Northern School of Anaesthesia

& Intensive Care Medicine

***Educational Supervision – Initial Meeting***

### **Trainee Information**

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| --- | --- |
| **Registered Name** |  |
| **GMC Number** |  |
| **Postal address** |  |
| **E-mail address** |  |
| **College Ref Number** |  |
| **Training Number** |  |
| **Year Qualified** **(Primary Medical Degree)** |  |
| **Year of Training** |  |
| **Date entered current Training Year** |  |
| **Date entering next Training Year** |  |
| **Estimated CCT Date** |  |
| **Date of last ARCP** |  |

### **Attachment**

|  |  |
| --- | --- |
| **Current Placement / Training Unit** |  |
| **Start Date** |  |
| **End Date** |  |

**Educational Supervision**

|  |  |
| --- | --- |
| **Educational Supervisor** |  |
| **ES e-mail address** |  |

**Previous Annual Assessments**

|  |  |  |
| --- | --- | --- |
| **Date** | **Training Year** | **Outcome**  |
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**Anaesthesia Rotation Posts (Please list all)**

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| --- | --- | --- | --- | --- |
| **Hospital** | **Training Year** | **Start Date** | **Finish Date** | **Educational Supervisor** |
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**Anaesthetic Examination Status**

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| --- | --- | --- |
|  | **Attempt Dates** | **Pass Date** |
| **Primary MCQ** |  |  |
| **Primary OSCE** |  |  |
| **Primary SOE** |  |  |
| **Final MCQ/written** |  |  |
| **Final Orals** |  |  |

If you have not fully completed the Primary or Final examination when are you attempting to next sit the exam?

|  |  |
| --- | --- |
| **Exam Component** | **Date of next Sitting** |
|  |  |

**NON ANAESTHETIC EXAMS**

|  |  |  |
| --- | --- | --- |
|  | **Attempt Dates** | **Pass Date** |
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**Leave**

Please record below the total number of days of leave excluding Annual Leave and Study Leave since your last ARCP.

|  |  |  |
| --- | --- | --- |
|  | **Total No of Days** | **Comments** |
| **Sick Leave** |  |  |
| **Maternity Leave** |  |  |
| **Compasionate** |  |  |
| **Other** |  |  |
| **Total** |  |  |

**Meeting**

The information contained within this document is an accurate reflection of the educational agreement between this hospital and the trainee.

It has been discussed with the trainee.

**Date of Meeting**:

All Persons Present:

1. Trainee
2. ES

Indicate here that trainee and educational supervisor agree to the educational contract for this attachment:

**YES/NO**(must be yes or addressed very early on in attachment)

Indicate here that trainee and educational supervisor have discussed any special needs of the trainee, either on grounds of disability or other needs:

**YES/NO** (must be yes or addressed very early on in attachment)

Discuss any reasonable adaptations and accommodations that should be made, consider if these need to be discussed with the school and deanery, the Trust, occupational health or others. Document this discussion. Contact the Head of School, TPD or deputies for advice if needed.

**Induction to Attachment**

Are there any induction considerations to be taken into account?

Duties of the placement, arrangements for clinical supervision, academic and welfare support, learning resources and facilities available.

Document that site and departmental induction has occurred.

Indicate here that trainee and educational supervisor have discussed induction and that it has been satisfactory:

**YES/NO** (must be yes or addressed very early on in attachment)

|  |  |
| --- | --- |
| **Induction** | **Date** |
| **Site** |  |
| **Department** |  |

*Free Text on Induction:*

**Previous Placement Review**

Before completing the next section Educational Supervisors should review the previous placement End of Placement Review Form or ESSR?

EPRF / ESSR Reviewed **Yes / No**

If No document reasons below:

**Learning Goals**

Are there any specific competences the trainee has set out in their PDP to develop during this placement?

What training modules do these competences address?

What training modules can be furthered or completed during this attachment?

Has the trainee’s logbook been examined to inform this?

Has study leave been planned?

What generic skills will be addressed during this training?

What other sources of advice or counsel are appropriate if any?

*If an examination is an educational goal document advice about private study and any other advice given*.

*Free Text on Learning Goals:*

**Learning / Assessment**

What learning methods will be used and how will these be assessed?

*Generally such headings as clinical work with direct and indirect supervision, departmental meetings, participation in audit, generic training events, study leave, private study and such like will be appropriate. Any examination will be included in assessment, as will be DOPs, MiniCEX, CBD and MSF. Non examination assessment will be summated using workplace based assessments already in place. Feedback from trainers.*

*Free text on learning and assessment:*

**Significant Events / Complaints / Compliments**

*To be completed by the trainee –* ***Responses in this section also need to be declared on Form R sent to the trainee by the Deanery prior to ARCP***

|  |
| --- |
| **Significant Events - The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s.** **Please note that you do not need to list any significant events that were not investigated.** |
| **Please select one of the following:****I am not aware of any unresolved significant event(s) investigation(s) during my last placementI have unresolved significant event(s) investigation(s) from my last placementPlease provide details of any investigation(s) you have been involved in during your last placement.****Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.** |
| **Complaints - A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of probity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice.** |
| **Please select one of the following:I am not aware of any unresolved complaints during my last placement****I have unresolved complaint(s) from my last placement****Please provide details of any complaint(s) you have been involved in during your last placement.** **Resolved complaint(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved complaint(s) or any not included in your portfolio please provide a brief summary and your reflection.** |
| **Compliments - Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio. Please use a separate sheet if required.**  |
|  |
| **In relation to being subject to an investigation of any kind during your last placement:** **I have nothing to declare** **I have something to declare** **Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.** |

**Agreed date of next meeting:**

**Signed:**

**Trainee Educational Supervisor**

Instructions:

Please keep this form locally and give the trainee a file copy.

The trainee should upload the document into their e-Portfolio library and associate it to the correct level of training e.g. Basic Level Training. It does not need associating with individual modules.***In the library it should be given the title Initial ES Meeting <Hospital><Date>***

If you keep paper copies it is suggested that it is signed above. Please keep an electronic copy which we will request from time to time in a batch from your College Tutor or departmental secretary. Please be sure to keep a backup copy and to keep all these confidential.

Please name the file as follows:

<Trainee GMC number plus date of meeting as YYYY/MM/DD.doc> and save it as MS Word file, ideally Word 97.

Thus a file for a meeting with a doctor whose GMC number is 2433857 on June 1st 2007 should be saved as:***243385720070601.doc***

Additions to this information, as needed locally or because of trainee’s needs or aims are welcome, but please do not remove items, and make additions at the end of each section.