

**RADIOTHERAPY OBSERVATIONAL ASSESSMENT FORM – YEAR 1**  
**TO BE COMPLETED BY A TRAINED CLINICAL ASSESSOR**

STUDENT'S NAME:

DATE:

ATTEMPT:

CURRENT TERM:

PRACTICE PLCEMENT:

ASSESSOR:

RADIOGRAPHERS ON UNIT:

Brief description of working environment:

Skill area for assessment	YEAR	DESCRIPTOR	MARK 0 - 100
<b>TEAM SKILLS</b>	<b>1</b>	Team integration, motivation, ability to defer to others, work allocation, decision making, delegation	
<b>Comments:</b>			
<b>ATTITUDE / PROFESSIONALISM</b>	<b>1</b>	Professional appearance, approach, punctuality, reliability, motivation	
<b>Comments:</b>			
<b>HEALTH AND SAFETY</b>	<b>1</b>	Radiation protection, manual handling, sharps, infection control (inc.hand washing), special awareness	
<b>Comments:</b>			

Skill area for assessment	YEAR	DESCRIPTOR	MARK 0 - 100
<b>COMMUNICATION – STAFF</b>	1	Projection, forthcoming, rapport, listening skills	
Comments:			
<b>COMMUNICATION – PATIENTS</b>	1	Empathy, forthcoming, rapport, listening skills	
Comments:			
<b>ORGANISATION SKILLS</b>	1	Logical & methodical approach, quality of work, level of participation	
Comments:			
<b>PATIENT CARE SKILLS</b>	1	Patient condition, comfort, special requirements(e.g. dressings, manual handling aids, support apparatus etc)	
Comments:			



Please hold a feedback session with the student and record any relevant issues in the space provided below. Continue overleaf if necessary. Please inform the student of the mark that has been awarded following the assessment. Please indicate to the student that this mark may change following ratification via the university assessment board.

**I have discussed this assessment with the students:**

Assessor Signature

Date

**This assessment has been discussed with me:**

Student Signature

Date

Link Lecturer Signature

Date

**\*\* FOR UNIVERSITY USE ONLY\*\*****Original un-ratified mark:****Mark awarded following moderation and ratification via assessment board:**

Moderator signature

Date