**STRUCTURED LEARNING CYCLE**

**NOTE:** It is recommended the Trainee keeps a signed copy of the SLC in their portfolio through all rotations. This document is provided as a Word document to allow the user to adjust rows/content as required.

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| --- | --- | --- | --- | --- |
| Trainee Name |  | | | |
| SET Level |  | | Term and Year |  |
| Hospital |  | | | |
| Supervisor Name |  | | | |
| **SLC Start Date** |  |
| **SLC End Date** |  |

* The timeline can be weekly, fortnightly or monthly
* The Supervisor and Trainee are to meet at least monthly to review the objectives and determine the outcome (refer to the instructions document). The outcome must be recorded for each goal in the table below under the heading OUTCOME
* The Trainee should undertake a self-evaluation first and then present this to their Supervisor 24 hours before the meeting. This enables the Trainee to undertake a self-reflection and assess his/her own performance. The Supervisor and Trainee are then to confirm the final outcome.

**The outcome is to be rated as follows:**  
E – Exceeds Expectation  
M – Meets Expectation  
P – Progressing toward Expectation  
N – Not meeting expectation  
NA – Not Assessed

| **ASSESSMENT AREA** | **GOAL TO ACHIEVE** | **PERFORMANCE INDICATOR** | **TIMELINE** | **OUTCOME** *(Record the outcome in the boxes below)* | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month 1** | | **Month 2** | | **Month 3** | | **Month 4** | | **Month 5** | |
| **TR** | **SUP** | **TR** | **SUP** | **TR** | **SUP** | **TR** | **SUP** | **TR** | **SUP** |
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| **ASSESSMENT AREA** | **GOAL TO ACHIEVE** | **PERFORMANCE INDICATOR** | **TIMELINE** | **OUTCOME** *(Record the outcome in the boxes below)* | | | | | | | | | |
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| **Month 6** | |  | |  | |  | |  | |
| **TR** | **SUP** | **TR** | **SUP** | **TR** | **SUP** | **TR** | **SUP** | **TR** | **SUP** |
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**TRAINEE COMMENTS** (Following each review, please record the date and any further comments, additional rows should be included as required)

| Date | Comment | Signature | |
| --- | --- | --- | --- |
| Trainee | Supervisor |
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**SUPERVISOR COMMENTS** (Following each review, please record the date and any further comments)

| Date | Comment | Signature | |
| --- | --- | --- | --- |
| Trainee | Supervisor |
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