**Supervised Learning Event (SLE)**

**Case based discussion (CbD) 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