

Student Performance Review Information Sheet

Assessment in the School of Medicine

The School of Medicine assessment programme has been designed to test the understanding and application of core medical knowledge and skills as well as the personal and professional behaviour of its medical students.

The Student Performance Review Form

The SOM assesses student performance in the clinical setting via the Student Performance Review Form. This involves supervisor review and assessment of the evidence of a student's clinical activity as well as their performance across a range of important elements of clinical practice.

What is expected of those completing Student Performance Review Forms?

An honest and objective rating of the student's performance as observed during contact session/s with the student.

How do I complete a Student Performance Review Form?

When a student gives you the Student Performance Review Form, please complete each section as indicated below:

- Record the name, details location of placement and the amount of time you have spent with the student.

PART A

- Consider all aspects of the student's performance that you or your colleagues have observed throughout the current performance period. Provide a rating for each of the behavioural domains listed in the Student Performance Review Form by ticking the option that you feel best represents the student's performance.

PART B

- Tick the global rating you think best summarises the students overall level of performance.
- Note: the global judgement is not a summation of the individual criteria listed in the form, but an overall impression of the student's performance as observed during each contact period. Students should be considered "satisfactory" unless their positive/negative performance warrants a different grade. If a student is Unsatisfactory, please contact Dr Nick Cooling email nick.cooling@utas.edu.au
- Provide feedback for the student by considering their overall performance and indicating areas of strength and any that need attention. Indicate whether you would have the student as an Intern or Junior Medical officer on your clinical team by ticking the appropriate box.
- Print your name and contact number, and sign and date the form.

What do I do with the completed Student Performance Review Form?

The form can be returned to the student who will ensure completed forms are returned to SOM staff or returned to:

Electives Coordinator
Private Bag 34
Hobart Tas 7000

Or email
electives@med.utas.edu.au

**Student Performance Review Form
Year 4 – Elective**

Form to be completed by the supervisor at the end of the placement

Student name _____

Hospital _____

Time spent with student (please cross)

- Little or no contact
 Sporadic superficial contact
 Infrequent in-depth contact
 Moderate in-depth contact
 Frequent in-depth contact

Part A; Rating of Student performance	Unsatisfactory	Satisfactory	Excellent	Not observed
Instructions: Consider all aspects of performance observed by your self or colleagues throughout the placement period and provide a rating for each behaviour listed below				
History taking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills				
Ability to effectively exchange information with supervisors , colleagues and patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional boundaries/Sensitivity to patient				
Maintains appropriate boundaries with supervisors, colleagues and patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect and discretion with all patient regardless of culture, age, gender or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Attendance				
Maintains cooperative working relationships, promoting positive group interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation across learning opportunities throughout the placement period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience/Flexibility				
Ability to bounce back from professional and personal set-backs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to reprioritize tasks and duties as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical and legal standards				
Applies ethical and legal standards in all professional situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision making/Knowledge base				
Ability to analyse, synthesise and interpret information to form appropriate clinical decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate knowledge and understanding of relevant medical sciences and clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing knowledge/Seeking help				
Participates in a collaborative educational role with supervisors, colleagues and patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies own limitations and seeks appropriate advice or assistance as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART B : Overall level of student performance

Unsatisfactory Satisfactory Excellent

Preceptor comments:

Strengths

Areas than need attention

Have you discussed this with the student

 YES NO

Would you have this student as an Intern or Junior Medical Officer on your clinical team.

 YES NO

Supervisors Name.....Signature.....Date.....

Official Stamp

Students signature.....Date.....