

Induction meeting with clinical supervisor

Please tick which box describes your role:

- Clinical supervisor
 Joint educational and clinical supervisor

Date of meeting:			
Name of foundation doctor:		GMC number:	
Training period From:		To:	
Local education provider:		Specialty:	

Give a brief description of the placement; *for example general practice in a rural setting; haematology in university teaching hospital.*

TEXT box

Identify specific outcomes from the *Foundation Programme Curriculum* which the foundation doctor is expected to develop during this placement

[Fn: drop down list of those outcomes and procedures set out in the Personal and Professional Development Section – can generate up to 50 options]

1. Have you been advised who your educational supervisor is and given contact details?
Yes No [Fn: ticking no should then automatically generate a text box]
2. Are you aware of the requirements for satisfactory completion of your foundation year (including the benefits and required number of assessments and supervised learning events (SLEs) etc)?
Yes No [Fn: ticking no should then automatically generate a text box]
3. Have you been given clear advice as to what is expected of you in your position?
Yes No [Fn: ticking no should then automatically generate a text box]
4. Do you know how to use the e-portfolio?
Yes No [Fn: ticking no should then automatically generate a text box]
5. Have you been given training and access to the necessary IT systems for you to fulfil your workload?
Yes No [Fn: ticking no should then automatically generate a text box]
6. Have you been told what your working pattern will be and the banding associated with the post?
Yes No [Fn: ticking no should then automatically generate a text box]
7. Have you been told how to book leave (including study leave if appropriate)?
Yes No [Fn: ticking no should then automatically generate a text box]
8. Are you familiar with your new place of work?

- Yes No [Fn: ticking no should then automatically generate a text box]
9. Do you feel competent to use any essential equipment which you will be required to operate?
Yes No [Fn: ticking no should then automatically generate a text box]
10. Have you been told who to contact for clinical advice in hours?
Yes No [Fn: ticking no should then automatically generate a text box]
11. Have you been told who to contact for clinical advice out of hours?
Yes No [Fn: ticking no should then automatically generate a text box]
12. Do you know how to order investigations and access their results in and out of hours, if appropriate to you role?
Yes No [Fn: ticking no should then automatically generate a text box]
13. Do you know how to access guidelines which may be helpful to you?
Yes No [Fn: ticking no should then automatically generate a text box]
14. Do you know who to contact if you have personal concerns?
Yes No [Fn: ticking no should then automatically generate a text box]

Signed by foundation doctor

Signed by clinical supervisor

Signature:	Signature:
Name (print):	Name (print):
Date:	Date: