# AKT-SOX

## Assessment of Confidence and Curriculum Areas

|  |  |
| --- | --- |
| Your Name |  |
| Date this form is completed |  |
| Name of ES |  |
| % of Full-Time |  |
| ST Training Period (ST2, ST3, extension etc.) |  |
| Current CCT date |  |
| Any significant periods of time out of training, please detail. |  |
| **Please rate your confidence in the curriculum areas below.**  **(0 = not at all confident, 10 = very confident)** | |
| Clinical Modules | |
| Healthy People: Promoting Health and Preventing Disease |  |
| Genetics in Primary Care |  |
| Care of Acutely Ill People |  |
| Care of Children and Young People |  |
| Care of Older Adults |  |
| Women’s Health |  |
| Men’s Health |  |
| Sexual Health |  |
| End of Life Care |  |
| Care of People with Mental Health Problems |  |
| Care of People with Intellectual Disability |  |
| Cardiovascular Health |  |
| Digestive Health |  |
| Care of People Who Misuse Drugs and Alcohol |  |
| Care of People with ENT, Oral and Facial Problems |  |
| Care of People with Eye Problems |  |
| Care of People with Metabolic Problems |  |
| Care of People with Neurological Problems |  |
| Respiratory Health |  |
| Care of People with Musculoskeletal Problems |  |
| Care of People with Skin Problems |  |