**Supervised Learning Event (SLE)**

**Case based discussion (CbD) for Higher Specialist Training**

|  |  |
| --- | --- |
| **Date of Assessment:** |  |

|  |  |
| --- | --- |
| **Trainee’s Name:** |  |

|  |  |
| --- | --- |
| **Trainee’s GMC:** |  |

|  |  |
| --- | --- |
| **Assessor’s Name:** |  |

|  |  |
| --- | --- |
| **Assessor’s Email Address:** |  |

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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:**

|  |
| --- |
|  |

**Investigation and management plan:**

|  |
| --- |
|  |

**Clinical judgement:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

**What was done well:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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:**

|  |
| --- |
|  |

August 2014