

Assessment of Audit (AoA)

Trainee		Assessor			
Name / GMC/GDC/IMC number:		Name / GMC/GDC/IMC number:			
Assessment date:		Hospital AoA took place:			
General					
Strengths					
Development needs					
Recommended actions					
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)					
What did I learn from this experience?					
What did I do well?					
What do I need to improve or change? How will I achieve it?					
RATINGS					
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.					
How do you rate this trainee in their:		Outstanding	Satisfactory	Development required	Not assessed
1. Relevance of Audit Topic					
2. Standards / Targets chosen for Audit					
3. Audit Methods					
4. Results and Interpretation					
5. Conclusions and Plan for Implementation					
6. Plan for Further Evaluation					
7. Professionalism					
OVERALL QUALITY OF AUDIT					
Based on this observation please rate the level of overall quality of clinical audit:					
Rating	Key descriptors				
Outstanding clinical audit	Audit topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction of audit highlighted. An exemplary clinical audit.				<input type="checkbox"/>
Satisfactory standard of clinical audit	Limited guidance required throughout audit process. Sound audit methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction of audit highlighted.				<input type="checkbox"/>
Development required to reach the standard of clinical audit	Significant guidance required throughout the audit process. Inappropriate audit topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction of audit.				<input type="checkbox"/>
AUDIT DETAILS (please circle as appropriate)					
Title:		Methodology used:			
Brief description: (objective and rationale)					
Basis for assessment: e.g. Report			Others involved in the audit:		
Start date:	End date:	Status: In progress / Completed cycle			
Your contribution:					
Summary of findings:					
Setting(s)		Audit cycle completed Yes / No		Type of audit:	
Trainee's signature:			Assessor's signature:		