



# ESLE: Part 1 & 2's Preview

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## Section 1

### Extended Supervised Learning Event (ESLE)

**Date of ESLE ★**

## Section 2

**Assessor Full Name ★**

**Assessor Registration Number (e.g. GMC, NMC, GDC) ★**

**Assessor Email Address: ★**

**Assessor Designation / Job Title**

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

## Part 1 - Event Timeline

To be completed whilst observing the trainee. Throughout the assessment please refer to the NTS Matrix.

**Please record here the series of events that occur during the assessment as they happen ★**

**Clinical cases covered ★**

**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 reflect on Non-Technical Skills performance; rate those domains observed; summarise the evaluation; and agree on learning objectives that follow.

### Ratings

**A = Performance expected of an early core trainee** - Demonstrates rudimentary skills in this domain. Some concerns for a trainee nearing the end of training (please describe in space provided).

**I = Performance expected of an Intermediate / 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.

**N = Not Observed.**

## Management & Supervision

**Maintenance of Standards:** Subscribes to clinical and safety standards as well as considering performance targets. Monitors compliance.

### Examples of good behaviour:

- 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

### Examples of poor behaviour:

- Fails to write contemporaneous notes
- Does not wash hands (or use alcohol gel) after reviewing patient
- Fails to adhere to clinical safety procedures

### Rating

### Observations

**Workload Management:** Manages own and others' workload to avoid both under and over-activity. Includes prioritising, delegating, asking for help and offering assistance.

### Examples of good behaviour:

- 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

**Examples of poor behaviour:**

- 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

**Rating**

**Observations**

**Supervision & Feedback:** Assesses capabilities and identifies knowledge gaps. Provides opportunities for teaching and constructive feedback.

**Examples of good behaviour:**

- 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

**Examples of poor behaviour**

- 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

**Rating**

**Observations**

## Teamwork & Cooperation

**Team Building:** Provides motivation and support for the team. Appears friendly and approachable.

**Examples of good behaviour:**

- 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

**Examples of poor behaviour:**

- Harasses team members rather than giving assistance or advice
- Speaks abruptly to colleague who asks for help
- Impolite when speaking to nursing staff

**Rating**

**Observations**

**Quality of Communication:** Gives verbal and written information concisely and effectively. Listens, acknowledges receipt of information and clarifies when necessary.

**Examples of good behaviour:**

- 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)

**Examples of poor behaviour:**

- Uses unfamiliar abbreviations that require clarification
- Repeatedly interrupts doctor who is presenting a patient's history
- Gives ambiguous instructions

**Rating**

**Observations**

**Authority & Assertiveness:** Behaves in an appropriately forceful manner and speaks up when necessary. Resolves conflict effectively and remains calm when under pressure.

**Examples of good behaviour:**

- Uses appropriate degree of assertiveness when inpatient doctor refuses referral
- Willing to speak up to senior staff when concerned
- Remains calm under pressure

**Examples of poor behaviour:**

- Fails to persevere when inpatient doctor refuses appropriate referral
- Shouts instructions to staff members when under pressure
- Appears panicked and stressed

**Rating**

**Observations**

## 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.

**Examples of good behaviour:**

- Seeks help when unsure
- Goes to see patient to get more information when junior is unclear about history
- Encourages team members' input

**Examples of poor behaviour:**

- 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

**Rating**

**Observations**

**Selecting & Communicating Options:** Considers risks of various options and discusses this with the team. Involves clearly stating decisions and explaining reasons, if necessary.

**Examples of good behaviour:**

- 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

**Examples of poor behaviour:**

- Uses CDU to avoid making treatment decisions
- Alters junior doctor's treatment plan without explanation
- Forgets to notify nurse-in-charge of admission

**Rating**

**Observations**

**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.

**Examples of good behaviour:**

- 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

**Examples of poor behaviour:**

- 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

**Rating**

**Observations**


## Situational Awareness

**Gathering Information:** Surveys the environment to pick up cues that may need action as well as requesting reports from others.

**Examples of good behaviour**

- 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

**Examples of poor behaviour**

- 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

**Rating**

**Observations**


**Anticipating:** Anticipates potential issues such as staffing or cubicle availability in the department and discusses contingencies.

**Examples of good behaviour**

- 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

**Examples of poor behaviour**

- 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

**Rating****Observations**

**Updating the Team:** Cross-checks information to ensure it is reliable. Communicates situation to keep team 'in the picture' rather than just expecting action.

**Examples of good behaviour**

- 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

**Examples of poor behaviour**

- 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

**Rating****Observations**

## Summary

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

**Learning Objectives ★**