Departmental Induction for Anaesthetics Trainees: Compliance Check List

It is mandatory that all new medical trainees receive a departmental induction at the start of their placement. In order to ensure an effective induction, both you and your Induction Lead (the person who oversees a particular element of your induction) are required to complete each topic listed below. Both you and your Clinical Supervisor or delegated Induction Lead must also sign and date at the end of the checklist when you both agree that all elements have been adequately covered.

It is expected that the departmental induction will be completed and returned within **two weeks** of commencing your placement. If there are elements of the induction that you have not completed during this time or if you are having any difficulty with having a departmental induction, then please contact the Deputy Postgraduate Manager – Dawn.grindrod@nhs.net

**Trainee Information**

|  |  |
| --- | --- |
| **Name of Trainee:** |  |
| **Start Date:** |  |
| **Job Title/Grade:**  |  |
| **Department/Division:**  |  |
| **Name of Clinical Supervisor:**  |  |

**Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item of Induction**  | **General Anaesthetics****Completed (please tick)** | **ITU** **if applicable** | **Maternity****if applicable** | **Cardiac****if applicable** |
| **Welcome, Orientation, and Key Information**  |  |  |  |
| Issued with departmental handbook  |  |  |  |  |
| Duties, teaching, and supervision arrangements clearly explained  |  |  |  |  |
| Role within the team clearly explained  |  |  |  |  |
| How to access support from senior colleagues clearly explained  |  |  |  |  |
| Issued with key clinical guidelines and workplace policies  |  |  |  |  |
| How to access clinical and learning resources clearly explained  |  |  |  |  |
| Arrangements for release for teaching programme discussed |  |  |  |  |
| Introduction to key members of the team including the Ward Manager/Matron; introduction to the wider multi-professional team  |  |  |  |  |
| Given a list of key contacts (names, email addresses, and telephone numbers to be included)  |  |  |  |  |
| Provided with an orientation to the Ward or Department  |  |  |  |  |
| Given information on research and audit opportunities; information on how to access careers advice  |  |  |  |  |
| Discussed consent, including a list of procedures that each grade can cover  |  |  |  |  |
| Handover arrangements discussed |  |  |  |  |
| Explanation of what to expect on an average day  |  |  |  |  |
| Out of hours arrangements and what to expect when on call discussed |  |  |  |  |
| Information given on rotas including study leave, annual leave, sickness reporting, and swapping shifts with peers  |  |  |  |  |
| **Key Policies and Procedures**  |  |  |  |
| Given a working understanding of the equipment, including electronic platforms such as Alert  |  |  |  |  |
| Explanation of how to complete an online Untoward Incident form  |  |  |  |  |
| Given access to and the requirements for the use of protocols  |  |  |  |  |
| Discussed consenting of patients (if applicable)  |  |  |  |  |
| Discussed how to raise a concern regarding patient safety  |  |  |  |  |
| Discussed Escalation Process for when a patient is deteriorating |  |  |  |  |
| FFP3 mask fit testing  |  |  |  |  |
| Donning/doffing PPE |  |  |  |  |
| **Roles and Responsibilities**  |  |  |  |
| Discussed curriculum mapped and job description  |  |  |  |  |
| **2016 Junior Doctors Contract**  |  |  |  |  |
| Discussed when and how to put in exception reports and considered the ‘best practice’ document |  |  |  |  |
| Aware of the DME and Guardian of Safe Working’s role in the process |  |  |  |  |
| Ensure both trainee and supervisor can access Allocate for exception reporting purposes |  |  |  |  |

**Trainee to Complete:**

I confirm that I have received a full departmental induction and all areas ticked have been discussed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **General Anaesthetics** | **ITU** | **Maternity** | **Cardiac** |
| **Print Name:** |  |  |  |  |
| **Signed:** |  |  |  |  |
| **Date:** |  |  |  |  |

**Induction Lead to Complete:**

I am satisfied that the above trainee has completed all the above elements of their departmental induction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **General Anaesthetics** | **ITU** | **Maternity** | **Cardiac** |
| **Print Name:** |  |  |  |  |
| **Signed:** |  |  |  |  |
| **Date:** |  |  |  |  |

Please return to the Postgraduate Department: bfwh.postgraduate.education@nhs.net