



RADIOTHERAPY OBSERVATIONAL ASSESSMENT FORM – YEAR 2
TO BE COMPLETED BY A TRAINED CLINICAL ASSESSOR

STUDENT'S NAME:

DATE:

ATTEMPT:

CURRENT TERM:

PRACTICE PLACEMENT:

ASSESSOR:

RADIOGRAPHERS ON UNIT:

Brief description of working environment:

Skill area for assessment	YEAR	DESCRIPTOR	PASS / FAIL
TEAM SKILLS *	2	Team integration, motivation, ability to defer to others, work allocation, decision making, delegation	P1
			P2
			F
Comments:			
ATTITUDE / PROFESSIONALISM *	2	Professional appearance, approach, punctuality, reliability, motivation	P1
			P2
			F
Comments:			
HEALTH AND SAFETY *	2	Radiation protection, manual handling, sharps, infection control (inc.hand washing), special awareness	P1
			P2
			F
Comments:			

GRADABLE SECTION ONE

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

GRADABLE SECTION TWO

Skill area for assessment	YEAR	DESCRIPTOR	MARK 0 - 100
CLINICAL INITIATIVE	1	Proactive, pre-empts situations, problem solving capacity	
Comments:			
TECHNICAL SKILLS	1	Efficiency, accuracy, application of technique, level of participation	
Comments:			
KNOWLEDGE AND UNDERSTANDING	1	Underpinning treatment technique and patient information theory	
Comments:			

Were there any special problems arising during the procedure which may have influenced the result?

	SECTION 1	SECTION 2	TOTAL
MARK		x 2	

FINAL MARK = $\frac{\text{Total}}{10} = \frac{\quad}{10} = \quad \% \text{ (Pass Mark = 40\%)}$

FINAL RESULT

PASS

REFER

*

NB Any section deemed as 'FAIL' will mean an automatic referral

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