

CRF Core Rating scales Competency

Staff Name:

Staff Role:

Date Role started:

Received Rater Diary template: YES / NO

Clinical Rating scales

Structured Clinical Interview for DSM-5 (SCID-5) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed CRF SCID-5 Rater training session	Locally delivered by a CRF Medic			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 SCID-5 assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 SCID-5 assessments	Qualified member of CRF staff			
Administered the SCID-5 with a study participant under supervision	Qualified member of CRF staff			

**Shadowing and co-rating can be completed at the same time dependent on rater's learning preference*

NOTES:

Mini International Neuropsychiatric Interview (M.I.N.I) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed CRF MINI Rater training session OR In-depth study specific training	Locally delivered by a CRF Medic OR Study specific: _____ <i>(Insert study)</i>			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 MINI assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 MINI assessments	Qualified member of CRF staff			
Administered the MINI with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Columbia Suicide Severity Rating Scale (CSSRS) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Watched Dr Kelly Posner's CSSRS eLearning video	N/A			
Completed the 8 training case examples and received a certificate	N/A			
Completed CRF CSSRS Rater training session	Locally delivered by a CRF Medic			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 CSSRS assessments performed by a qualified member of CRF staff with a study participant <i>Note: Participant consent must be obtained</i>	Qualified member of CRF staff			
Co-rated* at least 2 MINI assessments <i>Note: Participant consent must be obtained</i>	Qualified member of CRF staff			
Administered the MINI with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Hamilton Depression (HAM-D) & Hamilton Anxiety (HAM-A) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed CRF HAM-D & HAM-A Rater training session	Locally delivered by a CRF Medic			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 HAM-D/HAM-A assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 HAM-D/HAM-A assessments	Qualified member of CRF staff			
Administered the HAM-D/HAM-A with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Montgomery Åsberg Depression Rating Scale (MADRS) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed CRF MADRS Rater training session	Locally delivered by a CRF Medic			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 MADRS assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 MADRS assessments	Qualified member of CRF staff			
Administered the MADRS with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Positive and Negative Syndrome Scale (PANSS) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed CRF PANSS Rater training session	Locally delivered by a CRF Medic			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 PANSS assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 PANSS assessments	Qualified member of CRF staff			
Administered the PANSS with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Cognitive Rating scales

Clinical Dementia Rating (CDR) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed Washington Knight Alzheimer's Disease Research Centre eLearning	Washington Knight Alzheimer's Disease Research Centre website	N/A		
Completed Washington Knight Alzheimer's Disease Research Centre 9 training modules and received certificate	Washington Knight Alzheimer's Disease Research Centre website	N/A		
Attended at least one local Rater training session	Locally delivered by the CRF			
Shadowed* at least 2 CDRs performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 CDRs	Qualified member of CRF staff			
Administered the CDR with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Mini Mental State Examination (MMSE) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed CRF MMSE Rater training session	Locally delivered by a CRF Medic OR via NIHR Dementia Rater Toolkit			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 SCID-5 assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 SCID-5 assessments	Qualified member of CRF staff			
Administered the SCID-5 with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Addenbrookes Cognitive Examination (ACE-III) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed Glasgow University e-learning modules	Glasgow University ACE-III trainer e-learning website			
Completed Glasgow University training modules and received a certificate	Glasgow University ACE-III trainer e-learning website			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 ACE-III assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 ACE-III assessments	Qualified member of CRF staff			
Administered the ACE-III with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Alzheimer's Disease Assessment Scale (ADAS-Cog) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed ADAS-Cog Rater training session	Locally delivered by a CRF Medic OR via NIHR Dementia Rater Toolkit			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 ADAS-Cog assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 ADAS-Cog assessments	Qualified member of CRF staff			
Administered the ADAS-Cog with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed RBANS Rater training session	Locally delivered by a CRF Medic OR via NIHR Dementia Rater Toolkit			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 RBANS assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 RBANS assessments	Qualified member of CRF staff			
Administered the RBANS with a study participant under supervision	Qualified member of CRF staff			

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NOTES:

Montreal Cognitive Assessment (MoCA) Training				Trainee's signature confirming competency and training received
Training	Training Delivered by	Signature of CRF staff member delivering training	Date (DD.MM.YY)	
Completed MoCA Rater training session	Locally delivered by a CRF Medic OR via MoCA website			
Attended at least one local CRF Practice session	Locally delivered by the CRF			
Shadowed* at least 2 MoCA assessments performed by a qualified member of CRF staff with a study participant	Qualified member of CRF staff			
Co-rated* at least 2 MoCA assessments	Qualified member of CRF staff			
Administered the MoCA with a study participant under supervision	Qualified member of CRF staff			

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NOTES:
