

GP Placement Assessment & Professionalism Form

1 GP Placement Assessment Form

GP Placement Professionalism Form

Student Name *

First

Last

Practice Name *

GP Tutor Name *

First

Last

GP Tutor email address *

STUDENT ATTENDANCE

For each day of the placement, please indicate whether or not the student was present/absent from the placement using the following options:

- Attended
- Explained absence
- Unexplained absence
- Session cancelled by practice

01/01/15 *

02/01/15 *

03/01/15 *

04/01/15 *

Notes on Student Attendance

GP PLACEMENT ASSESSMENT FORM

INSTRUCTIONS FOR ALL ASSESSORS

Please comment on the following:

- Any favourable areas
- Areas to which the student should be asked to pay special attention
- Any factors which may have interfered with the learning of the student

A COMMENT MUST BE ENTERED FOR ALL STUDENTS WHO ARE GRADED AS FAIL

These students will be seen by their Academic Year Tutor who will review this assessment in the context of other reports. All assessment forms are reviewed by the Module Convenor.

GENERAL PRACTICE ASSESSMENT

Please specify any remaining tasks to be completed during the GP attachment. If you give an overall pass, but require specific tasks to be completed during general practice, please specify them here (or BELOW?)

ATTENDANCE *

- Pass
 Fail

KNOWLEDGE *

- Pass
 Fail

COMMUNICATION *

- Pass
 Fail

CLINICAL SKILLS *

- Pass
 Fail

GROUP WORK *

- Pass
 Fail

PARTICIPATION & ENGAGEMENT *

- Pass
 Fail

OVERALL ASSESSMENT OUTCOME FOR THIS PLACEMENT: *

- PASS
 FAIL

HAVE YOU PROVIDED FEEDBACK TO THE STUDENT? *

- YES
 NO

GP TUTOR COMMENTS

(NOTE: FOR STUDENTS WHO FAIL THE PLACEMENT –
A comment MUST be entered for all students who are graded as a
fail.)

GP TUTOR / Assessor electronic signature *

Date *

 / / 

DD MM YYYY

STUDENT COMMENTS

THE STUDENT MAY MAKE RESPONSES HERE:

STUDENT electronic signature *

Date *

 / / 

DD MM YYYY

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GP PLACEMENT PROFESSIONALISM ASSESSMENT FORM (PAC FORM)

NOTE: A Professionalism Assessment Form must be completed for all students. Please inform the HEAD of YEAR and/or Administrative lead if there are concerns regarding professionalism.

Feedback should be given to every student about their professionalism during their placement and upon completion of this form.

- 1) If you are UNCONCERNED about a student's professionalism, an overall assessment of "Satisfactory" may be given without marking "Satisfactory" on every criterion.
- 2) If you are CONCERNED about a student's professionalism, then THREE or more "Cause for concern" or "Unsatisfactory" in any category results in an overall assessment of "Unsatisfactory".
- 3) Always decide and mark an overall "Satisfactory" or "Unsatisfactory" at the bottom of the form.
- 4) Overall "Unsatisfactory" students are to be REFERRED to their Academic Year Tutor.
- 5) Please give FULL reasons for any "Cause for concern" or "Unsatisfactory" assessments on the reverse of this form.
- 6) The student should make any responses on the reverse of this form.

OVERALL PROFESSIONALISM ASSESSMENT

- Satisfactory
 Unsatisfactory

1) Honesty and Integrity: *

- Satisfactory
 Cause for concern
 Unsatisfactory
 Unable to observe

2) Reliability and Responsibility: *

- Satisfactory
 Cause for concern
 Unsatisfactory
 Unable to observe

3) Respect for Patients *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

4) Respect for Others *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

5) Attendance and Approach to Learning *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

6) Compassion and Empathy *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

7) Communication and Collaboration *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

8) Self-Awareness and Knowledge of Limits *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

9) Altruism and Advocacy *

- Satisfactory
- Cause for concern
- Unsatisfactory
- Unable to observe

10) Health *

- Satisfactory

- Cause for concern
- Unsatisfactory
- Unable to observe

PLEASE INDICATE IF THIS ASSESSMENT HAS BEEN DISCUSSED WITH THE STUDENT: *

- YES
- NO

HAVE YOU ASKED YOUR STUDENTS TO COMPLETE THEIR BOS EVALUATION SURVEY FOR THIS PLACEMENT?: *

- YES
- NO

GP TUTOR COMMENTS

Please give FULL reasons for any "Cause for Concern" or "Unsatisfactory" assessments here, you may also make other comments.

Please inform the Head of Year and/or Administrative Lead if there are concerns regarding professionalism.

GP TUTOR / Assessor electronic signature *

Date *

	/		/		
DD		MM		YYYY	

STUDENT COMMENTS

THE STUDENT MAY MAKE RESPONSES HERE:

STUDENT electronic signature *

Date *

/ / 

MM DD YYYY