately the foundation doctor's performance in the workplace. This should highlight any areas of excellence, good practice, development or concern. The information will be used to help the Clinical Supervisor support the doctor and will also feed into the Clinical Supervisor's End of Placement Report.

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

NOTE: It is not appropriate for foundation doctors to provide PSG feedback

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: *

Tooltip 1

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

<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 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:

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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:

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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:

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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	