

Supervised learning events (SLEs). Frequently asked questions (FAQs)

What is a supervised learning event (SLE)?

A SLE is an interaction between a foundation doctor and a trainer which leads to immediate feedback and reflective learning. They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements.

What is the purpose of a SLE?

SLEs aim to:

- support the development of proficiency in the chosen skill, procedure or event
- provide an opportunity to demonstrate improvement/progression
- highlight achievements and areas of excellence
- provide immediate feedback and suggest areas for further development
- demonstrate engagement in the educational process.

Participation in this process, coupled with reflective practice, is an important way for foundation doctors to evaluate how they are progressing towards the outcomes expected of the *Foundation Programme Curriculum 2012* (the Curriculum).

Are SLEs assessments?

No! SLEs are not assessments. However, the clinical supervisor's end of placement report, which forms part of the assessment will draw upon evidence of engagement in the SLE process but **NOT** the SLE outcomes.

Can a SLE be failed?

No! SLEs are not assessments; foundation doctor cannot pass or fail.

Which tools do the SLEs use?

Supervised learning events with direct observation of doctor/patient encounter use the following tools:

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS).

Supervised learning events which take place remote from the patient use:

- Case-based discussion (CBD)
- Developing the clinical teacher.

Supervised learning events with direct observation of doctor/patient encounter

Foundation doctors are expected to undertake three or more directly observed encounters in each placement. They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX.

i) Mini-clinical evaluation exercise (mini-CEX)

This SLE is an observed clinical encounter. Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed.

- Foundation doctors should complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year with at least two mini-CEX completed in each four month period

- There is no maximum number of mini-CEX and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

ii) Direct observation of procedural skills (DOPS)

The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor's interaction with the patient when performing a practical procedure.

- Foundation doctors may submit up to three DOPS in one year as part of the minimum requirements for evidence of observed doctor-patient encounters
- Different assessors should be used for each encounter wherever possible
- Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements)
- Although DOPS was developed to assess procedural skills, its purpose in the Foundation Programme is to support feedback on the doctor/patient interaction
- DOPS cannot be used to provide evidence of satisfactory completion of the GMC core procedures required in F1
- There is no maximum number of DOPS and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning events which take place remote from the patient

iii) Case-based discussion (CBD)

This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning.

- A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period
- Different teachers/trainers should be used for each CBD wherever possible
- There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

iv) Developing the clinical teacher

This is a tool to aid the development of a foundation doctor's skills in teaching and/or making a presentation and should be performed at least once a year. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centredness and overall interaction with the group.

How frequently should SLEs be done?

SLEs do not necessarily need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself. Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs. Therefore, foundation doctors should ensure that SLEs are evenly spread throughout each placement.

How many SLEs should be done?

The recommended minimum number of supervised learning events per placement (based on a clinical placement of four month duration) can be seen in the table below:

All supervised learning events (SLEs)	Recommended minimum number
Direct observation of doctor/patient interaction: Mini-CEX DOPS	3 or more per placement* Optional to supplement mini-CEX

Case-based discussion (CBD)	2 or more per placement*
Developing the clinical teacher	1 or more per year

(* based on a clinical placement of four month duration)

It is important to note that although these are the recommended minimum, foundation doctors are encouraged to undertake many more. This is a means of demonstrating engagement with the learning process and should support self reflection. The Placement Supervision Group will consider how engaged the foundation doctor has been with the process and NOT the detailed feedback.

What kind of topics should the SLE cover?

As the aim of SLEs is for the foundation doctor to learn and develop, ideal topics should be those which the doctor finds challenging, difficult or they wish to improve upon. There is little benefit from undertaking a SLE on a very straightforward problem which the doctor already knows how to manage. It is the foundation doctor's responsibility to arrange an appropriate range as well as the required number of SLEs. Discussion should include the management of long-term aspects of patients' conditions.

The list below suggests suitable topics but increasingly complex issues can also be covered within any of these subjects.

- Airway problems
- Breathing problems
- Circulation problems
- Gastrointestinal problems
- Haematological problems
- Infection/inflammatory/immunity problems
- Musculoskeletal/locomotor problems
- Neurological and visual problems
- Obstetric and gynaecological problems including fertility
- Oncological problems
- Psychiatric/psychological problems
- Renal/Urological problems
- Trauma/injury
- Pain
- Long-term conditions
- Communication
- Breaking bad news
- Apologising.

Whose responsibility is it to complete SLEs?

The foundation doctor should demonstrate engagement with this process. With support from the clinical and educational supervisor(s), it is the foundation doctor's responsibility to arrange the frequency, an appropriate range of SLEs and to ensure that completed SLEs are recorded within the e-portfolio.

Who should be expected to contribute to a SLE?

Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. They should usually be supervising consultants, GP principals, doctors who are more senior than an F2 doctor, experienced nurses (band 5 or above) or allied health professional colleagues. Foundation doctors must have at least one SLE undertaken by a

consultant or GP principal level per placement. In addition, the named educational or clinical supervisor should also perform an SLE.

Foundation doctors should try to use a different teacher/trainer for each SLE wherever possible. Clearly, if a lot of SLEs are completed, the foundation doctor may need to use the same trainer(s) more than once.

What sort of feedback should be expected?

Feedback should be recorded immediately and should include comments on achievements and areas of excellence. Areas which were found to be difficult should also be recorded. Recommendations for further development should be given; this might include suggestions for further SLEs on more complex problems.

Remember that all doctors have scope for development and are expected to actively engage in life-long learning and refine their skills throughout their careers. It is important that foundation doctors understand that they can improve their performance.