

**Scheme for Registration** 

**Stage One Reflective Account**

Read the accompanying guidance ‘Using Stage One Accounts’ before completing this account. 

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| **Name** |  |
| **Trainee No.** |  |
| **Competency** |  |
| **Patient record identifier** |  |
| **Brief description of patient encounter** |  |
| **Date RA completed** |  |

**Complete, sign and date the self-declaration at the end of this form.**

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| **1. Description [approx. 100 words]** | |
| What were the key features of the encounter / activity? |  |
| **2. Evaluation [approx. 100 words including at least 3 examples]** | |
| What was good or bad about the experience? |  |
| **3. Even better if... [approx. 100 words including at least 3 examples]** | |
| What else could you have done that would have made this a more positive and effective experience for the patient? |  |
| **4. Action Plan [approx. 100 words including at least 3 examples]** | |
| What would you do differently to ensure the best outcomes for patients in a similar situation in the future? |  |

**Self-declaration statement**

Trainees are required to self-declare the authenticity of the reflective account by signing and dating that they fulfil the following statement:

***‘I hereby declare that this submission is my own work and to the best of my knowledge it contains no materials written by another person or published elsewhere, except where due acknowledgement is made.***

***I understand that this reflective account may be randomly sampled and if it is found to contain materials written by another person or published elsewhere without acknowledgement, that this will constitute misconduct and a breach of Scheme regulations.’***

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |