

Supervised Learning Event (SLE)

Acute care assessment tool (ACAT) for Core Medical 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:

- Below level expected during Foundation Programme
- Performed at the level expected at completion of Foundation Programme/ early Core Training
- Performed at the level expected at completion of Core Training/ early Higher Training
- Performed at the level expected during Higher Training

Agreed action plan:

August 2014