**Quality Panel Matrix**

**Date:** / /

**School: HESW Severn Deanery Post: i.e. (Palliative Care)**

**Site: i.e.( Dorothy House) Grade: i.e. (ST1)**

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| **Effective Educational Environment Matrix** |
|  | **Excellent** | **Good** | **Requires Improvement** | **Inadequate** |
| **Educational and Clinical Supervision allocated** | When trainees commence their post. | Within the first 2 weeks of a trainee commencing their post. | On request or more than two weeks after a trainee commences their post. | Are not allocated. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Supervisors meet the trainee** | Regularly and provide high quality feedback, reviews progress and completes a report at the end of the post. | On an irregular basis, providing feedback. Reviews progress and completes a report at the end of the post. | Rarely to provide feedback or discuss progress. | Not at all - do not provide feedback or discuss progress. |
| **Grade** |[ ] [ ] [ ] [ ]
| **The Educational or Clinical Supervisor conducts an Educational Appraisal** | Within the first two weeks of the trainee commencing a post - establishing clear educational objectives. | Within the first four weeks of the trainee commencing a post - establishing clear educational objectives. | After four weeks in the post and/or the post’s learning objectives remain unclear. | Does not - the trainee doctor does not have clear leaning objectives. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Trainee Support needs** | Recognised early and appropriately given. | Recognised and supported appropriately but this may not be immediate. | Recognised late - struggle to receive appropriate support. | Not recognised or are recognised very late and often fail to receive additional support. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Time spent on tasks of Educational Value** | All of their time doing tasks of high educational value. | Most of their time doing tasks of high educational value. | Most of their time doing tasks of moderate educational value. | All of their time doing tasks of little educational value. |
| **Grade** |[ ] [ ] [ ] [ ]
|  | **Excellent** | **Good** | **Requires Improvement** | **Inadequate** |
| **Study Leave to support the achievement of education objectives** | Encouraged and easily taken. | Possible, but not actively promoted. | Difficult to access. | Not available/unable to access. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Work-based Assessments / supervised learning events (SLE) according to the speciality curriculum requirements** | Able to complete high quality work based assessments/SLE. | Able to complete appropriate work based assessments/SLE. | Some work based assessments/SLE but find it difficult to achieve sufficient numbers and/or the quality may be poor. | Unable to complete appropriate work based assessments/SLE. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Feedback on Clinical Performance** | High quality and regular. | Regular. | Irregular. | Not given. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Clinical Skill Mix** | Always provided and appropriate, according to their level of training. | Appropriately provided, according to their level of training, the majority of the time. | Regularly provides some workload and clinical skill mix which is inappropriate to their level of training. | Always provides an inappropriate clinical skill mix according to their level of training. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Protected Time provided for teaching and learning** | Always. | On most occasions. | A little. | No. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Comments** |  |

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| **Safe Supportive Working Environment Matrix** |
|  | **Excellent** | **Good** | **Requires Improvement** | **Inadequate** |
| **The process for raising Patient Safety concerns** | Clear and always effective in addressing all issues raised. | Clear and effective in most cases, in addressing all issues raised. | Present - some improvements some of the time, but not consistently so. | Unclear and consistently Ineffective in terms of improving patient care. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Senior Supervision** | Given at all times, consistent with their competence. | Given almost all of the time - on rare occasions difficult to access but present when needed. | Occasionally left unsupervised - sometimes find it difficult to find support. | Frequently unsupervised and frequently cannot find support. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Asked to perform tasks beyond competency** | Never asked to perform unsupervised tasks. | Very rarely asked to perform tasks - can find support when needed. | Sometimes asked to perform unsupervised tasks. | Frequently asked to perform unsupervised tasks. |
| **Grade** |[ ] [ ] [ ] [ ]
| **When taking consent for procedures** | Consistently. | For almost all - can find support when needed. | Untrained and unsupervised for some procedures. | Frequently untrained and unsupervised. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Rotas** | Designed to gain maximal educational value and experience, work intensity facilitates learning | Designed to gain good educational value, work intensity supports learning most of the time | Sometimes onerous, involve significant anti-social hours, work intensity and work pattern can be stressful. | Onerous, involve excessive anti-social hours or, are of a significantly intensity to cause stress. |
| **Grade** |[ ] [ ] [ ] [ ]
| **The balance of Service and Education** | Correct for maximal educational value. | Good with rare occasions when service provision dominates. | The post has educational value but there is a demand for the trainee to provide significant service provision. | The provision of service excessively dominates with little educational value of a post. |
| **Grade** |[ ] [ ] [ ] [ ]
|  | **Excellent** | **Good** | **Requires Improvement** | **Inadequate** |
| **Support** | Trainee doctors are always included in and are highly valued as part of a team. | Trainee doctors are included in and valued as part of a team. | Trainee doctors are part of a team but not always valued and included. | Trainee doctors are not included in and valued as part of a team. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Departmental Induction** | High quality, thorough and consistently provided - covers all areas and is attended by all trainees. | Consistent and of a good quality, with occasional minor variability. | Happens but can be informal and not thorough - leaving the trainee unsure about certain aspects of the post. | Does not happen or is ad hoc and incomplete, such as a trainee is unfamiliar with their duties. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Handover of patient’s care between shifts** | Consistently safe and timely with good information sharing, which ensures continuity of patient care. | Consistently in a safe and timely way almost all of the time, with rare exceptions. | Can be of variable quality so a trainee is unable to provide full, safe patient care. | Does not happen or is inconsistent - trainee is unaware of clinical responsibilities. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Exposure to Undermining behaviour which undermines their confidence or self-esteem** | Never witness or are exposed to undermining behaviour. | Very rarely witness, or are rarely exposed to undermining behaviour. | Sometimes witness, or are sometimes exposed to undermining behaviour. | Frequently witness, or are frequently exposed to undermining behaviour. |
| **Grade** |[ ] [ ] [ ] [ ]
| **Comments** |  |