Northern School of Anaesthesia

& Intensive Care Medicine

***Educational Supervision – Pre-absence form***

***(Pre-absence Educational Supervisor meeting to take place in conjunction with final educational supervision meeting)***

### **Trainee Information**

|  |  |
| --- | --- |
| **Registered Name** |  |
| **GMC Number** |  |
| **Postal address** |  |
| **E-mail address** |  |
| **College Ref Number** |  |
| **Training Number** |  |
| **Date of last ARCP** |  |

**Educational Supervision**

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

### **Attachment**

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

**Meeting: Preparation for absence from work**

*The importance of this meeting is to highlight to the trainee, who is planning time away from anaesthesia, various practicalities that may need to be addressed prior to stopping work and processes that may ease return to work. If at all possible this meeting should take place at the time of the final educational supervision meeting.*

**Suggested questioning:**

|  |  |
| --- | --- |
| **Today’s date** |  |
| **How long do you currently plan to be away from anaesthetic practice?** |  |
| **Date leave commencing** |  |
| **Have you:**   * **informed the Programme Director?** * **LET Human Resources?** * **Barbara Sladdin (School Administrator)?** |  |
| **Planned date of return** |  |
| **Returning full time (FT) or less than full time (LTFT)?** |  |
| **Year of Training:** |  |
| **Date entered current Training Year:** |  |
| **Which modules do you need to complete?** |  |
| **Have you thought about which hospital would be best to return to work in order for you to finish/complete training blocks?** |  |
| **Are you due to have Appraisal/ ARCP during your period of absence?** |  |
| **Are you planning any CPD whilst absent from work?** |  |
| **Have you any unfinished work (audits/projects etc) that need addressed?**  **Have you delegated this to anyone else?** |  |
| **Are you planning to do any ‘keeping in touch days’?** |  |
| **Any particular current concerns over time away from anaesthesia and returning to work?** |  |
| **Additional comments** |  |

**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.