

## Supervised learning events

SLEs are a record of feedback given from a workplace supervisor on a learning event. It is a method by which the FD can demonstrate progress in the clinical environment. Those supervising FDs should actively seek to provide feedback on their training.

In the Foundation programme, the following SLEs are used:

- MiniCEX – mini clinical encounter - direct observation of the FD undertaking an interaction while at work on the ward
- DOPS – direct observation of procedure – completion of which should, ideally, include observation of the explanation to the patient of why the procedure is being performed, the process of consent including an understanding of complications as well as technical capability of the procedure itself
- CBD – case-based discussion – the discussion of a case presentation after an (unobserved) encounter in the workplace environment
- LEARN – Learning encounter and reflection note – a form for recording the above and other forms of evidence such as performance in simulation
- Developing the Clinical Teacher – used for feedback on a formal teaching session or presentation the FD has delivered
- Leader - for recording feedback following an event where the FD has used leadership skills

There is no specific number of SLEs that need to be undertaken. However, FDs are required to provide enough evidence for each of the 13 FPCs and should use some of their SLEs for this purpose. As most of the FPCs are based on performance and behaviours in the workplace, SLEs provide the most useful evidence. This means that although SLEs undertaken in the workplace are formative assessments, FDs will be expected to choose some to include as evidence against the FPCs as summative assessments.

A selection of SLEs showing good practice in a variety of settings and from all placements should be included. SLEs chosen should mostly represent direct observation and 'real-time' discussion of patient encounters in the workplace e.g. obtaining a history, examining a patient (mini-CEX) or performing a procedure (DOPS) but some might include a discussion that reveals the FD's understanding of a patient episode such as may occur in the outpatient clinic, morning surgery or post-take ward round (CBD). Feedback from more senior professionals will carry more weight as evidence than from less experienced colleagues. FDs must present

evidence from consultants and other senior professionals within their ePortfolio for consideration at ARCP.

As a guide, most FDs need to complete between 5 and 10 SLEs per four-month placement to ensure they have sufficient evidence. FD should discuss their plan for achieving SLEs with their supervisor at the start of each placement and which FPCs they plan to evidence that post. The clinical or educational supervisor may also direct the FD to carry out certain SLEs to aid development or, if necessary, to support remediation.

## **How to undertake an SLE**

When a FD wants to record an SLE they need to try to plan this and try not to be retrospective. When the FD thinks there will be an opportunity to undertake an SLE the senior colleague should be contacted in advance and asked to observe undertake the clinical encounter. They should then give the FD verbal feedback with suggestions for development. The FD then logs into the portfolio and sends a ticket request.

Once they have completed the ticket and form with written feedback it can then be uploaded to the selected FPC.

SLEs should be used to evidence the portfolio and when writing the summary narrative an explanation of the selection of SLEs can be offered.

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