

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	<input type="checkbox"/>
During Acute Unselected Take- Day	<input type="checkbox"/>
During Acute Unselected Take- Night	<input type="checkbox"/>
Specialty Take	<input type="checkbox"/>
Critical Care	<input type="checkbox"/>
Regular Ward Round	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

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.

<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to Comment</i>
Clinical Assessment:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Record Keeping:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigations 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 Critically Ill Patient:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of Take/Team Working:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Leadership:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handover:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Judgement:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
Performed at level expected during Higher Training	Very little supervising consultant input needed, competent to run the acute care period with occasional senior support	<input type="checkbox"/>
Performed at level expected for completion of Higher Training	Able to practise independently and provide senior supervision for the acute care period	<input type="checkbox"/>

Which aspects of the encounter were done well?

Any suggested areas for improvement?

Agreed Action:

Trainee's Comments:

Trainee's Signature:.....

Assessor's Signature:.....