# Appendices: Appraisal Documents

**Personal details 26**

**Personal development plan for last year and review of progression 27**

**Scope of Work 29**

**Mandatory training 31**

**Educational supervisors meeting 32**

**Health 34**

**Achievements, challenges and aspirations 36**

**Professional indemnity arrangements 37**

**Probity 38**

**Significant events 39**

**Reflective account form 40**

**Non-medical prescribing review 42**

**Quality improvement activity 43**

**Personal development plan for next year 45**

**Portfolio requirements 47**

**Summary of appraisal discussion 48**

**Appraisal outputs 50**

**Multi Source Feedback (MSF) Trainee ACCPs 52**

**Multi Source Feedback (MSF) Qualified ACCPs 54**

**Case-based Discussion (CbD) Trainee ACCPs 56**

**Case-based Discussion (CbD) Qualified ACCPs 59**

**Mini Clinical Evaluation Exercise (Mini-CEX) Trainee ACCPs 62**

**Mini Clinical Evaluation Exercise (Mini-CEX) Qualified ACCPs 65**

**Direct Observation of Procedural Skills (DOPS) Trainee ACCPs 68**

**Direct Observation of Procedural Skills (DOPS) Qualified ACCPs 70**

**Acute Care Assessment Form (ACAT) Trainee & Qualified ACCPs 72**

# Personal details

|  |  |
| --- | --- |
| **NMC/HCPC Number** |  |

|  |  |
| --- | --- |
| **Address** |  |

|  |  |
| --- | --- |
| **Telephone number** |  |

|  |  |
| --- | --- |
| **Email address** |  |

|  |  |
| --- | --- |
| **Employer address** |  |

|  |  |
| --- | --- |
| **Name of designated body (for revalidation purposes)** |  |

|  |  |
| --- | --- |
| **Nursing qualifications (including ACCP):**  **Awarding body**  **Dates** |  |

|  |  |
| --- | --- |
| **FICM Status** |  |

|  |  |
| --- | --- |
| **Year of appraisal** |  |

|  |  |
| --- | --- |
| **Revalidation year** |  |

|  |  |
| --- | --- |
| **Membership of Learned societies e.g. ICS, SICS, ESICM, ACTA** |  |

# Personal Development Plan for last year and Review of Progression

|  |  |
| --- | --- |
| **Date of last appraisal** |  |

|  |  |
| --- | --- |
| **Name of last appraisers** |  |

This section should clearly list each component of last year’s PDP (as defined in last year’s appraisal if applicable) and the current status of progression towards meeting the goals within the PDP.

|  |  |  |
| --- | --- | --- |
| **Learning/development need** | **Was this need met?**  **Yes/No/In progress** | **If yes, please describe how and when this need was met.**  **If no or in progress, please explain why not or how the need is progressing.** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **General comments concerning last year’s progress** |
|  |

# Scope of work

Scope of work information should be completed and any alterations on yearly review clearly noted.

|  |
| --- |
| **Clinical commitments including current job plan, job description/job specification (if available)** |
|  |

|  |
| --- |
| **Work Setting – brief description of Critical Care unit – number of beds, admissions per year, types of cases admitted, sub-specialty areas** |
|  |

|  |
| --- |
| **Regular Clinical roles - ICU, HDU, Outreach, ED, MAU, OP Clinics** |
|  |

|  |
| --- |
| **Ad-hoc clinical roles – as above but undertaken less than once per month** |
|  |

|  |
| --- |
| **Out of hours commitment (hours/frequency)** |
|  |

|  |
| --- |
| **Educational Roles** |
|  |

|  |
| --- |
| **Research Roles** |
|  |

|  |
| --- |
| **Managerial & Leadership roles** |
|  |

|  |
| --- |
| **Any other roles** |
|  |

|  |
| --- |
| **Healthcare Roles external to Designated Body** |
|  |

|  |
| --- |
| **Dates of Practice** |
|  |

|  |
| --- |
| **Average hours worked per week clinically for last year** |
|  |

|  |
| --- |
| **Record of total hours worked for last 3 years (NMC minimum is 450)** |
|  |

|  |
| --- |
| **Please describe any changes to your scope of work that you have made since your last appraisal** |
|  |

|  |
| --- |
| **Please describe any changes to your scope of work that you envisage taking place in the next year** |
|  |

# Mandatory Training

Please provide an up to date list of the Mandatory Training that you are required to undertake by your Trust, both generic (e.g. Fire & Safety, Conflict Resolution) and specific to your role in Critical Care (e.g. Blood Transfusion, ALS/CALS).

Please also indicate with which elements of the mandatory training you are currently up to date with.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | **Up to date**  Yes/No | **Date Completed** | **Comments** |
| Fire |  |  |  |
| Manual Handling |  |  |  |
| Information governance |  |  |  |
| Safeguarding |  |  |  |
| ALS |  |  |  |
| Infection protection / control |  |  |  |
| Mental Capacity Act/ DOLS |  |  |  |
| Equality and diversity |  |  |  |
| Blood transfusion theory & practice |  |  |  |
| Conflict resolution |  |  |  |
| Waste management |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Educational Supervisor Meetings

Please provide details of your six-monthly meetings with your Educational Supervisor

|  |  |
| --- | --- |
| Name of Educational Supervisor |  |

|  |  |
| --- | --- |
| Job Title |  |

|  |  |
| --- | --- |
| Date of Meeting |  |

|  |
| --- |
| **Outcomes Agreed** |
|  |

# Educational Supervisor Meetings (2)

Please provide details of your six-monthly meetings with your Educational Supervisor

|  |  |
| --- | --- |
| Name of Educational Supervisor |  |

|  |  |
| --- | --- |
| Job Title |  |

|  |  |
| --- | --- |
| Date of Meeting |  |

|  |
| --- |
| **Outcomes Agreed** |
|  |

# Health

Please confirm that you are capable of fulfilling the Professional Obligations placed upon you by the NMC (2015), HCPC. This states that you must be in a state of health that ensures you are capable of safe and effective practice without supervision, after any reasonable adjustments are made by your employer. It does not necessitate a complete absence of any disability or illness.

I accept the professional obligation placed upon me about my personal health

|  |
| --- |
| **If you feel you are unable to accept this statement for whatever reason, please explain why in the comments box:** |
|  |

Are you registered with a GP? Yes  No

Is your immunisation state up to date? Yes  No

|  |
| --- |
| Please provide the dates of your last immunisation and certificates |
|  |

|  |  |
| --- | --- |
| How many sick days have you taken since your last appraisal? |  |

*Continued on the next page*

|  |  |
| --- | --- |
| How many sick days have you taken in the last three years? |  |

|  |
| --- |
| Please provide any additional comments regarding any health issues and your role as an ACCP? |
|  |

# Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to discuss your achievements over the past year, your aspirations for the future and any challenges you may be currently facing with your appraiser. Appraisal is a formative process and therefore you are encouraged to discuss these topics and record and documentation in support of these discussions.

## Achievements

## Challenges

## 

## Aspirations

# Professional Indemnity Arrangements

You must clearly state whether your indemnity arrangement is through:

* Your employer
* A membership with a professional body
* A private insurance arrangement

You must show evidence to demonstrate that you have an appropriate arrangement in place.

If your indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.

|  |  |
| --- | --- |
| Insurer |  |
| Name |  |
| Renewal date |  |

# Probity

I confirm I have read and understand my professional responsibility as an ACCP in relation to probity and have discussed any areas of concern or conflict with my appraiser.

I accept the professional obligation placed upon me in relation to probity

|  |  |
| --- | --- |
| **ACCP signature** |  |
| **Print name** |  |

|  |  |
| --- | --- |
| **Appraiser signature** |  |
| **Print name** |  |
| **Date** |  |

# Significant Events

Significant events are an additional source of supporting information that can be used to demonstrate that an ACCP is continuing to meet the principles and values set out in Good Medical Practice.

If your employing trust utilises data capture software for Significant Events, please record any output from this that is relevant to you.

Please give details of any significant events in which you have been involved, either clinically or in a managerial capacity. These should include;

* Never events
* Near misses
* Morbidity & Mortality Reviews
* Datix events
* Coroner’s Reports & Attendances (anonymised)
* Patients referred to the Procurator Fiscal

|  |
| --- |
| **In addition to a concise description of the event, the ACCP should reflect on each episode and give details of the lessons learnt from the significant event and any action subsequently taken.** |
|  |

# Reflective Account Form

Good nursing and medical practice requires you to reflect on your practice and whether you are working to the relevant standards. Within each 3 year revalidation cycle, you must record at least 5 pieces of formal written reflection that explain how this CPD and/or Quality Improvement Activity demonstrates that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

|  |  |
| --- | --- |
| **Discussion topic** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Discussion topic** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Discussion topic** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Discussion topic** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Discussion topic** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Name of reviewer** |  |
| **NMC/HCPC/GMC number** |  |
| **Signature** |  |
| **Date** |  |

# Non-Medical Prescribing Review

One reflective piece per year must be in relation to activities as a NMP.

Is non-medical prescribing defined on your job description and registered with the NMC if appropriate?

Yes  No

Have you completed one reflective account form relating to non-medical prescribing?

Yes  No

|  |  |
| --- | --- |
| **Title of the non-medical prescribing related reflection for this CPD period** |  |

All ACCPs must be aware of and conform to NICE guidelines [NG5] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes Published date: March 2015 <http://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations>

I confirm that I am aware of and conform to this guideline

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Signature of reviewer** |  |
| **Date** |  |

# Quality Improvement Activity

You must demonstrate that you regularly participate in activities that contribute to QI within critical care, both as an individual or as part of the Critical Care Team.

Please complete a separate form for each quality improvement activity.

|  |
| --- |
| **Brief description of the quality improvement activity; please include it’s function, dates and times if applicable** |
|  |

|  |
| --- |
| **What was your involvement in this activity?** |
|  |

|  |
| --- |
| **What action have you taken in response to the results/outputs of the activity? (e.g. action plans, changes to practice)** |
|  |

|  |
| --- |
| **Demonstrate evaluation and reflection on the results of the activity (e.g. reflective notes, discussion of the results with peer-supervision, contributions to your personal development)** |
|  |

|  |
| --- |
| **Is any further action to be taken, such as re-audits? If so, please provide details:** |
|  |

# Personal Development Plan for next year

Following a thorough examination and discussion with your appraisers, you should agree a set of educational and CPD goals for the forthcoming year and incorporate these into a coherent Personal Development Plan.

This section should clearly list each component of next year’s PDP.

|  |  |
| --- | --- |
| **Learning/development need** | **When and how will this be met?** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# PORTFOLIO

It is mandatory for all ACCPs to maintain a contemporaneous portfolio. This will contain the following documentary evidence of in addition to the information laid out in the domains identified above. The Portfolio must be available for inspection at the time of the appraisal meeting.

The contents of the portfolio should include as a minimum:

* Record of six monthly meetings with Educational Supervisor or ACCP Clinical Lead
* Logbook (see appendix 1)
* All Workplace based assessments undertaken
* Current job plan
* CPD undertaken
* Teaching undertaken
* Audit/QI undertaken
* Research undertaken
* Courses attended & certificates

# Summary of Appraisal Discussion

The appraisers and the ACCP being appraised must record here a jointly agreed and concise summary of the appraisal discussion. In order to directly address the appraisal process to the combined requirements of NMC Revalidation/ HCPC and GMC Good Medical Practice, it is useful to consider the appraisal in four distinct areas.

In preparation for the appraisal, the ACCP should use these four areas to summarise the evidence they have provided within the domains laid out above.

## Maintaining Effective Practice via a Knowledge, Skills and Performance Framework

## Preserving and promoting Safety and Quality

*Continued on the next page*

## Prioritising people via Communication, Partnership & Teamwork

## Promoting & Maintaining Professionalism and Trust

# Appraisal Outputs

1. An appraisal has taken place that reflects the whole of the ACCP’s scope of work and addresses the principles and values set out in Good Medical Practice

Yes  No

1. Appropriate supporting information has been presented for appraisal and revalidation purposes and this reflects the nature and scope of the ACCP’s work

Yes  No

1. A review that demonstrates progress against last year’s personal development plan has taken place

Yes  No

1. An agreement has been reached with the ACCP about a new Personal Development Plan and any associated actions for the coming year

Yes  No

1. No information has been presented or discussed that raises a concern about the ACCP’s fitness to practice

Yes  No

## Comments for the appraisers

*Continued on the next page*

## Comments for the appraisers

|  |  |
| --- | --- |
| **Signature of Appraiser 1** |  |
| **NMC number** |  |

|  |  |
| --- | --- |
| **Signature of Appraiser 2** |  |
| **GMC number** |  |

|  |  |
| --- | --- |
| **ACCP signature** |  |
| **Registration number**  **Which Regulator** |  |

|  |  |
| --- | --- |
| **Date** |  |

***Please use a CROSS (X) for each question and complete this form in BLOCK CAPITALS and BLACK ink.***

|  |  |  |
| --- | --- | --- |
| Trainee ACCP’s surname |  | |
| T-ACCP’s forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |  |
| --- | --- | --- |
| Observed by | **|** Profession and grade | |
| Signature | **|** GMC/NMC/Equivalent number | |
| Date |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **No Concerns** | **Minor Concerns** | **Major or Serious Concerns** | **Comments**  Please provide feedback on professional behaviour including areas of excellence and areas for improvement  **NB: *Any concerns must be commented on to allow constructive feedback and planning for improvement*** |
| **1. Maintaining trust/ professional relationships with patients**   * Listens * Is polite and caring * Shows respect for patients’ opinions, privacy, dignity and is unprejudiced |  |  |  |  |
| **2. Verbal communication skills**   * Gives clear, understandable information * Speaks good English at an appropriate level for patient or relative |  |  |  |  |
| **3. Team working/ working with colleagues**   * Respects others’ roles * Works constructively within team * Effective handover * Delegates appropriately * Supportive of colleagues |  |  |  |  |
| **4. Accessibility**   * Accessible to all staff * Does not shirk duty * Responds when called * Arranges cover for planned absence, notifies of unplanned absence |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you have any concerns about this practitioner’s probity or health?**  *If yes please explain on additional sheet* | Yes | No |

**Additional comments on practitioner’s professional behaviour:**

**Third party confirmation**

***Please use a CROSS (X) for each question and complete this form in BLOCK CAPITALS and BLACK ink.***

|  |  |  |
| --- | --- | --- |
| ACCP’s surname |  | |
| ACCP’s forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |  |
| --- | --- | --- |
| Observed by | **|** Profession and grade | |
| Signature | **|** GMC/NMC/Equivalent number | |
| Date |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **No Concerns** | **Minor Concerns** | **Major or Serious Concerns** | **Comments**  Please provide feedback on professional behaviour including areas of excellence and areas for improvement  **NB: *Any concerns must be commented on to allow constructive feedback and planning for improvement*** |
| **1. Maintaining trust/ professional relationships with patients**   * Listens * Is polite and caring * Shows respect for patients’ opinions, privacy, dignity and is unprejudiced |  |  |  |  |
| **2. Verbal communication skills**   * Gives clear, understandable information * Speaks good English at an appropriate level for patient or relative |  |  |  |  |
| **3. Team working/ working with colleagues**   * Respects others’ roles * Works constructively within team * Effective handover * Delegates appropriately * Supportive of colleagues |  |  |  |  |
| **4. Accessibility**   * Accessible to all staff * Does not shirk duty * Responds when called * Arranges cover for planned absence, notifies of unplanned absence |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you have any concerns about this practitioner’s probity or health?**  *If yes please explain on additional sheet* | Yes | No |

**Additional comments on practitioner’s professional behaviour:**

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| Trainee ACCP’s Surname |  | |
| T-ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Code Number or Description of Case |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade: |
| Signature of supervising clinician |  | |

**Clinical Setting:**

ICU  HDU  ED  Ward  Transfer  Other

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. | | | |
| **Examples of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | |

|  |  |  |
| --- | --- | --- |
| **Special focus of discussion:** | | |
| **Please grade the following areas:**  (Descriptors included with each section) | | **Satisfactory** | **Unsatisfactory** | |
| **1. History taking and information gathering** | | Tick | Tick | |
| Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making? | |
| **2. Assessment and differential diagnosis** | | Tick | Tick | |
| The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted. | |
| **3. Immediate management and stabilisation** | | Tick | Tick | |
| Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought? | |
| **4. Further management and clinical judgement** | | Tick | Tick | |
| Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient **managed/admitted** to the appropriate clinical area? | |
| **5. Identification of potential problems and difficulties** | | Tick | Tick | |
| Did the trainee identify potential problems? | |
| **6. Communication with patient, staff and colleagues** | | Tick | Tick | |
| How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient’s relatives, staff and other colleagues? | |
| **7. Record keeping** | | Tick | Tick | |
| The records should be legible, signed, dated and timed. All necessary records should be completed in full. | |
| **8. Overall clinical care** | | Tick | Tick | |
| The case records and the trainee’s discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard. | |
| **9. Understanding of the issues surrounding the clinical focus chosen by the assessor** | | Tick | Tick | |
| The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding ***appropriate to their experience*.** | |

**Case-based Discussion (CbD) – Intensive Care Medicine ACCP**

Case-based discussion is designed to evaluate trainee clinical practice, decision-making and the interpretation and application of evidence, by reviewing their record of practice. Its primary purpose is to enable a conversation between trainee and assessor about the presentation and management of a critically ill patient. It is not intended as a test of knowledge, nor as an oral or clinical examination. It is intended to assess the clinical decision-making process and the way in which the trainee used medical knowledge when managing a single case.

The evaluation should be according to the trainee’s level of training. A satisfactory assessment will indicate that the trainee’s performance is what is expected from a trainee at their level of training. Please refer to the FICM ACCP Curriculum.

The trainee should bring to their assessment a copy of the notes of three critically ill patients they have dealt with independently. The assessor will select one case. The trainee should be asked how they proceeded with management. In particular questions should be directed towards asking them to explain and justify the decisions they made. It is important to ask questions that bear directly upon the thought processes of the trainee during the case being discussed and not to digress into a long exploration of their knowledge of theory.

The assessor should also identify one particular issue that should have influenced the trainee’s decision making in this case. They should explore the trainee’s thinking in relation to the impact of this issue. This exercise is to explore in greater depth the way that the trainee reacts to events. If this specific focus is relevant to the case then the trainee should have taken its impact into account in their management and decision-making. If they believed their knowledge of the issue to be inadequate they should have sought advice before proceeding. Therefore the trainee does not need to have prior notice of the focus the assessor will discuss. If their knowledge and understanding of the clinical problem is inadequate this will be reflected by the marking.

Such discussions will also incorporate an assessment of the adequacy of a trainee’s record keeping, although this is not the primary purpose of CbD.

In practical terms, the trainee will arrange a CbD with an assessor (Consultant or senior trainee) and bring along a selection of three case notes from cases in which he/she has recently been solely involved. The assessor selects one and then engages the trainee in a discussion around the assessment of the patient, the choices and reasons for selection of techniques and the management decisions with respect to initial resuscitation, stabilisation, further management and ICU/HDU admission decision. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event, and it should be emphasised that the purpose of the tool is to understand the decision making processes and thinking of the trainee. CbD is the trainee’s chance to have somebody pay close attention to an aspect of their clinical thinking and to provide feedback. Feedback and discussion are mandatory.

**Curriculum Competency Level Descriptors**

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative ease of reference when completing the ACCP ‘Competencies Assessed’ section (over).

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task orientated competence** | **Knowledge orientated competence** | **Patient management  competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| ACCP’s Surname |  | |
| ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Code Number or Description of Case |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade: |
| Signature of supervising clinician |  | |

**Clinical Setting:**

ICU  HDU  ED  Ward  Transfer  Other

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. | | | |
| **Examples of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | |

|  |  |  |
| --- | --- | --- |
| **Special focus of discussion:** | | |
| **Please grade the following areas:**  (Descriptors included with each section) | | **Satisfactory** | **Unsatisfactory** | |
| **1. History taking and information gathering** | | Tick | Tick | |
| Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making? | |
| **2. Assessment and differential diagnosis** | | Tick | Tick | |
| The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted. | |
| **3. Immediate management and stabilisation** | | Tick | Tick | |
| Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought? | |
| **4. Further management and clinical judgement** | | Tick | Tick | |
| Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient **managed/admitted** to the appropriate clinical area? | |
| **5. Identification of potential problems and difficulties** | | Tick | Tick | |
| Did the trainee identify potential problems? | |
| **6. Communication with patient, staff and colleagues** | | Tick | Tick | |
| How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient’s relatives, staff and other colleagues? | |
| **7. Record keeping** | | Tick | Tick | |
| The records should be legible, signed, dated and timed. All necessary records should be completed in full. | |
| **8. Overall clinical care** | | Tick | Tick | |
| The case records and the trainee’s discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard. | |
| **9. Understanding of the issues surrounding the clinical focus chosen by the assessor** | | Tick | Tick | |
| The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding ***appropriate to their experience*.** | |

**Case-based Discussion (CbD) – Intensive Care Medicine ACCP**

Case-based discussion is designed to evaluate trainee clinical practice, decision-making and the interpretation and application of evidence, by reviewing their record of practice. Its primary purpose is to enable a conversation between trainee and assessor about the presentation and management of a critically ill patient. It is not intended as a test of knowledge, nor as an oral or clinical examination. It is intended to assess the clinical decision-making process and the way in which the trainee used medical knowledge when managing a single case.

The evaluation should be according to the trainee’s level of training. A satisfactory assessment will indicate that the trainee’s performance is what is expected from a trainee at their level of training. Please refer to the FICM ACCP Curriculum.

The trainee should bring to their assessment a copy of the notes of three critically ill patients they have dealt with independently. The assessor will select one case. The trainee should be asked how they proceeded with management. In particular questions should be directed towards asking them to explain and justify the decisions they made. It is important to ask questions that bear directly upon the thought processes of the trainee during the case being discussed and not to digress into a long exploration of their knowledge of theory.

The assessor should also identify one particular issue that should have influenced the trainee’s decision making in this case. They should explore the trainee’s thinking in relation to the impact of this issue. This exercise is to explore in greater depth the way that the trainee reacts to events. If this specific focus is relevant to the case then the trainee should have taken its impact into account in their management and decision-making. If they believed their knowledge of the issue to be inadequate they should have sought advice before proceeding. Therefore the trainee does not need to have prior notice of the focus the assessor will discuss. If their knowledge and understanding of the clinical problem is inadequate this will be reflected by the marking.

Such discussions will also incorporate an assessment of the adequacy of a trainee’s record keeping, although this is not the primary purpose of CbD.

In practical terms, the trainee will arrange a CbD with an assessor (Consultant or senior trainee) and bring along a selection of three case notes from cases in which he/she has recently been solely involved. The assessor selects one and then engages the trainee in a discussion around the assessment of the patient, the choices and reasons for selection of techniques and the management decisions with respect to initial resuscitation, stabilisation, further management and ICU/HDU admission decision. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event, and it should be emphasised that the purpose of the tool is to understand the decision making processes and thinking of the trainee. CbD is the trainee’s chance to have somebody pay close attention to an aspect of their clinical thinking and to provide feedback. Feedback and discussion are mandatory.

**Curriculum Competency Level Descriptors**

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative ease of reference when completing the ACCP ‘Competencies Assessed’ section (over).

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task orientated competence** | **Knowledge orientated competence** | **Patient management  competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| Trainee ACCP’s Surname |  | |
| T-ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Observation |  |
| Code Number |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of supervising clinician |  | |

**Clinical Setting:**

ICU  HDU  ED  Ward  Transfer  Other

**Assessment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature | | |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature | | |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. | | | | | |
| **Examples of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | | | |
| **Please grade the following areas:**  (Descriptors included with each domain) | | | | | **Satisfactory** | **Unsatisfactory** | |
| **1. History taking and information gathering** | | | | | Tick | Tick | |
| Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making? | | | | |
| **2. Assessment and differential diagnosis** | | | | | Tick | Tick | |
| The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted. | | | | |
| **3. Immediate management and stabilisation** | | | | | Tick | Tick | |
| Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought? | | | | |
| **4. Further management and clinical judgement** | | | | | Tick | Tick | |
| Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient **managed/admitted** to the appropriate clinical area? | | | | |
| **5. Identification of potential problems and difficulties** | | | | | Tick | Tick | |
| Did the trainee identify potential problems? | | | | |
| **6. Communication with patient, staff and colleagues** | | | | | Tick | Tick | |
| How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient’s relatives, staff and other colleagues? | | | | |
| **7. Record keeping** | | | | | Tick | Tick | |
| The records should be legible, signed, dated and timed. All necessary records should be completed in full. | | | | |
| **8. Overall clinical care** | | | | | Tick | Tick | |
| The case records and the trainee’s discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard. | | | | |
| **9. Understanding of the issues surrounding the clinical focus chosen by the assessor** | | | | | Tick | Tick | |
| The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding ***appropriate to their experience*.** | | | | |

**Clinical Evaluation Exercise (CEX) – FICM ACCP**

Clinical Evaluation Exercise is designed to evaluate a trainee’s clinical practice, decision-making and the interpretation and application of evidence, by directly observing the trainee’s practice. Its primary purpose is to observe the trainee during a clinical encounter. Then, a discussion takes place between the observer and the trainee with regards to the management of a critically ill patient and feedback is given. It is intended to assess the overall clinical conduct of the trainee in the nine domains (described above) when managing a single case.

The evaluation should be according to the trainee’s level of training. A satisfactory assessment will indicate that the trainee’s performance is what is expected from a trainee at their level of training. Please refer to the ICM curriculum.

The trainee should ask the assessor to observe the clinical encounter with the patient. The assessor should observe the trainee’s performance only interfering if it is necessary (e.g. patient safety is compromised, help to manage the patient is required...etc).

It is best to mark sheet and write notes while the trainee is being observed. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event.

Discussion and feedback should be given as soon as possible after the observation in a quiet and private place. Feedback and discussion are mandatory.

**Curriculum Competency Level Descriptors**

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative ease of reference when completing the ACCP ‘Competencies Assessed’ section (over).

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task orientated competence** | **Knowledge orientated competence** | **Patient management  competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| ACCP’s Surname |  | |
| ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Observation |  |
| Code Number |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of supervising clinician |  | |

**Clinical Setting:**

ICU  HDU  ED  Ward  Transfer  Other

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. | | | |
| **Examples of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | |

|  |  |  |
| --- | --- | --- |
| **Please grade the following areas:**  (Descriptors included with each domain) | **Satisfactory** | **Unsatisfactory** |
| **1. History taking and information gathering** | Tick | Tick |
| Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making? |
| **2. Assessment and differential diagnosis** | Tick | Tick |
| The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted. |
| **3. Immediate management and stabilisation** | Tick | Tick |
| Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought? |
| **4. Further management and clinical judgement** | Tick | Tick |
| Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient **managed/admitted** to the appropriate clinical area? |
| **5. Identification of potential problems and difficulties** | Tick | Tick |
| Did the trainee identify potential problems? |
| **6. Communication with patient, staff and colleagues** | Tick | Tick |
| How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient’s relatives, staff and other colleagues? |
| **7. Record keeping** | Tick | Tick |
| The records should be legible, signed, dated and timed. All necessary records should be completed in full. |
| **8. Overall clinical care** | Tick | Tick |
| The case records and the trainee’s discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard. |
| **9. Understanding of the issues surrounding the clinical focus chosen by the assessor** | Tick | Tick |
| The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding ***appropriate to their experience*.** |

**Clinical Evaluation Exercise (CEX) – FICM ACCP**

Clinical Evaluation Exercise is designed to evaluate a trainee’s clinical practice, decision-making and the interpretation and application of evidence, by directly observing the trainee’s practice. Its primary purpose is to observe the trainee during a clinical encounter. Then, a discussion takes place between the observer and the trainee with regards to the management of a critically ill patient and feedback is given. It is intended to assess the overall clinical conduct of the trainee in the nine domains (described above) when managing a single case.

The evaluation should be according to the trainee’s level of training. A satisfactory assessment will indicate that the trainee’s performance is what is expected from a trainee at their level of training. Please refer to the ICM curriculum.

The trainee should ask the assessor to observe the clinical encounter with the patient. The assessor should observe the trainee’s performance only interfering if it is necessary (e.g. patient safety is compromised, help to manage the patient is required...etc).

It is best to mark sheet and write notes while the trainee is being observed. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event.

Discussion and feedback should be given as soon as possible after the observation in a quiet and private place. Feedback and discussion are mandatory.

**Curriculum Competency Level Descriptors**

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative ease of reference when completing the ACCP ‘Competencies Assessed’ section (over).

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task orientated competence** | **Knowledge orientated competence** | **Patient management  competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| Trainee ACCP’s Surname |  | |
| T-ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Procedure |  |
| Code Number |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **GMC /NMC NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of observing clinician |  | |

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. | | | |
| **Example of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | |

If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance** | **YES** | **NO** | **Comments** |
| Understands **indications** and **contraindications** for the procedure | Tick | Tick | Comments |
| **Explained** procedure to patient | Tick | Tick | Comments |
| Understands relevant **anatomy** | Tick | Tick | Comments |
| Satisfactory **preparation** for procedure | Tick | Tick | Comments |
| **Communicated** appropriately with patient and staff | Tick | Tick | Comments |
| Full **aseptic** technique | Tick | Tick | Comments |
| Satisfactory **technical** performance of procedure | Tick | Tick | Comments |
| **Adapted** to unexpected problems during procedure | Tick | Tick | Comments |
| Demonstrated adequate **skill** and **practical fluency** | Tick | Tick | Comments |
| Maintained **Safe** practice | Tick | Tick | Comments |
| **Completed** procedure | Tick | Tick | Comments |
| Satisfactory **documentation** of procedure | Tick | Tick | Comments |
| Issued clear **post-procedure instructions** to patient and staff | Tick | Tick | Comments |
| Maintained **professional** demeanour throughout | Tick | Tick | Comments |

**Curriculum Competency Level Descriptors**

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative purposes for ease of reference when completing the ACCP ‘Competencies Assessed’ section (over).

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task orientated competence** | **Knowledge orientated competence** | **Patient management  competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| ACCP’s Surname |  | |
| ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Procedure |  |
| Code Number |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **GMC /NMC NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of observing clinician |  | |

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. | | | |
| **Example of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance** | **YES** | **NO** | **Comments** |
| Understands **indications** and **contraindications** for the procedure | Tick | Tick | Comments |
| **Explained** procedure to patient | Tick | Tick | Comments |
| Understands relevant **anatomy** | Tick | Tick | Comments |
| Satisfactory **preparation** for procedure | Tick | Tick | Comments |
| **Communicated** appropriately with patient and staff | Tick | Tick | Comments |
| Full **aseptic** technique | Tick | Tick | Comments |
| Satisfactory **technical** performance of procedure | Tick | Tick | Comments |
| **Adapted** to unexpected problems during procedure | Tick | Tick | Comments |
| Demonstrated adequate **skill** and **practical fluency** | Tick | Tick | Comments |
| Maintained **Safe** practice | Tick | Tick | Comments |
| **Completed** procedure | Tick | Tick | Comments |
| Satisfactory **documentation** of procedure | Tick | Tick | Comments |
| Issued clear **post-procedure instructions** to patient and staff | Tick | Tick | Comments |
| Maintained **professional** demeanour throughout | Tick | Tick | Comments |

If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory:

**Curriculum Competency Level Descriptors**

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative purposes for ease of reference when completing the ACCP ‘Competencies Assessed’ section (over).

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task orientated competence** | **Knowledge orientated competence** | **Patient management  competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

**Acute Care Assessment Form (ACAT)**

Date of Assessment (DD/MM/YY) Trainee’s Surname

Trainee’s Forename

Trainee’s Year

Trainee’s GMC Number

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Assessor’s Name Assessor’s Email

Assessor’s Position:

**Consultant**

**SAS**

**SpR**

**SHO**

**GP Nurse**

**Other**

List of cases seen (please include the curriculum competence level being assessed where applicable):

How has the trainee’s acute work been assessed?

|  |  |
| --- | --- |
| **Post Take Ward Round** |  |
| **During Acute Unselected Take- Day** |  |
| **During Acute Unselected Take- Night** |  |
| **Specialty Take** |  |
| **Critical Care** |  |
| **Regular Ward Round** |  |
| **Other (please specify)** |  |
|  |

**Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage/year of training and level of experience. Please mark ‘Unable to Comment’ if you feel you have not observed the behaviour.**

|  |
| --- |
| ***Well below Below Borderline for Meets Above Well above Unable to expectation for expectation for stage of expectation for expectation for expectation for Comment stage of stage of training stage of stage of stage of***  ***training training training training training***  **Clinical Assessment:** |
| **Medical Record Keeping:** |
| **Investigations and Referrals:** |
| **Management of Critically Ill Patient:** |
| **Time Management:** |
| **Management of Take/Team Working:** |
| **Clinical Leadership:** |
| **Handover:** |
| **Overall Clinical Judgement:** |

Based on this observation please rate the level of overall competence the trainee has shown:

|  |  |  |
| --- | --- | --- |
| **Overall Clinical Judgement** | | |
| **Rating** | **Description** | |
| Below Level expected during Foundation Programme | Trainee required frequent supervision to assist in almost all clinical management plans and/or time management |  |
| Performed at the level expected at completion of Foundation Programme / early Core Training | Trainee required supervision to assist in some clinical management plans and/or time management |  |
| Performed at the level expected on completion of Core Training/ early Higher Training | Supervision and assistance needed for complex cases, competent to run the acute care period with senior support |  |
| Performed at level expected during Higher Training | Very little supervising consultant input needed, competent to run the acute care period with occasional senior support |  |
| Performed at level expected for completion of Higher Training | Able to practise independently and provide senior supervision for the acute care period |  |

Which aspects of the encounter were done well?

Any suggested areas for improvement?

Agreed Action:

Trainee’s Comments:

Trainee’s Signature:……………………………………………………………

Assessor’s Signature:………………………………………………………….