

Evidence

COT

Doctor's surname: *

Doctor's forename: *

Doctor's GMC number: *

Assessor's name: *

Assessor's registration number (GMC, NMC etc):

Assessor's position:

Clinical setting:

Title of procedure: *

Please fill in name of organisation: *

Please tick referring to the descriptors in the detailed guide to the performance criteria for the COT

Group	Area	Performance Criteria	Scorings			
A. Discover the reasons for the patient's attendance	1. Encourages the patient's contribution	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
A. Discover the reasons for the patient's attendance	2. Responds to cues	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
A. Discover the reasons for the patient's attendance	3. Places complaint in appropriate psychosocial contexts	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
A. Discover the reasons for the patient's attendance	4. Explores patient's health understanding	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
B. Defines the clinical problem	5. Includes or excludes likely relevant significant condition	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
B. Defines the clinical problem	6. Appropriate physical or mental state examination	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
B. Defines the clinical problem	7. Makes an appropriate working diagnosis	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
C. Explains the problem to the patient	8. Explains the problem in appropriate language	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
D. Address the patient's problem	9. Seeks to confirm patient's understanding	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
D. Address the patient's problem	10. Appropriate management plan	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
D. Address the patient's problem	11. Patient is given the opportunity to be involved in significant management decisions	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent
E. Makes effective use of the consultation	12. Makes effective use of resources	Display	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Needs further development	<input type="radio"/> Competent	<input type="radio"/> Excellent

E. Makes effective use of the consultation

13. Conditions and interval for follow up are specified

[Display](#)

Insufficient evidence

Needs further development

Competent

Excellent

Overall Assessment

Insufficient evidence

Needs further development

Competent

Excellent

Feedback and recommendations for further development: *

Agreed action: *

Time taken for observation (in minutes):

Time taken for feedback (in minutes):