**Supervised Learning Event (SLE)**

**Acute care assessment tool (ACAT) for Higher Specialist Training**

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| **Date of Assessment:** |  |

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| **Trainee’s Name:** |  |

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| **Trainee’s GMC:** |  |

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| **Assessor’s Name:** |  |

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| **Assessor’s Email Address:** |  |

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| **Assessor’s Registration Number (e.g. GMC, NMC, GDC):** |  |

**State the setting for the learning event (e.g. acute admission, ward round, night shift):**

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**Provide a brief summary of the cases observed:**

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**Please comment on what was done well and the areas for improvement within each category. Please note, constructive feedback is required in order for this assessment/learning event to be valid, and aims to identify areas for learning and reflection.**

**Clinical assessment:**

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**Investigation and management plan:**

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**Clinical judgement:**

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**Professionalism (documentation, adherence to guidelines, etc):**

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**Please comment on the overall performance of the trainee:**

**What was done well:**

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**What are the suggested areas for development:**

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**Based on this observation, please rate the overall competence the trainee has shown:**

Performed at the level expected during Core Medical Training [ ]

Performed at the level expected at early Higher Medical Training [ ]

Performed at the level expected during Higher Medical Training [ ]

Performed at the level expected for completion of Higher Medical Training [ ]

**Agreed action plan:**

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August 2014