

THE CCST IN INTENSIVE CARE MEDICINE

Competency-Based Training and Assessment

PART IV

ASSESSMENT OF COMPETENCE AT SPECIALIST REGISTRAR INTERMEDIATE LEVEL

CONTENTS

1. INTRODUCTION
2. GENERAL PRINCIPLES OF ASSESSMENT OF COMPETENCE
3. NOTES ON THE CORE CURRICULUM
4. ASSESSMENT OF COMPETENCE

Terminology and scope of these documents:

The term 'intensive care' in this document is synonymous with 'critical care' or 'intensive therapy'. 'Intensive care unit (ICU)' is synonymous with critical care unit or 'intensive therapy unit (ITU)'. High dependency, step-down care, and outreach care are also considered in these documents.

Revisions and comments:

This version of the training programme is valid for 2001. It will be reviewed annually. Comments on the training programme are welcome, and should be directed to the chair of the ICBTICM.

1: INTRODUCTION

This document contains the forms that must be completed for assessment of competence of trainees in intensive care medicine, at specialist registrar (SpR) intermediate level. It replaces all previous training documents published by the Intercollegiate Board for Training in Intensive care Medicine (ICBTICM). Its content applies to all trainees at SpR level taking up a post on or after 1st February 2001. It will be revised annually, and any changes that are required will come into force six months following their publication. The ICBTICM wishes to receive comments on the Training Programme from both trainers and trainees. These should be addressed to the Chairman of the Board.

Intermediate level (SpR) training requirements

Training in ICM to intermediate level includes satisfactory completion of basic (SHO) level training in ICM and the complementary specialities, followed by six months of training in ICM at SpR level. These six months may be taken a one block of six months, or as two blocks each of three months continuous training. On call should be dedicated to intensive care and related experience in caring for critically ill patients. Satisfactory completion of the training period and the competency assessments allows the trainee to progress to advanced level training. Trainees who wish to have their training recognised for a CCST in ICM must have undergone competitive appointment to a SpR training post in ICM, and must have registered with the ICBTICM.

2. GENERAL PRINCIPLES OF WORKPLACE ASSESSMENTS

Competency-based training provides the means for assessing trainees in a standardised manner in their place of work and while delivering care to patients. This common framework for assessment allows the ICBTICM and the Royal Colleges to enhance the high quality of training already provided, within the framework of existing methods for teaching and assessment. It also makes explicit the minimum standards which must be achieved for the purposes of equivalence of training, and for recognising training obtained in other countries.

Trainers must be as honest and objective as possible when assessing trainees: otherwise not only does the process become fundamentally flawed, but patients may be put at risk. The first point of contact for all trainees in ICM is their Local Educational Supervisor (LES), who is the equivalent of a base speciality College Tutor. The LES will need to maintain good communication with the trainee's base speciality College Tutor, as well as with the Regional Advisor in ICM, who in turn will communicate both with the corresponding base speciality RA and with the ICBTICM. Assessments should be performed by the LES or other designated consultants who meet the criteria to be trainers.

All trainees when they start a training module in ICM should complete an educational contract or equivalent method for assessing training needs, should undergo regular in-service training assessments (RITA) to document their progress, and should maintain a portfolio of educational activities within their educational training record. LESs will be expected to communicate closely with the relevant college tutor for the trainee's base speciality. There should be an initial assessment at the start of training (within the first few days) at which an outline educational contract is established between trainer and trainee. This should be reviewed regularly. Progress should be assessed at least every three months, and should be based on the educational contract and the Assessments of Competence.

Workplace assessments should be conducted in a manner which best allows trainees to demonstrate their competence in knowledge, skills and attitudes. This will involve a combination of continuous assessment, informal assessment during routine clinical work, and more formal assessment of certain aspects of practice. For example, if a trainer has observed during routine practice that a trainee communicates effectively with patients and relatives, or can perform a given practical procedure safely, he or she could be identified as competent in those aspects without requiring formal further examination. Indeed, the purpose of workplace assessments of competence is that they depend for their validity on using real-life situations, and avoid the artificiality of formal examination. Detailed guidance is given in the preamble to each assessment form.

General principles which must be observed, and which are common to all assessments are as follows:

- Trainers must be able to justify the basis on which they identify trainees as either competent or not competent in a given skill or attitude. This will usually be on the basis of direct observation, or observations made by other trainers.
- Each group of competency assessments must be signed by two trainers. This does not mean that both need to have been present at the same time to witness each item, but it does mean that two trainers must have agreed the final outcome.
- Trainees must be informed if there is any doubt about their competence. It would not be acceptable to give an adverse assessment at the end of training without prior discussion and remedial teaching.
- Competency-based training replaces time-based training, in that some trainees may require longer than others to achieve a given level of competence. Thus, a trainee who has for whatever reason been unable to acquire satisfactory competence in a given practical procedure during a particular training module, could acquire that competence subsequently, and then would have completed the assessment satisfactorily.

3. NOTES ON THE CORE CURRICULUM FOR ICM

The core curriculum for training in adult ICM is presented in Part II of the competency training documents as part of the Educational Training Record. The content of each domain is presented as *Knowledge, Skills, Attitudes and behaviour*, and *Workplace training objectives*, in addition to basic sciences. This format inevitably results in repetition and some redundancy, with the same topic appearing in more than one domain or area. Similarly there is inevitably some crossover between the knowledge and skills lists. The *Workplace training objectives* are intended to assist the trainees' self-directed learning and to indicate key aspects of clinical practice that they could be expected to demonstrate in order to satisfy their workplace assessments. The curriculum refers only to adult practice except for those items listed in the paediatric section.

The domains are presented as tables that allow trainees to track the progression of their learning from basic, through intermediate, to advanced level by entering a mark in the appropriate box. It is not intended that these lists and tables be used for the assessment of competence, but simply to facilitate self-directed learning, and to help trainers identify any deficiencies in clinical experience. No trainee can be expected to have a comprehensive knowledge of every single aspect of the curriculum, and it is not expected that every box at each level will be filled in. Trainees can use the 'definitions of level of competence' which precedes the competency domains as a guide.

4.0 ASSESSMENT OF COMPETENCY IN ICM AT INTERMEDIATE SPECIALIST REGISTRAR LEVEL

This section contains the forms which must be completed by trainers and trainee to confirm that the trainee has satisfactorily met the minimum standards required for achieving competence in ICM at SpR intermediate level, and has completed the prior elements of the entire training programme satisfactorily.

Assessments should be performed by the LES or relevant College Tutor, or other designated consultants who meet the criteria to be trainers¹. The precise way in which the assessments are conducted will depend on circumstances and local practice. It will often be possible for assessments to take place during routine clinical work, and for different elements to have been assessed by different assessors at different times. However, the assessments must include all the items listed in the following forms, and each competency grouping must have been assessed by two consultants, who confirm that the trainee has achieved those competencies. The assessments must be signed by both assessors and by the trainee. When individual topics within each grouping are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box.

Copies of the outcome of these assessments must be held by the trainee, the LES-ICM, and the base speciality College Tutor. They will need to be produced at the time that the trainee undergoes the formal intensive care RITA, together with the educational training record and other relevant documentation (e.g.: educational contracts, personal portfolio).

The trainee will be assessed in the following areas:

- a) Practical procedures, comfort care and organ system support
- b) Patient management: assessment, investigation, monitoring and diagnosis
- c) Outreach and Transport care
- d) CPR skills (if not a current holder of an ALS provider certificate)
- e) Communication Skills, Attitudes and Behaviour

¹ A trainer is defined in *The CCST in Intensive Care Medicine Part I: A reference manual for trainees and trainers*

Notes and guidance on Assessments 4.a), 4.b), and 4.c)

Clinical Skills and Knowledge:

In these assessments, the trainee will be expected to support the demonstration of clinical skills with knowledge of the relevant areas as described in the core curriculum. This will include establishing a safe environment for critically ill patients inside and outside the ICU, and one in which patient suffering is minimised by an humanitarian approach to patient care and the judicious use of drugs to relieve distress. The trainee should be able to develop clinical management plans for several hours of intensive care, and to modify those plans according to changes in the patient's condition. The trainee should be able to support junior or less experienced colleagues, and to prioritise work based on competing clinical needs.

Setting:

Patients: Patients receiving or requiring intensive and high dependency care

Location: Intensive or high dependency care unit, and other clinical areas caring for acutely ill patients

Situations: Supervised delivery of patient care

Guidance:

The trainee should be observed caring for a patient in the ICU. Each assessment can be conducted in its totality on one occasion, or separate items can be assessed at different times. However, the assessment should represent a summary view of the trainee's abilities over a period of time, and as for the other assessments, should represent the assessments of more than one trainer.

The assessor(s) should let the trainee proceed as far as possible without interference, while noting strengths and weaknesses of technique. This should be combined with a question and answer session covering the underlying comprehension of the trainee. Communication with patient and staff, and personal responsibility for standards of care are all important elements.

4.a) Practical procedures, comfort care and organ system support

This assessment will be conducted in the ICU or related clinical environments. If individual items are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box

Name of trainee: _____

The Trainee:

| | Yes | No | Assessor |
|---|--------------------------|--------------------------|----------------------|
| Is caring to the patient, considerate to clinical colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Plans procedures, and prepares working environment appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Performs pulmonary artery catheterisation (PAFC) safely & aseptically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Interprets results from thermodilution PAFC or oesophageal Doppler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Discusses use of vasoactive drugs and fluids to optimal endpoints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Performs or describes aseptic insertion of tunnelled iv. feeding catheter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Describes technique for cricothyroidotomy (needle or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Performs insertion of chest drain safely & aseptically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Performs tracheal intubation of a patient in the intensive care unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Establishes a critically ill patient on mechanical ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Prescribes hypnotics, analgesics and neuromuscular blockers safely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Manages fluid balance in patients receiving renal replacement therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Describes suitable antimicrobial regimens for pneumonia, septic shock | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> | |
| IF NO, GIVE REASONS: | | | |

Signed

Print name.....

Date

Signed:

Print name

Date.....

Signed by trainee:

4.b): Patient management: assessment, investigation, monitoring and diagnosis

This assessment will be conducted in the ICU or related clinical environments. If individual items are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box

Name of trainee: _____

The Trainee:

| | Yes | No | Assessor |
|--|--------------------------|--------------------------|----------------------|
| Ensures physiological safety as a priority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Is able to obtain relevant clinical information from available sources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Conducts an effective clinical examination with consideration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Proposes appropriate clinical investigations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Discusses and evaluates differential diagnoses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Proposes appropriate initial treatment plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Evaluates patients' responses and modifies treatment plans accordingly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Identifies major abnormalities on portable chest X-rays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Interprets results of arterial blood gas analyses correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Discusses techniques for cross infection prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Discusses conditions in which senior/more experienced help is required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> | |
| IF NO, GIVE REASONS: | | | |

Signed

Print name.....

Date

Signed:

Print name

Date.....

Signed by trainee:

4.c): Outreach and Transport care

This assessment will be conducted in the ICU and in other acute care environments such as the ordinary ward. If individual items are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box

Name of trainee: _____

The Trainee:

| | Yes | No | Assessor |
|--|--------------------------|--------------------------|----------------------|
| Responds promptly and courteously for requests for help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Makes an accurate initial assessment of patient complexity, dependence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Informs senior colleagues of referral, actions proposed and taken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Supports clinical staff outside the ICU in delivering effective care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Manages and identifies common causes of hypotension & hypoxaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Describes methods of managing postoperative pain safely in the ward | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Describes immediate management of status epilepticus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Discusses factors which determine need for ICU/HDU admission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Defines the risks and benefits of patient transfer (intra or inter-hospital) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Stabilises the patient appropriately before transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Anticipates and prevents complications during transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Communicates effectively with receiving department or hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Maintains a safe environment at all times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> | |
| IF NO, GIVE REASONS: | | | |

Signed

Print name.....

Date

Signed:

Print name

Date.....

Signed by trainee:

4.d) Cardiopulmonary resuscitation (CPR).

Clinical skills

1. Able to recognise cardiac and respiratory arrest
2. Able to perform cardiac compression.
3. Able to manage the airway during cardiopulmonary resuscitation (CPR): using expired air breathing, bag and mask, laryngeal mask and endotracheal intubation.
4. Able to perform CPR either single-handed or as a member of a team.
5. Able to use the defibrillator.
6. Able to interpret arrhythmias causing and associated with cardiac arrest
7. To perform resuscitation sequences for ventricular tachycardia, VF, asystole, EMD.
8. Able to move a patient into the recovery position

Knowledge:

1. Resuscitation guidelines of Resuscitation Council (UK)
2. The factors relating to brain injury at cardiac arrest.
3. Factors influencing the effectiveness of cardiac compression.
4. Drugs used during CPR (adrenaline (epinephrine), atropine, lignocaine, calcium, magnesium, sodium bicarbonate).
5. The ethics of CPR: who might benefit.
6. Record keeping at CPR.

Setting:

Simulated scenario of collapse requiring cardiopulmonary resuscitation during a practical teaching session

Role: Initiate and maintain CPR when necessary. Undertake the role of team leader if no more senior doctor is present, continuing CPR as appropriate, administering necessary drugs and defibrillating if needed. If a more experienced resuscitator is available will adopt an appropriate role in the resuscitation team.

Locations: Wherever necessary.

Assessments:

- Manikin based practical assessment of CPR skills
- Arrhythmia recognition session using monitor and simulator
- Oral assessment of knowledge of resuscitation.

If a trainee has a valid ALS provider certificate, the assessment of CPR competency can be assumed and signed with a comment made to that effect under the signature(s) overleaf.

4.d) Assessment of Cardiopulmonary resuscitation

This assessment may be undertaken at any time and may be combined with a practical teaching session.

Name of trainee.....

The Trainee:

| | Yes | No |
|---|--------------------------|--------------------------|
| Ensures personal safety and that of the staff | <input type="checkbox"/> | <input type="checkbox"/> |
| Calls for help | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the diagnostic method | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates mask to mouth rescue breathing. | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates ventilation with mask and bag | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates satisfactory insertion of and ventilation with ET tube | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates satisfactory cardiac compression. | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactorily interprets common arrhythmias on ECG monitor. | <input type="checkbox"/> | <input type="checkbox"/> |
| Explains the indications for defibrillation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates correct use of defibrillator | <input type="checkbox"/> | <input type="checkbox"/> |
| Explains the use of appropriate drugs during resuscitation | <input type="checkbox"/> | <input type="checkbox"/> |
| Can undertake the lead role in directing CPR. | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates moving a patient into the recovery position | <input type="checkbox"/> | <input type="checkbox"/> |
| This assessment was completed satisfactorily IF NO, GIVE REASONS | <input type="checkbox"/> | <input type="checkbox"/> |

Signed..... Print name..... Date

Signed Print name Date.....

If a trainee has a valid ALS provider certificate, the assessment of CPR competency can be assumed and signed with a comment made to that effect under the signature(s) overleaf.

4.e) ASSESSMENT OF COMMUNICATION SKILLS, ATTITUDES AND BEHAVIOUR

This assessment will be conducted using the examples below, which are provided for guidance only, and not as prescriptive or exclusive standards. Suboptimal performance must be recognised and discussed with the trainee as early as possible and appropriate remedial action taken. Trainees must not be presented with an adverse assessment at the end of their ICM module without extensive prior warning and attempts to resolve the problem(s) in a supportive and confidential manner.

| Attitude or behaviour | Example of minor problem | Example of serious problem |
|--|---|---|
| Communication Skills (with patients and relatives) | Occasional communication difficulties with patients or relatives have been noticed | Repeated communication difficulties with patients and relatives have been noticed. Others have commented on them. |
| Communication skills (with staff) | Occasional communication difficulties have been noticed; unsatisfactory transmission of clinical information, e.g.: handovers, ward-round | Repeated communication difficulties with staff have been noticed. Others have commented on them. Fails to pass on important clinical information |
| Communication skills (sensitivity to needs of others) | On occasions fails to listen to patients or relatives or to respect their wishes. Lacks sensitivity in handling patients occasionally | Appears oblivious to what patients and relatives say, or insensitive to their likely feelings. Fails to understand or respect different cultural and ethical perspectives |
| Reliability and time-keeping | Isolated episodes of lateness, sometimes fails to warn of problems, tends to need reminding to get things done. | Repeated episodes of lateness, often fails to warn of problems, usually needs reminding to get things done |
| Control of moods and emotions | Occasionally shows irritability or bad temper with no apparent cause. Although other staff are aware of it, work continues normally. | Is well known for being moody, irritable and bad-tempered. Other staff modify their behaviour to accommodate them. The pattern of work is adversely affected |
| Personal presentation | When seeing patients, occasionally dresses in an unprofessional way. | Frequently dresses in an unprofessional way when seeing patients who may find this distasteful or upsetting. Other aspects of personal hygiene sometimes cause offence |
| Social behaviour | Social life occasionally impinges on professional life causing lateness, tiredness at work, and difficulty with studies. | Social life repeatedly affects professional performance, is likely to be causing problems with self-directed learning and affects patient care. |
| Conscientiousness in safe practice | Usually satisfactory but has occasional lapses (e.g. doesn't sign for drugs ordered, forgets to tidy up own sharps). | More frequent or serious errors, such as failing to check donor blood against transfusion form, errors in prescription, relaxed approach to errors. Doesn't record critical incidents |
| Initiative | Rather passive. Tends to need pushing when things have to be done. Slower than he/she should be to take responsibility. | Actively avoids taking up challenges and very slow in adopting responsibility as and when problems arise |
| Over or under assertiveness | (I) May undertake inappropriate procedures because of pressure from others. (II) On occasions insists on a course of action in the face of reasonable advice to the detriment of patients and/or colleagues | (I) Fails to be assertive even when necessary for the patient's well-being. Unable to control any situation. (II) Frequently causes problems and offends patients and/or colleagues by insisting on a course of action in the face of reasoned argument. |
| Over-confidence | Occasionally takes on cases that are beyond level of competence. Occasional clinical crises occur because of lack of proper planning and assessment. | Frequently exhibits lack of care in planning and execution of tasks. Works without concern beyond his/her level of training, knowledge or experience. |
| Under-confidence | Reluctant to extend clinical experience. Anxious when working alone on clinical cases that should be within his/her competence. | Frequently demonstrates and transmits anxiety to the theatre environment. Is sufficiently stressed by work that symptoms of stress become an issue and affect performance. |
| Departmental involvement | Participation below the usual expected. Tends not to attend meetings unless he/she has to. Reluctant to take part in social activities related to the department. | Rarely participates in any departmental activity. Rather isolated socially from other members of the department. |
| Team working | Doesn't always consider the needs of others. Tends to press ahead with his/her own plan and expects others to adapt around it. | Careless of the needs of others. Often arrogant and thoughtless. Sufficient lack of insight that his/her behaviour frequently causes problems. |
| Personal organisation | Can be unprepared for the task in hand: sometimes forgets to bring essential items to meetings etc. Can be slow to implement agreed policy changes. | Frequently poorly prepared and disorganised. Unreliable to the extent that other staff are affected. Appears unaware of the impact their behaviour has on the working environment. |
| Honesty and trustworthiness | Has been found to manipulate the truth to prevent criticism; blames others for own errors and shortcomings | Deliberately misleads staff, patients or trainers by mis-information e.g. fills in logbook with non-existent cases; does not report serious adverse event; alters records after a problem has occurred. Fails to answer patient's / relative's queries honestly |
| Enthusiasm | Usual response to new opportunities is rather flat. Gives the appearance that work is an onerous duty rather than something to give satisfaction | Negative response to new opportunities. Always places personal convenience before that of patients or colleagues. Never volunteers and is unco-operative in solving departmental problems |
| Record keeping | Occasionally fails to keep a good record or is rather economical with basic information. Needs reminding to retrieve and document laboratory investigations. | Case notes review demonstrates frequent poor record keeping; key items of information missing, or incorrectly documented. Training record poorly maintained, possibility of falsification of entries |

4.e) ASSESSMENT OF COMMUNICATION SKILLS, ATTITUDES AND BEHAVIOUR

Please put a tick in the appropriate box. Any 'cause for concern' must be qualified with information. This form should be completed annually or whenever a trainee leaves a hospital or module. If difficulties arise, it can be used more frequently.

| Attitude or behaviour | Satisfactory | Cause for concern | Please give examples of cause for concern, noting date. Expand on a separate sheet if necessary | Initials of assessors (with dates) |
|---|---------------------|--------------------------|--|---|
| Communication Skills (with patients & relatives) | | | | |
| Communication Skills (with staff) | | | | |
| Communication Skills (sensitivity to another's needs) | | | | |
| Reliability and time-keeping | | | | |
| Control of moods and emotions | | | | |
| Personal presentation | | | | |
| Social behaviour | | | | |
| Conscientiousness in checking | | | | |
| Initiative | | | | |
| Over or under assertiveness | | | | |
| Over-confidence | | | | |
| Under-confidence | | | | |
| Departmental involvement | | | | |
| Team working | | | | |

| | | | | |
|---|--|--|--|--|
| Personal organisation | | | | |
| Honesty and trustworthiness | | | | |
| Enthusiasm | | | | |
| Record keeping (training record, case notes) | | | | |

I confirm that any 'causes for concern' have been discussed with the trainee. The outcome of these discussions was as follows:

.....

Signed..... Name (print)..... Date.....