

(Please answer all questions with block capital letters using blue or black ink. Mark boxes with an ☒)

Trainee's Forename:																				
Trainee's Surname:																				
Trainee's GMC:							Date of Assessment (dd/mm/yyyy):		/		/	20__								

Clinical setting: A&E OPD In-patient Acute Admission Community Neonates
 Clinical problem category: Airway/Breathing CVS/Circulation Gastro Neuro Infection
 Other (specify):

Please insert a brief clinical summary of the case below (e.g. 3 year old with prolonged febrile seizure and developmental delay; 14 year old with concealed pregnancy):

Please grade the below areas using the following scale:
(U/C = Unable to comment or not observed)

	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	U/C
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Question	1	2	3	4	5	6	U/C
Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of challenging and complex situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or follow-up: New Follow up
 Complexity of case in relation to stage of training: Low Average High
 Focus of clinical encounter: History Diagnosis Management Explanation
 Number of previous assessments of this type observed by assessor with any trainee: 0 1-4 5-9 >10
 Number of times this patient was seen before by trainee: 0 1-4 5-9 >10

Assessor's position: Consultant GP SpR SASG AHP Nurse Specialist Nurse ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8

Other (Please specify):

In relation to THIS case do you have any concerns about this trainee's knowledge base?

No concerns Minor concerns Serious concerns Unable to judge

Please document any concerns you have about this trainee's knowledge base:

In relation to THIS case do you have any concerns about this trainee's probity, ethical, personal and professional practice or any other areas not highlighted by the questions above?

- No concerns Minor concerns Serious concerns Unable to judge

Please document any concerns you have about this trainee's probity, ethical, personal and professional practice or any other areas:

Please grade the below areas using the following scale:
(U/C = Unable to comment or not observed)

	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	U/C
Question	1	2	3	4	5	6	U/C
On the basis of THIS case how would you rate this trainee's overall clinical care for their stage of training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the basis of THIS case how would you rate this trainee's overall clinical care in relation to the standard expected at CCT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything especially good you wish to comment on?

Suggestions for development:

Agreed action:

Who chose this case? Trainee Assessor

Are you and the trainee in the same Deanery?

Time taken for observation (in minutes):

Time taken for feedback (in minutes):

Have you had training in the use of this assessment tool?

- Have read guidelines Face-to-Face Web/CDRom

Assessors Surname:																				
Assessors Registration No.																				
	Assessors Signature:																			