



## Acute Care Assessment Tool (ACAT) Guidance for Assessors

The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the Acute Medical Take. Any consultant who has been responsible for the overall supervision of the Acute Medical Take can be the assessor for an ACAT.

The process should be trainee-led (by identifying the take periods to be assessed and appropriate assessors)

An ACAT should take no longer than 15 minutes, including feedback on all the domains of the trainee's performance

### Instructions:

1. After the take discuss the trainee's performance during the take period.
2. 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.
3. Your GMC number is needed for this study to allow us to determine the number of different assessors used – it will not be used to identify assessors by name.
4. Please give feedback to the trainee after the assessment - especially where deficiencies have been identified.
5. After fully completing a form, give it to trainee. It is their responsibility to photocopy this, keep one copy for their records if they wish and return the original to their Local Study Coordinator.

### Descriptors of competencies demonstrated during ACAT:

Clinical assessment	Quality of History and Examination to arrive at appropriate differential diagnoses
Medical record keeping	Quality of recording of patient encounters on the take, and including drug and fluid prescriptions
Investigations and referrals	Quality of a trainee's choice of investigations, and referrals over a take period
Management of critically ill patient	Quality of treatment given to critically ill patients encountered on the take (assessment, investigations, urgent treatment administered, involvement of appropriate colleagues including senior)
Time management	Prioritisation of cases and issues within the take, ensuring sickest patients seen first and the patient's most pressing issues are dealt with initially. Recognition of the quality of a colleague's initial clerking to inform how much further detail is needed. A full repeat clerking is not always needed by a more senior doctor.
Management of Take / Team working	Appropriate relationship with and involvement of other health professionals
Clinical leadership	Appropriate delegation and supervision of junior staff.
Handover	Quality of the handover of care of patients from the take to the relieving team. If patients have been transferred to a different area of care then this applies to the quality of the handover to the new team.
Overall Performance	What level was demonstrated by the trainee's performance in this take period?

For further information please contact: [joe.booth@rcplondon.ac.uk](mailto:joe.booth@rcplondon.ac.uk)