LEARN (Learning Encounter and Reflection Note)

Foundation doctor

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<th>Name of Foundation Doctor</th>
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<th>GMC No</th>
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Introduction

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 e.g 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.
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: