**Audio-COT**

Date: Clinical setting: …(Drop down)……….

Doctor's Name: Doctor's GMC number:

Assessor's name: Assessor's GMC number:

Assessor's position: Assessor’s email: ………………………..

Type of call: Telephone triage / Telephone consultation / Out of hours

Assessor declaration: I can confirm I have received appropriate training to complete this assessment form and that I am a consultant or a hospital doctor ST4 or above (or SAS equivalent) Yes ▢

\*\* On the ePortfolio link to Audio-COT completion documents on WPBA website\*\* (including the capability linkage document)

Title: ………………………..

Brief description of case: (max 150 words)

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Level of Complexity Low ▢ Medium ▢ High ▢

Clinical experience Groups (s) covered by event: Please select (max 2)

**Clinical experience groups**

1. Infants, children and young people (under the age of 19 years).

2. Gender, reproductive and sexual health (including women’s, men’s, LGBTQ, gynaecology and breast).

3. People with long-term conditions including cancer, multi-morbidity and disability.

4. Older adults including frailty and/or people at end of life.

5. Mental health (including addiction, alcohol and substance misuse).

6. Urgent and unscheduled care.

7. People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability).

8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems).

9. Clinical problems not linked to a specific clinical experience group.

**Grading**

Using the guide to the performance criteria for the Audio-COT please grade the trainee by ticking the appropriate competence level in the boxes below:

**The trainee should be graded in relation to the standard expected at certificate of completion of training (CCT).**

**Please note the difference between: ‘Not applicable to this case’** which means that the trainee did not cover the identified area as it was not within the context of the case and **Needing further development below expectations/meets expectations** which means that **either** the trainee did not cover the identified area to a competent level **or**it was not demonstrated at all, and should have been.

Please provide **specific, constructive feedback** verbally and documented on this formto the trainee that you feel will enhance their performance. This will be used as evidence of trainee progression

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| --- | --- | --- | --- | --- | --- | --- |
| Context | Area | Rating | | | | |
| Not Applicable to this case | Needs Further Development Below Expectations | Needs Further Development Meets Expectations | Competent | Excellent |
| Consultation introduction | Introduces self and establishes identity of caller(s), ensuring confidentiality and consent |  |  |  |  |  |
| Establishes rapport |  |  |  |  |  |
| Information gathering | Identifies reason(s) for telephone call and excludes need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills |  |  |  |  |  |
| Encourages the patient’s contribution using appropriate open and closed questions, demonstrating active listening and responding to auditory cues |  |  |  |  |  |
| Places complaint in appropriate psycho-social contexts |  |  |  |  |  |
| Explores patient's health understanding/beliefs including identifying and addressing patient’s ideas, concerns and expectations |  |  |  |  |  |
| Defines the clinical problem | Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition) |  |  |  |  |  |
| Makes an appropriate working diagnosis |  |  |  |  |  |
| Management plan construction | Creates an appropriate, effective and mutually acceptable treatment (including medication guidance) and management outcome |  |  |  |  |  |
| Closure of consultation | Seeks to confirm patient's understanding |  |  |  |  |  |
| Provides appropriate safety-netting and follow-up instructions |  |  |  |  |  |
| Effective use of the consultation | Manages and communicates risk and uncertainty appropriately |  |  |  |  |  |
| Appropriate consultation time to clinical context (effective use of time, taking into account the needs of other patients), with effective use of available resources |  |  |  |  |  |
| Accurate, relevant and concise record- keeping to ensure safe continuing care of patient |  |  |  |  |  |

**Assessment of Performance**

**Based on this observation, please rate the overall competence at which the trainee has shown that they are performing:**

Below the level expected prior to starting on a GP Training programme ▢

Below the level expected of a GP trainee working in the current clinical post ▢

At the level expected of a GP trainee working in the current clinical post ▢

Above the level expected of a GP trainee working in the current clinical post ▢

Observation and feedback on performance (please include any concerns regarding an unsafe consultation):

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Agreed actions for further development:

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