

# Using Supervised Learning Events (SLEs) in Medicines Information

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## Background

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Supervised learning events (SLEs) represent an important opportunity for learning and improvement in practice, and are a crucial component of many training programmes, such as the RPS Post-Registration Foundation Pharmacist Curriculum, the RPS Core Advanced Pharmacist Curriculum, and the RPS Consultant Pharmacist Curriculum. They are also included in Foundation Training programmes and can be useful for undergraduate placements.

An SLE is an interaction between the learner and a collaborator which leads to immediate feedback and reflective learning. SLEs should not be used as formal assessment; but rather as an opportunity for the pharmacist to be observed in the clinical setting, to see how they work with others, and to be given feedback with the aim of improving practice. SLEs should also be used to stimulate discussion, highlight areas of good practice and suggest areas for further improvement.

End of placement reports can draw on evidence of engagement in the SLE process. Participation in the process along with reflective practice, is a way for practitioners to evaluate how their performance is progressing as they gain experience through a placement, e.g. a rotation in Medicines Information.

Pharmacists are expected to demonstrate improvement and progression during a MI placement and throughout periods of their career, e.g. through the Foundation Training year. Undertaking and reflecting on SLEs will help pharmacists at all levels develop their clinical and professional practice.

## Completion of SLEs

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SLEs should be performed throughout a placement. If SLEs are undertaken early in a MI placement, when the learner has the most to learn and opportunity to act on the feedback given, this can be beneficial. They do not need to be planned or scheduled in advance and can occur whenever a learning or development opportunity presents itself. It may be useful to have some targeted SLEs specifically related to previous feedback and developmental targets. Feedback given in SLEs completed in MI can also be used in other areas of practice.

## Responsibilities

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The learner is responsible for arranging SLEs and ensuring there is a record of these in their portfolio (along with their programme supervisor).

MI Pharmacists and Accredited MI Pharmacy Technicians can act as collaborators for SLEs undertaken in MI. However, it is useful to receive feedback from a range of people, and there may be opportunities to involve individuals outside of MI in SLEs. For example, a CbD could be carried out with a relevant specialist HCP.

Supervisors and collaborators should understand the role of SLE tools used and have sufficient skills and experience to teach, assess and provide meaningful feedback. Refer to the most relevant collaborator guidance for further information.

## Examples of SLEs which could be undertaken in Medicines Information

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The table below provides examples of activities and SLEs that could be completed while working in Medicines Information. This provides suggestions only and should be used as a guide for those undertaking placements in Medicines Information. It may also help those undertaking RPS career pathways in Medicines Information roles. Activities and SLEs used will be determined by factors such as the length of placement and the specific career pathway or programme being undertaken

Learning outcomes have not been pre-mapped to the suggested MI activities. Learners are expected to identify and document activities that address their individual learning needs, aligning these with relevant learning outcomes where applicable to demonstrate competency development.

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SLE	Description (taken from the Royal Pharmaceutical Society)	Suggestions for how to use in MI
<b>Direct observation supervised learning events</b>		
Case Presentation (CP)	Evaluates the individual's ability to orally present a case to colleagues	Present an enquiry to the MI team or relevant HCPs outside of MI.
Direct observation of non-clinical skills (DONCs)*	Evaluates the individual's non-clinical skills	<p>Leading or partaking in peer review.</p> <p>Presentation of a critical appraisal at a journal club meeting.</p> <p>Non-enquiry tasks, e.g. teaching session, chairing or participation at a meeting, supervising/checking/providing feedback on enquiries completed by others.</p> <p>Workload management, time management, team working, communication, working within competence and referring appropriately.</p>
Direct Observation of Practical Skills (DOPS)*	Evaluates the individual's ability to undertake a practical procedure.	<p>Receiving an enquiry over the phone, or in person.</p> <p>Providing an enquiry response over the phone, or in person.</p> <p>Managing a challenging/difficult conversation.</p>
Journal Club Presentation (JCP)	Evaluates the individuals' ability to present at a Journal Club.	Presentation of a paper you have critiqued at a journal club meeting

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Mini-Clinical Evaluation Exercise (mini-CEX)*	Evaluates a global clinical encounter with a patient and assesses the synthesis of essential information for clinical care such as history taking, communication, examination and clinical reasoning.	Observation and discussion of an enquiry received from, or answered to, a patient.  <i>Note: Although this tool is designed to be used following a patient encounter, some programmes support its use without direct patient interaction. For example, it may be used for the observation and discussion of a patient-specific enquiry received from, or answered to, a healthcare professional</i>
Teaching Observation (TO)	Evaluates the individual's ability to deliver an effective learning experience to others.	Delivering a training session.  Delivery of individual feedback after checking an enquiry.
<b>Indirect observation supervised learning events</b>		
Case Based Discussion (CbD)	Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice	Enquiries – consider complex enquiries, and/or those requiring professional judgement, and/or those requiring a literature search and critical appraisal of the evidence. This could be done with someone from the MI team, or with a relevant specialist HCP outside of MI.
Leadership Assessment Skills (LEADER)	Evaluates the individual's leadership and teamworking capabilities	Feedback on leadership skills, e.g. leading a project, service development, or guideline development.
Quality Improvement Project Assessment Tool (QIPAT)	Evaluates the individual's ability to undertake a quality improvement project	Undertaking quality improvement projects relevant to MI.

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Other tools		
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues	<p>Feedback on non-enquiry tasks, e.g. teaching, presentation, participation at a meeting, development of training resources, development and/or implementation of guidelines, supervising/checking/providing feedback on enquiries completed by others.</p> <p>Feedback on non-clinical skills, e.g. workload management, time management, team working, communication, working within competence and referring appropriately.</p> <p>Feedback on clinical expertise, e.g. teaching, peer review, CP, enquiry support.</p>
Patient Survey (PS)	Evaluates the individual's communication and consultation skills from the patient's perspective	Ask for feedback from a patient after answering their query.
Patient Survey Reflection (PSR)	Allows the individual to reflect on the feedback	Reflect on feedback received through a Patient Survey (see above).
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings	<p>Reflection on a MI placement.</p> <p>Reflection on a specific enquiry.</p> <p>Reflection on producing guidelines/resources, undertaking a project, peer review.</p> <p>Reflection on a non-enquiry task, e.g. teaching, presentation, attendance at a meeting, development of training resources, supervising/checking/providing feedback on enquiries completed by others.</p> <p>Reflecting on a difficult/challenging conversation.</p>

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\* A mini-CEX is considered the most appropriate tool for providing feedback on receiving or responding to patient-specific medicine enquiries; however, it is not available for use in this way across all programmes. A DOPs or DONCs can be used where a mini-CEX is not available – this will depend on the training programme being undertaken. Medicines Information is a clinical role, and core-tasks such as answering enquiries are considered clinical activities, although they are not practical or procedural. Neither a DOPs nor DONCs are well-suited to MI tasks that directly impact a patient, or patient population, however, either can be used depending on the activity, learner, and training programme requirements.

Note: The Acute Care Assessment Tool (ACAT) is not generally considered applicable to MI.

## Using SLEs in Foundation Year Training Programmes

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Guidance on the use of SLEs in Foundation Year programmes varies within the UK. Please refer to relevant national guidance.

## References

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Association of Scottish Medicines Information Practitioners (ASMIP). 'Examples of supervised learning events for a Medicines information placement'. June 2023.

Royal Pharmaceutical Society. Supervised Learning Events (SLEs). Available from [Full programme of assessment](#) (Accessed 22/05/25)

Supervised learning events - UK Foundation Programme. Available from <http://foundationprogramme.nhs.uk/curriculum/supervised-learning-events/> (Accessed 22/05/25)

## Disclaimer

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