

The case Conference Assessment Tool (cCAT)

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Trainee's na	me:							Traine numb	ee's GMC er:			
Assessor's no	ame:							Asses	sor's GM er:	С		
Assessment								Asses	sor grade	:	Consultant SAS	
Year of training:	ST1 □	ST2	ST3	ST4 □	ST5	ST6 □	ST7				SpR/StR GP Other	
Brief descrip	tion of th	ie activi	ty being (assessed								
Complexity	of case co	onferenc	e	Low		Avera	ge [High			
Trainee's ref	lections o	on their	performa	nce duri	ng this a	ctivity						
Which aspec	ts of the	encount	er were o	lone wel	l? Please	note any	y areas	of excell	ent perfo	ormanc	e	
Suggested a	reas for i	mproven	nent? Ple	ase also	note any	y causes	for con	ern				

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Please rate the trainee according to whether they performed at the level expected $% \left\{ 1\right\} =\left\{ 1\right\} =$

At end of Foundation/in early CMT	At end of CMT	During early higher training	Mid-point of higher training	CCT/end of higher training	Unable to comment	Cause for concern
Setting the scene, i	ntroductions an	ıd agenda				
Comments						
Multidisciplinary te	amwork and fac	cilitation of team n	nembers			
Comments						
Evidence of listening	g skills					
Comments						
Clarity of explanat	ions to patient o	and family				
Comments				·		
Problem-solving ski	lls					
Comments				·		
Dealing with uncer	tainty, conflict o	or ethical issues				
Comments						
Ability to sum up a	greed actions (c	and production of n	ninutes if approp	riate)		
Comments						
Agreed actions						
Trainee's Signature	<u> </u>		Asses	ssor's Signature		
5 Signature	-		7,5363	s orginature		





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The cCAT is designed to allow assessment of the performance of a trainee in a case conference with a patient and his or her family and carers and the multidisciplinary team. Please rate the trainee's performance on actual behaviour and not on any other factor. The assessment is based on direct observation of the case conference by the assessor (eg clinical or educational supervisor). Senior members of the multidisciplinary team may also complete the cCAT, provided that they have been trained in its use.

Instructions

> Agree in advance which case conference will be assessed.

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- > Please score the trainee on the scale shown for the seven competency areas and record brief comments if appropriate; each area should be relevant to every assessment.
- > Discuss the trainee's performance, allowing the trainee to reflect first on how the case conference was conducted.
- > Please give feedback to the trainee after the assessment about what went well, recognising any areas of excellence and what could be improved – especially where deficiencies have been identified.
- > Agree an action plan for the trainee to improve on his or her performance.

Descriptors of competencies of	demonstrated during case conferences
Setting the scene, introductions and agenda	Appears well prepared for the meeting. Encourages participants to introduce themselves by name and title. Clearly identifies the purpose and objectives of the meeting.
Multidisciplinary teamwork and facilitation of team members	Values and acknowledges the contribution and expertise of each team member. Ensures that each team and family member has an opportunity to speak. Does not interrupt or speak over colleagues. Ensures full participation of reticent team members. Directs questions from family and carers to team members as appropriate.
Evidence of listening skills	Demonstrates appropriate communication skills. Uses active listening with colleagues, patient and family. Recognises body language signals from all participants.
Clarity of explanations to patient and family	Provides patient and family/carer with information appropriate to the level of understanding. Where appropriate, sensitively explains language used by less-experienced multidisciplinary team (MDT) colleagues.
Problem-solving skills	Identifies problems that may impede rehabilitation, discharge planning, etc. Applies creative thinking approaches to propose solutions to issues. Influences others to adopt change.
Dealing with uncertainty, conflict or ethical issues	Recognises issues that present practical, moral or ethical problems to the MDT or the patient and family/carer. Promotes open discussion of the issues. Mediates appropriate solutions that satisfy all participants. Remains within relevant clinical and ethical guidelines.
Ability to sum up agreed actions (and production of minutes if appropriate)	Accurately represents the opinions and plans of all participants of the conference. Checks understanding of outcome of all participants. (If appropriate, prepares an accurate set of minutes in a timely fashion).







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Matrix of competencies identified during training	ntified during training			
	At end of foundation Contributes to case conference	At end of core medical training May lead case conference	During higher training Leads conference with back-up	At end of training (CCT award) Leads conference expertly
Setting the scene, introductions and agenda	Introduced self correctly and contributed to meeting	Ensured that all participants are introduced and welcomed; set out agenda for meeting	Actively promoted introductions; evidence of preparation for meeting	Exemplary preparation with a clear agenda and purpose for the meeting
Multidisciplinary teamwork and facilitation of team members	Recognised roles of team members in the rehabilitation process	Encouraged all team members to participate appropriately	Encouraged and supported junior or reticent team members; directed questions appropriately; reported for absent team member	Appeared fully briefed about each team member's contribution; substituted for absent team members
Evidence of listening skills	Listened to proceedings and contributed at appropriate intervals	Actively listened to all participants	Recognised nuances in voice or body language and responded appropriately	Had full understanding of everything said and unsaid during the case conference
Clarity of explanations to patient and family	Succinctly presented medical information, avoiding the use of jargon	Clearly explained medical issues, answered questions from patients and family with awareness of limitations of knowledge	Explained most information and was able to discuss prognosis	Full command of all information, not just medical; included discussion of prognosis
Problem-solving skills	Identified medical issues and dealt with simple issues	Handled straightforward medical problems arising from the case conference	Identified most problems proactively and discussed solutions	Led on finding creative solutions to problems
Deals with uncertainty, conflict or ethical issues	Recognised practical, moral or ethical issues	Identified issues during case conference and sought resolution	Raised unspoken issues during the case conference; explored issues sensitively during meeting	Dealt with ethical and moral issues confidently; was able to handle issues regarding uncertainty of prognosis
Able to sum up agreed actions (and produce minutes if appropriate)	Summarised medical jobs at end of meeting (for minutes, as appropriate)	Accurately described medical plan at end of meeting that links with other team members' contributions	Led on summary at appropriate time during case conferences; checked and dealt with outstanding issues	Full and accurate summary (and minutes) of actions from meeting comprising contributions from all team members





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