**UCL MEDICAL SCHOOL**



## MBBS VISITING ELECTIVES 2017-18

**Clinical Placement Report Form**

*This Clinical Attachment Report Form is to be completed at the end of the elective by the Elective Supervisor and returned to* *medsch.visitingelectives@ucl.ac.uk* *for a formal certificate of completion to be issued.*

STUDENT (Block Capitals):

 HOSPITAL:

ELECTIVE SUPERVISOR:

PLACEMENT DATES: From:

To:

|  |  |  |
| --- | --- | --- |
| **Assessment of Performance** | **Grade**  | **Rubric** |
| Communication Skills |  | A – Well above level expectedB – Above level expectedC – At level expectedD – BorderlineE – Fail  |
| Clinical Method including examination and reasoning skills |  |
| Clinical Knowledge and Management |  |
| Professional attitude and teamwork |  |
| Approach to learning and attendance |  |
| Well organised and resilient under stress |  |
| **OVERALL PLACEMENT PERFORMANCE**  |  |
| Satisfactory attendance | Yes/No |

|  |
| --- |
| **Feedback for the student**  |
|  |

Completed by (please print): …………………………………………………………..

I confirm that the student completed …..weeks…….days of clinical placement time from ………… to………….

Signed: …………………………………………………………Date: ……………………………………….

Completed forms (original) should be returned to the Visiting Electives Team, MBBS Student Support Office, UCL Medical School, Gower Street, WC1E 6BT **OR** a scanned copy emailed to medsch.visitingelectives@ucl.ac.uk **OR** the above contents copied into the body of an email and sent from the supervisor’s email address.

|  |  |
| --- | --- |
| * Clinical Attachment Report Anchor Statements
 | _Pic5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Category
 | **Grade A** *(Well above level expected)* | **Grade B** *(Above level expected)* **Grade C** *(At level expected)* | **Grade D** *(Borderline****)*** | **Grade E\*** *(Fail –referral to Faculty Tutor* |
| *Most students should match these statements* | ***May need remedial support*** | ***Probably needs remedial support*** |
| CommunicationSkills | * Highly flexible, informed approach to consulting, attends to narrative
* Intelligible language, no jargon
* Sensitive to patient’s pace & needs
* Clinically highly accurate
* Excels in info gathering and giving
* Keeps excellent records
 | * Flexibility & structure appropriate
* Intelligible language , no jargon
* Well aware of patient’s pace, needs, ideas & expectations
* Skilful at info gathering and giving/explaining
* Keeps good records
 | * Some structure used
* Clear language used, little jargon
* Clinically accurate
* Usually aware of patient’s needs, ideas and expectations
* Keeps adequate records
 | * Generally inflexible &/or unstructured
* Unclear with some jargon
* Lacks awareness of patient’s needs
* Some inaccuracies /omissions in records
 | * Uses jargon / lacks clarity
* Clinically inaccurate & unfocussed
* Insensitive Inflexible
* Little evidence of active listening
* Poor records
 |
| Clinical Method inc.Examination &Reasoning Skills | * Thorough, systematic & fluent

examination* Consistently high competence at eliciting signs
* Always applies accurate early diagnostic hypotheses
* Quick, sensible reasoning
 | * Competent at eliciting signs
* Systematic & fluent examination
* Applies accurate early diagnostic hypotheses
* Sensible interpretation &

reasoning | * Systematic examination
* Applies acceptable early diagnostic hypotheses & interpretation of

symptoms/signs* Adequate reasoning with prompting
 | * Patchy clinical skills , significantgaps/ lacking fluency/speed
* Poor at eliciting &/or interpreting symptoms/signs-
* Inappropriate diagnostic hypotheses with some incorrect reasoning even when prompted
 | * Poor clinical skills, disorganised/ rough
* Applies no clear diagnostic hypotheses
* Muddled clinical reasoning
* Cannot respond to prompting
 |
| Clinicalknowledge &Management | * Exceptionally knowledgeable across all areas
* Safe & evidence based
* Always makes clear and realistic plansfor investigation and management
 | * Good level of scientific & clinical knowledge
* Safe and well informed
* Sensible plans for investigations and management
 | * Acceptable level of knowledge
* Safe and adequately informed
* Makes acceptable plans for investigations and management
 | * Significant gaps in knowledge
* Choice of investigative or management options patchy or inappropriate
 | * Weak and uninformed
* Potentially risky or dangerous gaps intherapeutics /management planning
* Inadequate strategies for investigations or management
 |
| Professional Development & Attitudes | Approach to learning &punctuality / attendance | * Exceptional involvement in developing own learning
* Always appropriately confident
* Shows exceptional insight & ability to reflect, knows own limits
* Anticipates feedback
* Excellent attendance/punctuality
* 100% attendance + evidence of extra effort
 | * Good involvement in own learning & attendance
* Appropriately confident for stage & ability -
* Shows good insight & reflects on own performance
* Responds swiftly to feedback
* 100% attendance as expected
 | * Acceptable involvement in own learning
* Reasonable confidence for stage
* Shows insight with prompting
* Responds to feedback
* Near 100% attendance (only afew accounted for absences)
 | * Diffident / lacking confidence **OR**
* Inappropriately overconfident /assertive
* Shows limited insight and ability to reflect
* Only responds to feedback with prompting
* Some unexplained absences &/or lateness
 | * Shows little interest
* No idea regarding own ability
* Resistant to feedback
* Frequent unexplained
* absences/lateness
* <70% attendance for whatever reason is not sufficient to sit Finals – automatic referral to Faculty Tutor
 |
| Professionalattitudes &teamwork | * Excellent attitude to others
* Always behaves with maturity
* Show initiative & caring
* Shows good insight into ethical dimensions
 | * Good attitude to others - interacts well
* Behaves appropriately and sensitively with staff and pts
* Shows insight into ethical dimensions
 | * Acceptable attitude to pts and staff , similar to most students
* Sound understanding of ethical dimensions in most cases
 | * Tolerable attitude to others
* Some problems relating to staff
* Lack of caring
* Poor rapport
* Patchy ethical awareness
 | * Unacceptable attitude to others
* Insensitivity to pts’ feelings
* Rude to staff
* Concerns re: fitness to practice : **CONSIDER ISSUNG SERIOUS CONCERN FORM**
 |
| Coping/resilience | * Exceptionally organised
* Highly resilient under stress
* Shows leadership in uncertain situations
* Balances competing demands
 | * Good organisation skills
* Copes well under pressure
* Tolerates uncertainty
* Understand need to prioritise
 | * Appropriate organisationskills
* Generally copes in stress
* Shows acceptable ability toprioritise
 | * Frequently Disorganised
* Dithers in the face of stress & uncertain situations
 | * Cannot organise workload or time
* Anxious - avoids all stressful situations
* Averse to risk and complex situations
 |