**Health Education England - North East**

**&**

**Northern School of Anaesthesia & Intensive Care Medicine**

**Advanced Training Module – Initial Meeting, 3 month Progress Report & 6 month Final Report**

You will need to demonstrate at ARCP that you used your Advanced module to enhance your non-clinical skills in that field. The panel will be looking at your achievements in the **non-clinical domains in your chosen Advanced Module** in addition to your advanced clinical skills. This form MUST be completed with your Educational Supervisor at **3 monthly intervals** until the end of your ATM. The final report must be emailed to the Training Programme Director for final comments.

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| **Name**:  | **Advanced Module:** | **Base Hospital:** |
| **Year of Training:**  | **Date:** | **Educational Supervisor (Advanced Module):** |

**Personal Development Plan – Initial meeting**

**(SMART -** Specific; Measureable; Attainable; Relevant; Timed)

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| **ATM Non-Clinical domains planned Development**  | **Which of the Advanced Training domains** **will this action fulfil? (please tick)** | **Agreed Action and Goals**  | **date achievable** | **Supporting evidence to obtain** |
| **Team Working** | **Leadership** | **Innovation** | **Manage-ment** | **Education** |  |
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**Progress Report at 3 months**

**(SMART -** Specific; Measureable; Attainable; Relevant; Timed)

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| **ATM Non-Clinical domains progression**  | **Which of the Advanced Training domains** **will this action fulfil? (please tick)** | **Agreed Action or Goals**  | **date achievable** | **Supporting evidence – feedback, certificates, thank you letters** |
| **Team Working** | **Leadership** | **Innovation** | **Manage-ment** | **Education** |  |
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**Progress & Development at 6 months**

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| **ATM Non-Clinical domains Development**  | **Which of the Advanced Training domains** **did you fulfil? (please tick)** | **Goals Achieved**  | **Dated** | **Supporting evidence – feedback, certificates, thank you letters** |
| **Team Working** | **Leadership** | **Innovation** | **Manage-ment** | **Education** |  |
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| **Sign Off – Initial meeting** | **Sign Off – 3 months** | **Sign Off – 6 months** |
| **Educational Supervisor Signature:** | **Educational Supervisor Signature:** | **Educational Supervisor Signature:** |
| **Trainee Signature:** | **Trainee Signature:** | **Trainee Signature:** |
| **Date:** | **Date:** | **Date:** |

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| **Training Programme Directors Comments:** |
|  |
| **TPD Signature:** |
| **Date:** |

**This form will be returned to you by the TPD. \*\*Please ensure you upload this signed summary to your e-Portfolio - Personal Evidence\*\*.**