2019 Year 1 MD Observership
Preceptor Assessment of Student

Student First Name: ___________________________ Student Last Name: ___________________________
Student ID: ___________________________ Hospital/Facility/Location: ___________________________

Assessment Competencies - INSTRUCTIONS FOR PRECEPTOR

Please assess your student in EACH of the three competencies by selecting the appropriate rating after an OVERALL consideration of the student’s characteristics using the criterion descriptors.

Marking Guide
If a student FAILS in any ONE of the THREE competencies, they will be required to meet with the Head of Phase 1 (or delegate) to discuss the outcome of this assessment.

If a student is rated as BORDERLINE in TWO or more of the THREE competencies, they will be required to meet with the Head of Phase 1 (or delegate) to discuss the outcome of this assessment.

Competency 1 - Conduct in the Observership environment

- Behaviour towards others (supervisors, co-workers, peers, patients as applicable) including consideration of cultural and personal circumstances.
- Awareness of relevant ethical issues.

☐ Fail ☐ Borderline ☐ Pass

Passing Criteria
Please select all that apply
☐ Consistently demonstrates respectful behaviour
☐ Demonstrates sound awareness of the relevant ethical issues

Borderline Criteria
Please select all that apply
☐ Displays inappropriate behaviour (e.g. lack of respect) at times
☐ Demonstrates limited awareness of the relevant ethical issues

Please provide a comment if you have assessed the student as Failing or Borderline in this Competency
Competency 2 - Initiative and engagement in the Observership setting

- Active engagement and interest in learning activities
- Attendance - Students who are not in attendance at least 4 hours/day, 5 days/week, every week of their placement, should receive a failing grade for this competency

☐ Fail  ☐ Borderline  ☐ Pass

Passing Criteria
Please select all that apply
☐ Actively engages in learning activities
☐ Satisfactory attendance (4 hours/day, 5 days/week)

Borderline Criteria
Please select all that apply
☐ Limited engagement in learning activities
☐ Satisfactory attendance (4 hours/day, 5 days/week)

Please provide a comment if you have assessed the student as Failing or Borderline in this Competency


Competency 3 - Effective Communication

☐ Fail  ☐ Borderline  ☐ Pass

Passing Criteria
☐ Demonstrates sound ability to communicate effectively with supervisors, co-workers, peers, and patients (as applicable)

Borderline Criteria
☐ Demonstrates limited ability to communicate effectively with supervisors, co-workers, peers, and patients (as applicable)

Please provide a comment if you have assessed the student as Failing or Borderline in this Competency


If a student **FAILS** in any **ONE** of the **THREE** competencies, they will be required to meet with the Head of Phase 1 (or delegate) to discuss the outcome of this assessment.

Do you confirm the overall outcome of this assessment is a **FAIL**?

☐  I confirm

If a student is rated as **BORDERLINE** in **TWO** or more of the **THREE** competencies, they will be required to meet with the Head of Phase 1 (or delegate) to discuss the outcome of this assessment.

Do you confirm the overall outcome of this assessment is a **BORDERLINE**?

☐  I confirm

*If a student does not receive a **FAIL** or a **BORDERLINE** – Please leave the above selections blank.*

**List THREE (3) strengths of this student**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

**List THREE (3) areas where this student could improve**

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____________________________________________________________________________

____________________________________________________________________________

**Any other comments?**

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**Acknowledgement**

*In completing this form, the assessor/s acknowledge that their comments may be used in external University of Queensland reports on student performance*

Please check this box to declare the truth and accuracy of this report and the decisions it contains.

☐  This report is a true and accurate assessment of the demonstrated competencies

**Assessor Name/s:** ____________________________________________________________

**Assessor contact email address:** _____________________________________________

**Decision Date (completion date of this document):** _____________________________