



# Assessment of Clinical Expertise Level

Name: \_\_\_\_\_

GMC Number: \_\_\_\_\_

## Assessment details

Date of assessment:

Focus of assessment (tick all that apply)

- Assessment of a psychiatric emergency (acute psychosis)
- Assessment of change in functioning
- Assessment of a common psychiatric condition
- Assessment of a complex psychiatric condition
- Assessment of response to treatment
- Assessment of a severe and enduring mental illness
- Assessment of a psychiatric emergency (suicidal feelings and acts)
- Management of a psychiatric emergency (acute psychosis)
- Management of a common psychiatric condition
- Management of a severe and enduring mental illness
- Management of a psychiatric emergency (suicidal feelings and acts)
- Obtaining informed consent
- If the focus of the assessment is not listed above then please describe it here

Clinical setting       CMHT       Crisis/ Emergency       General Hospital       In-patient  
 OPD       Other (Please specify)

Previous contact       0       1 – 4       5 – 9       >9

Complexity       High       Average       Low

Diag 1: F

Diag 2: F



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## Assessment gradings

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Please use the following rating scale:

- 1 - 3 Below expected standard
- 4 Meets expected standard
- 5 - 6 Above expected standard
- U/C Unable to comment

|                          | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | U/C                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| History taking           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental state examination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication skills     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical judgement       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professionalism          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisation/ Efficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall clinical care    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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## Assessment comments

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Anything especially good

Suggestions for development