



CELLULAR PATHOLOGY

Supervised Learning Event - Evaluation of clinical/management events (ECE)

Trainee's name: []

Year of training: 1 2 3 4 5 6

Professional registration number (GMC/GDC): []

Assessor's name: []

Please circle one: Consultant, SAS, Senior BMS, Clinical scientist, Trainee, Other

PART 1 – Structured reflective note (for trainee)

Nature of event

- Multidisciplinary team (MDT) meetings, Presentation / lecture / other teaching event, Audit – presentation, discussion with trainee or audit team, write-up, Review of trainee IQA (independent reporting), Research write-up / funding proposal application, Management / governance meeting, Clinical error – incident reporting, Meeting with relatives (e.g. for paediatric/perinatal etc.), Referral letter, Other.... please specify

Please ensure this patient is not identifiable. Constructive timely feedback guides trainee's learning and is essential for a valid assessment. Please use this form to record the main topics raised in verbal feedback, rather than capturing it verbatim. Please comment on what was done particularly well, areas for learning, improvement, reflection and any issues of patient safety.

Table with 10 rows and 2 columns: Topic (Communication, Quality of care, Quality improvement, Ethical aspects, Dealing with uncertainty, Entrustment levels, Use of information systems, Legal aspects, Open learning culture, Human factors) and empty space for notes.

11	Non-technical skills	
12	Public health considerations	
13	Other (please specify)	

Summary and synthesis stimulated (to be completed by trainee)

Refer to above descriptors (where appropriate)

What went well?

From this experience, how might I improve?

Next steps – including learning points

Plan for further development

PART 2 – Feedback (to be completed by assessor)

Summary of discussion with trainee

Comments/conclusions

Signature of assessor:

Signature of trainee:

Date of assessment: