**Extended Supervised Learning Event (ESLE) form**

**Royal College of Emergency Medicine**

**Please Complete PART 1 whilst observing the trainee. PART 2 is completed during the feedback session off the shop floor.**

Trainee name …………………………………………………………..

Trainee GMC number………………………………………………….

Date …………………………..

Educational/ Clinical Supervisor name ………………………………….

GMC number ………………………..

Specific elements of performance on which trainee seeks feedback in this session

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

**PART 1**

**Time Line: Please refer to the NTS matrix**

**Clinical cases covered:**

**and record relevant events for discussion in part 2.**

**Summary of key learning points from clinical cases**

**PART 2**

**Review of Non-technical skills**

This is an opportunity to consider the session as a whole. The focus is on the skills and behaviours that may be observed during interaction with other team members, between patients or across the session. Please use the tool below to reflect Non-Technical Skills performance. Please rate those domains observed. Please then summarise the evaluation and agree learning objectives that follow.

|  |
| --- |
| **Evaluation of EM physicians’ non-technical skills** For rating options please see below **Please indicate if Not Observed “N”** |
|  | Element |  | Rating | Observations |
| **Management & Supervision** | **Maintenance of Standards** | Subscribes to clinical and safety standards as well as considering performance targets. Monitors compliance. |  |  |
| **Workload Management** | Manages own and others’ workload to avoid both under and over-activity. Includes prioritising, delegating, asking for help and offering assistance. |  |  |
| **Supervision & Feedback** | Assesses capabilities and identifies knowledge gaps. Provides opportunities for teaching and constructive feedback. |  |  |
| **Teamwork & Cooperation** | **Team Building** | Provides motivation and support for the team. Appears friendly and approachable. |  |  |
| **Quality of Communication** | Gives verbal and written information concisely and effectively. Listens, acknowledges receipt of information and clarifies when necessary. |  |  |
| **Authority & Assertiveness** | Behaves in an appropriately forceful manner and speaks up when necessary. Resolves conflict effectively and remains calm when under pressure. |  |  |
| **Decision- Making** | **Option Generation**  | Uses all resources (written and verbal) to gather information and generate appropriate options for a given problem or task. Involves team members in the decision making process. |  |  |
| **Selecting & Communicating Options**  | Considers risks of various options and discusses this with the team. Involves clearly stating decisions and explaining reasons, if necessary. |  |  |
| **Outcome Review** | Once a decision has been made, reviews suitability in light of new information or change in circumstances and considers new options. Confirms tasks have been done. |  |  |
| **Situational Awareness** | **Gathering Information** | Surveys the environment to pick up cues that may need action as well as requesting reports from others.  |  |  |
| **Anticipating** | Anticipates potential issues such as staffing or cubicle availability in the department and discusses contingencies. |  |  |
| **Updating the Team** | Cross-checks information to ensure it is reliable. Communicates situation to keep team ‘in the picture’ rather than just expecting action. |  |  |

**Rating options for non-technical skills**

|  |  |  |  |
| --- | --- | --- | --- |
| **A= Performance expected of an early core trainee**Demonstrates rudimentary skills in this domain. This is concerning and indicates the need for further development. Please give specific examples.  | **E= Performance expected of a senior core trainee/ Early HST**Demonstrates basic skills in this domain.  | **H= Performance expected in HST**Demonstrates sound skills in this domain .  | **C = Performance of someone ready to be a consultant** Demonstrates skills of a consistently high standard. A model for other team members.  |

**Performance descriptors**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  **Examples of Good behaviour** |  **Examples of poor behaviour** |
| **Management & Supervision** | **Maintenance of Standards** | * Notices doctor’s illegible notes and explains the value of good note keeping
* Explains importance of ensuring sick patient is stable prior to transfer
* Ensures clinical guidelines are followed and appropriate pro forma is complete
 | * Fails to write contemporaneous notes
* Does not wash hands (or use alcohol gel) after reviewing patient
* Fails to adhere to clinical safety procedures
 |
| **Workload Management** | * Sees a doctor has spent a long time with a patient and ascertains the reason
* Ensures both themselves and other team members take appropriate breaks
* Deals with interruptions effectively
 | * Fails to act when a junior is overloaded and patient care is compromised
* Focuses on one particular patient and loses control of the department
* Fails to escalate appropriately when overloaded
 |
| **Supervision & Feedback** | * Gives constructive criticism to team member
* Takes the opportunity to teach whilst reviewing patient with junior doctor
* Gives positive feedback to junior doctor who has made a difficult diagnosis
* Leads team through appropriate debrief after resuscitation
 | * Criticises a colleague in front of the team
* Does not adequately supervise junior doctor with a sick patient
* Fails to ask if junior doctor is confident doing a practical procedure unsupervised
 |
| **Teamwork & Cooperation** | **Team Building** | * Even when busy, reacts positively to a junior doctor asking for help
* Says thank you at end of a difficult shift
* Motivates team, especially during stressful periods
 | * Harasses team members rather than giving assistance or advice
* Speaks abruptly to colleague who asks for help
* Impolite when speaking to nursing staff
 |
| **Quality of Communication** | * Gives an accurate and succinct handover of the department
* Ensures important message is heard correctly
* Gives clear referral to specialty doctor with reason for admission (e.g. SBAR)
 | * Uses unfamiliar abbreviations that require clarification
* Repeatedly interrupts doctor who is presenting a patient’s history
* Gives ambiguous instructions
 |
| **Authority & Assertiveness** | * Uses appropriate degree of assertiveness when inpatient doctor refuses referral
* Willing to speak up to senior staff when concerned
* Remains calm under pressure
 | * Fails to persevere when inpatient doctor refuses appropriate referral
* Shouts instructions to staff members when under pressure
* Appears panicked and stressed
 |
| **Decision making** | **Option Generation** | * Seeks help when unsure
* Goes to see patient to get more information when junior is unclear about history
* Encourages team members’ input
 | * Does not look at previous ED notes/ old ECGs when necessary
* Fails to listen to team members input for patient management
* Fails to ensure all relevant information is available when advising referral
 |
| **Selecting & Communicating Options**  | * Verbalises consideration of risk when sending home patient
* Discusses the contribution of false positive and false negative test results
* Decisive when giving advice to junior doctors
 | * Uses CDU to avoid making treatment decisions
* Alters junior doctor’s treatment plan without explanation
* Forgets to notify nurse-in-charge of admission
 |
| **Outcome Review** | * Reviews impact of treatment given to acutely sick patient
* Follows up with doctor to see if provisional plan needs revising
* Ensures priority treatment has been given to patient
 | * Fails to establish referral outcome of complicated patient
* Sticks rigidly to plan despite availability of new information
* Fails to check that delegated task has been done
 |
| **Situational Awareness** | **Gathering Information** | * Uses Patient Tracking System appropriately to monitor state of the department
* ‘Eyeballs’ patients during long wait times to identify anyone who looks unwell
* Notices doctor has not turned up for shift
 | * Fails to notice that patient is about to breach and no plan has been made
* Ignores patient alarm alerting deterioration of vital signs
* Fails to notice that CDU is full when arranging new transfers
 |
| **Anticipating** | * Identifies busy triage area and anticipates increased demand
* Discusses contingencies with nurse-in-charge during periods of overcrowding
* Prepares trauma team for arrival of emergency patient
 | * Fails to anticipate and prepare for difficulties or complications during a practical procedure
* Fails to ensure that breaks are planned to maintain safe staffing levels
* Fails to anticipate and plan for clinical deterioration during patient transfer
 |
| **Updating the Team** | * Updates team about new issues such as bed availability or staff shortages
* Keeps nurse-in-charge up to date with plans for patients
* Communicates a change in patient status to relevant inpatient team
 | * Notices the long wait but fails to check the rest of the team is aware
* Fails to inform team members when going on a break
 |

**Summary of Non Technical skills evaluation (any concerns must be described)**

**Learning Objectives**