Work Schedule
Training programme: Foundation Training Programme
Specialty placement: General Psychiatry In patient - Oleaster Centre, 6 Mindelsohn Crescent, Edgbaston, Birmingham
Grade: Foundation Year 1
Length of placement: 4 months rotations in Psychiatry
Employing organisation:
Host organisation (if different from the above): Birmingham and Solihull Mental Health NHS Foundation Trust
Site(s): Oleaster
Educational supervisor: (for lead trust to state)
Clinical lead/Rota co-ordinator: Dr Imran Waheed, deputy medical director - imran.waheed@nhs.net
Guardian of Safe Working: Dr Hari Shanmugaratnam - h.shanmugaratnam1@nhs.net
Contact details: **Rotas and Contract/Pay elements (Medical Workforce):** Leonora Johnson, Medical Resourcing Manager Leonora.johnson1@nhs.net **Education and Training elements (PGME Department):** Deborah Davis Postgraduate Medical Education Manager deborahdavis1@nhs.net
Trainee works: Full Time (40 hrs)
Trainee receives Flexible Pay Premia: N/A
Working pattern / Rota Template / Average weekly hours / Annual pay for role* *Appendix 1 attached to email* Should your placement be for less the 12 months, your pay will be pro-rated to the length of your placement Please note- if you are entitled to pay protection in line with Schedule 2 of the TCS or to transitional pay protection in line with Schedule 14 of the TCS, then your actual salary may be greater than the above figure. Where this is the case, your salary will contain one or more additional pay protection elements so as to maintain your salary at its protected level.Should your placement be for less than 12 months, your pay will be pro-rated to the length of your placement. **Is the trainee covered by the pay protection:** choose
Training Opportunities: Insert the curriculum mapped outcomes that can be achieved whilst in this placement, together with the formal and informal learning opportunities available to the post-holder.

Intended Learning Outcome for Foundation Year 1		

1. Acts Professionally	**Professional behaviour**
	• Acts in accordance with General Medical Council (GMC) guidance in all interactions with patients, relatives/carers and colleagues
	• Acts as a role model for medical students, other doctors and healthcare workers
	• Acts as a responsible employee and complies with local and national requirements e.g.
	   o Completing mandatory training
	   o Ensuring immunisation against communicable diseases
	   o Engaging in appraisal and assessment
	   o Taking responsibility for ensuring appropriate cover during leave
	   o Adhering to local sickness and return to work policies	

	Personal organisation • Attends on time for all duties, including handovers, clinical commitments and teaching sessions • Organises and prioritises workload as a matter of routine • Delegates or seeks assistance when required to ensure that all tasks are completed	
	Personal responsibility • Takes personal responsibility for clinical decisions and is able to justify actions • Takes personal responsibility for revalidation • Accepts responsibility for any personal errors and takes suitable action including: seeking senior advice, apologising, making appropriate records and notifications	
2. Delivers patient centered care and maintains trust	**Patient Centered Care** • Considers the patient as a whole e.g. respecting their personal circumstances, dignity, autonomy, individual healthcare decisions, and right to privacy	
	Trust • Acts with empathy, honesty and sensitivity in a non-confrontational manner • Recognises that the decisions of an individual with capacity are paramount • Respects the known wishes of the patient and decisions taken in advance e.g. advance decision to refuse treatment (ADRT) and do not attempt cardiopulmonary resuscitation (DNACPR) and manages the patient accordingly	
	Consent • Obtains and correctly documents consent for core procedures in accordance with GMC and local guidance • Assesses mental capacity to give consent	
3. Behaves in accordance with ethical and legal requirements	**Ethical and legal requirements** • Practises in accordance with guidance from the GMC, relevant legislation and national and local guidelines • Demonstrates understanding of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care	
	Confidentiality • Describes and applies the principles of confidentiality in accordance with GMC guidance • Ensures the patient's rights of confidentiality when clinical details are discussed, recorded in notes or stored electronically • Complies with information governance standards regarding confidential personal information • Follows GMC guidance on the use of social media	

	• Describes when confidential information may be shared with appropriate third parties e.g. police and DVLA	
	Statutory documentation Completes statutory documentation correctly e.g. • Death certificates • Statement for fitness to work • Cremation forms	
	Mental capacity • Performs mental state examination and assessment of cognition and capacity • Uses and documents the 'best interests checklist' when an individual lacks capacity for a specific decision • Demonstrates awareness of the principles of capacity and incapacity as set out in the Mental Capacity Act 2005 (or Adults with Incapacity (Scotland) Act 2000) • Demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients (e.g. lasting power of attorney, and guardianship) • Demonstrates understanding that treatment may be provided against a patient's expressed wishes in certain defined circumstances	
	Protection of vulnerable groups • Recognises the potentially vulnerable patient	
4. Keeps practise up to date through learning and teaching	**Self-directed learning** • Acts to keep abreast of educational / training requirements • Maintains a contemporaneous e-portfolio which meets training programme requirements • Demonstrates change and improvement in practice as a result of reflection on personal experience, multi-source feedback (MSF) and feedback from supervised learning events (SLEs). • Identifies and addresses personal learning needs	
	Teaching and assessment • Delivers teaching sessions and presentations which support learning to medical students and other members of the multidisciplinary team • Describes the role and value of the 'developing the clinical teacher' supervised learning event	
5. Demonstrates engagement in career planning	• Discusses how to achieve career ambitions with educational supervisor • Maintains an e-portfolio record of evidence demonstrating realistic career goals based on • Career guidance, self-awareness, information gathering, selection processes and discussion with colleagues • Maintains an e-portfolio record of activities demonstrating exploration of possible specialty career options e.g. completion of taster period and reflection on the experience	
6. Communicates clearly in a variety of settings	**Communication with patients/relatives/carers** • Introduces themselves to patient/carer/relative stating name and role • Communicates clearly, politely, considerately, with understanding and empathy • Ensures sufficient time and appropriate environment for communication	
	Communication in challenging circumstances • Uses appropriate styles of communication • Seeks/provides additional support in situations where patient's ability to communicate may be impaired • Breaks bad news compassionately and supportively	
	Complaints	

	• Acts in an open and transparent way and notifies all appropriate persons including the patient when safety has (or potentially has) been compromised • Apologises for errors and takes steps to minimise impact
	Patient records • Maintains accurate, legible and contemporaneous patient records and ensures that entries are signed and dated in compliance with "Standards for the structure and content of patient records Health and Social Care Information Centre / Academy of Medical Royal Colleges (AoMRC) 2013"
	Interface with other healthcare professionals • Describes the structure and importance of the wider healthcare team • Works effectively within the healthcare team for the benefit of patient care • Makes clear, concise and timely written and oral referrals to other healthcare professionals within the hospital • Produces a timely, legible discharge summary that identifies principle diagnoses, key treatments/interventions, discharge medication and follow-up arrangements
7. Works effectively as a team member	**Continuity of care** • Gives structured handover to ensure safe continuing care of patients. • Makes adequate arrangements for cover e.g. handing over bleep during educational sessions.
	Interaction with colleagues • Acts as a member of the multidisciplinary professional team by supporting, respecting and being receptive to the views of other healthcare professionals • Works effectively with others towards a common goal e.g. accepts instructions and allocation of tasks from seniors at handovers and multidisciplinary team meetings • Contributes to multidisciplinary team (MDT) meetings e.g. by case presentation, making records
8. Demonstrates leadership skills	**Leadership** • Leads within allocated roles e.g. when asked to organise medical students • Describes the organisational structures and chains of responsibility including principles of line management in medical and non-medical staff • Demonstrates leadership during routine tasks e.g. organising and performing core procedures
9. Recognises, assesses and initiates management of the acutely ill patient	**Recognition of acute illness** • Responds promptly to notification of deterioration or concern regarding a patient's condition e.g. change in National Early Warning Score (NEWS) • Prioritises tasks according to clinical urgency and reviews patients in a timely manner • Recognises, manages and reports transfusion reactions, according to local and national guidelines

	Assessment of the acutely unwell patient
	• Recognises and promptly assesses the acutely ill, collapsed or unconscious patient using an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach and:
	   o Correctly interprets clinical and non-invasive monitoring of vital signs*
	   o Informs senior colleague and requests assistance / review e.g. NEWS ≥ 5
	   * Utilises normal age-related reference ranges for vital

	signs in infants and children	
	Immediate management of the acutely unwell patient • Initiates prompt appropriate management to stabilise/prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management • Delivers immediate therapy (e.g. oxygen, fluid challenge, antibiotics) to an acutely ill patient • Identifies electrolyte imbalance and, with senior advice, delivers a safe and effective method of correction • Records and acts on changes in physiological status, anticipating and planning appropriate action to prevent deterioration in vital signs • Communicates with the patient, relatives and carers and ensures they are supported	
10. Recognises, assesses and manages patients with long term conditions	**Management of long term conditions in the acutely unwell patient** • Recognises acute manifestations/exacerbations/ progression and new complications of long-term conditions and their causes • Recognises how acute illness or injury will interact with pre-existing chronic illness/disability	
	The frail patient • Recognises frailty • Formulates individual patient management plan based on assessment of frailty as well as clinical need	
	Support for patients with long term conditions • Evaluates patients' capacity to self-care, including mental health aspects • Organises physiotherapy and occupational therapy for inpatients with long-term mobility problems	
	Nutrition • Describes the prevalence of nutritional disorders in patients with long-term conditions • Routinely assesses patients' basic nutritional requirements • Performs basic nutritional screen including assessing growth in children	
11. Obtains history, performs clinical examinations, formulates differential diagnosis and management plan	**History** • Obtains and presents accurate patient history, utilising all relevant sources of information including carers/family, doing so in a timely manner	
	Physical and mental state examination • Performs competent physical and mental state examination in a timely manner • Presents examination, including mental state, findings succinctly and accurately • Uses a chaperone, where appropriate	
	Diagnosis • Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations • Requests and interprets necessary investigations to confirm diagnosis • Confirms initial diagnosis with more senior doctor • Takes account of probabilities in ranking differential diagnoses	
	Clinical management • Formulates problem list and confirms management plan with more senior doctor and initiates management plan within limits of competence • Performs an accurate cognitive assessment to screen for dementia and delirium	

5

	Clinical review • Undertakes regular reviews, amends differential diagnosis and expedites patient investigation and management in the light of developing symptoms and response to therapeutic interventions	
	Discharge planning • Anticipates and ensures patients are prepared for discharge taking medical and social factors into account • Makes early referral within the multidisciplinary team and to community agencies • Communicates with primary care and other agencies	
	Discharge summaries • Prescribes discharge medication in a timely fashion • Produces a clear, timely, legible discharge summary that identifies principle diagnoses, including mental health, key treatments/interventions, discharge medication and follow-up arrangements	
12. Request relevant investigations and acts upon results	**Investigations** • Requests/arranges investigations which are necessary to assist diagnosis and monitor treatment and are appropriate for patients' needs in accordance with local and national guidance • Ensures correct identification of patients when collecting and labelling samples • Ensures correct identification of patients when reviewing results and planning consequent management • Minimises risk of exposing a pregnant woman to radiation	
	Interpretation of investigations • Seeks, interprets, records and relays/acts on results of ECG, laboratory tests, basic radiographs and other investigations and explains these effectively to patients	
13. Correct Prescription	**Correct prescription** • Prescribes medicines, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance using correct documentation to ensure that patients receive the correct drug via the correct route at the correct frequency and at the correct time • Demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy • Performs dosage calculations accurately and verifies that the dose calculated is of the right order • Reviews previous prescriptions and transfers/ transcribes accurately and appropriately • Describes the potential hazards related to different routes of drug administration (e.g. oral, intramuscular, intravenous, intrathecal) • Follows the guidance in Good Medical Practice in relation to self-prescribing and prescribing for friends and family • Within the hospital, prescribes controlled drugs using appropriate legal framework and describes the management and prescribing of controlled drugs in the community • Describes the importance of security issues in respect of prescriptions	
	Clinically effective prescription • Prescribes and administers for common important indications including medicines required urgently in the management of medical emergencies e.g. sepsis, exacerbation of chronic obstructive pulmonary disease, pulmonary oedema, congestive cardiac failure, pain, thromboprophylaxis • Prescribes safely for different patient groups including frail elderly, children, women of child-bearing potential, pregnant	

		women and those with hepato-renal dysfunction • Prescribes and administers oxygen, fluids and antimicrobials as appropriate e.g. in accordance with NICE guidance on antimicrobial and intravenous fluid therapy • Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate • Assesses the need for fluid replacement therapy and chooses and prescribes appropriate intravenous fluids and calculates the correct volume and flow rates • Prescribes and administers blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products
		Discussion of medication with patients • Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions • Obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions
		Guidance on prescription • Prescribes using all available support including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber • Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance
		Review of prescriptions • Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring • Recognises and initiates action for common adverse effects of drugs and communicates these to patients, including potential effects on work and driving
14. Preform procedures safely		Core procedures are mandated by the General Medical Council (GMC) and trainees must be signed off a competent to perform them. Trainees may have the opportunity to perform many other procedures according to their clinical placements. Trainees should only perform procedures independently or teach medical students core procedures when they have been sanctioned to do this by their supervisor. **Core Procedures** • Performs competently the core procedures listed (see Table 2) either in the workplace or on simulated patients • For each procedure, the foundation doctor should know the indications and contraindications and be able to • Explain the procedure to patients, including possible complications, and gain valid informed consent • Prepare the required equipment, including a sterile field • Position the patient • Prescribe and/or administer appropriate analgesia in certain patients • Adequately prepare the skin using aseptic technique where relevant • Administer local anaesthetic correctly for the procedure • Recognise, record and be able to undertake emergency management of common complications • Safely dispose of equipment, including sharps • Document the procedure, including the labelling of samples and giving instructions for appropriate aftercare/monitoring
		Other procedures

	• Performs under supervision procedures linked to a specialty placement	

	Is trained and manages cardiac and respiratory arrest
	• Initiates and responds to a crash call
	• Functions as a competent member of the team providing immediate life support
	• Is trained:
	    ○ To initiate and perform immediate adult life support comprising cardiopulmonary resuscitation, simple airway management and safe defibrillation
	    ○ To provide basic paediatric life support (for doctors working with infants and children)
	    ○ To use a defibrillator
	    ○ To adapt resuscitation in certain situations e.g. in pregnant patients	

	Do not attempt cardiopulmonary resuscitation orders • Demonstrates understanding of and respect for do not attempt cardiopulmonary resuscitation (DNACPR) decisions	
16. Demonstrates understanding of the principles of health promotion and illness prevention	• Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse • Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines including: • Smoking cessation and supportive measures • Appropriate alcohol intake levels or drinking cessation • Illicit drug use and referral to support services • Biohazards • Risks of UV and ionising radiation especially the harmful effects of sunlight • Lack of exercise and physical/mental activity • Weight management • Employment • Vaccination programmes • Cancer screening e.g. breast, cervical, bowel • Recommends well man/women clinics	

	End of Life care
	• Contributes as a member of the multidisciplinary team to delivering high quality end of life care that is in line with the individuals' needs and preferences
	• Recognises that a patient is likely to die in the next few hours or days and:
	    ○ Assesses whether this is reversible and, if so, whether this is in line with the patient's wishes
	    ○ Ensures that this is communicated clearly and with empathy to the patient (where appropriate) and those close to the patient
	    ○ Recognises the limitation of own competence and experience to make such an assessment and seeks senior advice
	    ○ Accesses palliative care services when desired
	    ○ Recognises that palliative care requires attention to physical, psychological, emotional, social and spiritual aspects of the patient's experience, and those close to them. Helps patient to access this if required
	Care after death
	• Confirms death by conducting appropriate physical examination, documenting findings in the patient record
	• Behaves professionally and compassionately when confirming a d	

		pronouncing death
		• Follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death (MCCD) and cremation certificates.
		• Completes MCCD when trained to do so and notes details reported on the MCCD in the patient record
		• Demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal.
		• Reports death to coroner/procurator fiscal after discussion with a senior colleague
		• Discusses the benefits of post mortem examination and explains the process to relatives/carers
		• Completes relevant sections of cremation forms when trained to do this
18. Recognises and works within limits of personal competence	**Personal competence** • Recognises and works within limits of competency • Calls for senior help and advice in a timely manner and communicates concerns/expected response clearly. • Uses clinical guidelines and protocols, care pathways and bundles • Takes part in activities to maintain and develop competence e.g. seeking opportunities to do SLES and attending simulation training • Demonstrates evidence of reflection on practice and how this has led to personal development	
19. Making patient safety a priority in clinical practice	**Patient Safety** • Delivers healthcare within clinical governance frameworks under senior/consultant direction • Describes how the needs of the patient should not compromise personal safety or the safety of others • Discusses the limitations of clinical pathways and seeks advice regarding deviating from these in certain individual patient circumstances • Undertakes appropriate pre-theatre/procedure checks including World Health Organisation (WHO) safe surgery checklist • Describes the mechanisms to report: ○ Never events ○ Critical incidents/near misses • Shows evidence of reflection on a patient safety issue with thought about possible causes, including role of human factors and system error	
	Causes of impaired performance, error or suboptimal patient care • Describes: ○ The risks to patients if personal performance is compromised ○ The effects of stress and fatigue on performance (personal or of others), with actions to minimise its impact, along with sources of help ○ How medications, which they may be taking, can reduce personal performance ○ Why health problems (personal or of others) must not compromise patient care or expose colleagues or patients to harm ○ The need to report personal health problems in a timely manner and awareness of the support services available • Takes responsibility for personal health and performance, e.g. by reporting sickness absence in a timely manner and completing return to work documentation as required. • Notifies appropriate individuals, and arranges cover where	

	applicable, for planned or unexpected absences. • Seeks support appropriately (e.g. GP, occupational health, support services) regarding health or emotional concerns that might impact personal performance	

	Patient identification
	• Ensures patient safety by positive identification of the patient:
	  o At each encounter
	  o In case notes
	  o When prescribing/administering drugs
	  o On collecting specimens and when requesting and reviewing investigations
	  o Before consent for surgery/procedures
	• Uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance
	• Crosschecks identification immediately before procedures/administration of blood products/IV drugs	

	Usage of medical devices and information technology (IT) (n.b. this excludes implantable devices) • Demonstrates ability to operate common medical devices and interpret non-invasive monitoring correctly and safely after appropriate training • Accesses and uses IT systems including local computing systems appropriately • Demonstrates good information governance in use of electronic records	
	Infection control • Demonstrates consistently high standard of practice in infection control techniques in patient contact and treatment including hand hygiene and use of personal protective equipment (PPE) • Demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste • Demonstrates adherence to local guidelines/protocols for antibiotic prescribing • Requests screening for any disorder which could put other patients or staff at risk by cross contamination, e.g. Clostridium.Difficile • Takes an active role in outbreak management within healthcare settings (e.g. diarrhoea on a ward) and complies with procedures instituted by the infection control team • Informs the competent authority of notifiable diseases • Challenges and corrects poor practice in others who are not observing best practice in infection control • Recognises the need for immunisations and ensures own are up to date in accordance with local/national policy • Takes appropriate microbiological specimens in a timely fashion with safe technique • Recognises the risks to patients from transmission of blood-borne infection	
20. Contributes to quality improvement	**Quality Improvement** • Shows evidence of involvement in quality improvement initiatives in healthcare	
	Healthcare resource management • Demonstrates understanding of the organisational structure of the NHS and independent sector and their role in the wider health and social care landscape • Describes hospital and departmental management structure • Describes the processes of commissioning and funding, and that all healthcare professionals have a responsibility for stewardship	

	of healthcare resources	
	• Describes accountability of the NHS in its context as a publicly funded body, and the need to ensure the most effective and sustainable use of finite resources • Recognises the resource implications of personal actions and minimises unnecessary/wasteful use of resources e.g. repeat investigations, delayed discharge • Describes cost implications of common treatments in terms of money, equipment and human resources (e.g. generic prescribing, intravenous v oral antibiotics).	
	Information Management • Seeks, finds, appraises and acts on information related to medical practice including primary research evidence, reviews, guidelines and care bundles • Critically reviews research and, where appropriate, presents finding (e.g. journal club).	

Mandatory training (* Mandatory training will not use any of the study leave allocated)

It is the trainees responsibility to maintain their mandatory requirements)

Equality and Diversity	*Falls Prevention and Management*	*Health and Safety*
Fire Safety	*Infection Prevention and Control*	*Manual Handling - Clinical*
Safeguarding Adults (Level 1)	*Safeguarding Children (Level 1)*	*Information Governance*
Medicine Coding	*EPMA*	*Personal Safety*
ElS / ILS / ALS		

Local Trust Induction

Day 1 – RiO Training	*Day 2 Local Induction*

<u>**Other:**</u> N/A

Personalised Work Schedule
Description of post / Summary of Post
Responsibilities of trainee in post
Inpatients:
Outpatients:
Physical Health:
Opportunities for WPBA
Psychotherapy Training CTs

ECT Experiences CTs

Training Opportunities:

When starting a new placement you will have a meeting clinical supervisor. At this meeting you will:

- Review the curriculum outcomes listed in your e-portfolio
- Map these to the training opportunities available within the post.
- How to achieve your required curriculum outcomes should be discussed with your supervisor, linked to your PDP and form part of your regular supervisor review during the placement.
- Should you wish, you can document any specific training requirements discussed in the table below.
- Fixed clinical and teaching sessions to allow you to meet your training needs should be detailed in the timetable.

A copy of this personalised work schedule and Local Orientation Checklist should be scanned and returned to
BSMHFT-Contracts@nhs.net and a copy sent to your Educational Supervisor/College Tutor within 14 days of commencing within our trust.

Local Orientation Checklist (is in your induction Pack and on the BSMHFT intranet Connect)

Key curriculum outcomes during this placement	How they will be achieved	Achieved (Select option below)
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose
		choose

Learning opportunities:
There are mandatory and optional learning opportunities during your placement. Some are part of a Trust wide programme and others are department specific. Review what is available with your supervisor to help you meet your learning needs.

Clinical Supervision	Time / Place

Trust wide learning opportunities	
Trust wide teaching	
Mandatory Training programme	
Any other relevant teaching	
Course Specific Teaching	
MRCPSYCH Teaching/GPVTS/ FY teaching/ST	
Balint Group	
Simulation sessions (where applicable for new starters)	
Departmental Education Meetings	
PGME Academic programme / Specialty teaching sessions	
Other Learning opportunities	
MDT teamwork and Learning	
Chairing of meetings	
Observed teaching delivery of students	
Management experience, including Clinical Governance meeting	
Leadership experience, evidence of departmental responsibility e.g. rota, departmental meetings,	
Observing/ Participation in Manager Hearings, First Tier Mental Health Tribunals & Court	
Preparation of Reports with CS supervision	
Participation in meetings to address patient safety, audit, risk management and quality improvement	
Reflective practice sessions	
Taster sessions	
Research & Presentations	
Team feedback/ Placement Supervision Groups	
Exam preparation resources	

Other: (*Insert any other items relevant to the placement*)

Indicative timetable:						
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday/ Sunday**
AM 09:00 to 13:00						As per on call
PM 13:00 to 17:00						As per on call

Trainee Name:		Signature:		Date:	
Supervisor Name:		Signature:		Date:	

ORIENTATION CHECKLIST FOR NEW TRAINEE DOCTORS	
Trainee: ;;	
Supervisor:	
Work Base:	
Date of start of placement:	

This checklist aims to standardise local departmental orientation arrangements and assist all supervisors to cover the essentials needed to induct a new member of staff safely and quickly. It is part of the GMC guidance for trusts employing trainees that an induction is in place for them.

This checklist should be completed by the clinical supervisor **within the first 2 weeks of the placement along with the Personalised Work Schedule.**

A copy MUST be forwarded to the bsmhft.pgme-contracts@nhs.net as evidence that the trainee has received a full induction.

Introduction to the work base including: • Parking arrangements • Storage areas for personal belongings • Office space • Smoking areas • Catering and toilet facilities • Fire procedures, fire exits and fire alarms	choose
Ensure that they have the requisite ID, passes and alarms	choose
Trainee has IT access (Rio, EPMA, YCC)	choose
Trainee have collected any Trust mobile phones	choose
Trainee has Trust Laptop/Remote access Facilities (Desktop taken at home/Remote desktop licence)	choose
Introduction to members of the multidisciplinary team	choose
Confirm supervision arrangements	choose
Review the trainees personalised work schedule and confirm the timetable	choose
Ensure that the trainee and Clinical supervisor who is educational supervisor	choose
Ensure that they are aware of how to contact senior colleagues for support and support from PGME & HR. Consider a list of important phone numbers	choose
Ensure how to raise concern	choose
Ensure that trainee has Log-in and password of Allocate for **Exception reporting**	choose
Outline local procedures for requesting annual leave and study leave (cross cover arrangement if any)	choose
Show the trainee the trust intranet site and how to access guidelines, policies and procedures. Highlight any policies particularly relevant to the placement	choose
Ensure that they are familiar with the location and contents of the medical emergency bag	choose
Ensure trainee is aware of PAM (occupational health service) and how to access it	choose
Inform the trainee of the library facilities available in the trust	choose
Ensure that the trainee is familiar with the Eclipse reporting system	choose

Any issues specific for the site or job role: (please specify below)	
Lone working checklist Has the trainee been provided a personal alarm and shown how to use it?	choose
Is the trainee aware of the local lone working policy and whom to contact in case of emergencies whilst conducting lone working?	choose
Has the trainee watched the " BSMHFT lone working awareness" video?	choose

Trainee signature: Date:

Supervisor signature: Date:

Please return this checklist with a copy of the personalised work schedule to the automated inbox

bsmhft.pgme-contracts@nhs.net

Flow Chart – Personalised Work Schedule

Trainee
Receives Generic Work Schedule (8 weeks prior to ~~starting in BSMHFT~~)

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Trainee and Clinical Supervisor
Meet within 14 days after the commencement date to create / agreed a Personalised Work Schedule and complete the Local Orientation Check list.

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Trainee
ACTIONS;
➢ To return a completed copy of the work schedule and orientation checklist to **Bsmhft.pgme-contracts@nhs.net**
➢ To send a completed copy to their Educational Supervisor/College Tutor
This must be actioned within the 14 day deadline

↓

Trainee
To return a completed copy of the work schedule to:
Bsmhft.pgme-contracts@nhs.net

↓

Trainee and/or Clinical Supervisor
If Trainer/ Trainee have concerns about the personalised work schedule, the work schedule is to be discussed with the Educational supervisor