Work Schedule

Training programme: Foundation Training Programme
Specialty placement: General Psychiatry - Assertive Outreach Team - Small Heath
Grade: Foundation Year 2
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): Queen Elizabeth
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: choose
Trainee receives Flexible Pay Premia: N/A
Working pattern / Rota Template / Average weekly hours / Annual pay for role* *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 2	

1. Acts Professionally	**Professional behaviour**
	• Acts in accordance with General Medical Council (GMC) guidance 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 du leave
	   o Adhering to local sickness and return to work policies

	Personal organisation • Supervises, supports and organises other team members to ensure appropriate prioritisation, timely delivery of care and completion of work
	Personal responsibility • Takes personal responsibility for clinical decisions and is able justify actions • Takes personal responsibility for revalidation • Accepts responsibility for any personal errors and takes suitab action including: seeking senior advice, apologising, making appropriate records and notifications
2. Delivers patient centered care and maintains trust	**Patient Centered Care** • Works with patients and colleagues to develop individual care plans • Respects patients' right to refuse treatment and/or to decline involvement in research projects
	Trust • Discusses management options with patients and responds to ideas, concerns and expectations • Encourages patients to make informed decisions, recognises patients' expertise and helps them to acquire knowledge of th condition
	Consent • Obtains consent for an increasing range of procedures • Obtains valid consent by giving each patient the information t 'want' or 'need'* in a way they can understand * Including 'material risks' and reasonable alternative or variant treatmen • Recognises when consent or refusal is invalid due to lack of capacity and applies principles of 'best interests' and 'least restriction' • Demonstrates understanding of the principle of involving the in the decision making process when they are able to underst and consider the options
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 disciplin 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 Demonstrates understanding of the principles of safeguarding children and vulnerable adults	
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 - Demonstrates improvement in teaching skills as a result of seeking, accepting and reflecting on feedback from learners and supervisors - Assesses medical students and other healthcare professionals and provides constructive feedback	
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** - Provides the necessary / desired information - Communicates increasingly complex information - Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition	

	• Ensures that patients are able to express concerns and preferences, ask questions and make personal choices • Responds to patients' queries or concerns • Teaches communication skills to students and colleagues	
	Communication in challenging circumstances • Manages consultation/communication in time limited environments e.g. outpatients, emergency departments • Manages consultation/communication when English is not a patient's first language, including the appropriate use of an interpreter • Manages three-way consultations e.g. with an interpreter, using sign language, or with a child patient and their family/carers	
	Complaints • Acts to prevent/mitigate and minimise distress in situations which might lead to complaint or dissatisfaction • Deals appropriately with angry/distressed/dissatisfied patients/carers and seeks assistance as appropriate	
	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 • Demonstrates ability to make referrals across boundaries / through networks of care (primary, secondary, tertiary) • Writes accurate, timely, succinct and structured clinic letters and clinical summaries	
7. Works effectively as a team member	**Continuity of care** • Allocates and prioritises tasks during handover. • Anticipates and identifies problems for the next clinical team/shift and takes pre-emptive action where required	
	Interaction with colleagues • Demonstrates initiative e.g. by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical team	
8. Demonstrates leadership skills	**Leadership** • Demonstrates extended leadership role within the team by making decisions and taking responsibility for managing increasingly complex situations across a greater range of clinical and non-clinical situations, • Supervises and supports team members, e.g. supervising F1 doctors, delegating tasks appropriately, directing patient review, organising handover	
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 • Performs rapid, focused assessment of illness severity including physiological monitoring and also considering mental health aspects • Performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence	

	Immediate management of the acutely unwell patient • Reassesses acutely ill patients to monitor efficacy of interventions, including those aimed at managing acute mental illness and maintaining patient safety and the safety of others • Recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management • Communicates with relatives/friends/carers in acute situations and offers support	
10. Recognises, assesses and manages patients with long term conditions	**Management of long term conditions in the acutely unwell patient** • Performs primary review of new referrals within the hospital or outpatient clinic • Cares for patients with long-term diseases during their in-patient stay, as outpatients and in the community • Reviews long-term drug regime and, with senior advice, considers modifying dosage, timing and treatment. • Assesses and manages the impact of long term mental disorder on the presentation and course of acute physical illness, and vice versa	
	The frail patient • Prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics • Performs a comprehensive geriatric assessment (CGA) including consideration of dementia • Describes the impact of activities of daily living on long-term conditions (e.g. impact of a notifiable condition on driving) and provides information / discusses these with the patients and carers	
	Support for patients with long term conditions • Encourages and assists patients to make realistic decisions about their care and helps them to construct and review advance/long-term care plans • Arranges appropriate assessment for specialist rehabilitation, care home placement and respite care	
	Nutrition • Works with other healthcare professionals to address nutritional needs and communicate these during care planning • Recognises eating disorders, seeks senior input and refers to local specialist service • Formulates a plan for investigation and management of weight loss or weight gain	
11. Obtains history, performs clinical examinations, formulates differential diagnosis and management plan	**History** • Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances	
	Physical and mental state examination • Performs focused physical/mental state examination in time limited environments e.g. outpatients/ general practice/emergency department	
	Diagnosis • Performs primary review of new referrals within the hospital or outpatient clinic • Reviews initial diagnoses and plans appropriate strategies for further investigation	
	Clinical management • Refines problem lists and management plans and develops appropriate strategies for further investigation and management	
	Clinical review	

	• Reprioritises problems and refines strategies for investigation and management and leads regular review of treatment response to oversee patients' progress
	Discharge planning • Anticipates clinical evolution and starts planning discharge and on-going care from the time of admission • Liaises and communicates with the patient, family and carers and supporting teams to arrange appropriate follow up • Recognises and records when patients are medically, including mentally, fit for discharge
	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** • Minimises wasteful or inappropriate use of resources by helping and directing colleagues to order appropriate tests and investigations • Explains to patients the risks, possible outcomes and implications of investigation results and obtains informed consent
	Interpretation of investigations • Increases the range and complexity of investigations which they can interpret and helps colleagues to interpret appropriate tests and investigations
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** • Maintains and improves skills in the core procedures and develops skills in more challenging circumstances e.g. reliably able to perform venous cannulation in the majority of patients including during resuscitation
		Other procedures F2 • Teaches other healthcare workers procedures when skilled and sanctioned to do this • Increases the range of procedures they can perform relevant to specific clinical placements
		Is trained and manages cardiac and respiratory arrest • Demonstrates the initiation and performance of advanced life support including cardiopulmonary resuscitation, manual defibrillation and management of life threatening arrhythmias and is able to lead the resuscitation team where necessary • Demonstrates understanding of the ethics of transplantation and identifies potential donors to senior medical staff
		Do not attempt cardiopulmonary resuscitation orders

	• Discusses DNACPR with the multidisciplinary team, the patient, long-term carers (both medical and non-medical) and relatives and then records the outcome of that discussion
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 • Participates in discussions regarding personalised care planning including symptom management and advance care plans with patients, family and carers • Discusses the patients' needs and preferences regarding care in the last days of life, including preferred place of care and death, treatment escalation plans, do not attempt cardiopulmonary resuscitation (DNACPR) decisions, **Care after death** • Confirms death by conducting appropriate physical examination, documenting findings in the patient record • Behaves professionally and compassionately when confirming and 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
	Patient Safety

19. Making patient safety a priority in clinical practice	• Describes the mechanisms to report:
	   ○ Device related adverse events
	   ○ Adverse drug reactions
	• To appropriate national centre and completes reports as required
	• Participates in/undertakes a project related to a patient safety issue (e.g. Quality Improvement), with recommendations for improving the reliability of care and, with senior support, takes steps to institute these
	• Discusses risk reduction strategies and principles of significant event analysis and contributes to the discussion/ analysis of adverse events, including potential to identify and prevent systematic error	

	Causes of impaired performance, error or suboptimal patient care • Describes the role of human factors in medical errors and takes steps to minimise these • Describes ways of identifying poor performance in colleagues and how to support them	

	Patient identification
	• Ensures patient safety by positive identification of the patient:
	   ○ At each encounter
	   ○ In case notes
	   ○ When prescribing/administering drugs
	   ○ On collecting specimens and when requesting and reviewing investigations
	   ○ 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**
	• Contributes significantly to at least one quality improvement project including:
	   o Data collection
	   o Analysis and/or presentation of findings
	   o Implementation of recommendations
	• Makes quality improvement link to learning/professional development in e-portfolio

	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*

Other: 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
		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**.

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Trainee

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

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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