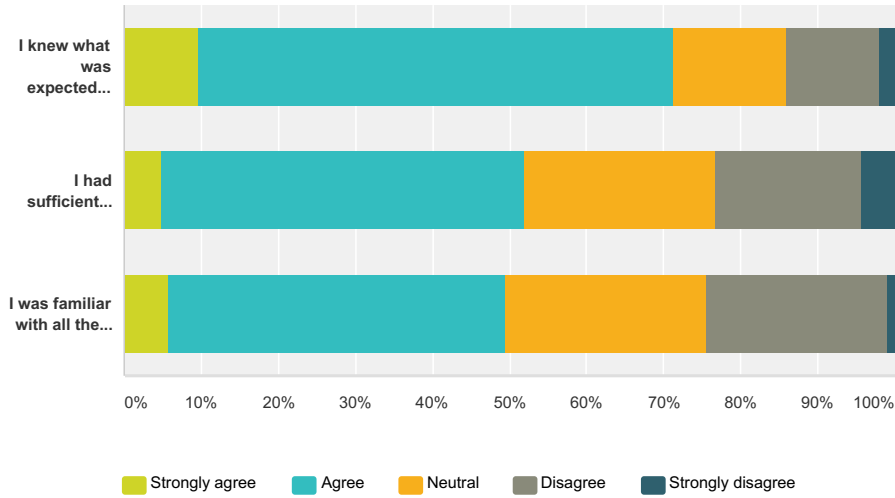


Induction survey 2015

Q1 To what extent do you agree with the following statements?

Answered: 206 Skipped: 0



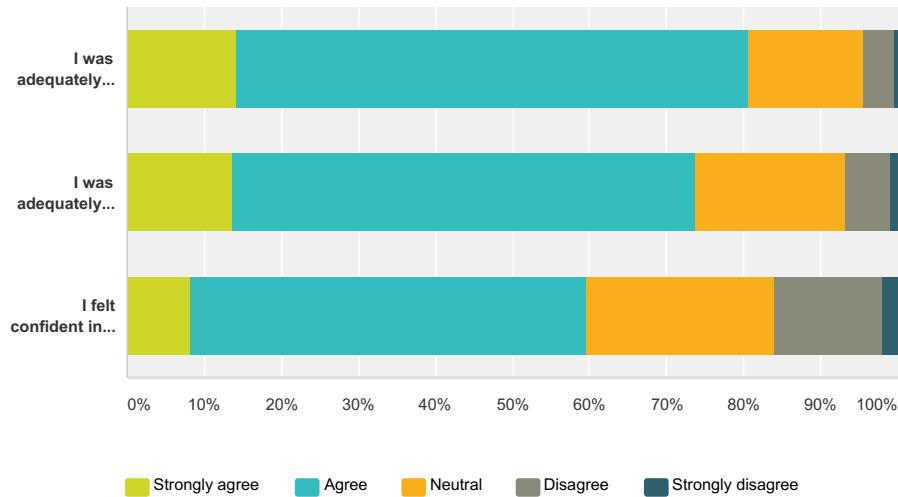
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
I knew what was expected of me when I started my F1 programme	9.71% 20	61.65% 127	14.56% 30	12.14% 25	1.94% 4	206
I had sufficient knowledge of the environment in which I started work as an F1	4.85% 10	47.09% 97	24.76% 51	18.93% 39	4.37% 9	206
I was familiar with all the equipment I was required to use at the start of my F1 placement	5.88% 12	43.63% 89	25.98% 53	23.53% 48	0.98% 2	204

#	Other (please specify)	Date
1	Different equipment to central Manchester university trust.	9/30/2015 6:53 PM
2	Without a more extensive programme of shadowing it would be difficult to be familiar with the environment or the equipment	9/16/2015 8:03 PM
3	Blood gas syringes are different at this trust	9/16/2015 10:46 AM
4	delayed training for symphony, edn etc. not enough teaching on blood track	9/15/2015 4:10 PM
5	No specific training	9/14/2015 1:36 PM
6	Difficult computer system	9/13/2015 10:38 PM
7	I felt prepared for the first 4 weeks of my job but I have since moved to the community where it is very unclear what is expected of me.	9/10/2015 10:44 AM
8	Blood tracker, blood bank, referrals, computer system logins, paperwork forms, on call handovers	8/24/2015 4:24 PM
9	Longer shadowing is needed with lectures that are directed at more practical topics.	8/20/2015 8:29 PM
10	I wasn't prepared well enough for the IT systems in place at RSCH	8/20/2015 7:57 PM
11	FYI SASH induction was not psych specific, and SBAP was not FY1 specific so still not clear.	8/18/2015 4:22 PM
12	So many systems to learn. Relied on the good grace of the previous FY1s to show us; in between them getting them on with their day job! Written guide would be good....	8/17/2015 9:38 PM

Induction survey 2015

Q2 To what extent do you agree with the following statements

Answered: 206 Skipped: 0



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
I was adequately prepared in practical procedures.	14.15% 29	66.34% 136	15.12% 31	3.90% 8	0.49% 1	205
I was adequately prepared in recognising the critically ill patient.	13.59% 28	60.19% 124	19.42% 40	5.83% 12	0.97% 2	206
I felt confident in handing over patients	8.29% 17	51.22% 105	24.39% 50	14.15% 29	1.95% 4	205

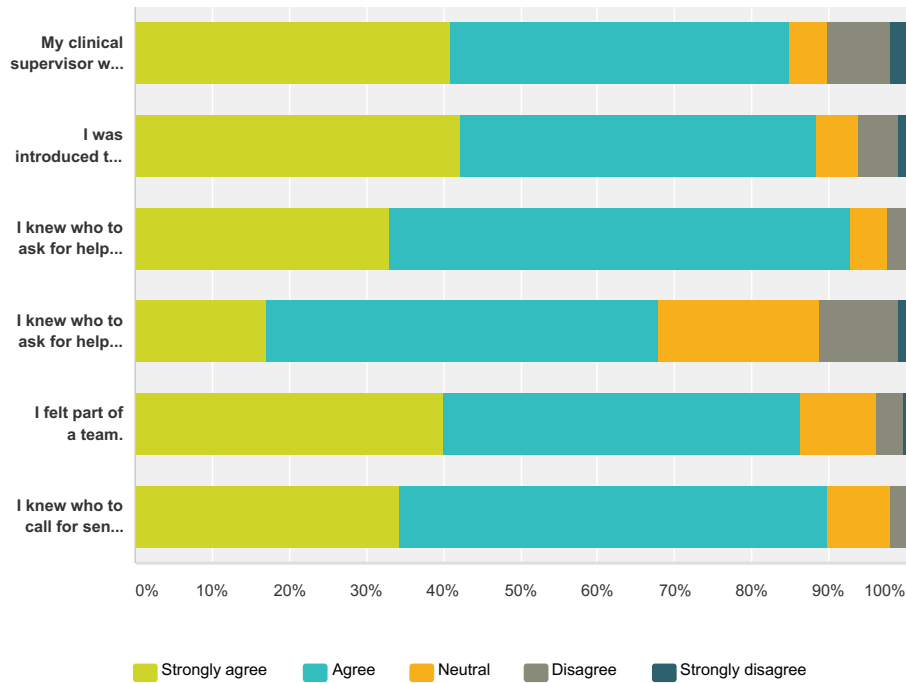
#	Please indicate which procedures you felt inadequately prepared to perform.	Date
1	Equipment is different in different trusts so this will always be a problem.	9/30/2015 4:10 PM
2	Catheters, ABGs, cannulas	9/29/2015 8:55 PM
3	Handing over patients - I was unaware that we should always handover hospital numbers for patients and a very detailed background history, not just the current problem.	9/29/2015 11:56 AM
4	NG tube insertion	9/25/2015 5:08 AM
5	NG tubes	9/22/2015 8:47 PM
6	Cannulatip	9/22/2015 7:14 PM
7	I continue to struggle with cannulas and would appreciate training in more advanced venepuncture techniques for patients who are difficult to bleed.	9/16/2015 8:03 PM
8	Nil	9/15/2015 4:36 PM
9	ABGs and cannulas	9/15/2015 10:24 AM
10	Catheterisation Blood cultures ABGs As equipment was completely different to what I had previously used	9/15/2015 10:17 AM
11	Inserting NGT	9/14/2015 9:00 PM
12	I think it would have been really useful during our induction lectures to have one on recognising acutely ill patients, and perhaps even a SIM patient session.	9/11/2015 11:38 PM
13	ABGs	9/11/2015 10:34 PM
14	cannulation	9/10/2015 10:04 PM
15	Blood cultures, urinary catheterisation, setting up IV fluids	9/10/2015 9:45 PM
16	None that we have been trained to do	9/10/2015 9:31 PM
17	ABG	9/10/2015 3:44 PM
18	None. Though anaesthetics/ITU of course do some more advanced procedures but the teaching of those has been excellent.	9/10/2015 12:02 PM
19	Bloods/cannulas on children	9/10/2015 10:44 AM

Induction survey 2015

20	There was not enough time spent on shadowing the F1 whose job I was taking over. The equipment was different from what I was used to and we received no training on how to use them. I did not feel prepared for starting F1 at all.	9/10/2015 8:42 AM
21	referring patients to different services such as outpatient clinics and other teams.	9/9/2015 9:51 PM
22	Femoral stab, complex patient reviews,	9/9/2015 7:16 PM
23	Abg Catheters	9/9/2015 6:03 PM
24	Takign ABG	9/9/2015 3:51 PM
25	Cant specify	9/9/2015 2:32 PM
26	We only went through cannulation. Inserting NGT would have been useful as a few patients on my ward have these and I couldn't help to re insert one when asked by the nurse in charge.	8/29/2015 10:31 PM
27	I feel the venepuncture/cannulation/blood culture session would be more beneficial earlier on in the induction programme rather than in the second week, to fully prepare us with the equipment that is used on the ward.	8/26/2015 10:35 PM
28	I have struggled with cannulation! Perhaps as a FY1 I have been called to cannulate more difficult patients compared with as a student.. The training on using the kit was very useful though, but of course the mannekin does not entirely mimic the arm of an elderly patient!	8/26/2015 7:00 PM
29	Every trust is different. Could have done with more practice time with cannulas.	8/25/2015 9:37 PM
30	I have never seen the vacutiner kits to do venepuncture as I trained in Leicester where we used monovette.	8/25/2015 12:35 PM
31	Taking blood from a central line, taking an arterial blood sample	8/23/2015 11:02 PM
32	Handover is disorganised, there is no clear guidance on who, when and where to handover patients.	8/20/2015 8:29 PM
33	I felt handover session should have been prolonged	8/20/2015 7:57 PM
34	Blood taking using the weird equipment they have here (I'm used to butterflies!) - literally were shown in a really rushed 2 minute station on one of the induction days; please allow a bit more time to familiarise ourselves with the practical equipment (blood cultures as well as venepuncture sets)	8/17/2015 9:38 PM
35	Catheter	8/17/2015 6:40 PM
36	Equipment is different to Trusts I have been in before (e.g. no catheterisation kits, venflons need an extra 2-way port attachment added onto them, equipment to draw blood from a canulla) hence I felt unfamiliar and underprepared in practical procedures. Handing over patients, especially in terms of writing discharge summaries, is not something that was covered as an undergraduate and so I felt I had no idea what I was doing.	8/17/2015 2:26 PM
37	I still struggle with cannulation. Bloods are ok but those are the only 2 procedures I've had to do.	8/17/2015 11:40 AM

Q3 To what extent do you agree with the following statements

Answered: 206 Skipped: 0

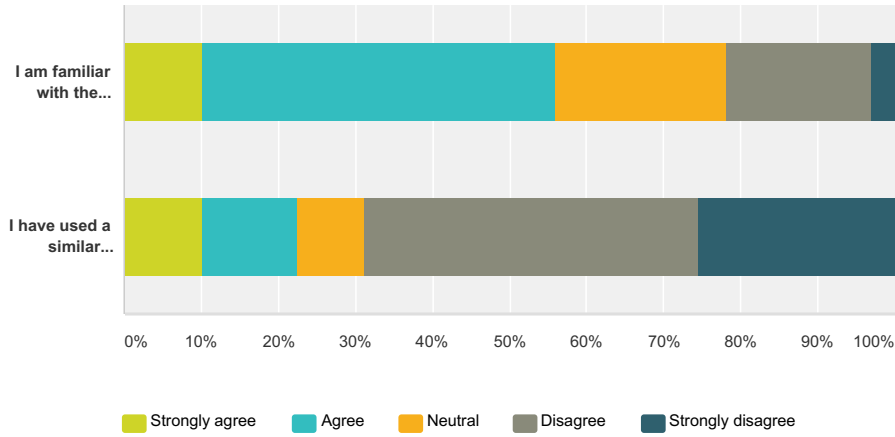


	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
My clinical supervisor was identified at the start of my F1 placement.	40.98% 84	43.90% 90	4.88% 10	8.29% 17	1.95% 4	205
I was introduced to other members of the clinical team at the start of my F1 placement.	42.23% 87	46.12% 95	5.34% 11	5.34% 11	0.97% 2	206
I knew who to ask for help in hours.	33.01% 68	59.71% 123	4.85% 10	2.43% 5	0.00% 0	206
I knew who to ask for help out of hours.	16.99% 35	50.97% 105	20.87% 43	10.19% 21	0.97% 2	206
I felt part of a team.	40.00% 82	46.34% 95	9.76% 20	3.41% 7	0.49% 1	205
I knew who to call for senior support.	34.31% 70	55.39% 113	8.33% 17	1.96% 4	0.00% 0	204

#	Other (please specify)	Date
1	Though my first day it was just me and a locum consultant...	9/24/2015 11:16 AM
2	Sometimes, yes, sometimes no, sometimes people don't answer their bleeps.	9/22/2015 1:06 PM
3	Due to loss of FY1 not working directly under clinical supervisor, not ideal.	9/16/2015 8:03 PM
4	There was no registrar in my department for 2-3 weeks at the beginning, meaning there was a lack of senior support on the ward during that time	9/14/2015 1:00 PM
5	I knew who to call for senior help but I wasn't always able to call them as they did not always have a bleep	9/14/2015 10:55 AM
6	There is poor communication between the F1 and SHO on ward cover and on-calls in certain cases. They should work more as a team than individuals.	9/9/2015 7:33 PM

Q4 To what extent do you agree with the following statement

Answered: 206 Skipped: 0

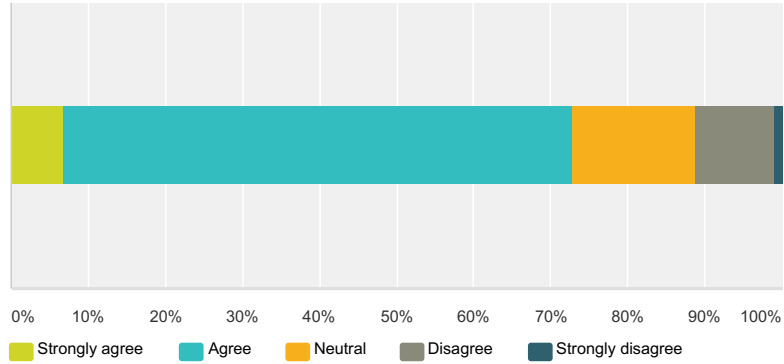


	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
I am familiar with the e-portfolio	10.19% 21	45.63% 94	22.33% 46	18.93% 39	2.91% 6	206
I have used a similar e-portfolio as a medical student	10.24% 21	12.20% 25	8.78% 18	43.41% 89	25.37% 52	205

#	Other (please specify)	Date
1	It's not a well-designed website at all. Hard to find things, hard to know how to access things. I struggled to get a TAB until I found the the 'round of TABs' (???) wasn't 'open' yet? This made no sense to me and was never explained nor justified.	9/22/2015 1:06 PM
2	We only recently had a lecture on eportfolio which was really useful but would have been great to have at the start of induction	9/11/2015 11:38 PM
3	Never used a system like this. A user-friendly guide would be helpful.	8/25/2015 10:56 AM
4	Still don't really know how to use it..... please introduce it PROPERLY and how to use it in induction. Again, a very VERY brief introduction in induction; not really how to use it	8/17/2015 9:38 PM

Q5 Please indicate to what extent you agree with the following statement: I was adequately prepared for my first foundation post'.

Answered: 206 Skipped: 0



Answer Choices	Responses	
Strongly agree	6.80%	14
Agree	66.02%	136
Neutral	16.02%	33
Disagree	10.19%	21
Strongly disagree	0.97%	2
Total		206

Induction survey 2015

Q6 Please identify up to 3 areas where you felt well prepared.

Answered: 131 Skipped: 75

#	Responses	Date
1	Practical skills, prescribing skills, management of the acutely unwell patient	10/2/2015 7:31 AM
2	- Handover using SBAR format - procedures including cannula room, blood culture, venepuncture - e-portfolio : very similar system used at the university of Manchester	9/30/2015 6:53 PM
3	Critically ill patient assessment Note taking	9/29/2015 8:55 PM
4	Clerking in patients from A&E Communicating with patients and their concerns Presenting patients to the med reg/ other clinical teams	9/29/2015 11:56 AM
5	Practice skills ward work managing time	9/28/2015 9:29 PM
6	1.communication with the patients 2.history and examination 3.basic procedures	9/26/2015 9:52 PM
7	clerking prescribing clinical examination	9/25/2015 5:08 AM
8	Recognising the critically ill patient, history taking and examination	9/24/2015 9:31 PM
9	- 3-4 days shadowing the outgoing F1 to learn about patients was the best preparation - shadowing OOH F1 for an evening also very helpful	9/24/2015 11:16 AM
10	Procedures and clinical skills. Clerking and history taking. Prescribing	9/24/2015 8:28 AM
11	phlebotomy/ABG antibiotics communication skills	9/22/2015 8:47 PM
12	Procedures Always aware of senior support Knowing when to escalate	9/22/2015 7:37 PM
13	Working as an mdt History taking Documentation Prescribing	9/22/2015 7:14 PM
14	Managing clinically unwell patients, The science behind the diseases (particularly being in a haemato-oncology ward) Sifting through jobs	9/22/2015 6:12 PM
15	-	9/22/2015 12:32 PM
16	Well orientated Computer training Introduced to the team	9/22/2015 10:31 AM
17	who to turn to for help how to use epr	9/22/2015 10:20 AM
18	The structure of the day Requesting X-rays Who to ask for help	9/22/2015 10:08 AM
19	Documentation Communicating with patients Venepuncture and cannulation	9/22/2015 10:01 AM
20	Practical procedures History taking Prescription	9/21/2015 6:00 PM
21	organisation documentation	9/21/2015 4:08 PM
22	I understood the running of the ward quite well	9/20/2015 9:13 PM
23	knowing the team knowing how to use all IT cultures and cannulation	9/20/2015 8:17 PM
24	Ward rounds History taking Managing patients	9/20/2015 7:21 PM
25	Practical skills Prescribing Handing over concerns	9/17/2015 2:05 PM
26	- day-day role of an F1 - communicating with other members of the team - communicating with patients	9/17/2015 9:53 AM
27	1- clerking and examining patients 2- basic skills such as blood taking and cannulas 3 - ABCDE management of an ill patient	9/16/2015 9:56 PM
28	I felt prepared to undertake ward rounds in an organised manner I felt prepared to perform core procedures on the wards providing I could find the equipment I felt prepared to assess patient ABCDE approach	9/16/2015 8:29 PM
29	Good basic knowledge.	9/16/2015 8:03 PM
30	What was expected of us on our day to day jobs. Who to call and the order of escalation. How to perform my day to day tasks and seek help.	9/16/2015 6:01 PM
31	Practical skills Identifying the unwell patient Initial management of the unwell patient	9/16/2015 10:46 AM
32	Clerking patients Ward rounds Practical procedures	9/15/2015 9:56 PM
33	Work load, core procedures and examination	9/15/2015 4:36 PM
34	good induction and support within ED good teaching regarding recognition of the sick patient good teaching on prescribing	9/15/2015 4:10 PM
35	1. I was given the rota for the first rotation 2. I was informed about who my Educational Supervisor was at the beginning	9/15/2015 2:08 PM
36	Communication Team work Organisation of duties	9/15/2015 10:17 AM

Induction survey 2015

37	1) procedures 2) investigations 3) examining and taking a historian from patients	9/14/2015 11:28 PM
38	Practical skills Communications skills Work ethic	9/14/2015 11:05 PM
39	Introduction to team	9/14/2015 9:40 PM
40	1. How the ward works - shadowing my F1 gave me an idea of the everyday tasks as F1 does, where things are and who to ask 2. How to assess the critically ill patient - ILS course was good revision of ABC 3. Blood transfusions - we got 2 sessions which were useful covering filling blood transfusion forms to looking out for transfusion reactions	9/14/2015 9:00 PM
41	- completing most of the daily tasks of an F1	9/14/2015 8:58 PM
42	The shadowing week helped me figure out what my role would be on the ward- during ward rounds and clinical jobs that I might have to carry out.	9/14/2015 7:19 PM
43	Daily ward jobs Ward round on my own Communicating	9/14/2015 7:11 PM
44	- Prescribing - Procedures	9/14/2015 5:39 PM
45	handovers, communication to staff and who to call when I needed support.	9/14/2015 4:10 PM
46	Clinical Procedures History taking and clerking Prescribing	9/14/2015 2:48 PM
47	Team	9/14/2015 1:36 PM
48	Procedures TTO writing The theory of prescribing	9/14/2015 1:00 PM
49	clinical procedures Organising Explaining plans to patients	9/14/2015 10:55 AM
50	Patient communication skills ABCDE- recognition acutely unwell pt	9/14/2015 10:42 AM
51	Clerking patients Making a plan Creating differentials	9/13/2015 10:38 PM
52	Role of FY1 within the ward round and MDT Making referrals	9/13/2015 9:14 PM
53	Practical procedures like venepuncture	9/13/2015 9:10 PM
54	ABCDE assessment	9/12/2015 10:54 PM
55	Orientation to the ward Practical procedures Department structure and team set-up	9/12/2015 8:05 PM
56	Practical procedures	9/12/2015 5:57 PM
57	Communicating with patients. Basic practical procedures such as venepuncture and cannulation. Clerking patients.	9/12/2015 1:04 PM
58	History taking. Examinations. Blood taking.	9/12/2015 12:17 AM
59	Blood transfusions Hand washing What my day to day job entailed from shadowing	9/11/2015 11:38 PM
60	Weekly timetable Using CRS system Role within MDT and care of elderly department	9/11/2015 10:34 PM
61	Knew the ward Understood the patients and the staff	9/11/2015 4:54 PM
62	my weekly timetable and workload distribution in my post the key members of my team, contact details for all my consultants and familiarity with my working environment	9/11/2015 2:40 PM
63	-very well supported within team -was not expected to manage patients on own at beginning -induction lecture series	9/11/2015 1:13 PM
64	- clinical examination - procedure	9/11/2015 12:40 PM
65	Day to day running of the ward How to escalate	9/11/2015 8:31 AM
66	practical procedures objective examination use of hospital softwares	9/10/2015 11:40 PM
67	understood role of fy1 some clinical skills such as venepuncture organisation	9/10/2015 10:04 PM
68	Most practical procedures, history taking, writing discharge letters	9/10/2015 9:45 PM
69	Procedures Medical knowledge Communication skills	9/10/2015 7:32 PM
70	New the team I was working with New how day of work was structured Most useful info was from old F1s eg how to order scans, make referrals etc	9/10/2015 6:35 PM
71	ILS, referring patients, ordering investigations	9/10/2015 5:38 PM
72	Phlebotomy I care Patient lists	9/10/2015 3:44 PM
73	Running ward rounds Communicating with other members of the team, patients and family Understanding my role as FY1	9/10/2015 3:33 PM
74	Microbiology advice Recognising unwell patient Vte prophylaxis	9/10/2015 2:04 PM
75	Procedural skills Ward rounds	9/10/2015 12:02 PM
76	Most practical procedures General ward work	9/10/2015 10:44 AM
77	Ward rounds Daily duties Knowing hospital	9/10/2015 10:20 AM
78	Clinical procedural skills Clerking patients Emergencies	9/10/2015 9:50 AM
79	Shadowing a F1 while I was a medical student.	9/10/2015 8:42 AM
80	Assessment of ill patients Icare system Using bleep/ switchboard	9/9/2015 9:52 PM

Induction survey 2015

81	talks from previous FY1, three days of shadowing prior to 5th August, department induction from consultants	9/9/2015 9:31 PM
82	Practical procedures Oncall preparation Calling for senior help	9/9/2015 9:09 PM
83	Medical theory, procedures such as ultrasounds, chasing orders and results	9/9/2015 7:33 PM
84	Admin work Role Team structure	9/9/2015 7:16 PM
85	Tto Discharge summaries Prescribing	9/9/2015 6:03 PM
86	Recognising Ill patients IT systems Handover procedures	9/9/2015 4:39 PM
87	Performing basic procedures expected of an F1 including venepuncture, ABGs, cannulation. Being aware of unwell patients and knowing when to call for help. Being organised and efficient with carrying out jobs as part of a team	9/9/2015 3:59 PM
88	1. My role 2. Amount of knowledge required 3. Working environment	9/9/2015 3:51 PM
89	ILS Handing over Drug charts	9/9/2015 2:46 PM
90	Paperwork, simple procedures, clerking patients	9/9/2015 1:50 PM
91	Practical procedures Knowledge Communication	9/9/2015 1:06 PM
92	I was introduced to the team, I met my clinical supervisor on the same day and have had regular meetings with my clinical supervisor	9/9/2015 12:03 PM
93	Clinical skills Ward rounds	8/31/2015 5:03 PM
94	ward rounds practical procedures who to ask for help from	8/30/2015 6:09 PM
95	ILS and ALERT courses were a good refresher on identifying critically ill patients Blood transfusion documentation talks were useful Shadowing outgoing F1 gave me an idea of how ward works and some insider info that only someone doing the job could give.	8/29/2015 10:31 PM
96	Day to day,on calls, prescribing	8/28/2015 8:45 PM
97	Practical clinical procedures Rota for my first placement How to use epr	8/28/2015 10:03 AM
98	ALERT training was a very helpful refresher in identifying the deteriorating/unwell patient.	8/26/2015 10:35 PM
99	Post-take ward round- what to do How to find help- how to escalate Daily ward rounds	8/26/2015 7:00 PM
100	Recognising a critically ill patient, Clerking and note-making, Practical procedures	8/25/2015 7:24 PM
101	clinical skills Prioritisation when on call reflection and use of e portfolio	8/25/2015 5:02 PM
102	i knew the medicine. i felt prepared to deal with patients.	8/25/2015 4:40 PM
103	Knowing who my team were and who I could ask for help. Knowing how the ward environment works.	8/25/2015 12:35 PM
104	How the on-call system worked What was expected to do How to use the online systems	8/25/2015 11:59 AM
105	Ward rounds Handover a Identifying critically ill patients	8/25/2015 11:18 AM
106	Prescribing Organisation Working as a team	8/25/2015 10:56 AM
107	Ward rounds Ward list update Handover of patients	8/24/2015 4:24 PM
108	Assessing sick patients. Procedures, such as bloods, cannulas, ABGs etc... Prescribing	8/24/2015 11:50 AM
109	Administration of ward rounds e.g. taking notes etc Certain practical procedures e.g. taking blood and more advanced areas such as certifying death and writing death certificates Examination skills	8/23/2015 11:02 PM
110	Recognising the unwell patient	8/23/2015 9:35 AM
111	Recognising the sick patient, who to call for help, practical procedures	8/20/2015 8:29 PM
112	A-E approach of handling a sick patient	8/20/2015 7:57 PM
113	MET system	8/19/2015 11:04 AM
114	Practical procedures	8/19/2015 12:44 AM
115	The shadowing was vital. Following the other F1's let me learn the job and see how the day ran.	8/18/2015 9:51 PM
116	1. patient documentation 2. simple everyday ward procedures	8/18/2015 9:01 PM
117	ILS, practical procedures, handover	8/18/2015 8:54 PM
118	Familiar with responsibilities of F1	8/18/2015 5:30 PM
119	Recognising the acutely unwell patient. Prescribing. Working in the MDT	8/17/2015 11:06 PM
120	Day to day ward life Rota Eportfolio sign offs	8/17/2015 10:13 PM
121	Recognising the ill patient Communication skills Team work	8/17/2015 9:57 PM
122	Clinical skills Ward round Taking histories / examinations	8/17/2015 8:45 PM
123	Recognition & management of critically ill patient; Handover; Basic clinical skills e.g. history & examination	8/17/2015 7:56 PM
124	Using local equipment, Rotas, where to seek senior advice	8/17/2015 7:37 PM
125	handover prioritising jobs	8/17/2015 7:29 PM

Induction survey 2015

126	Where things were found, where you handed things into etc	8/17/2015 6:55 PM
127	What was expected of me day to day The workings of the ward Introductions to all the staff members	8/17/2015 6:40 PM
128	Practical skills Computer Software Layout of the Hospital	8/17/2015 2:44 PM
129	Phlebotomy, Examining patients, Communication skills.	8/17/2015 2:26 PM
130	Assessing patients Prescribing Working in a team	8/17/2015 12:32 PM
131	Day job on the ward - I put together a patient list before day 1 and found out how to do orders and referrals etc and knew the patients from shadowing so could tell new SHOs about them. I have got a very quiet ward though so I've been lucky, especially since my consultant is a locum and the reg is on paternity leave.	8/17/2015 11:40 AM

Induction survey 2015

Q7 Please identify up to 3 areas where you felt your preparation was inadequate

Answered: 127 Skipped: 79

#	Responses	Date
1	Night shifts, long hours, dealing with death	10/2/2015 7:31 AM
2	- clerking patient with acute problems - computer system - different systems used in different hospitals - diabetes	9/30/2015 6:53 PM
3	Where things are on the ward Prescribing things like Moviprep which is important in general surgery Who to call when the rota offers no senior support	9/29/2015 8:55 PM
4	Doing two ward rounds a day for two different consultants Being on call in A&E and also having to deal with ward jobs and sick patients in the ward Dealing with multiple sick patients at the same time	9/29/2015 11:56 AM
5	Logistics of how to refer etc in hospital making decisions without seniors quick prescribing skills	9/28/2015 9:29 PM
6	1.Using CRS for documentation 2.Referral to different specialities 3.inadequate information regarding out of hours job	9/26/2015 9:52 PM
7	General local hospital systems (i.e. process for requesting imaging out of hours, referrals, etc.) Payroll arrangements	9/26/2015 7:34 PM
8	1. knowing doses of medication of by heart 2.	9/25/2015 5:08 AM
9	- referrals guidance is sometimes a bit lacking - eportfolio was a question of learn as you go [- no info on crem form procedure; a minor thing though]	9/24/2015 11:16 AM
10	On call handovers, referrals (making and receiving(9/24/2015 8:28 AM
11	fluid prescription	9/22/2015 8:47 PM
12	Cerner training - what tests can be ordered on cerner and which cannot. A booklet of how to do things would have been really helpful Referrals - a list of where all the books are/how to refer to each speciality in a nice all in one guide. Blood test checking - I've never had to be so critical with blood tests before, especially electrolyte imbalance. A guideline would be helpful.	9/22/2015 7:37 PM
13	Practical skills Recognising the sick patient and escalating	9/22/2015 7:14 PM
14	Basic skills useful for an FY1, eg SBAR, death certificates etc Remembering medication doses and interactions Scenario based teaching dealing with more than just the theoretical	9/22/2015 6:12 PM
15	-	9/22/2015 12:32 PM
16	Escalation plan Asking for help Out of hours care/ handover	9/22/2015 10:31 AM
17	actual environment, however only really going to learn on the job preparation for handing over/recognising acutely unwell patients - but this should be done in medical school	9/22/2015 10:20 AM
18	How to make referrals Structure of on calls	9/22/2015 10:08 AM
19	Knowing my way around the hospital Knowing the procedures for requesting tests in the hospital Knowing the members of the medical team	9/22/2015 10:01 AM
20	Fluids in response to blood results especially electrolyte imbalance	9/21/2015 6:00 PM
21	escalating to appropriate seniors referrals to other specialities	9/21/2015 4:08 PM
22	I would have liked an experience of being 'on-call' before starting I would have liked better prep on knowing the computer systems especially in regards to EDNs and our passwords for them I would have liked at least 3 days shadowing doctors on the wards before starting properly.	9/20/2015 9:13 PM
23	more ABG training	9/20/2015 8:17 PM
24	Decision making	9/20/2015 7:21 PM
25	Working out of hours	9/17/2015 2:05 PM
26	- set up of the hospital (where to find forms, what to do with them etc!) - what happens on an on-call	9/17/2015 9:53 AM
27	Not mentally prepared for dealing with difficult consultants. Not adequately capable at needle skills. Prioritisation of tasks.	9/16/2015 8:03 PM
28	How the on-call system worked and what was expected of us when on-call	9/16/2015 6:01 PM
29	Peri operative anticoagulation Warfarin dosing Utilizing trust guidelines - Qpulse is user unfriendly and often out of date.	9/16/2015 10:46 AM
30	On call experience Prioritizing tasks when on call Reviewing sick patients	9/15/2015 9:56 PM
31	not enough teaching on online systems and available passwords etc. more knowledge about how things like on calls etc. work	9/15/2015 4:10 PM
32	1. The induction did not include a tour of the hospital which would have been very useful 2. We were not given all of our logins at the beginning 3. We were only given 2 days of shadowing the FY1 which was not enough. Some doctors had no F1 to shadow.	9/15/2015 2:08 PM

Induction survey 2015

33	Clinical skills Prescribing Assessing the acutely unwell patient	9/15/2015 10:17 AM
34	handing over patients more administrative things when it is appropriate and when not to escalate	9/14/2015 11:28 PM
35	Team dynamics Volume of work Organisation of the team	9/14/2015 11:05 PM
36	Computer systems On calls Rota Weekend cover and handover	9/14/2015 9:40 PM
37	1. ICT training left a lot to be desired. We were only told how to use APEX (to check pathology results) 2 weeks into the job. This should really have been in shadowing week. It was also a nightmare trying to get passwords for the different systems - I know some doctors who still don't have logins to all the systems and it is only through several phone calls and an email that I finally got access to SPECTRA, APEX and my computer login. Next time, it would be better to have our logins during shadowing week so the outgoing F1 could help teach us how to navigate the different systems 2. Prescribing - we had at least 3 tests but not much actual teaching on prescribing. I lack confidence still in prescribing analgesia and laxatives (which are so commonly prescribed but difficult to know when to prescribe what) and prescribing fluids. Would be useful to include more practical and specific teaching in these areas before we start 3. Handover (times and place) - only found out about when and where handovers take place through hearsay. This should really have been included in shadowing week and the importance stressed. We did however get good teaching on communication skills for handing over, particularly over the phone when making referrals or trying to get advice. ABC guide to referrals on G drive is also invaluable	9/14/2015 9:00 PM
38	- use of various computer systems - handing patients over to out of hours/weekend team	9/14/2015 8:58 PM
39	Handing over patients Knowing how to refer patient to relevant teams	9/14/2015 7:19 PM
40	Prescribing End of life care Using e-portfolio	9/14/2015 7:11 PM
41	- Unfamiliar with procedures for ordering different types of investigations. CRS versus paper forms - Unsure where to find guidance on intranet - search function is hopeless -	9/14/2015 5:39 PM
42	e-portfolio induction into forms, intranet, on-call procedures etc - this was hardly covered at all, and I felt very under prepared in this area.	9/14/2015 4:10 PM
43	Patient load management Knowing when and what to say no to Prioritising when patient load is high	9/14/2015 2:48 PM
44	I didn't know clearly the members of my team (had to try and find them during the barbecue). I didn't even know where I was supposed to go on my first day of shadowing or at what time or what to expect. A tour of the hospital would also have been very useful.	9/14/2015 1:48 PM
45	Computer system Out of hours help	9/14/2015 1:36 PM
46	Knowing how do to ward rounds on my own Using e prescribing software Knowing what actions to take based on blood results	9/14/2015 1:00 PM
47	Recognising how unwell a patient is (but that comes with experience) Talking to people about death and dying Knowing how tiring a stressful the job is	9/14/2015 10:55 AM
48	ECG interpretation Organisation - balancing of jobs and prioritising was very difficult but will be gained with experience Confidence	9/14/2015 10:42 AM
49	Using cerner Being assertive in patient referrals	9/13/2015 10:38 PM
50	Managing critically unwell patients when on call (and alone). How to approach other members of the MDT for assistance, eg handing over tasks	9/13/2015 9:14 PM
51	IT, referring patients for scans, deciding management plans	9/13/2015 8:10 AM
52	Familiarity with ISOFT, telepath, PACS, weekend handover list, on call handover list. How to work out which patients were 'ours'	9/12/2015 10:54 PM
53	Booking outpatient appointments Capacity assessments required for discharge planning	9/12/2015 8:05 PM
54	Handing over patients. Assessing and managing the critically ill patient. Acute medical patients.	9/12/2015 1:04 PM
55	Managing patients with lack of support. Interpreting ECGs. Interpreting blood results.	9/12/2015 12:17 AM
56	Eportfolio Computer systems/epr Acutely ill patients/SIM situations	9/11/2015 11:38 PM
57	How to refer to different specialities What was expected when sending a patient to ECT	9/11/2015 4:54 PM
58	the demands of on-call work poor handovers and how to manage patients when given little information from the usual team	9/11/2015 2:40 PM
59	-did not know role of liaison psych prior to shadowing	9/11/2015 1:13 PM
60	- referring patients to different departments - transferring patients to different trusts	9/11/2015 12:40 PM
61	More days shadowing would be nice, 2 want enough More practice with the computer systems Less governance tutorials, more 'sick patient' refreshers in the induction week.	9/11/2015 8:31 AM
62	common drugs prescribed in my first post specialty dealing with common clinical queries (insulin, anticoagulation, significant change in observations) use of equipment (monitors and recording stations)	9/10/2015 11:40 PM
63	cannulation IT systems organisation	9/10/2015 10:04 PM
64	Making referrals, talking to patient's relatives, doing on call shifts	9/10/2015 9:45 PM
65	Computer systems Sharepoint/ how to find guidelines (still struggle!)	9/10/2015 9:31 PM

Induction survey 2015

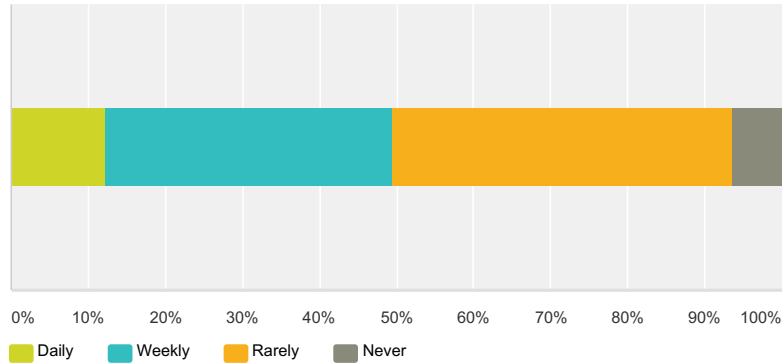
66	Assimilating clinical cases quickly in the ward round context	9/10/2015 7:32 PM
67	Fluids prescribing	9/10/2015 6:35 PM
68	Rota circulation	9/10/2015 5:38 PM
69	ABG Catheter Preassessment	9/10/2015 3:44 PM
70	None for the role of FY1	9/10/2015 3:33 PM
71	Knowing who to call for support out of hours Shadowing and meeting the team Knowing how to do referrals and order certain tests	9/10/2015 2:04 PM
72	Wasn't prepared for no support on the ward in surgery at all. Very much into the deep end.	9/10/2015 1:40 PM
73	The entire community aspect	9/10/2015 10:44 AM
74	On call Computer system experience Ordering tests	9/10/2015 10:20 AM
75	Handover How/Who to escalate to Shadowing	9/10/2015 9:50 AM
76	1. I was not given an induction pack as stated by the hospital (queen Elizabeth woolwich) 2. Only two days induction 3. Lack of support	9/10/2015 8:42 AM
77	IT- still have no access to shared drive, lists etc despite multiple requests Services available in and out of hours	9/9/2015 9:52 PM
78	iCare e.g. EDN/TTAs, requests Hospital referral systems Use of/access to trust guidelines	9/9/2015 9:09 PM
79	Inadequate practice in cannulations, more medical preparation for emergency situations during induction (i.e. ALERT course before we begin ward cover and on-calls)	9/9/2015 7:33 PM
80	Clinical reviews Referring patients Sick patients	9/9/2015 7:16 PM
81	Procedures Timetable and what was expected of us on the team or how the team worked Where everything was in the hospital	9/9/2015 6:03 PM
82	How to make referrals to other teams (lots of different ways of doing it depending on team - no easy way to find out how to make a referral to any given team/service).	9/9/2015 5:06 PM
83	1. Timetable 2. Annual Leave and days off	9/9/2015 3:51 PM
84	Lack of shadowing, lack of knowledge of how to use IT systems practically. Was not given enough exposure as to how my first place of work operated. Would have greatly benefited from a complete weeks shadowing induction, to gain experience in all the different roles and when and how handovers work.	9/9/2015 2:46 PM
85	Certain ward jobs, handovers	9/9/2015 1:50 PM
86	Handover Senior help Starting on nights	9/9/2015 1:06 PM
87	Managing critically ill patients Taking handovers Knowing what to accept from nurses and other health professionals	9/9/2015 12:19 PM
88	I have never done anything like my rotation before (forensic psychiatry) and therefore did not know what to expect. I was also told it was community psychiatry so it was a bit of a shock to be introduced to a forensic ward-based team. I was completely unsure of my job description and role as there has never been an FY1 on my ward before	9/9/2015 12:03 PM
89	No computer access until first day Not very much time actually shadowing someone doing my job	9/9/2015 11:47 AM
90	Handover Who to go to when worried about a patient out of hours Discharging people on warfarin	8/31/2015 5:03 PM
91	nil	8/30/2015 6:09 PM
92	ICT - didn't get all of my passwords until 2 weeks into job and had to ring up it a couple of times before it was sorted. Training on how to use APEX also came very late and there was no training on SPECTRA even though looking up results is a crucial part of the job. Instructions on where/what time to go for handover and on call shifts were inadequate/somewhat lacking. Thankfully the F1 I was shadowing had explained most of it to me, but this should have been included in our induction lectures. It was also highly frustrating getting useful information in the lunchtime "medical induction" lectures with the SHOs in my second week working when this information should have been included in our F1 induction prior to starting the job More practical teaching on prescribing analgesics and fluids - something I have to do every day and have to ask for help with every day	8/29/2015 10:31 PM
93	Skills	8/28/2015 8:45 PM
94	Clinical areas- ie where things were and how things worked such as calling radiology etc I would have liked more information on where I could safely leave my things and my bike I would have like more introduction into the e-portfolio	8/28/2015 10:03 AM
95	Practical skill practice would be much more beneficial earlier in the induction programme - the session was very useful but its efficiency could be maximised by having it prior to shadowing and spending time on the wards given that some of the equipment is quite different to what i was used to.	8/26/2015 10:35 PM
96	some requests on-call	8/26/2015 7:00 PM
97	Computer software - I'm still figuring out how to use them, How a ward works - e.g. who to talk to transfer patients, where is equipment kept etc, Diagnosis and management - require more experience	8/25/2015 7:24 PM
98	specific referral proformas at the trust could have spent a full day on the ward n/a	8/25/2015 5:02 PM
99	the systems were all new, locations of things in the hospital,	8/25/2015 4:40 PM

Induction survey 2015

100	Clinical skills. I had never come across the vacutainer kits for venepuncture before as I trained in leicester. I would have appreciated a practical refresher prior to starting on the wards as this was a totally new system for me. Use of computer systems. Not enough to have a presentation, would have appreciated a practical session to practice common requests etc before starting on wards. Even if this was as an online exercise to practice at home Insulin and anticoagulation prescribing	8/25/2015 12:35 PM
101	Using ePortfolio	8/25/2015 11:59 AM
102	Working independently Writing referral letter	8/25/2015 11:18 AM
103	Equipment for some procedures is different Not shown how to use oxygen etc on the ward	8/25/2015 10:56 AM
104	Inadequate training on all aspects of the IT systems. Next to no training on blood tracker Nil training on blood bank and pathology sample protocols	8/24/2015 4:24 PM
105	What is our responsibilities during an on-call shift. What meetings we should and shouldn't attend. Discharging patients with follow up and antibiotics. On weekend discharge, there is no one to ask and we are supposedly supposed to make it up ourselves. Op notes have very little information regarding post-op care.	8/24/2015 11:50 AM
106	Certain practical procedures such as ABGs and taking blood from central lines Prescribing	8/23/2015 11:02 PM
107	Familiarisation of the ward and team Knowledge of procedures and administration tasks which were expected of me Finding my way around the hospital Using CRS - computerised software - on the job rather than just in induction	8/23/2015 9:35 AM
108	Handover, on call/weekend duties, post take procedure	8/20/2015 8:29 PM
109	Handing over Referrals to other specialties	8/20/2015 7:57 PM
110	Prioritisation of the multitude of jobs that all need doing, and ideally all need doing now, before anything else.	8/19/2015 11:04 AM
111	IT log ins didn't work.	8/18/2015 9:51 PM
112	1. no time to get to know the site/ward/team 2. not given information about what to expect during on calls 3. not sure who/ how to refer to for various investigations/referrals	8/18/2015 9:01 PM
113	night team handover, prescribing, e-portfolio	8/18/2015 8:54 PM
114	Unfamiliar with trust equipment, guidelines, protocols etc	8/18/2015 5:30 PM
115	Discharge planning Handover Referrals	8/17/2015 11:06 PM
116	Being on call during the week (mau and ward) Tour of the hospital and where we could find things e.g radiology Icare	8/17/2015 10:13 PM
117	Computer skills (specific to the trust)	8/17/2015 9:57 PM
118	The admin that is required What is expected of an f1 in CAMHs How to do things like order a mri	8/17/2015 8:45 PM
119	More in depth management e.g. pre-op prep & post-op review (daily task);	8/17/2015 7:56 PM
120	The acute patient (SIM man), how weekends/night on calls work	8/17/2015 7:37 PM
121	knowing the in hospital logistics e-prescribing electronic computer system and no paper notes	8/17/2015 7:29 PM
122	What the exact EAU roles were Probably more lack of experience but handling different scenarios on call	8/17/2015 6:55 PM
123	How to order various different test Disjointed about what my role would involve Prescribing narcotics and insulin i.e. sliding scale	8/17/2015 6:40 PM
124	Requests for Imaging Handover at WEs	8/17/2015 2:44 PM
125	How to request investigations, what to do when seniors don't answer their bleeps, using new equipment.	8/17/2015 2:26 PM
126	it training- I spent ages struggling with oasis and other teams	8/17/2015 12:32 PM
127	On call is totally different and there hasn't really been much in the timetable to prepare us for that. I was on cold on call the first weekend and it was only because a registrar I was familiar with was keeping an eye on me that all went ok. He and the sho did all the difficult jobs while I did the easy stuff... I think most of us did an on call session with outgoing f1s but a bit more information about it before starting would have been useful.	8/17/2015 11:40 AM

Q8 In this post how often have you felt forced to cope with clinical problems beyond your competence or experience?

Answered: 204 Skipped: 2

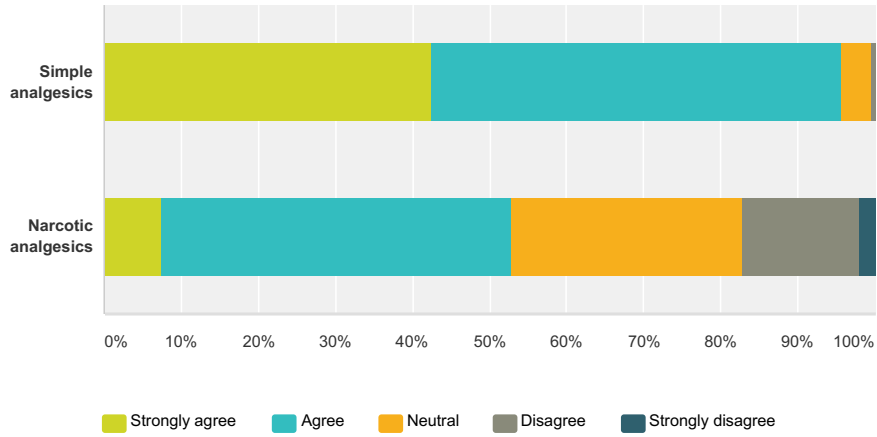


Answer Choices	Responses	
Daily	12.25%	25
Weekly	37.25%	76
Rarely	44.12%	90
Never	6.37%	13
Total		204

#	Other (please specify)	Date
1	By definition as an F1 everything is out of experience??	9/15/2015 3:23 PM
2	diabetes and pain management	9/9/2015 11:47 AM
3	Feel well supported. I was especially impressed with evening and weekend ward cover - I could had an SHO who I could always contact if I felt out of my depth	8/29/2015 10:31 PM
4	On calls	8/26/2015 7:00 PM
5	Always beyond my experience?	8/18/2015 4:22 PM
6	But only because I ask questions ALL the time!	8/17/2015 9:38 PM
7	I work on the vascular surgery team - all our patients present with problems beyond my competence daily, however SpRs are always ready to assist as needed	8/17/2015 7:56 PM

Q9 Prescribing - I feel confident in prescribing the following types of drugs

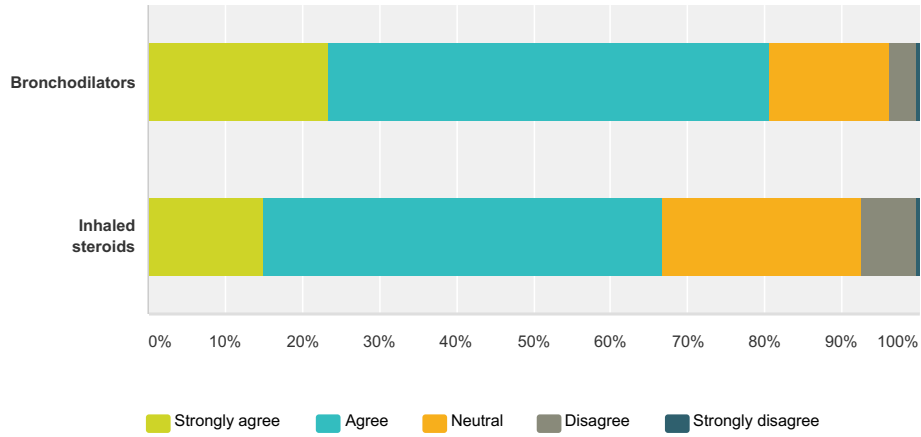
Answered: 205 Skipped: 1



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Simple analgesics	42.44% 87	53.17% 109	3.90% 8	0.49% 1	0.00% 0	205
Narcotic analgesics	7.35% 15	45.59% 93	29.90% 61	15.20% 31	1.96% 4	204

Q10 Prescribing - I feel confident in prescribing the following types of drugs

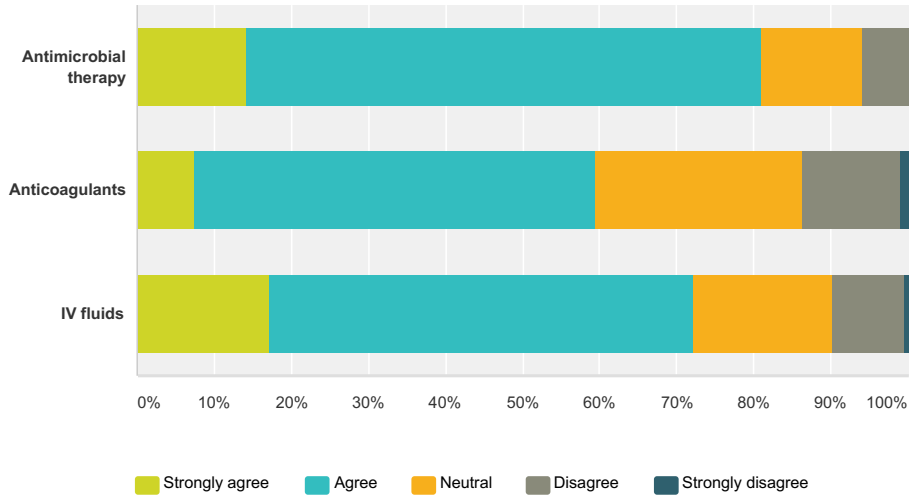
Answered: 205 Skipped: 1



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Bronchodilators	23.41% 48	57.07% 117	15.61% 32	3.41% 7	0.49% 1	205
Inhaled steroids	15.12% 31	51.71% 106	25.85% 53	6.83% 14	0.49% 1	205

Q11 Prescribing - I feel confident in prescribing the following types of drugs

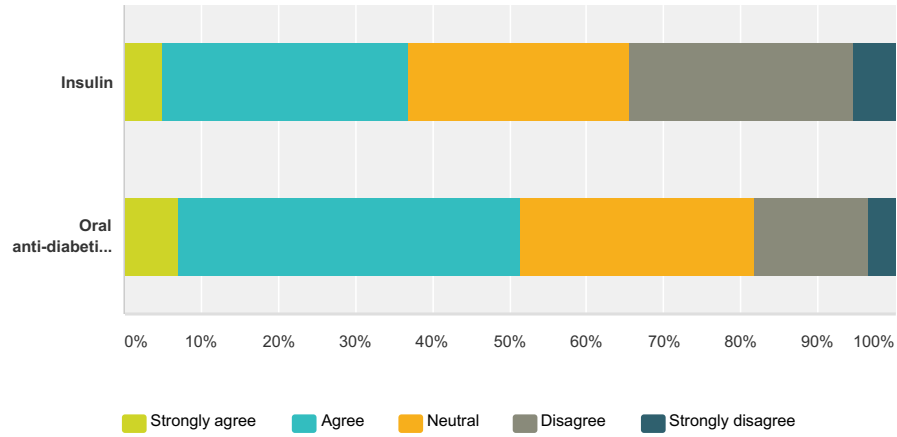
Answered: 205 Skipped: 1



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Antimicrobial therapy	14.15% 29	66.83% 137	13.17% 27	5.85% 12	0.00% 0	205
Anticoagulants	7.32% 15	52.20% 107	26.83% 55	12.68% 26	0.98% 2	205
IV fluids	17.16% 35	54.90% 112	18.14% 37	9.31% 19	0.49% 1	204

Q12 Prescribing - I feel confident in prescribing the following types of drugs

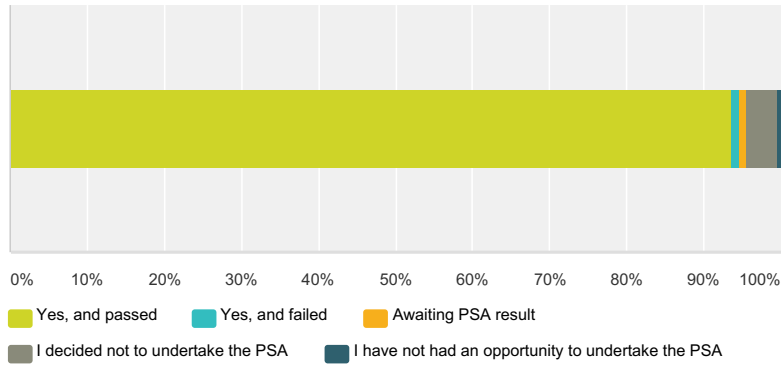
Answered: 204 Skipped: 2



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Insulin	4.93% 10	32.02% 65	28.57% 58	29.06% 59	5.42% 11	203
Oral anti-diabetic drugs	6.93% 14	44.55% 90	30.20% 61	14.85% 30	3.47% 7	202

Q13 Please indicate whether you have taken the Prescribing Safety Assessment (PSA)

Answered: 205 Skipped: 1

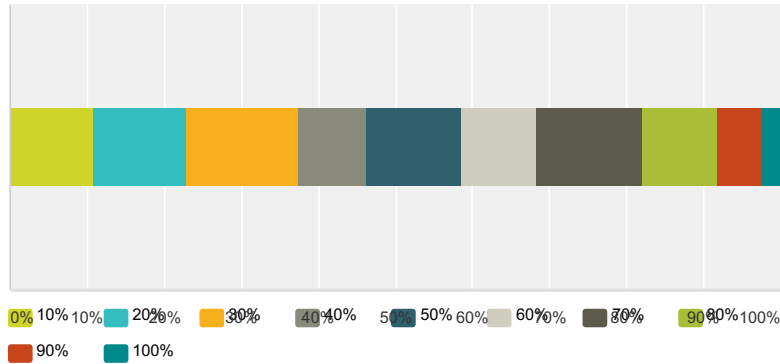


Answer Choices	Responses
Yes, and passed	93.66% 192
Yes, and failed	0.98% 2
Awaiting PSA result	0.98% 2
I decided not to undertake the PSA	3.90% 8
I have not had an opportunity to undertake the PSA	0.49% 1
Total	205

#	Other (please specify)	Date
1	medschool had own assessment (sgul)	8/17/2015 12:32 PM

Q14 Please estimate how much of your final year has been spent in an F1 apprentice type role.

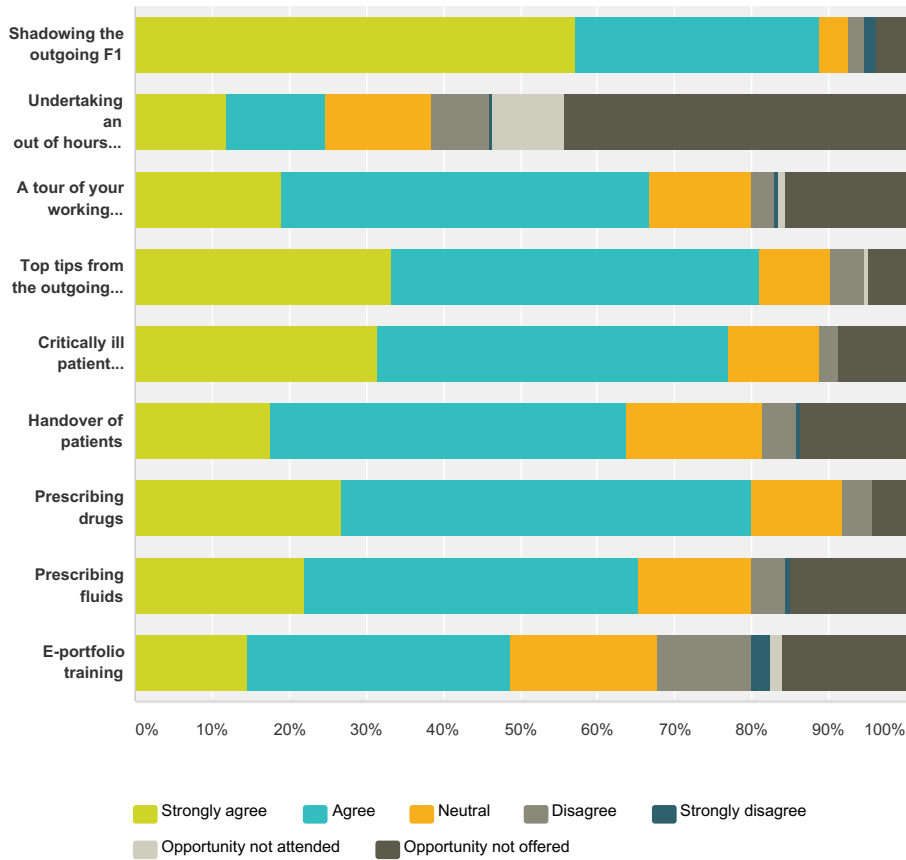
Answered: 205 Skipped: 1



Answer Choices	Responses	
10%	10.73%	22
20%	12.20%	25
30%	14.63%	30
40%	8.78%	18
50%	12.20%	25
60%	9.76%	20
70%	13.66%	28
80%	9.76%	20
90%	5.85%	12
100%	2.44%	5
Total		205

Q15 Please feedback on the components of your trust induction programme - the following sessions were useful

Answered: 205 Skipped: 1



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Opportunity not attended	Opportunity not offered	Total
Shadowing the outgoing F1	57.07% 117	31.71% 65	3.90% 8	1.95% 4	1.46% 3	0.00% 0	3.90% 8	205
Undertaking an out of hours shadowing duty i.e weekend or night	11.82% 24	12.81% 26	13.79% 28	7.39% 15	0.49% 1	9.36% 19	44.33% 90	203
A tour of your working environment	19.02% 39	47.80% 98	13.17% 27	2.93% 6	0.49% 1	0.98% 2	15.61% 32	205
Top tips from the outgoing F1 session (or similar)	33.33% 68	47.55% 97	9.31% 19	4.41% 9	0.00% 0	0.49% 1	4.90% 10	204
Critically ill patient scenarios/ teaching	31.37% 64	45.59% 93	11.76% 24	2.45% 5	0.00% 0	0.00% 0	8.82% 18	204
Handover of patients	17.65% 36	46.08% 94	17.65% 36	4.41% 9	0.49% 1	0.00% 0	13.73% 28	204
Prescribing drugs	26.83% 55	53.17% 109	11.71% 24	3.90% 8	0.00% 0	0.00% 0	4.39% 9	205
Prescribing fluids	21.95% 45	43.41% 89	14.63% 30	4.39% 9	0.49% 1	0.00% 0	15.12% 31	205
E-portfolio training	14.63% 30	34.15% 70	19.02% 39	12.20% 25	2.44% 5	1.46% 3	16.10% 33	205

#	Please feedback any other components which may have made the induction/shadowing period more useful	Date
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Induction survey 2015

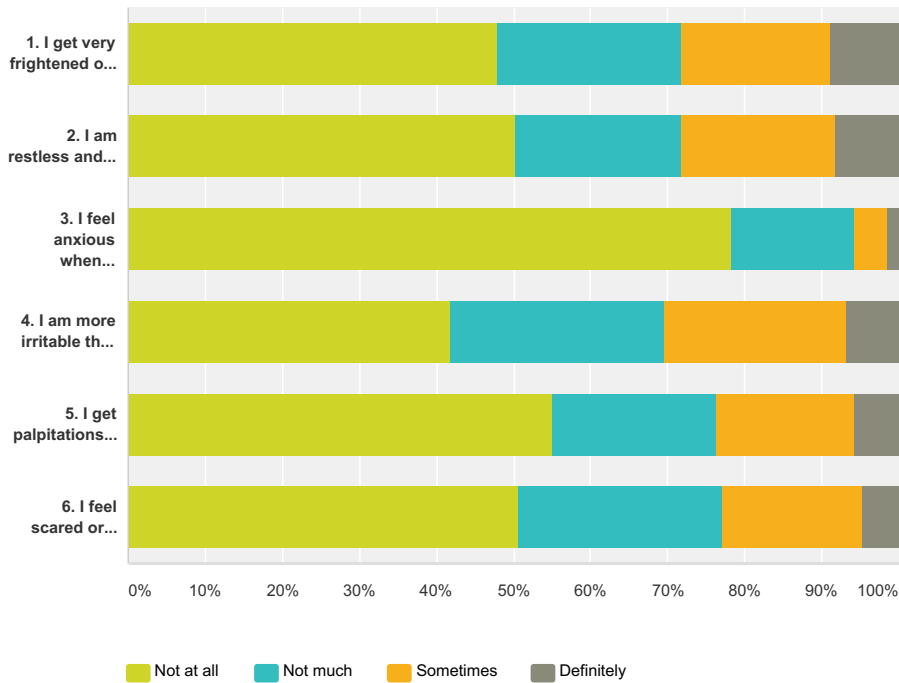
1	Common things you need to prescribe as a surgical F1 e.g. Moviprep How to prep a diabetic patient for surgery/when to switch to a sliding scale Basic surgical skills teaching for theatre Fewer lectures, more shadowing needed. Just got to go and actually do it. Compress lectures in to 1 day.	9/29/2015 8:55 PM
2	would have been useful to have more time shadowing the outgoing F1 and learning the workings of the hospital through shadowing on the wards rather than receiving lectures on it. The lectures in the induction week were too much - was an information overload.	9/25/2015 5:08 AM
3	eportfolio training was particularly poorly explained	9/22/2015 8:47 PM
4	Referral guidelines Electrolyte imbalance - a trust guideline like St George's grey book Fluid prescribing - differences between specialities	9/22/2015 7:37 PM
5	Getting us all signed up for the various electronic systems with logins and passwords was quite straightforward and painless.	9/22/2015 1:06 PM
6	-	9/22/2015 12:32 PM
7	more shadowing - even an additional week shadowing would have been useful because you really learn about the job on the job	9/22/2015 10:20 AM
8	would like more time in induction actually shadowing the f1s	9/20/2015 8:17 PM
9	More shadowing, fewer lectures. Meeting senior clinicians from our team during induction. Completing our educational supervisor meetings within induction. I have been at maidstone for 5 weeks and it has been impossible to meet my educational supervisor.	9/16/2015 10:46 AM
10	A lot of training in first induction week was not relevant to F1s. May have been better to have a session just for us to talk about what was expected of us, our role in the team etc as this was really ambiguous. (Obviously this role is also new to trust, but some understanding should have been established.)	9/15/2015 3:23 PM
11	More time shadowing and less time in the lecture theatre. I was brought down in the D&V epidemic from the barbeque and only had one day of shadowing as a result, if the whole induction period had started on the monday rather than the wednesday we could have been shadowing the thursday and friday beforehand so I would have felt better prepared for my first day as a doctor.	9/15/2015 10:24 AM
12	Being specifically assigned to the F1 you're going to take over from and understanding the use of local computer systems, requesting, referrals etc which took some getting used to.	9/15/2015 10:17 AM
13	It would have been useful to have e-portfolio training and tips on how to navigate through the e-portfolio. We haven't had any portfolio training.	9/14/2015 11:28 PM
14	We should have had full introduction to IT on day 1 We should have had full days on the wards instead of a bit here and there= this was not conducive to good shadowing	9/14/2015 9:40 PM
15	The lunchtime "Medicine induction" (during second week of work) for all new foundation trainees and SHOs had some useful information that should have been included in our shadowing week - eg how to make referrals to certain specialities, ICT. It was a bit frustrating getting this information late after me and my SHOs had struggled to work it out ourselves without much guidance. Better late than never though I guess! Also frustrating that me and my SHOs were scheduled to attend this Medicine Induction at the same time leaving no doctor on the ward. Again, this problem would be alleviated by incorporating the induction into the F1 induction/shadowing week programme	9/14/2015 9:00 PM
16	Familiarising ourselves with defibrillation machine	9/14/2015 7:11 PM
17	The post graduate centre are wonderful and every aspect of the organisation was fantastic. The only thing I would improve is the amount of time spent on induction on the intranet, where to find forms, where to go on on-calls etc. We only had one hour for that and I would have been grateful for half a day of that kind of induction as that was the most nerve wracking part of the job before we started and when we started. Everything else was excellent - thank you so much for your support!	9/14/2015 4:10 PM
18	There was no tour, nor was there the opportunity to shadow an F1 out of hours.	9/14/2015 1:48 PM
19	Shadowing was probably the most useful thing we did. Useful to be offered the extra days	9/14/2015 1:00 PM
20	A longer shadowing period	9/13/2015 9:10 PM
21	SIM training Eportfolio teaching	9/11/2015 11:38 PM
22	There was some repetition which was frustrating as would have wanted more ward shadowing time. Also more instruction on role of ward cover/on call fy1	9/11/2015 10:34 PM
23	Very useful induction	9/11/2015 4:54 PM
24	more IT training	9/10/2015 10:04 PM
25	longer period of shadowing (2 rather than 1 day ideal)	9/10/2015 7:32 PM
26	Having a session from outgoing f1 and allowing for f1s being shadowed being on call/ on leave would have been so helpful, as would a session on handing over patients	9/10/2015 2:04 PM
27	A longer session on eportfolio	9/10/2015 1:38 PM
28	A longer shadowing period than 2 days	9/10/2015 9:50 AM
29	A longer shadowing period. Induction pack sent as stated by the hospital To know my rota prior to stating work	9/10/2015 8:42 AM
30	More emergency situation training please!	9/9/2015 7:33 PM

Induction survey 2015

31	More time with the outgoing F1s	9/9/2015 7:16 PM
32	It would have been useful to have a tour of the hospital before we shadowed the f1s A bit more on how to review or assess a pt out of hrs No practical procedures were gone through which would have been useful	9/9/2015 6:03 PM
33	Would have benefitted from a complete week shadowing, trying out all the different bleep responsibilities (in AMU) and gaining knowledge of how the department runs throughout the week. Needed less lectures and more practical shadowing. I only had one day shadowing in the end, as our first assigned day shadowing was taken over by a consultant showing us how to write in the notes. It would have been far more useful to practically learn this by shadowing our outgoing F1s for a longer period of time.	9/9/2015 2:46 PM
34	Didn't have any prescribing teaching	9/9/2015 2:04 PM
35	Largely very very useful Unfortunately both my F1s were away during my shadowing More information on using the computer systems would be useful and requesting investigations. Dr toolbox very useful. Microguide very useful.	8/30/2015 6:09 PM
36	ICT passwords at the very start of induction and better ICT training Incorporating the "medical induction" lunchtime lectures into the F1 Shadowing week/induction - my team (me, my f2 and my ct1) were all timetabled to go to the same lunchtime medical induction which meant all of us were off the ward at the same time and would finish work late as a result. There was also useful info in these lunchtime lectures (e.g. on making referrals) which would have appreciated having during the F1 induction and before I started working	8/29/2015 10:31 PM
37	3 weeks student assistantship at hospital of FY1 as organised by Barts medical school	8/26/2015 7:00 PM
38	didn't feel we have been given much info on the e -portfolio - only a short lecture	8/25/2015 5:02 PM
39	More in depth session about eportfolio. When someone says 'so you just ticket them' that means nothing to me at the moment. How do I ticket them? I would appreciate being spoon fed this one!	8/25/2015 12:35 PM
40	Further training required on all aspects of IT equipment - we were entirely unprepared for our role.	8/24/2015 4:24 PM
41	More time on the prescribing components would be useful. I would suggest moving the LCA and ILS to a bit later in the first week.	8/23/2015 11:02 PM
42	We were supposed to have 4 days of shadowing, however, most of the new F1 doctors only received 1.5 days due to induction meetings, which were made compulsory, and additional courses. The courses (ILS and ALERT) were very useful, however, the induction meetings were not and I felt very unprepared entering the ward having had 1.5 days of shadowing. This was disappointing and I feel that I have started off on the back foot. Shadowing would have been the most useful part of the induction period and I would have appreciated a full 4 days without interruption.	8/23/2015 9:35 AM
43	Longer shadowing of F1 would be more useful. Practicing handover of patients was useful but we needed to discuss the actual handover procedure at the hospital e.g. Who to, when and where. Weekend/on call duties and instruction of where to cover, who to handover to, who is your senior etc. would be useful.	8/20/2015 8:29 PM
44	The tour was a lot of info. Maybe a detailed hospital map could have been given out as well? Not too big of a problem though as only takes a week or so to learn where everything is.	8/18/2015 9:51 PM
45	more than one week shadowing as done at barts should be carried out by all medical schools	8/18/2015 9:01 PM
46	A longer shadowing period would have been useful. We had one Friday afternoon which was only a few hours, and then the Monday and Tuesday where we had teaching for a large chunk of the day. So we did not have one full day of shadowing which would have been extremely helpful	8/17/2015 9:57 PM
47	Useful sessions like the outgoing FY1 talk were rushed whereas things like fire safety were given much more of a slot. Why is this!? Also a refresher on how to prescribe fluids and commonly used drugs on the wards would be SO appreciated! It's been a while since some of us sat finals.. E portfolio - please explain/demonstrate how to use this properly! I still don't fully understand it despite trying to click around the website and familiarise myself....	8/17/2015 9:38 PM
48	Local induction e.g. to wards/surgical team needs to be done at the start of the period, not at the end... otherwise it's very difficult to work out who we're actually supposed to be shadowing in a large teaching hospital with multiple F1s with the same job title each taking different roles daily	8/17/2015 7:56 PM
49	Eportfolio session	8/17/2015 7:37 PM
50	more info on the e-portfolio and requirements as an fy1. more info on practical logistic things, like bleep numbers, how to book op scans, appointments etc	8/17/2015 7:29 PM
51	FAQ booklet	8/17/2015 6:40 PM
52	More information about cold on call.	8/17/2015 11:40 AM

Q16 The transition between medical school and foundation training represents a significant change for many doctors. The following six questions relate to your feelings at the present time and how you may have felt in the last couple of days. Place a tick in the box that best fits how you feel about the six statements.

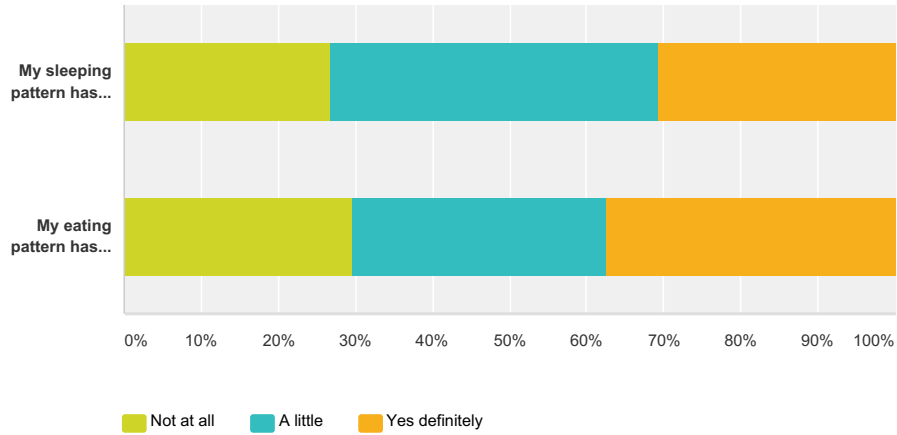
Answered: 205 Skipped: 1



	Not at all	Not much	Sometimes	Definitely	Total
1. I get very frightened or panic feelings for apparently no reason at all	47.80% 98	23.90% 49	19.51% 40	8.78% 18	205
2. I am restless and can't keep still	50.24% 103	21.46% 44	20.00% 41	8.29% 17	205
3. I feel anxious when I go out of the house on my own	78.43% 160	15.69% 32	4.41% 9	1.47% 3	204
4. I am more irritable than usual	41.87% 85	27.59% 56	23.65% 48	6.90% 14	203
5. I get palpitations, or a sensation of 'butterflies' in my stomach or chest	55.17% 112	21.18% 43	17.73% 36	5.91% 12	203
6. I feel scared or frightened	50.73% 104	26.34% 54	18.05% 37	4.88% 10	205

Q17 Changing roles can affect your personal life. Please indicate the degree to which you agree with the following statements.

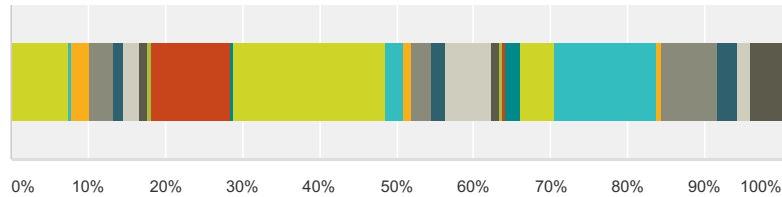
Answered: 205 Skipped: 1



	Not at all	A little	Yes definitely	Total
My sleeping pattern has altered	26.83% 55	42.44% 87	30.73% 63	205
My eating pattern has altered	29.76% 61	32.68% 67	37.56% 77	205

Q18 Which medical school have you graduated from?

Answered: 204 Skipped: 2



- Barts and The London School of Medicine and Dentistry
- Birmingham (University of), School of Medicine
- Brighton and Sussex Medical School
- Bristol (University of), Faculty of Medicine
- Cambridge (University of), School of Clinical Medicine
- Cardiff University, School of Medicine
- Edinburgh (The University of), The Faculty of Medicine
- Glasgow (University of), Faculty of Medicine
- Imperial College School of Medicine, London
- Keele University, School of Medicine
- King's College London School of Medicine (at Guy's, King's College and St T...
- Leeds (University of), School of Medicine
- Leicester (University of), Leicester Medical School
- Manchester (University of), Faculty of Medical and Human Sciences
- Newcastle (University of), Newcastle Biomedicine, The Medical School
- Nottingham (The University of), Faculty of Medicine and Health Sciences
- Oxford (University of)
- Peninsula Medical School
- Queen's University Belfast, Faculty of Medicine and Health Sciences
- Sheffield (The University of), School of Medicine
- Southampton (University of), School of Medicine
- St George's, University of London
- Swansea University, School of Medicine
- University College London, University College Medical School
- University of East Anglia
- Warwick (University of), Warwick Medical School
- Other (please specify)

Answer Choices	Responses
Barts and The London School of Medicine and Dentistry	7.35% 15
Birmingham (University of), School of Medicine	0.49% 1
Brighton and Sussex Medical School	2.45% 5
Bristol (University of), Faculty of Medicine	2.94% 6
Cambridge (University of), School of Clinical Medicine	1.47% 3
Cardiff University, School of Medicine	1.96% 4
Edinburgh (The University of), The Faculty of Medicine	0.98% 2
Glasgow (University of), Faculty of Medicine	0.49% 1
Imperial College School of Medicine, London	10.29% 21
Keele University, School of Medicine	0.49% 1
King's College London School of Medicine (at Guy's, King's College and St Thomas' Hospital)	19.61% 40
Leeds (University of), School of Medicine	2.45% 5
Leicester (University of), Leicester Medical School	0.98% 2

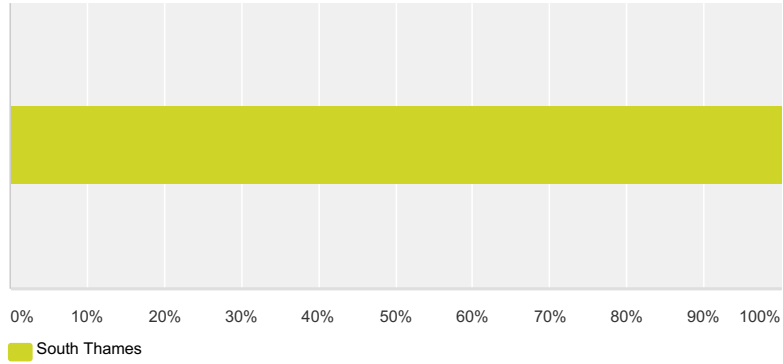
Induction survey 2015

Manchester (University of), Faculty of Medical and Human Sciences	2.45%	5
Newcastle (University of), Newcastle Biomedicine, The Medical School	1.96%	4
Nottingham (The University of), Faculty of Medicine and Health Sciences	5.88%	12
Oxford (University of)	0.98%	2
Peninsula Medical School	0.49%	1
Queen's University Belfast, Faculty of Medicine and Health Sciences	0.49%	1
Sheffield (The University of), School of Medicine	1.96%	4
Southampton (University of), School of Medicine	4.41%	9
St George's, University of London	13.24%	27
Swansea University, School of Medicine	0.49%	1
University College London, University College Medical School	7.35%	15
University of East Anglia	2.45%	5
Warwick (University of), Warwick Medical School	1.96%	4
Other (please specify)	3.92%	8
Total		204

#	Other (please specify)	Date
1	Dow medical college Pakistan	9/26/2015 10:10 PM
2	Trinity College Dublin	9/22/2015 8:49 PM
3	University of Pisa, Italy	9/10/2015 11:43 PM
4	St Georges, Grenada	9/10/2015 5:40 PM
5	abroad	9/10/2015 5:36 PM
6	University of Dublin, Trinity College	9/10/2015 3:47 PM
7	Poznan University of Medical Sciences	9/9/2015 7:38 PM
8	Egypt	8/17/2015 11:20 PM

Q19 Which Foundation School are you appointed to?

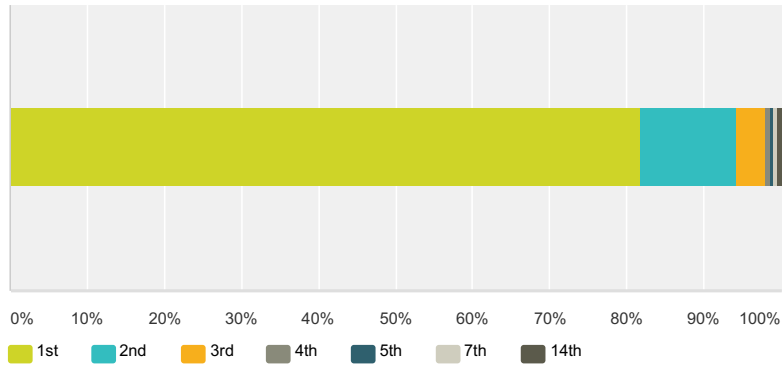
Answered: 206 Skipped: 0



Answer Choices	Responses
South Thames	100.00% 206
Total	206

Q20 Please state how you had ranked this foundation school

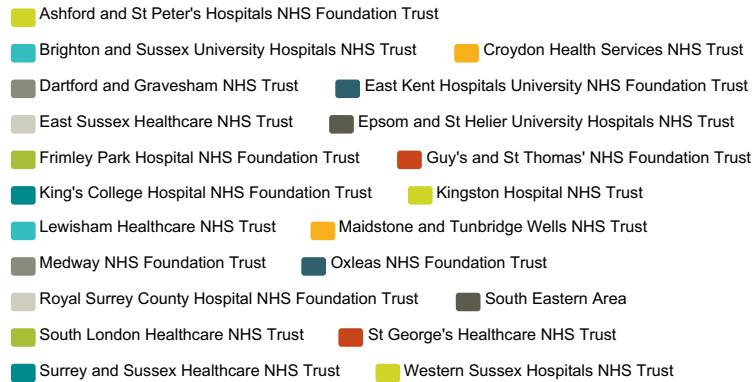
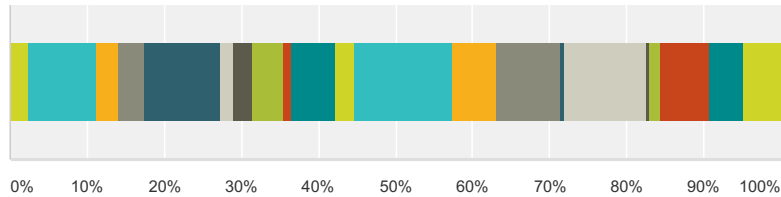
Answered: 203 Skipped: 3



Answer Choices	Responses
1st	81.77% 166
2nd	12.32% 25
3rd	3.94% 8
4th	0.49% 1
5th	0.49% 1
7th	0.49% 1
14th	0.49% 1
Total	203

Q21 Please indicate which Trust is your main employer for F1

Answered: 206 Skipped: 0



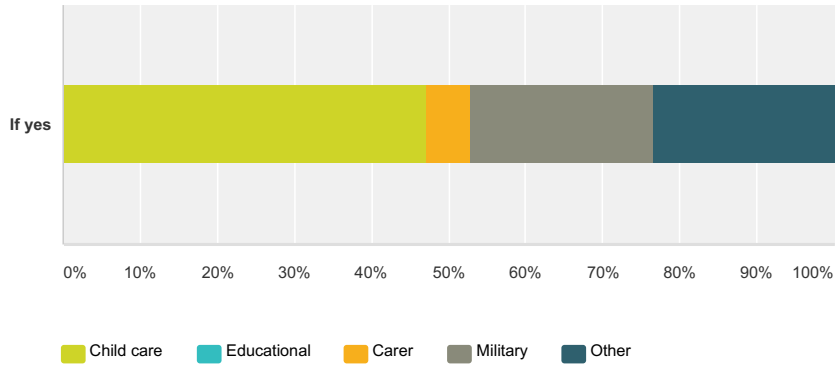
Answer Choices	Responses
Ashford and St Peter's Hospitals NHS Foundation Trust	2.43% 5
Brighton and Sussex University Hospitals NHS Trust	8.74% 18
Croydon Health Services NHS Trust	2.91% 6
Dartford and Gravesham NHS Trust	3.40% 7
East Kent Hospitals University NHS Foundation Trust	9.71% 20
East Sussex Healthcare NHS Trust	1.94% 4
Epsom and St Helier University Hospitals NHS Trust	2.43% 5
Frimley Park Hospital NHS Foundation Trust	3.88% 8
Guy's and St Thomas' NHS Foundation Trust	0.97% 2
King's College Hospital NHS Foundation Trust	5.83% 12
Kingston Hospital NHS Trust	2.43% 5
Lewisham Healthcare NHS Trust	12.62% 26
Maidstone and Tunbridge Wells NHS Trust	5.83% 12
Medway NHS Foundation Trust	8.25% 17
Oxleas NHS Foundation Trust	0.49% 1
Royal Surrey County Hospital NHS Foundation Trust	10.68% 22
South Eastern Area	0.49% 1
South London Healthcare NHS Trust	1.46% 3
St George's Healthcare NHS Trust	6.31% 13
Surrey and Sussex Healthcare NHS Trust	4.37% 9
Western Sussex Hospitals NHS Trust	4.85% 10

Induction survey 2015

Total		206
#	Other (please specify)	Date
1	c/o Surrey and Borders for 1st rotation	9/15/2015 3:25 PM
2	Woolwich Queen Elizabeth Hospital	9/9/2015 2:50 PM
3	Surrey and Borders	8/18/2015 4:24 PM

Q22 Were you pre-allocated through special circumstances?

Answered: 17 Skipped: 189

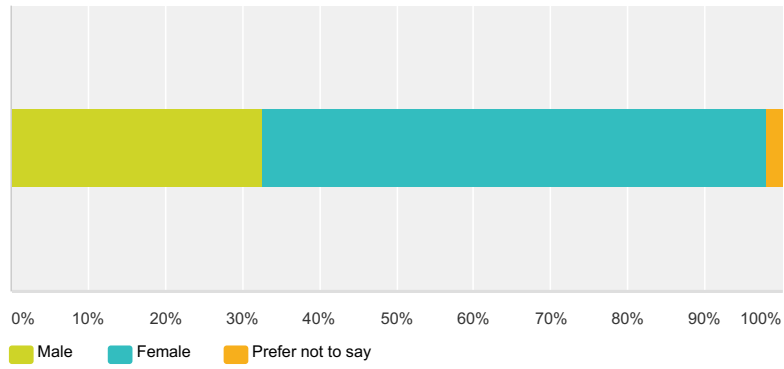


	Child care	Educational	Carer	Military	Other	Total
If yes	47.06% 8	0.00% 0	5.88% 1	23.53% 4	23.53% 4	17

#	Other	Date
1	No	9/15/2015 2:11 PM
2	Health	9/14/2015 2:52 PM
3	Health	9/13/2015 9:18 PM
4	In RAF, but still ranked FPH 1st	9/10/2015 1:41 PM

Q23 Please indicate your gender

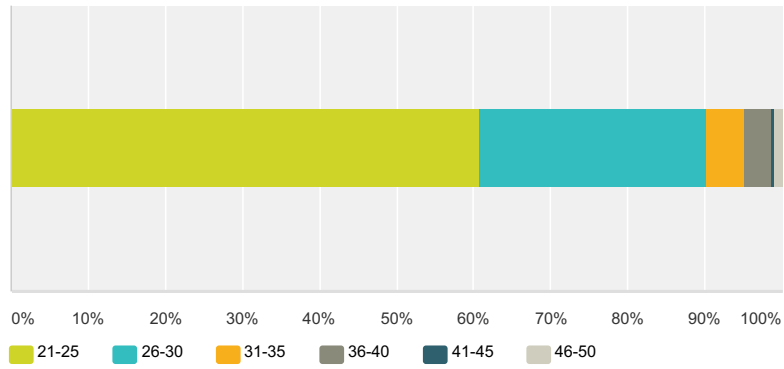
Answered: 205 Skipped: 1



Answer Choices	Responses	
Male	32.68%	67
Female	65.37%	134
Prefer not to say	1.95%	4
Total		205

Q24 Please specify your age group

Answered: 204 Skipped: 2

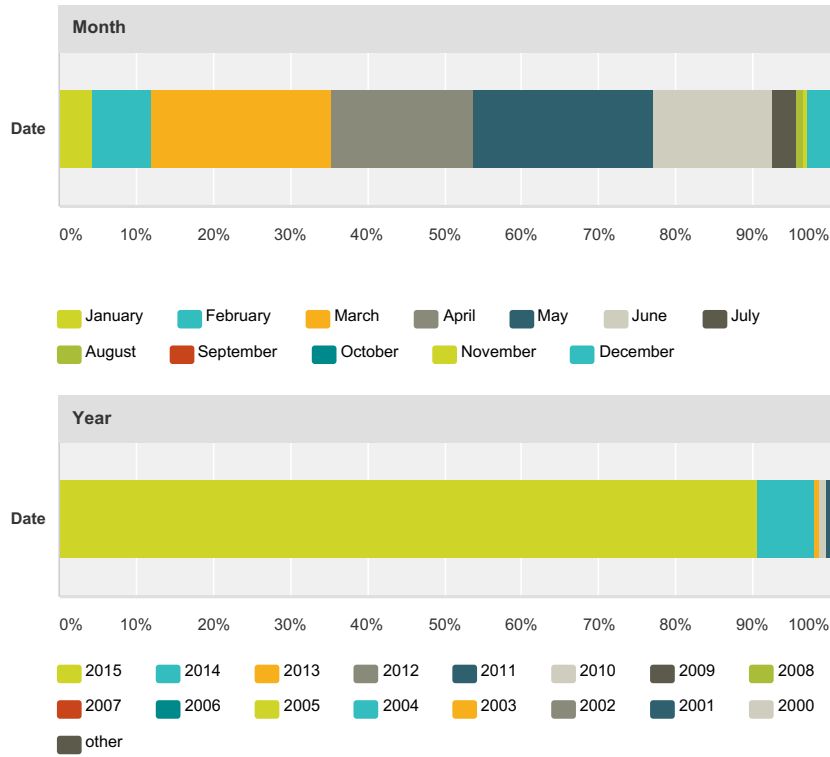


Answer Choices	Responses	
21-25	60.78%	124
26-30	29.41%	60
31-35	4.90%	10
36-40	3.43%	7
41-45	0.49%	1
46-50	0.98%	2
Total		204

Induction survey 2015

Q25 When did you take your finals?

Answered: 203 Skipped: 3



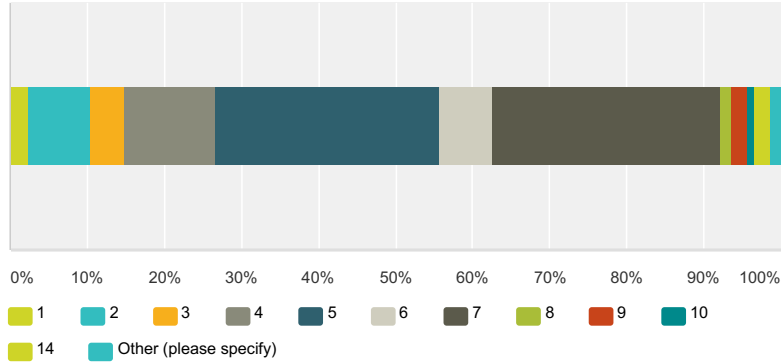
Month													
	January	February	March	April	May	June	July	August	September	October	November	December	Total
Date	4.48%	7.46%	23.38%	18.41%	23.38%	15.42%	2.99%	1.00%	0.00%	0.00%	0.50%	2.99%	201
	9	15	47	37	47	31	6	2	0	0	1	6	

Year																		
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	other	Total
Date	90.59%	7.43%	0.50%	0.00%	0.00%	0.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.00%	0.00%	202
	183	15	1	0	0	2	0	0	0	0	0	0	0	0	1	0	0	

#	Other (please specify)	Date
	There are no responses.	

Q26 Please state the duration of your induction /shadowing period undertaken immediately prior to starting your F1 post in days?

Answered: 203 Skipped: 3

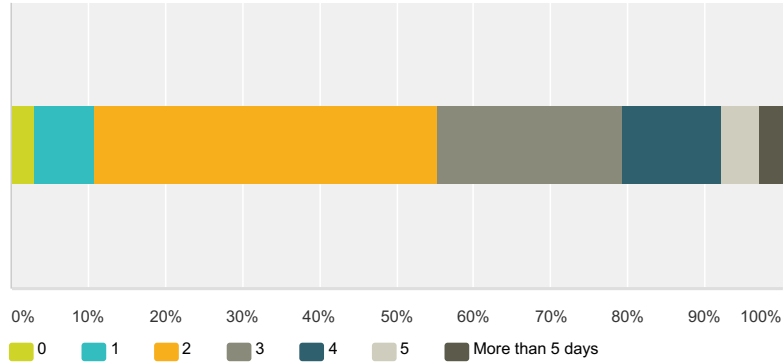


Answer Choices	Responses	
1	2.46%	5
2	7.88%	16
3	4.43%	9
4	11.82%	24
5	29.06%	59
6	6.90%	14
7	29.56%	60
8	1.48%	3
9	1.97%	4
10	0.99%	2
14	1.97%	4
Other (please specify)	1.48%	3
Total		203

#	Other (please specify)	Date
1	20	9/30/2015 6:55 PM
2	21	8/19/2015 7:11 PM
3	6 weeks	8/17/2015 6:40 PM

Q27 Please state how many whole days or whole day equivalents during the trust induction were spent gaining hands on patient experience.

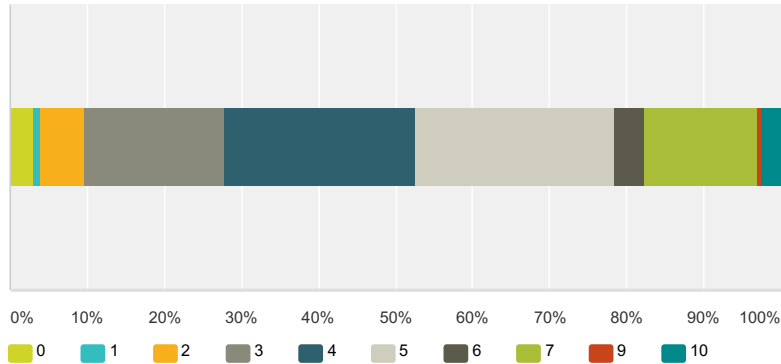
Answered: 204 Skipped: 2



Answer Choices	Responses	Count
0	2.94%	6
1	7.84%	16
2	44.61%	91
3	24.02%	49
4	12.75%	26
5	4.90%	10
More than 5 days	2.94%	6
Total		204

Q28 Were you paid for attending your induction programme? Please indicate the number of days that you were paid for.

Answered: 198 Skipped: 8

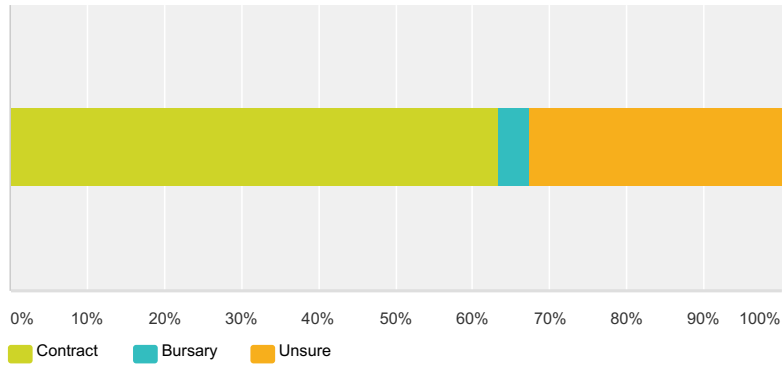


Answer Choices	Responses	
0	3.03%	6
1	1.01%	2
2	5.56%	11
3	18.18%	36
4	24.75%	49
5	25.76%	51
6	4.04%	8
7	14.65%	29
9	0.51%	1
10	2.53%	5
Total		198

#	Other (please specify)	Date
1	unsure	9/29/2015 8:56 PM
2	all days attended were paid	9/24/2015 9:33 PM
3	Given back the days in annual leave	9/22/2015 7:58 PM
4	We did a lot of half days shadowing - would have preferred whole days; but the amount of time shadowing in total was good	9/14/2015 9:03 PM
5	Not yet	9/14/2015 5:41 PM
6	bit received pay yet	9/13/2015 10:59 AM
7	We were supposed to be paid for 4 but only were paid for 3 at the end.	9/10/2015 3:36 PM
8	2 weeks - 1 week of shadowing due to graduating an overseas medical school, and 1 week of general induction	9/9/2015 7:38 PM
9	Only paid for 5 hours a day over 5 days, but did 8-12 hour days	9/9/2015 2:06 PM
10	Days in lieu	8/31/2015 2:32 PM
11	I don't know - I was paid but not sure how many days for	8/23/2015 11:06 PM
12	Unsure	8/23/2015 9:37 AM
13	Unsure	8/17/2015 9:59 PM
14	days in lieu	8/17/2015 7:32 PM

Q29 Were you contracted for the shadowing period or was it a bursary

Answered: 205 Skipped: 1



Answer Choices	Responses	
Contract	63.41%	130
Bursary	3.90%	8
Unsure	32.68%	67
Total		205